



## Telemedicine and COVID-19 FAQ

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Updated: April 2, 2020 3:01 pm

- [Telehealth Q&A\\*](#)
- [CMS source documentation](#)
- Breaking: page down to “selecting a level of service” for a significant change to E/M rules and telehealth
- [“Coding and Reimbursement during the COVID19 Pandemic”](#) created by Elizabeth Woodcock, of Woodcock & Associates.
- [List of covered CMS telehealth services](#)

\*Answers in the Telehealth Q&A document are sourced from the CMS interim rule which can be downloaded using the link above.

### **Medicare telehealth changes, released March 30, 2020**

- CMS added to the list of services that can be provided via telehealth to include additional hospital services, home visits, and domiciliary services
- Inpatient neonatal and pediatric critical care and intensive care codes may be performed via telehealth
- Additional services that are temporary additions to the services that may be performed via telehealth include care planning for patients with cognitive impairment, psychological and neuropsychological testing, physical therapy and occupational therapy and occupational therapy
- These services can be provided to new or established patient visits
- Subsequent inpatient telehealth may be performed daily, without the prior

limit of once every three days

- [See the full list here.](#)
- In order to bill office visits or any of the services mentioned in the bullets above, or on the full list referenced above you must have *interactive, real-time audio visual* with the patient. If phone only, page down to look at the phone codes.

## Place of service and modifier

On March 30, CMS released an [interim rule with other changes](#).

First, all of these changes are effective March 1, 2020. ***CMS is changing the place of service for claims.*** Do not use POS 02 for CMS telehealth claims, use the place of service that would have been used if the patient had been seen face-to-face.

This means, if it is an office visit, you will be paid the higher, non-facility rate, not the facility rate. This is about \$20 difference for office visits billed with POS 11. CMS now says to use modifier 95 on the claim.

## Selecting a level of service

When CMS released the rule on 3/30/2020, they added a section titled, “W Level Selection for Office/Outpatient E/M Visits when Furnished Via Medicare Telehealth.” Pp 135-137

The brief section starts by discussing the upcoming changes in 2021 for codes 99202–99215, in which a practitioner can select a level of service based on total time for the day or MDM. The time spent includes non-face-to-face time that the practitioner spends and does not need to be dominated by counseling.

CMS is allowing on an interim basis that we apply these rules to office/outpatient visits performed via telehealth during the time of the public health emergency. Specifically, they are removing any requirement for history and/or physical exam. A clinician can use MDM or time to select the code, with time defined as “all of the time associated with the E/M on the day of the encounter.” They are using the existing time guidelines. They are keeping the current definitions of MDM, not the revised set that will be implemented in 2021.

- For 99201–99215 provided via telehealth (real time, interactive audio/visual) a practitioner does not need to use the level of history or exam to select the service.
- Use total time that the practitioner (not staff) spends on that day, whether or not counseling dominates the visit, **or**
- Use MDM as currently defined.

### Not defined as telehealth

Phone calls (99441–99443, 98966–96968) on-line digital E/M (99421–99423 and G2061–G2063), virtual check in (G2010, G2012) and remote monitoring are not considered telehealth services. Do not use POS 02 or modifier 95 with these.

**Medicare telehealth visits are for office, hospital visits** and other services allowed via Medicare’s existing policy for telehealth services. This includes the psychiatric diagnostic interview, psychotherapy, and Medicare wellness visits. There is a full list of these in the [article on Medicare telehealth](#). Under the new regulations, to bill office visits and other approved telehealth services:

- The provider must use an interactive, real-time audio and video telecommunication system in order to bill office visit codes 99201–99215. If the patient does not have access to a smart phone or computer, do not bill office visit codes.
- HIPAA privacy rules waived: may use FaceTime, Skype, Messenger video chat, Google hang out video
- May not use applications that are front facing, such as facebook live, twitch or TikTok
- CMS instructs groups to notify the patient that third party platforms may have privacy risk
- Practitioners who may bill for telehealth include physicians, advanced practice registered nurses, physician assistants, CRNAs, clinical psychologists, clinical social workers, registered dietitians and nutrition professionals. The rule released on 3/30/2020 adds therapy codes to the list.
- Visits are paid at the same rate as in person visits.

