

AAOS Member Alert on Telemedicine Coding May 4, 2020

The HHS Office for Civil Rights (OCR) have relaxed the [guidelines](#) regarding telemedicine services due to the COVID-19 public health emergency. OCR will not impose penalties on physicians in the event of noncompliance with requirements under the Health Portability and Accountability Act (HIPAA) for physicians using applications such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video or Skype. Information on how to use telemedicine codes and online digital codes for Evaluation and Management services is included in this member alert, focusing on the Centers for Medicare and Medicaid Services (CMS) guidelines for Medicare services and AMA CPT guidelines which may be followed by commercial payers.

AMA CPT Codes for Telemedicine and Online Digital E/M Services

The following are the current codes in CPT 2020 which can be used to report telemedicine for Evaluation and Management (E/M) Services performed. Under the E/M subheading, *Office or Other Outpatient Services*, codes are categorized by **new and established patients**.

New Patients

★ **99201**, *Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making.*

★ **99202**, *Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making.*

★ **99203**, *Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity.*

★ **99204**, *Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity.*

★ **99205**, *Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.*

Established Patients

★ **99212**, *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making.*

★ **99213**, *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity.*

★ **99214**, *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity.*

★ **99215** *Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity.*

Under the E/M subheading, *Office or Other Outpatient Consultations, New or Established Patient*, CPT codes 99241, 99242, 99243, 99244, and 99245 are used for **new or established patients**, requiring 3 key components. These codes can also be used when conducting virtual rounding. Modifier 95 should be appended to these codes when reporting telemedicine services in real time.

New or Established Patients

★ **99241**, *Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making.*

★ **99242**, *Office consultation for a new or established patient, which requires these 3 components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making.*

★ **99243**, *Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity.*

★ **99244**, *Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.*

★ **99245**, *Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.*

Note, Telemedicine codes are listed with the ★ designation.

For 2020, three new CPT codes were created, 99421, 99422, and 99423, to report *Online Digital Evaluation and Management services*, based on several factors including time. These codes are reported for established patients and are not performed within 7 days of a previous E/M or procedure. NOTE: these are not designated as telemedicine codes.

● **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** *11-20 minutes*

● **99423** *21 or more minutes*

AMA CPT Codes for Telephone E/M Services for New and Established Patients

CPT codes 99441, 99442, and 99443, under the E/M subheading, *Non-Face-to-Face Services*, are reported for **telephone** services based on several factors, including time. These codes may be reported for both **new and established** patients. This is a change from previous CMS and AMA CPT guidance, as these codes are typically used for established patients only. New and established requirements have been waived for telehealth and telephone visits.

NOTE: these are not designated as telemedicine codes.

CMS is also **increasing payments** for these telephone visits to be in line with reimbursement for similar office and outpatient visits. The increase of payments will from a range from \$14-\$41 to approximately \$46-\$110. The payments are **retroactive to March 1, 2020**.

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*

Please note, that one cannot report codes 99441-99443 on a day when the physician or other qualified health professional reports codes 99241-99245. Refer to page 40 of the CPT 2020 for the official CPT rules and guidelines regarding E/M services.

The American Medical Association (AMA) has also created a [guide to telemedicine in practice](#), in which further guidance is provided for telemedicine visits, to accompany CMS' expansion of access to telemedicine for Medicare beneficiaries.

CMS Telemedicine Reporting Guidelines

Telemedicine benefits for Medicare beneficiaries has been broadened during the COVID-19 outbreak. The following [link](#) to the Centers for Medicare and Medicaid Services (CMS) describes the types of virtual services for Medicare Beneficiaries.

Per the CMS Medicare Telemedicine Healthcare Provider Fact Sheet, providers should use codes 99201-99215 (*Office of other outpatient visits*), G0425-G0427 (*Telehealth consultations, emergency department or initial inpatient*), or G4046-G4048 (*Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs*) to report visits where telecommunication systems are used. When a telecommunication system is used for a virtual check-in to determine whether an office visit or other service is needed via telephone or another telecommunications device, HCPCS codes G2010 and G2012 should be utilized. HCPCS and CPT codes, 99421, 99422, 99423, G2061, G2062 and G2063 are to be used for E-Visits which is defined as communication between a patient and their provider through an online patient portal. Please refer to the [link](#) to the Medicare Telemedicine Healthcare Provider Fact Sheet published 3/17/20 for more detailed information, as well as the link to the [MLN booklet for Telehealth Services](#).

Since some Medicare beneficiaries may have limited access to interactive audio-video technology required for various Medicare telehealth services. **CMS stated it is waiving the video requirement for certain telephone evaluation and management services** and adding them to the list of [covered Medicare telehealth services](#). These updates can be accessed on the CMS website once they become available.

