

Telehealth Program Requirements during COVID-19

Updated as of 4/9/2020 3:45 PM

This document does not constitute legal advice. Physicians who are not employed by Piedmont Healthcare should consult with their individual advisor.

Basic Requirements

Generally Physician, PA or NP must be licensed in Georgia; however, physicians licensed in other states are currently allowed to obtain a telemedicine license.¹ Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech pathologists can also provide telehealth services.

History of patient needs to be available to provider.

The provider must meet be 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.²

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.³

Providers who provide services to a patient located in another state will be subject to such state's applicable practice act.

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

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

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

Telehealth Program Requirements during COVID-19

Updated as of 4/9/2020 3:45 PM

This document does not constitute legal advice. Physicians who are not employed by Piedmont Healthcare should consult with their individual advisor.

Requirements for Practicing Telemedicine for Patients Located in Nearby States during COVID-19

North Carolina

- Pursuant to an emergency order, physicians, NPs and PAs with a valid license in any state may provide services (including telehealth services) to patients physically located in North Carolina during the emergency period
- Emergency Order: <https://files.nc.gov/governor/documents/files/EO116-SOE-COVID-19.pdf>

Tennessee

- Pursuant to an executive order, healthcare professionals (including physicians, PAs and NPs) with a valid license in any state may provide services (including telehealth services) to patients physically located in Tennessee through May 11, 2020
- <https://publications.tnsosfiles.com/pub/execorders/exec-orders-lee14.pdf>

Alabama

- Physicians, PAs, and NPs who have an Alabama license can provide services via telehealth to patients located in Alabama. Physicians and PAs who do not have an Alabama license must apply for an emergency license. The Board has told us they are working to turn applications around in 48 hours. Providers should not delay needed medical care during the license application process. The Alabama Board of Nursing is extremely understaffed currently and as such, there are delays in processing applications. Therefore as of now, NPs not currently licensed in Alabama cannot provide telemedicine services to residents of Alabama.
- Emergency License for Physicians and PAs: <https://www.albme.org/c19TEML.html>

Florida

- Pursuant to an emergency order, physicians, PAs with an active license in any state (and not currently under investigation) may provide telehealth services to patients physically located in Florida for 30 days following March 16, 2020 without having to register with the Florida Department of Health.
- Emergency Order: <http://www.flhealthsource.gov/pdf/emergencyorder-20-002.pdf>
- Out of state telehealth provider registration for beyond 30 days (as of right now): <https://flboardofmedicine.gov/licensing/out-of-state-telehealth-provider-registration/>

South Carolina

- Pursuant to a medical board order, physicians and PAs (and nurses pursuant to a nursing board order), licensure requirements are waived for practitioners licensed and in good standing to practice in another state and whose services are deemed necessary by the South Carolina Department of Health and Environmental Control
- Medical Board Order: <https://lir.sc.gov/med/pdf/MedicalBoardOrder3-14-2020Signed.pdf>
- Nursing board order: <https://lir.sc.gov/nurse/pdf/Nursing%20Board%20Order%203-14-2020%20Signed.pdf>

Telehealth Prescribing Guidance

This document does not constitute legal advice. Physicians who are not employed by Piedmont Healthcare should consult with their individual advisor.

Updated as of 4/9/2020 3:45 PM

Requirements for Prescribing Controlled Substances via Telehealth During COVID-19

Under the Federal Public Health Emergency exception and pursuant to an emergency regulation passed by the Georgia medical board^{1,2}, DEA-registered practitioners may issue prescriptions for controlled substances to patients without first conducting an in-person medical evaluation, provided **all** of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system;
- The practitioner is acting in accordance with applicable Federal and State law.

The practitioner may issue the prescription using any methods of prescribing currently available and in the manner set forth in the DEA regulations. The practitioner may issue a prescription:

- Electronically (for schedules II-V drugs),
- By calling in an emergency schedule II prescription to the pharmacy, or
- By calling in a schedule III-V prescription to the pharmacy

^[1] <https://www.dea/diversion.usdoj.gov/coronavirus.html>

^[2] <https://medicalboard.georgia.gov/document/document/updatecovid-19pdf-1/download>

Telehealth Coding During COVID-19

Updated as of 4/9/2020 3:45 PM

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

This document does not constitute legal advice. Physicians who are not employed by Piedmont Healthcare should consult with their individual advisor.