- The provider may waive the co-pay/deductible but is not required to do so.
- On 3/30/2020, CMS said you are not required to use POS 02, ***but should use the place of service that would have been used if the patient was seen face-to-face.*** This means, the office visit services will be paid at the higher, non-facility rate, not the lower, facility rate.
- ***Now, CMS wants modifier 95 on the claim form.***
- On March 30, CMS added additional CPT codes that may be billed via telehealth. These are described at the start of this article, and the link to the download for the full list.
- Virtual communication (phone calls, virtual check in codes G2010 and G2012, and digital E/M are not considered telehealth. Information about those services is below. Do not use place of service 02 for those services. These are not considered to be telehealth services.
- Remote monitoring services are covered, as well, are also not considered telehealth and do not require place of service 02.

## RHCs and FQHCs

These types of health centers did not get good news in the rule released on 3/30/2020. They may not bill office visits via telehealth.

RHCs and FQHCs may bill G0071, payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between an RHC or FQHC practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or image by an RHC or FQHC practitioner, occurring in lieu of an office visit; (RHC or FQHC only).

CMS stated it would “update the payment rate” for the service, but the new rate is not in the document.

## Payment for phone calls

- CMS will pay for phone calls using codes 99441—99443, and 98966—98968
- CMS stated in their 3/30/2020 rule that these codes may be used for new

and established patient visits during the public health emergency

- These codes previously had a non-covered status
- Physicians, nurse practitioners, and physician assistants should use codes 99441—99443
- Other qualified health care professionals who may bill Medicare for their services, such as registered dietitians, social workers, speech language pathologists and physical and occupational therapists should use codes 98966—98968
- These are not telehealth services, so do not use POS 02.

Many professional and specialty societies told CMS that some Medicare patients did not have the technology available for real-time audio/visual visits. In order to bill office visit codes 99201—99215, as well as all of the other telehealth codes on the list of covered telehealth services, the practitioner must use real-time audio/visual.

Real-time audio visual equipment is not required for G2012, G2010 or 99421—99423 because those are not considered telehealth services. The requirements for those are described in the article on telehealth, and in separate entries on CodingIntel.com.

These phone call codes had a status indicator of non-covered, but are now covered services.

Per the CPT definition, phone call codes 99441—99443 and 98966—98968 are services initiated by the patient (CMS did not discuss if this requirement was waived or not). They may not be provided if they are in follow-up for a visit within the past 7 days, or if they result in a visit in the next 24 hours, or next available appointment. They are time-based codes, with relatively low RVUs and payment.

Physicians, nurse practitioners, clinical nurse specialists, certified nurse midwives and physician assistants use these codes:

99441 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent or guardian 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 11-20 minutes of medical discussion

99443 21-30 minutes of medical discussion

Registered dietitians, social workers, speech language pathologists and physical and occupational therapists use these codes

98966 Telephone evaluation and management service by a qualified nonphysician health care professional to an established patient, parent or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

98967 11-20 minutes of medical discussion

98968 21-30 minutes of medical discussion

<b>Code</b>	<b>Description</b>	<b>Facility rate</b>
99441	Telephone call 5-10 minutes	\$13.32
99442	Telephone call 11-20 minutes	\$26.64
99443	Telephone call 21-30 minutes	\$39.60
98966	Telephone call 5-10 minutes	\$13.32
98967	Telephone call 11-20 minutes	\$26.64
98968	Telephone call 21-30 minutes	\$39.60

## New resources

- [Guidance from the AMA](#)

- [CMS enrollment COVID-19PEHotline](#)
- [Aledade guide to getting started with telehealth](#)

## Virtual check-ins (some payers are these, not office visits)

CMS is still paying for their HCPCS codes G2012 and G2010 You know what I think about these codes. Too little money for the effort to do and document. But, these don't require real time audio/video, the way office visits do. CMS stated in their 3/30/2020 rule that G2012 may be billed for both new and established patients during the public health emergency period.

