National Family Planning & Reproductive Health Association

Initiating Telehealth in Response to COVID-19: Coding and Billing for Telehealth Services

Published: March 31, 2020

The use of telehealth services can help ensure access to essential contraceptive services while at the same time limiting exposure to COVID-19 for both health care workers and patients. NFPRHA developed this resource to assist its members with the implementation of this important service.

It is important to note when discussing coding and billing for services rendered via telehealth that *telehealth is how the service is provided to the patient; it is not the service itself.* In order for a provider to submit a claim for the service, a payer must cover the service in question as well as allow the service to be administered via telehealth.

Selecting the Appropriate Codes

Selecting codes for visits provided via telehealth – and subsequently preparing a claim to submit to a payer – requires an additional layer of consideration beyond the typical coding practices of an in-person encounter. **It is essential for providers to review each payer's policies regarding services provided via telehealth** to help inform site-specific coding policies and procedures. The following areas should be considered when reviewing payer policies for telehealth coding:

CPT or HCPCS Codes: Both procedure codes sets – the Current Procedural Terminology (CPT) and the Healthcare Common Procedure Code System (HCPCS) – have codes for telehealth visits, and there is some overlap in the services represented by these codes. Providers will need to determine whether payers require the use of codes from CPT, HCPCS, or a combination of both sets. The *Coding-At-A-Glance* section below includes a list of possible codes to use for outpatient services provided via telehealth. It may serve as a useful reference when reviewing a payer's fee schedule and/or written policies on telehealth services.

Service Provider Type: Determining which code is appropriate for use may be impacted by the type of provider rendering the service. CPT and HCPCS both include codes that represent services rendered by a qualified health care professional other than a physician or advanced practice provider (see *E-Visits (non-physician/non-APP)* below). Providers should assess whether payers will reimburse for these services and, if so, what specific type of providers are included under the scope of these services.

Mode of Delivery: Telehealth is a broad term that encompasses several different modes of information delivery, such as: two-way audio/visual communications; two-way audio-only communications; one-way electronic messaging; and one-way transfer of data such as photographs or x-rays. The mode of delivery will impact which codes are appropriate for use. The *Coding-At-A-Glance* and *Visit Types* sections below clarify which codes are generally appropriate for each mode of information delivery.

Length of Time per Encounter: Many of the codes that are appropriate for encounters conducted via telehealth are dependent upon the length of time the provider spent interacting with the patient. It is important to review each of the codes to determine whether time is a factor in determining the use of the code, as well as whether time can accumulate over the course of several days (e.g. e-visits).

Previous or Subsequent Visit: Some procedure codes for services provided via telehealth are only appropriate if the patient has not recently been seen for the same issue discussed via the telehealth encounter, or does not come into the health center for a subsequent in-person visit soon after the telehealth encounter (e.g. 99441-99443). Although there is general guidance on this issue included in the description of the codes, it is important to confirm whether individual payers adhere to these parameters or have more stringent rules in place that may impact code selection.

Originating/Distant Site: The location where services are provided is an important factor in determining whether providers are eligible to bill for telehealth services (see NFPRHA's *Initiating Telehealth in Response to COVID-19: Initial Considerations and Resources* for more information on telehealth sites.)

Telehealth Site Terminology

- **Originating Site** = Patient's location where services are being received
- **Distant Site** = Provider's location from where services are being provided

In addition to determining general eligibility, the site where services are provided impacts coding and billing. In general, only the Distant Site (where the provider is located) is eligible to receive reimbursement for services. However, there is a code to reimburse the Originating Site provider specifically for hosting the patient (Q3014). This is generally applicable only when the Originating Site is a health center (i.e. not a patient's home) and it is operated by a different entity than the Distant Site. Providers should check individual payer policies to determine if the code is considered a reimbursable service by the payer and, if so, whether there are any restrictions on the type of provider eligible to utilize this code.

