

Telehealth Program Requirements during COVID-19

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State of Georgia Requirements

Physician, PA or NP must be licensed in Georgia. Regulation has been adopted and is with Governor pending signature that allows physicians licensed in other states to obtain a telemedicine license.

History of patient needs to be available to provider.

The provider must meet **one** of the following:

- a) Has personally seen and examined the patient and provides ongoing or intermittent care (established patients).
- b) Is requested to provide care at the request of a licensed provider who has personally seen the patient (consult service).
- c) Is providing medical care at the request of a public health nurse, public school nurse, or other public licensed provider using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care.
- d) Is able to examine the patient using technology **or** peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care.

The provider must maintain patient records, including documenting evaluation and treatment, provider's identity.

If provider is a NP or PA, the supervising or delegating physician must provide documentation to the medical board that telemedicine is within such APPs scope of practice and the APP has demonstrated competence.

Provider must provide patient with name, credentials and emergency contact information for the provider providing the treatment or consultation.

Patient must receive clear, appropriate, accurate instructions on follow-up in the event of needed emergent care related to treatment.

All virtual visits should be conducted using a HIPAA compliant application unless patient otherwise agrees in writing to potential security and privacy risks. However, OCR will exercise enforcement discretion and waive potential penalties for HIPAA violations against health care providers that serve patients through every day communications technologies.

Providers who provide services to a patient located in another state will be subject to such states medical practice act.

1 ^[1] <https://medicalboard.georgia.gov/document/publication/360-2-17-telemedicine/download>

^[2] <https://medicalboard.georgia.gov/document/document/rule360-3-7v2/download>

^[3] <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Telehealth Coding During COVID-19

For Services Provided via Live, Interactive Videoconferencing in an Ambulatory Setting

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Payer	CPT Code/Modifier/Coding Guidelines	Place of Service Code
Medicare and Humana Medicare	Choose from 99201-99215 <ul style="list-style-type: none"> May now be provided to a patient in their place of residence or any healthcare facility for any medically necessary services Provider (or provider in same practice) should have personally seen the patient and received payment from Medicare in the past three years. No audits will be conducted to confirm prior relationship, providing additional flexibility. Paid at same rate as in-person visit Providers may reduce or waive cost-sharing for beneficiaries 	Must use place of service code 02
Medicaid	Choose from 99201-99215 and append modifier 95 <ul style="list-style-type: none"> May now be provided to a patient in their place of residence or any healthcare facility for any medically necessary services Provider must comply with Telehealth Manual posted on GAMMIS Patient must initiate the service and provide consent to be treated virtually, and the consent must be documented in the medical record with date, time and consenting/responsible party before initiation of the service 	Must use place of service code 02
Anthem Blue Cross Blue Shield	Choose from 99201-99215 or 99241-99245 and append modifier 95	Must use place of service code 02
United HealthCare and Aetna	Choose from 99201-99215 or 99241-99245 and append modifier 95 <ul style="list-style-type: none"> Aetna is waiving copay and will reimburse for live video-conferencing care at patient's home or another location for in-network provider through June 4, 2020 United Healthcare will reimburse for live video-conferencing care at patient's home or another location for in-network provider through June 18, 2020 	May use place of service code 02 but not required
Cigna	Choose from 99201- 99203 , 99211- 99213 and append modifier 95 or modifier GT (maximum allowed level of service is level 3)	Must use place of service code 02
Humana Commercial	Choose from 99201-99215 or 99241-99245 and append modifier 95 or GT <ul style="list-style-type: none"> Medicare plans follow CMS guidance and Medicaid plans follow Medicaid guidance. 	May use place of service code 02 but not required if modifier is used

All other payors: Patient should contact their insurance provider to determine how Telemedicine Services are covered. Georgia law requires all insurers provide telemedicine coverage and reimburse at least at the same rate as they had the service been provided in person.

2 <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
<https://medicaid.georgia.gov/document/document/telehealth-guidance/download>
<https://www.aetna.com/health-care-professionals/provider-education-manuals/covid19-letter.html>
<https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html>



Telehealth Coding During COVID-19

For Services provided via Online Visits (“E-Visits”) in the Ambulatory Setting

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Code	Description	Coverage
99421	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Medicare and United Healthcare coverage if CPT guidelines are met.
99422	11-20 minutes	Medicare and United Healthcare coverage if CPT guidelines are met.
99423	21 or more minutes	Medicare and United Healthcare coverage if CPT guidelines are met.