### Virtual communication: two new HCPCS codes G2010 and G2012

Not considered telehealth CMS developed two new codes for 2019 to pay a very small amount of money for a virtual check-in and for reviewing an image or recording, "store and forward." They are HCPCS codes G2010 and G2012. CMS said it doesn't consider these to be telehealth services, although they are using "technology-based" and so ... Continue reading



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## On-line digital E/M (some payers paying these, not office visits)

CMS began paying for these in 2020. These aren't office visits via audio/video, but are more complex and convoluted to do and document. But, they were mentioned in CMS's rules, and so I'm including them.

CPT® codes (99421–99423) – and payment for – online digital evaluation and management (E/M) services

New for 2020! Be sure to read the telemedicine COVID-19 article for the latest information. CPT® developed three new CPT® codes for use by

physicians, physician assistants and advanced practice nurse practitioners performing brief, online E/M services via a secure platform CMS is developing three new HCPCS codes for use by clinicians who do not ...  
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## Interprofessional consults (may be useful in the hospital setting)

These are not officially part of telehealth, but some groups are using them now in the hospital, so that fewer physicians see each patient in the hospital. They allow a consultant to do a time-based chart review and provide a verbal and written report back to the requesting clinician without seeing the patient.

### Interprofessional Internet Consultations

CMS is recognizing six codes for interprofessional consults in 2019. At the bottom of this page Betsy reviews the guidelines for using these codes in a brief video (7 minutes). Four of these were existing codes that did have a status indicator of bundled and now have a status indicator of active, indicating payment by ... Continue reading



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## Telehealth place of service and modifier for Commercial Payers

The place of service for telemedicine is 02.

CPT<sup>®</sup> added modifier 95 to the CPT book in 2017. Medicare does not require it, but some payers will. Experienced coders, billers, and administrators know that it is too much to hope that all of the payers will want claims to be submitted in the same way. Some payers do want modifier 95 on telehealth claims.

**Modifier -95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System:** Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at



a distant site from the physician or other qualified health care professional.

The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction.

Modifier 95 may only be appended to the services listed in Appendix P. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.

### **What about diagnosis coding?**

Beginning April 1, there is a new ICD-10 code U07.1, 2019-nCoV acute respiratory disease.

### **I also heard on the news that insurances wouldn't charge patients a co-pay for treating this illness. Is that true?**

Not to my knowledge. There is no federal law currently that mandates coverage for treatment of COVID-19. Some states are discussing this, so you'll need to check in your own state. The state of Massachusetts 3/15/2020 decree requires insurance companies to cover the care without cost-sharing. This is going to be on a state by state basis, and will change in the days ahead.

AHIP (America's Health Insurance Plans) published an article about testing for COVID-19, on an insurance by insurance basis, [that you can read here](#).

Check back for updates.

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office manager or physician?

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**Last Revised: April 2, 2020**

by [Betsy Nicoletti](#)

## Comments



Melody Dowler says  
[March 31, 2020 at 11:14 AM](#)

Betsy, I am having a hard time finding the information around telephone calls down to the specific CPT codes. The new CMS list for Telehealth does not include these CPT codes. Can you provide a reference?

Thank you  
Melody

[Log in to Reply](#)



Betsy Nicoletti says  
[March 31, 2020 at 2:50 PM](#)

They are in the article, which I updated.

[Log in to Reply](#)



Betsy Nicoletti says  
April 2, 2020 at 3:53 PM

They aren't telehealth codes, because they don't use synchronous, real time, audio/visual communication. Download the CMS document at the top of the article, and look at pages 122–125.

