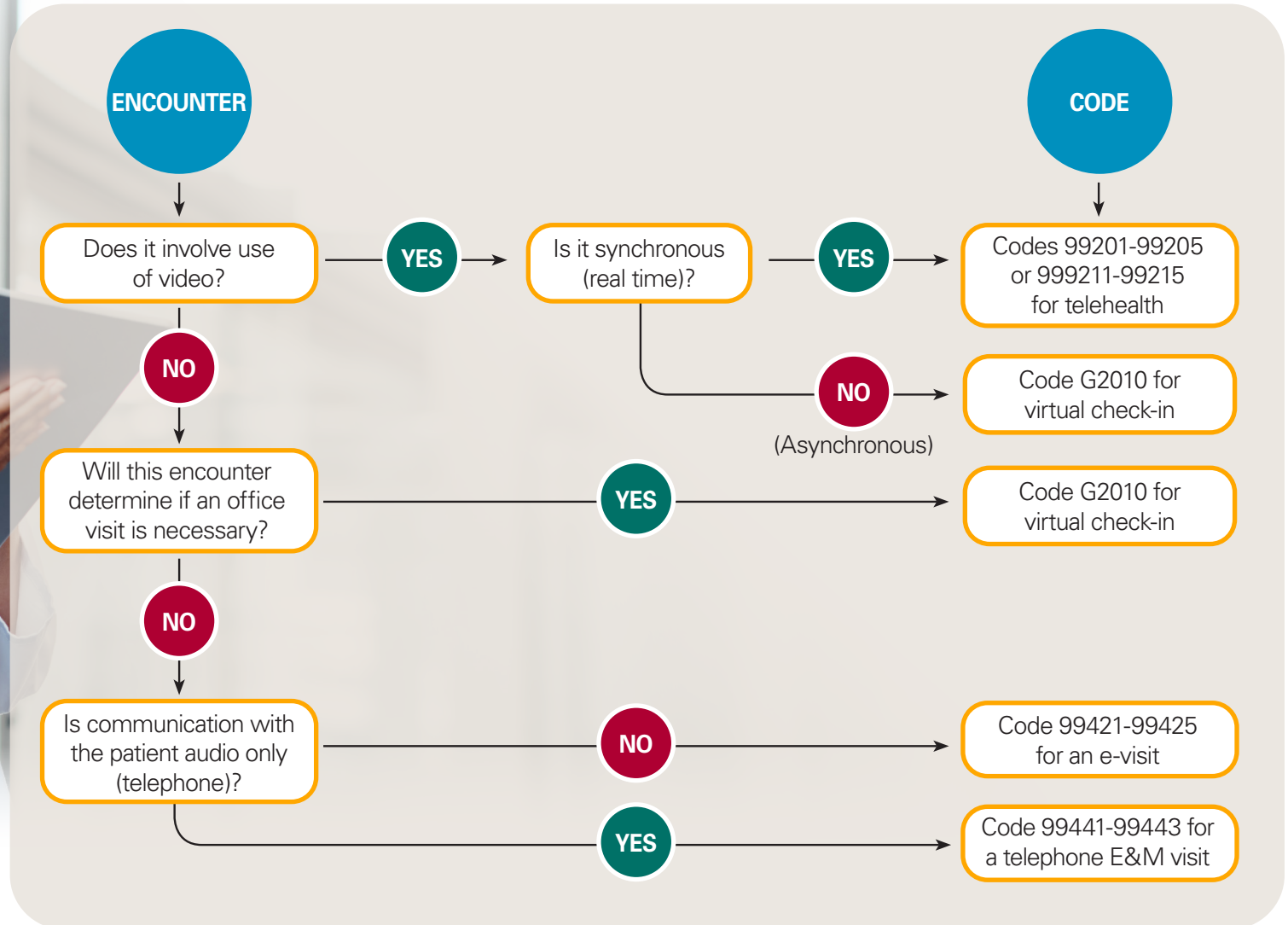


COVID-19 CORONAVIRUS DISEASE

TELEMEDICINE BILLING TIPS

Help on which codes to use and when per the Centers for Medicare & Medicaid Services



This information is based on guidance the Centers for Medicare & Medicaid Services has provided during the COVID-19 public health emergency. Always check with Medicaid and the individual commercial payers as their policies may vary by plan. CPT copyright American Medical Association. All rights reserved.

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Telemedicine Coding Chart

TYPE OF VISIT	KEY CONSIDERATIONS	CODING
 Telemedicine/ Telehealth	<ul style="list-style-type: none"> • Must involve synchronous audio and video technology • Meets same standard as in-person visit • Is paid at the same rate as regular, in-person visits 	Access a complete list of covered Medicare telehealth services
 Virtual Check-in	<ul style="list-style-type: none"> • Is for new and established patients • Can be performed by a physician or other qualified health care professional able to report evaluation and management (E&M) services but is not an E&M visit • Must be patient-initiated • Does not originate from a related E&M service within the previous seven days, nor lead to an E&M service or procedure within the next 24 hours or soonest available appointment • Is a five- to-10-minute medical discussion • Can be conducted via audio/video, audio only, or store-and-forward communication • Is not meant to take place of a visit (telemedicine, in-person, or alternative audio-only phone call) • Tip: Think of this as a triage phone call to determine if the patient needs an E&M visit. 	<p>HCPCS code G2012 for brief communication technology-based service</p> <p>HCPCS code G2010 for remote evaluation of recorded video and/or images submitted by an established patient, with patient follow-up within 24 business hours</p>
 E-Visit	<ul style="list-style-type: none"> • Must be patient-initiated • Is for established patients • May occur over seven-day period • Is conducted via patient portal, non-face-to-face • Is asynchronous (store-and-forward – not real time) • Essentially, is email communication 	<p>Clinicians: CPT 99421 – Cumulative time 5-10 minutes CPT 99422 – Cumulative 11-20 minutes CPT 99423 – Cumulative 21 or more minutes</p> <p>Other licensed professionals: G2061 – Cumulative 5-10 minutes G2062 – Cumulative 11-20 minutes G2063 – Cumulative 21 or more minutes</p>
 Telephone E&M Service	<ul style="list-style-type: none"> • Is an audio-only E&M service • Is for new and established patients • May be provided to a patient, parent, or guardian • Is used for a patient visit when audio/video telemedicine technology is not available 	CPT 99441 – 5-10 minute medical discussion CPT 99442 – 11-20 minute medical discussion CPT 99443 – 21-30 minute medical discussion
 Remote Patient Monitoring	<ul style="list-style-type: none"> • Is for new and established patients • Is used to monitor acute and chronic conditions • Can be provided to a patient with one or more diagnoses <p>Note: <i>To the extent the 1135 waiver requires an established relationship, the U.S. Health and Human Services Department will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.</i></p>	CPT 99091 – Collection and interpretation of physiologic data, digitally stored and/or transmitted by the patient to the physician, requiring a minimum of 30 minutes of time. CPT 99453 – Device education and training (one-time fee) CPT 99454 – Device/transmission reimbursement (monthly fee) CPT 99457 – Remote physiological monitoring (monthly fee, first 20 minutes) CPT 99458 – Remote physiological monitoring (monthly fee, each additional 20 minutes) CPT 99473 – Self-measure blood pressure patient education CPT 99474 – Self-measure blood pressure, 2 readings (BID) for 30 days