Coding-at-a-Glance: Telehealth Visits

CPT/HCPCS	Description
Telehealth	
99201 - 99215	Office visit for the evaluation and management (E/M) of a new or established patient
Virtual Check-In	
G2012	Brief communication technology-based service; 5-10 minutes of medical discussion
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours
99441	Telephone E/M service by a physician or other qualified health care professional not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	Telephone E/M service provided to an established patient; 11-20 minutes
99443	Telephone E/M service provided to an established patient; 21-30 minutes
E-Visits (physician/APP):	
99421	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	Online digital E/M service; 11-20 minutes
99423	Online digital E/M service; 21 or more minutes
E-Visits (non-physician/non-APP):	
98970 or G2061	Qualified nonphysician health care professional online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971 or G2062	Qualified nonphysician health care professional online digital E/M service; 11-20 minutes
98972 or G2063	Qualified nonphysician health care professional online digital E/M service; 21 or more minutes
Originating Site:	
Q3014	Telehealth originating site facility fee

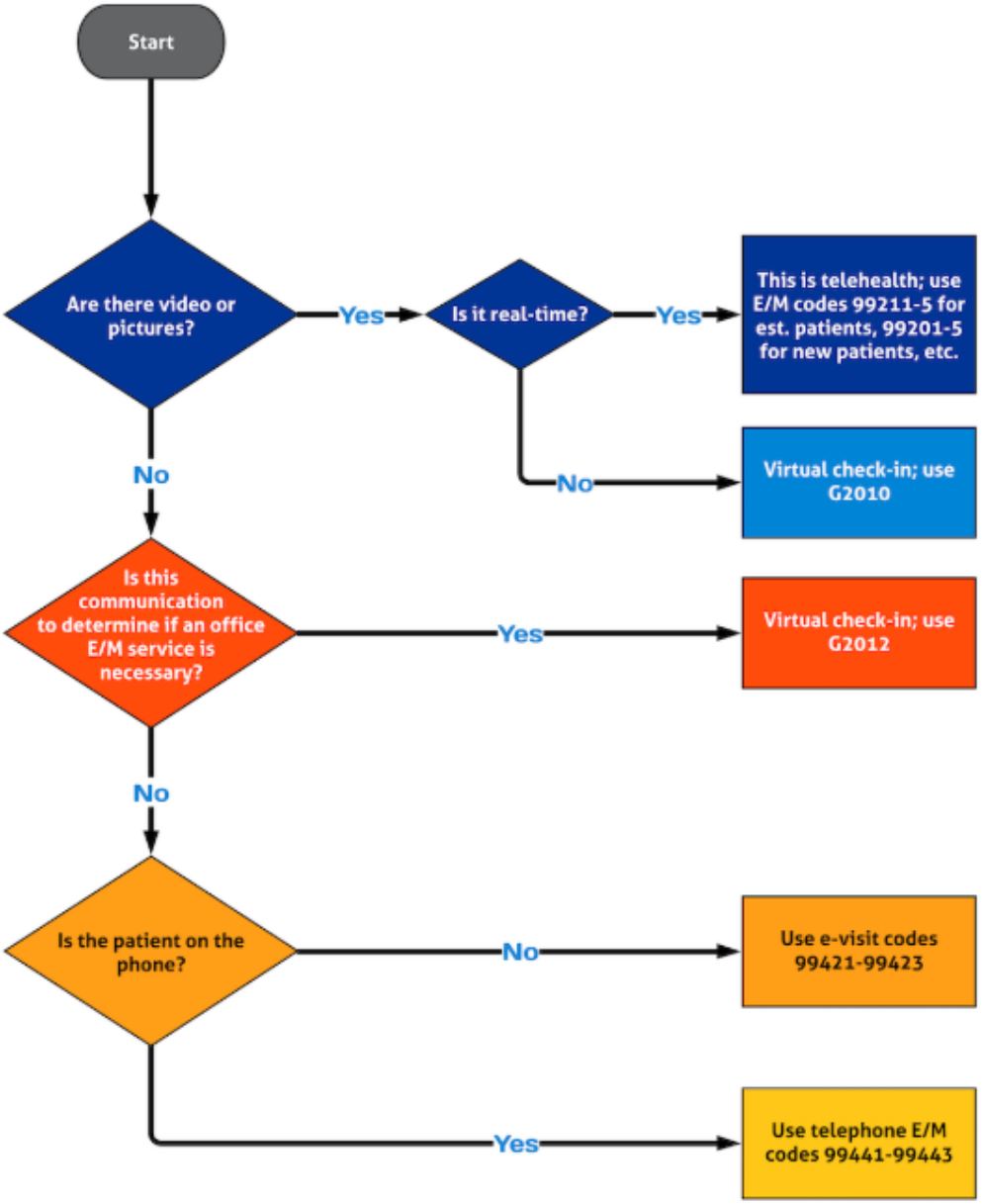
Visit Types

The act of delivering services to patients through virtual means can take different forms. The table below organizes virtual services in three distinct service categories: telehealth visits, virtual check-ins, and e-visits. The *AAFP Virtual Visit Algorithm* section on the following page provides additional clarification on how to use these codes.