[Log in to Reply](#)



1273 says  
March 31, 2020 at 11:52 AM

Betsy-Thanks for all your excellent up-to-date guidance. I saw that CMS added ED E/M codes to the list of approved Telehealth codes. ED providers are still not able to bill for a video/audio evaluation when patient and provider are both in ER, but in different rooms. Is that correct? The patient would have to call in from home to bill Telehealth, is that correct?

CMS FAQ #15:

Q: Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services?

A: Services should only be reported as telehealth services when the individual physician or professional providing the telehealth service is not at the same location as the beneficiary

CMS:

All beneficiaries across the country can receive Telehealth... wherever they are located.

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

[Log in to Reply](#)

Betsy Nicoletti says



April 2, 2020 at 3:50 PM

Thank you for reminding me about the FAQ. I've been trying to remember where I saw that. The quote above isn't in the document you are linking to, but was from March 17, 2020, Medicare Telehealth Frequently Asked Questions, March 17, 2020. I haven't seen it updated. When CMS says "across the country wherever they are located" I think that refers to removing the geographic restrictions.

Here is the link to that:. If that link doesn't work, put in a google search: "Medicare Telehealth Frequently Asked Questions (FAQs) March 17, 2020 and it should come right up for you.

[FAQ from CMS](#)

[Log in to Reply](#)



Betsy Nicoletti says

April 2, 2020 at 5:21 PM

However, I will look again and see if there is an update, and will add a comment either way.

[Log in to Reply](#)



Betsy Nicoletti says

April 3, 2020 at 9:03 AM

After looking again at the rule, (thanks Elizabeth Woodcock) I think that a physician can do telehealth in the hospital, if the patient is in the room and the physician is outside of the room, using two way real time interactive audio/video.

[Log in to Reply](#)



1278 says  
March 31, 2020 at 1:51 PM

Are there any updated news for RHC's? I can't get any clarity.

Thanks so much!  
Tanya

[Log in to Reply](#)



Betsy Nicoletti says  
March 31, 2020 at 2:50 PM

This is in the article, which I updated.

[Log in to Reply](#)

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1214 says  
March 31, 2020 at 3:22 PM

Good afternoon  
do you have a link to support the statement regarding billing for telehealth services to CMS with POS 11 and modifier 95 instead of POS 02 and no modifier?  
Thank you!

[Log in to Reply](#)



1214 says  
March 31, 2020 at 5:53 PM

Also would like to get the link for the rates you have listed for CPT 99441-99443 and CPT 98966-98968

Thank you!

[Log in to Reply](#)



Betsy Nicoletti says  
April 2, 2020 at 3:17 PM

They are listed in the fee schedule on the CMS website.  
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>

[Log in to Reply](#)



Betsy Nicoletti says  
April 2, 2020 at 3:11 PM

Yes, please download the document at the top of the article, “CMS Source Document” and look at pages 13-15.

[Log in to Reply](#)



1287 says  
March 31, 2020 at 4:17 PM

Can you please clarify. Your updated article states in order to bill office visits or any of the services mentioned in the bullets above, or on the full list referenced above you must have interactive, real-time audio visual with the patient. If phone only, page down to look at the phone codes. •CMS will pay for phone calls using codes 99441—99443, and 98966—98968. An AAPC webinar 3/31/2020 is stating that if the intent of the visit was patient initiated; not relating to an E/M within prior 7 days; not leading to an E/M service within next 24 hours or soonest available, use 99441-99443 and if the intent of the visit is for the E/M of an illness or injury, 99201-99215. If the circumstance of the visit is returning a call to a patient at their request, 99441-

99443 but contacting a patient regarding their illness or injury either using audio and visual communication or using audio only because patient has audio only on phone or cannot access technology required to meet visual requirements of telehealth coding per CMS, use 99201-99215. Can you please clarify that per CMS guidance, which is your understanding, an audio telehealth E/M can be performed or the intent of the CMS guidance for adding audio is only if you use 99441-99443? Thank you, Debra

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Betsy Nicoletti says  
[April 2, 2020 at 3:16 PM](#)

I don't understand your question.  
For real time, interactive audio/visual, bill an E/M service. Audio only is not sufficient.  
For phone calls, use the phone call codes.