Payer	CPT Code/Modifier/Coding Guidelines
Medicare ^{1,2,3} and Humana Medicare	Choose from 99201-99215 <ul style="list-style-type: none"> May be provided to a patient in their place of residence or any healthcare facility for any medically necessary services Provider may provide services to new or existing patients. Level of service may be chosen based on MDM only or CMS total visit time. Paid at same rate as in-person visit; providers may reduce or waive cost-sharing for beneficiaries Provider may furnish services from their home. List home address on claim. ³ PHC still requires providers be in office for Telemedicine visits.
Medicaid ⁴	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 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
Anthem Blue Cross Blue Shield ⁵	Choose from 99201-99215 or 99241-99245 <ul style="list-style-type: none"> For 90 days effective March 17, 2020, Anthem's affiliated health plans will waive member cost shares for telehealth visits for fully-insured employer plans, individual plans, Medicare plans and Medicaid plans, where permissible.
Aetna ⁶	Choose from 99201-99215 or 99241-99245 <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 ⁷	Choose from 99201-99215 or 99241-99245 <ul style="list-style-type: none"> United Healthcare will reimburse for live video-conferencing care at patient's home or another location for in-network provider through June 18, 2020 Cost-share waived for in-network telehealth visits for Medicare Advantage, Medicaid and fully-insured Individual and Group health plans, with opt-in available for self-funded employers; out-of-network and cost-sharing will apply and covered in accordance with plan benefits unless related to COVID-19 Urgent, routine medical care, and outpatient behavioral care: providers can use both interactive audio/video and audio-only
Cigna ⁸	Choose from 99201-99215 <ul style="list-style-type: none"> Cigna will reimburse at in-person rate through May 31, 2020. Services can be performed by phone, video or both. Patients may be new or existing. Cigna will monitor use of level 4 and 5 visits
Humana Commercial	Choose from 99201-99215 or 99241-99245
Tricare East (Humana Military)	Choose from 99201-99215

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.

[1] <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf> ; [2] <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

[3] <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf> ; [4] <https://medicaid.georgia.gov/document/document/telehealth-guidance/download>

[5] <https://providernews.anthem.com/georgia/article/information-from-anthem-for-care-providers-about-covid-19-4>

[6] <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html>

[7] <https://www.uhcprovider.com/content/provider/enviewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fresources%2Fnews%2F2020%2FTelehealth-Patient-Scenarios.pdf>

[8] <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>

Telehealth Coding During COVID-19

For Services provided via Live, Interactive Videoconferencing for Inpatient Services

This document does not constitute legal advice. Physicians who are not employed by Piedmont Healthcare should consult with their individual advisor.

Payer	Codes and Descriptions
<p>Medicare and Humana Medicare</p> <p>Note: Telehealth only applies when the patient and practitioner are in different locations. If the provider and patient are in the same location this does not constitute telehealth and the telehealth modifier should not be used. This would be a regular E/M initial or subsequent visit. It is important that where the code descriptor requires face-to-face a video component would be important in the delivery of the service.</p>	<p style="text-align: center;">Consultations, ER, Initial Inpatient:</p> <p>G0425 Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth</p> <p style="padding-left: 40px;">G0426 typically 50 minutes communicating with the patient via telehealth</p> <p style="padding-left: 40px;">G0427 typically 79 minutes communicating with the patient via telehealth</p> <p style="text-align: center;">Follow-Up Inpatient Consultations:</p> <p>G0406 Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth</p> <p style="padding-left: 40px;">G0407 typically 25 minutes communicating with the patient via telehealth</p> <p style="padding-left: 40px;">G0408 typically 35 minutes communicating with the patient via telehealth</p> <p style="text-align: center;">Subsequent Visits</p> <p style="padding-left: 40px;">99231-99233 can be billed as often as needed</p> <p style="text-align: center;">Prolonged Services</p> <p style="padding-left: 40px;">99356 Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour</p> <p style="padding-left: 80px;">99357 each additional 30 minutes</p> <p style="padding-left: 40px;">Critical Care: can be billed more than once per day</p> <p>G0508 Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth</p> <p style="padding-left: 40px;">G0509 typically 50 minutes communicating with the patient and providers via telehealth</p> <p style="text-align: center;">Additional Hospital Services Codes added effective March 1, 2020</p> <p>ED Visit codes 99281-99285; Observation Services codes 99217-99220, 99224-99226 and 99234-99236; Inpatient Codes 99221-99223, 99238-99239; Critical Care codes 99291-99292; Inpatient neonatal and Pediatric Critical Care codes 99468-99473 and 99475-99476; Intensive Care codes 99477-99478</p>
<p>Medicaid², Anthem Blue Cross Blue Shield, and Tricare East (Humana Military)³</p>	<p>Appropriate HCPCS or CPT code is to be used - recommend using Medicare codes as they are listed in their fee schedule</p>
<p>United HealthCare⁴ and Aetna⁵</p>	<p>Use same codes as Medicare</p>
<p>Humana Commercial</p>	<p>Use same codes as Medicare – also allows discharge codes 99238-99239, 99217</p>

- Cigna currently lists no inpatient codes in their Virtual Care policy - assume non-coverage until further notice.
- All other payers: Patient should contact their insurance provider to determine how Telemedicine Services are covered. Georgia Law requires all Insurers provide Telemedicine coverage however does not specify that Inpatient services must be covered.

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

[2] <https://medicaid.georgia.gov/document/document/telehealth-guidance/download>

[3] <https://www.humanamilitary.com/provider/education-and-resources/quick-access/policy-updates-and-alerts/covid-19-telemedicine-031320>

[4] <https://www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html>

[5] <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid19-letter.html>

Telehealth Coding During COVID-19

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

This document does not constitute legal advice. Physicians who are not employed by Piedmont Healthcare should consult with their individual advisor.