Coding Guidelines for E-Visits:

- The service must be patient initiated via a HIPAA compliant secured platform such as an EHR patient portal or secured email (**provider may educate patient on the availability of the service prior to patient agreement**)
- Must be provided only by a physician or APP (and may not be for relaying results or scheduling appointments)
- 7-day period begins when provider personally reviews the patient’s inquiry and can only be reported once in 7 days
- Service time includes: reviewing the initial inquiry, relevant records and data; personal interaction with clinical staff regarding problem; development of a plan; and follow-up communication with the patient

Payor Specifics:

- Medicare: Though there should be an established relationship between the patient and provider/group practice, CMS will not be conducting audits to confirm the established relationship at this time until the waiver expires
- Georgia Medicaid and Aetna do not list 99421-99423 in their fee schedules for 2020 – assume non-coverage until further notice.
- Humana Commercial Plans do not cover internet-only telehealth services CPT codes 99421-99423 unless pursuant to a Humana telehealth vendor (currently Doctor on Demand).
- **All other payors: Patient should contact their insurance provider to determine if E-Visits are covered.**

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

<https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf>

<https://dctm.humana.com/Mentor/Web/v.aspx?chronicleID=0900092982824f5c&searchID=713dcaef-eede-4ce6-9c09-94e46bacbc07&dl=1>

Telehealth Coding During COVID-19

For Services provided via Telephone Call Only in the Ambulatory or Inpatient Setting

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Code	Description	Coverage/Guidelines
99441	Telephone E/M by a physician or APP to an established patient, parent, or guardian; 5-10 minutes of medical discussion	For Georgia Medicaid, Humana, and Anthem, see below. For Medicare, United Healthcare, and Aetna, next slide for G2012.
99442	11-20 minutes of medical discussion	For Georgia Medicaid, Humana, and Anthem, see below. For Medicare, United Healthcare, and Aetna, see next slide for G2012.
99443	21-30 minutes of medical discussion	For Georgia Medicaid, Humana, and Anthem, see below. For Medicare, United Healthcare, and Aetna, see next slide for G2012.

Coding Guidelines for Telephone Communications if covered:

- The service cannot originate 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
- The service cannot be within the postoperative period of a previously completed procedure
- The service must be patient initiated and ***it is recommended that verbal consent be obtained and documented***
- Time must be between patient and provider and cannot include clinical staff time

Payors other than Medicare, United and Aetna:

- Georgia Medicaid and Humana now allow telephone communication as a form of Telehealth. Use place of service 02 and appropriate modifier (GT or 95).
- Anthem Blue Cross Blue Shield will now cover telephone only communication through June 15, 2020. No instructions on modifier or place of service code.
- At this time Cigna only covers COVID-19 related phone calls with G2012 – see next slide.
- **All other payors: Patient should contact their insurance provider to determine if Telephone Calls are covered.**

<https://medicaid.georgia.gov/document/document/telehealth-guidance/download>
<https://providernews.anthem.com/georgia/article/information-from-anthem-for-care-providers-about-covid-19-4>
<https://www.humana.com/provider/coronavirus/telemedicine>

Telehealth Coding During COVID-19

For Virtual Check-Ins in the Ambulatory or Inpatient Setting

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Code	Description	Coverage/Guidelines
G2010	Remote evaluation of recorded video and/or images submitted by the patient (e.g., store and forward), including interpretation with verbal follow-up with the patient within 24 business hours	G2010 is covered by Medicare, United Healthcare and Aetna as long as guidelines are met.
G2012	Brief communication technology-based service, e.g., virtual check-in, by a physician or APP, provided to an established patient; 5-10 minutes of medical discussion	G2012 is covered by Medicare, United Healthcare and Aetna as long as guidelines are met.

These codes may be used for telephone calls/audio only interactions and also synchronous, two-way audio interactions that are enhanced with video or other kinds of data transmission.

Coding Guidelines for Virtual Check-Ins:

- The service cannot originate 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
- The service cannot be within the postoperative period of a previously completed procedure
- The service must be patient initiated and **for G2012 verbal consent must be obtained and documented (provider may educate patient on the availability of the service prior to patient agreement)**
- For G2012, time must be between patient and provider and cannot include clinical staff time
- **Medicare: Though there should be an established relationship between the patient and provider/group practice, CMS will not be conducting audits to confirm the established relationship at this time until the waiver expires**

Payor Specifics

- Aetna is waiving copay and will reimburse G2010 and G2012 through June 4, 2020.
- Georgia Medicaid and Humana do not list G2010 and G2012 in their fee schedules for 2020 – **see previous slide for coverage of phone call CPT codes 99441-99443. Otherwise, assume non-coverage of G2010 and G2012.**
- **Cigna will cover G2012 for phone calls regarding possible exposure or exposure to COVID-19 through May 31, 2020.**
- **All other payors: Patient should contact their insurance provider to determine if Virtual Visits are covered.**

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
<https://www.uhcpprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telehealth-and-Telemedicine-Policy.pdf>
<https://www.aetna.com/health-care-professionals/provider-education-manuals/covid19-letter.html>
<https://static.cigna.com/spa/chcp/assets/Cigna-COVID-19-Billing-Guidance-for-Providers-3-18.pdf>