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WILLIAM IVAN says  
[March 31, 2020 at 7:23 PM](#)

Betsy:  
I cannot find any guidance on whether BCBS FL is allowing 99202-99215 via telemedicine. Do you have any information on BCBS FL ?

[Log in to Reply](#)



Betsy Nicoletti says  
[April 2, 2020 at 3:22 PM](#)

I don't, I'm sorry. If anyone else has it, please post it in the comment field.

[Log in to Reply](#)

Deborah Whitted says

April 1, 2020 at 8:14 AM

From Noridian 3.31.20 it appears they want the “non-traditional” new temporary telehealth services to be billed with modifier 95 and regular POS and the “traditional” telehealth services to be billed with POS=02 and no modifier. Is that how you would interpret the text below?

### Billing for Professional Telehealth Services During the Public Health Emergency

Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 80 additional services to be furnished via telehealth. When billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth. As a reminder, CMS is not requiring the “CR” modifier on telehealth services. However, consistent with current rules for traditional telehealth services, there are two scenarios where modifiers are required on Medicare telehealth professional claims:

- Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier
- Furnished for diagnosis and treatment of an acute stroke, use G0 modifier

Traditional Medicare telehealth services professional claims should reflect the designated POS code 02-Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site. There is no change to the facility/non-facility payment differential applied based on POS. Claims submitted with POS code 02 will continue to pay at the facility rate. There are no billing changes for institutional claims; critical access hospital method II claims should continue to bill with modifier GT.

Thank you for your feedback



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Betsy Nicoletti says  
[April 2, 2020 at 3:24 PM](#)

I would check back with them, since this contradicts what CMS released 3/30/2020. You can download what CMS released at the top of the article. Pages 13-15 describe place of service.

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Deborah Whitted says  
[April 1, 2020 at 9:25 AM](#)

Per the HR 748 CARES Act it seems that an RHC can be a distant site which would allow providers in RHC to provide telehealth services to their patients at home.

Sec. 3704. Allowing Federally Qualified Health Centers and Rural Health Clinics to Furnish Telehealth in Medicare: This section would allow, during the COVID-19 emergency period, Federally Qualified Health Centers and Rural Health Clinics to serve as a distant site for telehealth consultations. A distant site is where the practitioner is located during the time of the telehealth service. This section would allow FQHCs and RHCs to furnish telehealth services to beneficiaries in their home. Medicare would reimburse for these telehealth services based on payment rates similar to the national average payment rates for comparable telehealth services under the Medicare Physician Fee Schedule. It would also exclude the costs associated with these services from both the FQHC prospective payment system and the RHC all-inclusive rate calculation.

I would appreciate your interpretation of the above.  
Thank you.

[Log in to Reply](#)



Betsy Nicoletti says  
April 2, 2020 at 3:25 PM

The CMS document, listed at the top of the document, “CMS Source Documentation” has the section on rural health starting on page 82. You might want to look at that.

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1249 says  
April 1, 2020 at 10:09 AM

Betsy,  
We are an RHC. Do you have the link to the rules released from cms showing RHC/FQHC can not use E/M codes for telemedicine.

[Log in to Reply](#)



Betsy Nicoletti says  
April 2, 2020 at 3:10 PM

The rule is at the start of the article, “CMS source documentation.” RHCs/FQHCs start on page 82.

