

There are two types of non-face-to-face encounters for patients who cannot be seen in the office and these are categorized by Medicare and CPT as:

- 1) Telehealth Services
- 2) Non-Face-to-Face Services

The type of visit and the technology used will dictate the type of service above and the appropriate code to bill. The patient's written or verbal consent must also be documented annually. Also document time and duration of the encounter, and the technology used by you and the patient to conduct the visit.

### **Telehealth Services**

Evaluation and management code selection can be determined by the total time of the visit, or medical decision making during the public health emergency (PHE). Document any relevant history, exam, and medical decision-making and other management elements when required by the standard of care and as necessary to document the visit. Patient co-insurance and deductibles can be waived at the provider's discretion however, Medicare will not reimburse these patient responsibilities.

For inpatient visits performed at the same location as the patient but not in the room with the patient, bill the visit as if you were bedside. Do not bill a telehealth visit as this only applies with the provider is not at the same facility as the patient.

Medicare has [published a list](#) of approved Telehealth services which can be performed via Telehealth (i.e. office visits, psychotherapy, etc.).

Audio + Visual – E/M codes (99201-99215) can be used for visits that are provided with audio *and* video communications. Also, codes with a star symbol in the CPT book can be used. Documentation should clearly indicate how the visit took place, i.e. telephone vs. audio + video/visual technology (FaceTime, Skype, Zoom, etc.).

- Use place of service where encounter would have been conducted in-person (usually POS 11)
- Use modifier 95 (instead of none); use modifier G0 for diagnosis and treatment of acute stroke
- CPT code selection based on *total* time of the visit (not just counseling or coordination of care) or medical decision making
- Furnished to both new and established patients
- HIPAA compliant platforms not required (FaceTime, Skype, etc.)
- Originating/distant sites not required
- Location of patient and physician not restricted

### Audio Only – Telephone Evaluation and Management (E/M) Services

- Use 99441-99443 (physicians, NPs, etc.) and 98966-98968 (practitioners who cannot separately bill for E/Ms i.e LCSWs, clinical psychologists, physical therapists, etc.)
- Furnished to both new and established patients
- Use place of service where encounter would have been conducted in-person (usually POS 11) with 95 modifier

### **Virtual Check In – G2010, G2012 (phone/audio only or audio/visual):**

These codes can be used for a visit that is 5-10 minutes in length and involves audio only telephone services, text messages, email, and/or via patient portal. This service is intended to determine if a patient needs an appointment to avoid unnecessary visits to the office. These virtual check-ins are for when the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available), including a telehealth visit. This cannot be used to discuss results from a previous appointment.

- Visits should be patient initiated.
- Furnished to both new and established patients
- Use place of service 11 and no modifier.
- G2010 (store and forward) – Evaluation of recorded video and/or images submitted by an established patient, including interpretation with follow-up with the patient within 24 business hours.
- G2012 (telephone communication) - Brief communication technology-based service by a physician or other qualified health care professional (who can report evaluation and management services). 5-10 minutes of medical discussion

### **E-Visits - 99421-99423 and G2061-G2063 (phone/audio, email, portal communication)**

Online digital E&M service initiated by the patient via a patient portal. Communications can occur over a 7-day period. Practitioners may educate patients on the availability of this service prior to patient initiation. Medicare does have a fee assigned to these services however, they did not utilize the typical RVU methodology for payment so they do not appear in the Novitas fee look-up.

- Use place of service 11 and no modifier
- Furnished to both new and established patients

99421-99423 are for physician services:

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes



- 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

G2061-G2063 are for non-physician services:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

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