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 ¹ , Aetna ⁴ , and United Healthcare ² coverage if CPT guidelines are met.
99422	11-20 minutes	Medicare ¹ , Aetna ⁴ , and United Healthcare ² coverage if CPT guidelines are met.
99423	21 or more minutes	Medicare ¹ , Aetna ⁴ , and United Healthcare ² 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: Can be used for new or established patients.
- Georgia Medicaid does not list 99421-99423 in their fee schedule 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).³
- Aetna: Can only be used for established patients.⁴
- **All other payors: Patient should contact their insurance provider to determine if E-Visits are covered.**

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

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

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

[4] https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_10

Telehealth Coding During COVID-19

For Services provided via Telephone Call Only in the Ambulatory Setting

This document does not constitute legal advice. Physicians who are not employed by Piedmont Healthcare should consult with their individual advisor.

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	See payer specifics below for Medicare ¹ , Georgia Medicaid ² , Humana ³ , Anthem ⁴ and Aetna ⁵ . For United HealthCare and Cigna, audio only may be used for Telehealth visits (see slide 4) or Virtual Check-ins (see slide 8).
99442	11-20 minutes of medical discussion	See payer specifics below for Medicare ¹ , Georgia Medicaid ² , Humana ³ , Anthem ⁴ and Aetna ⁵ . For United HealthCare and Cigna, audio only may be used for Telehealth visits (see slide 4) or Virtual Check-ins (see slide 8).
99443	21-30 minutes of medical discussion	See payer specifics below for Medicare ¹ , Georgia Medicaid ² , Humana ³ , Anthem ⁴ and Aetna ⁵ . For United HealthCare and Cigna, audio only may be used for Telehealth visits (see slide 4) or Virtual Check-ins (see slide 8).

Coding Guidelines for Telephone Communications:

- 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 (or NPP, as applicable); 99441-99443 cannot include clinical staff time

Payor Specifics:

- Per CMS: physicians can now provide certain services by telephone to their patients (CPT codes 99441-99443)¹
- Georgia Medicaid² and Humana³ will temporarily allow telephone communication as a form of Telehealth.
- Anthem Blue Cross Blue Shield will reimburse telephone only communication through June 15, 2020.
- **Tricare East (Humana Military) does not cover telephone only services.**
- Aetna will reimburse 99441-99443 through June 4, 2020⁴
- **All other payors: Patient should contact their insurance provider to determine if Telephone Calls are covered.**

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

[2] <https://medicaid.georgia.gov/document/document/telehealth-guidance/download>

[3] <https://www.humana.com/provider/coronavirus/telemedicine>

[4] <https://providernews.anthem.com/georgia/article/information-from-anthem-for-care-providers-about-covid-19-4>

[5] https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_18

Telehealth Coding During COVID-19

For Virtual Check-Ins in the Ambulatory Setting

This document does not constitute legal advice. Physicians who are not employed by Piedmont Healthcare should consult with their individual advisor.

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, Aetna and Cigna if 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, Aetna and Cigna if 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: Can be used for new or established patients

Payor Specifics

- Aetna is waiving copay and will reimburse G2010 and G2012 through June 4, 2020.³
- 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 Virtual Screening Telephone Consults through May 31, 2020 (see also slide 4 for audio only Cigna Telehealth visits)⁴
- **All other payors: Patient should contact their insurance provider to determine if Virtual Visits are covered.**

[1] <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet> ; <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

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

[3] <https://www.aetna.com/health-care-professionals/provider-education-manuals/covid19-letter.html>

[4] <https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html>

Telehealth Coding During COVID-19

For Interprofessional Consults in Any Setting

This document does not constitute legal advice. Physicians who are not employed by Piedmont Healthcare should consult with their individual advisor.

Code	Description
99446	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician , including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
99447	11-20 minutes
99448	21-20 minutes
99449	31 or more minutes
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician , including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes

Coding Guidelines for Interprofessional Consults:

- Patient is new or established to consultant with a new problem or exacerbation of existing problem and consultant has not seen the patient in the last 14 days
- Request for consult including medical necessity is in the medical record and does not result in a transfer of care or a face-to-face service between the consultant and patient within 14 days or soonest available appointment
- Report is **verbal and written for 99446-99449** or just **written for 99451**
- Documentation includes relevant findings with review of medical records, testing, medications, etc. For 99446-99449 greater than 50% must be devoted to the verbal or internet discussion. For 99451 time is for total review and interprofessional communication. **Less than 5 minutes is not reportable.**
- Cannot be reported more than once within a 7-day period. Time spent can be cumulative.

Payor Specifics

- Medicare coverage was effective January 1, 2019. Patient's verbal consent must be documented in the medical record for each service.
- United Healthcare does not cover. No other major commercial payor has published coverage information.

9



[1] <https://www.federalregister.gov/documents/2018/11/23/2018-24170/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>