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1287 says  
April 1, 2020 at 10:28 AM

MLN Connects, 3/31/2020, states Traditional Medicare telehealth services professional claims should reflect the designated POS code 02-Telehealth, to

indicate the billed service was furnished as a professional telehealth service from a distant site. There is no change to the facility/non-facility payment differential applied based on POS. Claims submitted with POS code 02 will continue to pay at the facility rate. When billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth.

Your article is stating “•On 3/30/2020, CMS said you are not required to use POS 02, but should use the place of service that would have been used if the patient was seen face-to-face. This means, the office visit services will be paid at the higher, non-facility rate, not the lower, facility rate.”

Also, your article is stating that for 99441-99443 (telephone E/M) that POS is not 02. Looking at the AMA CPT reporting for COVID-19 testing scenarios, they are stating that POS 02 would be used if 99441-99443 is being billed.

Do you have any guidance on which non-traditional telehealth services would require the 95 modifier?

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Betsy Nicoletti says  
April 2, 2020 at 3:08 PM

Hi, I realize that the MLN matters articles says POS 02. However, go to the top of the article and download the document “CMS source documentation” and look at pages 13-15.

Despite what the AMA says, 99441–99443 are not telehealth services on the CMS list (you can download the list from the article, under the bullet that says “See the full list here.” Appendix P in the CPT book that lists telemedicine services does not have codes 99441–99443 on it. They are not telehealth services because they are done via the phone, and do not require synchronous, real-time, interactive audio and video.

[Log in to Reply](#)



1287 says  
April 2, 2020 at 5:33 PM

Thank you so much. Also, I'd like to say thank you for all your updates and keeping us informed. You help so much with maneuvering and making sense of these ever changing rules. Debra

[Log in to Reply](#)



Betsy Nicoletti says  
April 3, 2020 at 9:01 AM

Thank you, I appreciate this.

[Log in to Reply](#)

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Cassandra Almadova says  
April 1, 2020 at 11:14 AM

Hi Betsy, I am having trouble finding the updated list of codes from the CMS website, do you have a link you can share that has this updated information directly from CMS?

[Log in to Reply](#)



Betsy Nicoletti says  
April 2, 2020 at 3:05 PM

Go to the top of the article. Under "Medicare telehealth changes" look at the bullet that says, "See the full list here." It's there for you.

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Kimberly Claar says  
April 1, 2020 at 11:15 AM

Betsy, I am getting a lot of questions about “telemedicine in the facility”...i.e. both patient and MD in the same facility but need for “telemedicine” during this time is warranted, my guidance has been if it’s a visit with audio/visual communication then it’s telemedicine only during this PHE even if they are in the same location. I am taking that as inferred from CMS-1744-IFC would you agree? Thank you!

[Log in to Reply](#)



Betsy Nicoletti says  
April 2, 2020 at 3:44 PM

The last thing I saw about this was from March 17, 2020, from Medicare, “Medicare Telehealth FAQ” I haven’t seen this updated. If anyone else has, please add a comment.

This is what they said then:

15. Q: Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services?

A: Services should only be reported as telehealth services when the individual physician or professional providing the telehealth service is not at the same location as the beneficiary.

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Victoria Roytberg says  
April 1, 2020 at 11:20 AM

Hello Betsy, please advise – CMS added physical therapy codes to telehealth, but did not add physical therapists as a non physician practitioner to be able to

bill for it? Do I understand correctly?

Thank you

Kind Regards

[Log in to Reply](#)



Betsy Nicoletti says

April 2, 2020 at 3:04 PM

That is what it looked like to me, and I don't understand it. Perhaps a PT or OT on the site could communicate with their specialty society and provide guidance. I'm at a loss.

[Log in to Reply](#)



roderick santa maria MD says

April 1, 2020 at 12:51 PM

Are the secondary/supplemental carriers required to pay the 20% with the new/expanded PHE circumstances from CMS for telehealth services? or, can they decline payment?

This is questioned because:” The provider may waive the co-pay/deductible but is not required to do so.” thank you.