Type of Service	What is the Service?	CPT/HCPCS Codes	Patient/Provider Relationship
Telehealth Visit	A visit with a provider that uses telecommunication systems between a provider and a patient.	99201 - 99215	For new* or established patients. *To the extent an 1135 waiver requires an established relationship. HHS will not conduct audits to determine whether a prior relationship exists during the COVID-19 emergency period.
Virtual Check-In: Phone or Video	A brief (5-10 minutes) check in with a practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	G2012	For established patients.
Virtual Check-In: Phone Only		99441 99442 99443	
Virtual Check-In: Store & Forward		G2010	
E-Visit: Physician or Advanced Practice Provider (APP)	A communication between a patient and their provider through an online patient portal.	99421 99422 99423	For established patients.
E-Visit: Other than a Physician or APP		98970 or G2061 98971 or G2062 98972 or G2063	

Source: Adapted from CMS's Medicare Telemedicine Health Care Provider Fact Sheet, March 17, 2020.

American Academy of Family Physicians' (AAFP) Virtual Visit Algorithm



Note: CPT codes for telephone services (99441-99443) are not covered by Medicare but may be covered by some private payers. You can find a list of covered services here: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes. For more information, CMS has put together a toolkit for primary care practices: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf.

Developed by James Dom Dera, MD, FAAFP. Source: A virtual visit algorithm: how to differentiate and code telehealth visits, e-visits, and virtual check-ins. FPM In Practice blog. https://www.aafp.org/journals/fpm/blogs/inpractice/entry/telehealth_algorithm.html. March 24, 2020.

Modifiers

Modifiers are two-character codes (alpha, numeric, or alpha-numeric) used on a professional medical claim to convey additional information to payers. Payers may require the use of a modifier for services provided via telehealth. Modifier "95" (listed below) is the most commonly used modifier to denote telehealth services.

Modifier	Description
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system

CMS has additional modifiers that are occasionally used by payers to denote telehealth services, which are included in the table below. While these two modifiers are used less frequently by payers, some providers may still need to utilize these.

Modifier	Description
GQ	Via asynchronous telehealth service.
GT	Via interactive audio and video telecommunication systems.

Providers should check with individual payers for policies regarding the use of modifiers.

Place of Service

A "Place of Service" (POS) code is used on a professional medical claim to denote the type of entity that provided a service rendered to a patient. Services provided via telehealth may require the use of a telehealth-specific POS code.

POS	Description
02	The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)

Providers should check with individual payers for policies regarding POS codes.

Documentation Tips

The documentation requirements for a visit conducted via telehealth are the same as for a face-to-face visit. However, it's recommended that the visit note also include a statement including:

- Mode of telecommunication used to communicate with the patient
- Location of the patient
- Location of the provider
- Names and roles of other staff participating in the telehealth service

Additionally, it is essential that providers appropriately document patient consent in accordance with state and federal requirements. (See NFPRHA's *Initiating Telehealth in Response to COVID-19: Initial Considerations and Resources* for more on Patient Consent.)

Sources

https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/coronavirus_testing_telehealth.html?cmpid=em_FPM_20200318

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice

https://www.cchpca.org/sites/default/files/2020-01/Billing%20Guide%20for%20Telehealth%20Encounters_FINAL.pdf

https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/FQHCPPS/Downloads/VCS-FAQs.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf

https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

https://www.mgma.com/resources/financial-management/navigating-telehealth-billing-requirements

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10152.pdf

https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf

https://www.aafp.org/journals/fpm/blogs/inpractice/entry/telehealth_algorithm.html?cmpid=em_FPM_20200325&emci=4107d822-c86e-ea11-a94c-00155d03b1e8&emdi=b38be143-6e6f-ea11-a94c-00155d03b1e8&ceid=1723511

For more information, contact Amanda Kimber, MPA, CPC-A, COBGC at akimber@nfprha.org.

National Family Planning & Reproductive Health Association
1025 Vermont Ave., Suite 800, Washington, DC 20005
www.nationalfamilyplanning.org • (202) 293-3114 • info@nfprha.org