[Log in to Reply](#)



Betsy Nicoletti says

April 2, 2020 at 3:03 PM

For CMS it is clear the physician may waive the deductible/co-pay but is not required to do so. For commercial carriers, I have not found a definitive answer. Will they pay 100%? Or, will they pay their portion and you will have the “option” to waive the patient due amount. I don't know.

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1316 says  
[April 1, 2020 at 2:41 PM](#)

We called CMS to request some clarification on the non-traditional telehealth codes, and CMS is advising that the traditional telehealth codes still be billed with POS 02 and that only the new list of non-traditional telehealth codes should be billed with the normal POS. The 03/31/2020 MLN Connects publication seems to support this. However, I wanted to ask if this is your understanding as well, or are you recommending that all telehealth (traditional and non-traditional) be billed with a normal POS? As always, your guidance is much appreciated.

[Log in to Reply](#)



Betsy Nicoletti says  
[April 2, 2020 at 3:01 PM](#)

CMS released the a Final Rule on 03/30/2020, effective date 3/1/2020. They changed their instruction to use the place of service that you would have used if you'd seen the patient in person. This allows you to get paid the non-facility, higher rate. The article is updated. You can read it for yourself, by downloading the document labeled "CMS source document" at the top of the article.

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friesenrg says  
[April 1, 2020 at 9:04 PM](#)

Question regarding ER utilizing audio-visual E/M codes, place of service 23

with new/est E-M codes correct? Nothing different. They wouldn't be able to utilizing the usual 9928X codes correct? Thanks Betsy! Again, appreciate all you have done and worked so hard during this time! You have helped me enormously! Wait, sorry, I just looked at your cheatsheet! So ER providers would be utilizing 9928X for medicare provided telehealth services?

file:///C:/Users/fries/Downloads/cheat-sheet\_covered-telehealth-services-for-phe\_covid-19.pdf

[Log in to Reply](#)



friesenrg says

April 1, 2020 at 9:17 PM

I was thinking based on the AMA document <https://www.ama-assn.org/system/files/2020-03/covid-19-coding-advice.pdf> reasoning why I was thinking of 99201-99215 place of service 23? Or am I thinking outside the box?

[Log in to Reply](#)



Betsy Nicoletti says

April 2, 2020 at 2:59 PM

Use the place of service that you would have used for the face-to-face visit.

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Betsy Nicoletti says

April 2, 2020 at 3:51 PM

If the patient is in the ER and the physician is at home or at another location, then bill the ED visit codes as long as their is real time, interactive audio-visual communication.

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Myshell says  
April 2, 2020 at 12:04 PM

If provider is having video technical difficulties and converts to Telephone, in order to qualify or bill CPT 99441-43, shouldn't the provider still be documenting time?

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Betsy Nicoletti says  
April 2, 2020 at 2:57 PM

Yes, those CPT codes are time based codes.

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Myshell says  
April 2, 2020 at 12:28 PM

Can I add to my previous question, I heard that as long as you have attempted the video call, you can still bill like it was a virtual visit if converted to telephone, or should it be CPT 99441-43?

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Betsy Nicoletti says  
April 2, 2020 at 2:57 PM

I haven't seen anything that an attempt was sufficient. I would bill 99441-99443 not office visit with real-time, interactive, audio visual.

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Michelle Milliman says  
April 2, 2020 at 12:43 PM

The CMS final interim rule regarding code selection based on MDM or time only applies to Medicare and Medicaid, correct? Any word on other payers following suit?

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Betsy Nicoletti says  
April 2, 2020 at 2:56 PM

So far, this is only Medicare. State Medicaid plans can set their own rules.

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friesenrg says  
April 2, 2020 at 4:51 PM

What place of service to you utilize then for E-Visits? Not defined as telehealth

Phone calls (99441–99443, 98966–96968) on-line digital E/M (99421–99423 and G2061–G2063), virtual check in (G2010, G2012) and remote monitoring are not considered telehealth services. Do not use POS 02 or modifier 95 with these.

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Betsy Nicoletti says  
April 3, 2020 at 9:02 AM



Correct. These are not telehealth services. Look at the list in the CPT book and the CMS list (at the start of the article). Only services on those list are telehealth.

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friesenrg says  
April 2, 2020 at 6:56 PM

Would you ever use POS 12 for Home?

- a. 02 TH (Facility Rate)
- b. 11 Clinic (Non-facility Rate)
- c. 12 Home (Non-Facility Rate?)

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Betsy Nicoletti says  
April 3, 2020 at 8:58 AM

I would you POS home (and home visit codes), if the patient was homebound. If the patient normally would come into the office, I would use POS 11 and office visit codes.

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Jennifer Murphy says  
April 3, 2020 at 9:47 AM

With regards to using 99201-99215 codes for telehealth, if a patient is seen utilizing the audio/visual on Monday, and the provider needs to see the patient in the office on Tuesday or Wednesday say for a BP check, is the telemedicine visit billable or is it considered related to the in person visit?

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Betsy Nicoletti says  
[April 3, 2020 at 10:12 AM](#)

The two office visits via telehealth are billable. The issue of “not within 7 days of an E/M” or “resulting in an E/M in the next 24 hours or next available” relates to the telephone codes (99441-99443) and the on-line digital E/M codes (99421–99423). You can bill as many E/M services as are medically necessary, using the office visit codes.

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1287 says  
[April 3, 2020 at 11:03 AM](#)

Betsy, am I correct that all of the services listed on your “cheat sheet” above, if performed via audio-video communication require the 95 modifier on each line item. As an example, outpatient 99211-99205 E/M codes, and inpatient 99221-99233 codes would all require the 95 modifier if performed via audio-video communication? If the services on your “cheat sheet” above are performed via audio only, then the 95 modifier would not be needed as they will be billed out 99441-99443 which are not telehealth codes?

Your telemedicine Q&A states that AWP and Subsequent AWP real-time interactive audio/visual is required. Are there a list of services that CMS is requiring be used with real-time interactive audio/visual versus audio only?

Again, thank you for all your guidance.

Debra

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Betsy Nicoletti says  
[April 3, 2020 at 12:51 PM](#)

Which cheat sheet? Do you mean the excel sheet that is listed as “List of covered telehealth services?” That is a Medicare document. Anything that is on that list, performed via audio/visual remote communications is considered to be telehealth.

Audio only does not qualify as telehealth. 99441–99443 are not telehealth codes and do not require modifier -95.

The excel list from Medicare is straight from their website.

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1273 says  
[April 3, 2020 at 2:50 PM](#)

In regards to the question how we can bill when ED provider and patient are in different rooms in the ED and the ED provider evaluates the patient via video and audio, I learned from an ACEP (American College of Emergency Physicians) /CMS webinar today that this should be billed with regular ED codes. No modifier 95, as it does not constitute Telehealth. For Telehealth we would need two different locations. As it was explained, we can bill regular codes because the technology alone does not trigger a telehealth visit. I do not have a written source, but the webinar will be appear on the CMS resource library.

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Betsy Nicoletti says  
[April 3, 2020 at 3:06 PM](#)



Thank you for sharing that. It would be great if ACEP would post a CMS citation. I do trust our specialty societies, because they often have direct access to CMS. If you get a link to the webinar, please share it with us.

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In 1988, CodingIntel.com founder Betsy Nicoletti started a Medical Services Organization for a rural hospital, supporting physician practice. She has been a self-employed consultant since 1998. She estimates that in the last 20 years her audience members number over 28,400 at in person events and webinars. She has had 2,500 meetings with clinical providers and reviewed over 43,000 medical notes. She knows what questions need answers and developed this resource to answer those questions. For more about Betsy visit [www.betsynicoletti.com](http://www.betsynicoletti.com).



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