Note, CMS refers to these virtual synchronous visits as *telehealth*, and the CPT term is *telemedicine*. These terms are interchangeable.

Place of Service (POS) Codes & Modifiers to be Appended

The Department of Health and Human Services (HHS) and CMS have implemented the following updates regarding the reporting of Telehealth services as of 4/6/20. Please refer to the [link](#) to the Federal Register for more detailed information.

For Medicare telehealth services, CMS has recommended, *on an interim basis*, to:

- Report the POS code that would have been reported as if the E/M service had been furnished in person.
 - This allows CMS to make appropriate payment for services furnished via Medicare telehealth **at the same rate** they would have been paid if the services were **performed in person**
 - Previous CMS guidelines had instructed to reported with the Place of Service (POS) code **02** for Medicare Telehealth to E/M *Office or Other Outpatient Services* codes, 99201 – 99215

- Append the CPT telemedicine modifier, **Modifier 95**, to E/M services that are reported for telehealth.
 - CMS will **maintain the facility payment rate** for services billed using the general telehealth
 - Previous CMS guidelines had stated not use append modifier 95

The POS indicator would be wherever the patient would be seen normally. Therefore, if your typical POS is 11, continue to use POS 11, along with Modifier 95. If your POS is typically outpatient hospital (POS 19 or 22) continue to use that POS, along with Modifier 95. This will render a **facility payment** just as when seeing patients face-to-face.

Per CMS guidelines, E/M *Office or Other Outpatient Services* codes, 99201 – 99215 may be reported for Medicare Telehealth. These codes **may not** be used for telephone visits. Refer to the [CMS website](#) for a complete list of available codes to be used to report telehealth services.

As stated in the [Medicare Telehealth Frequently Asked Questions \(FAQs\)](#), CMS is not requiring additional or different modifiers associated with telehealth services furnished under the current waivers. Physicians participating in the federal telemedicine demonstration programs in Alaska or Hawaii are required to append the GQ modifier to the appropriate CPT or HCPCS code when telehealth services are performed via asynchronous (store and forward) technology. When a telehealth service is billed under Critical Access Hospital, Election of Optional Payment Method (CAH Method II), the **GT modifier** is required.

AMA CPT 2020 states that Modifier 95, *Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System*, should be appended to codes 99241-99245, for reporting telemedicine services performed synchronously (real-time). Modifier 95 is defined by AMA as *a real-time interaction between a physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care profession 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 requirement of the same service when rendered via a face-to-face interaction.* See Appendix P of CPT 2020 for a full list of codes that may be used for reporting real-time telemedicine services.

HCPCS Level II **Modifier GT** is used for services delivered via interactive video and video telecommunication systems. **Modifier GQ** is used to report services delivered via asynchronous telecommunications system. Please note, that effective January 1, 2018, CMS eliminated the requirements to use the GT modifier when the POS indicator 02 (telehealth) was introduced. One should check with their individual payers to verify if use of the GT modifier is required.

Remember, AMA CPT guidance can differ from CMS guidelines. When coding for a commercial payer, one should check with their individual payer to confirm which guidelines are being used and what their specific reporting requirements are.

ICD-10-CM Codes

The [World Health Organization \(WHO\)](#) has created an emergency use ICD-10-CM code for COVID-19 disease outbreak, U07.1, which is assigned to the disease diagnosis of COVID-19. This code will become effective with the next update scheduled for October 1, 2020. The following link contains interim guidance issued by the [Centers for Disease Control and Prevention \(CDC\)](#) on the reporting of diagnosis codes related to the COVID-19 Coronavirus Outbreak.

COVID-19 Laboratory Testing

On Friday, March 13, 2020, the American Medical Association (AMA) created a new CPT code, **87635**, *Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique*, for the reporting of novel coronavirus test, that is effective immediately. The CPT code is reported for the laboratory testing for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), as defined by the World Health Organization, also known by the disease name, coronavirus disease (COVID-19). Please note, code 87635 will be a child code under existing parent code 87471, *Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique*.

On April 20, 2020, AMA created two additional CPT codes when patients receive blood tests that detect COVID-19 antibodies: 86328, *Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])* and 86769, *Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])*.

The following [CPT Assistant, Special Edition](#), contains pertinent Q&A's regarding the Coronavirus Laboratory Testing, along with a description of the procedure, and a clinical example for code 87635. An additional *CPT Assistant* addressing the newly created serologic laboratory testing codes is also available in the [April CPT Assistant update](#).

Updates

Being that this current situation is fluid, as soon as further coding guidance is available regarding the reporting of E/M services for telemedicine, we will update this document and alert our members immediately. Please check for updates on the website at www.AAOS.org. In the meantime, should you wish to view further related information, the following links to the CMS, MLN Matters, and the Medical Group Management Association (MGMA), may be useful.

- **CMS:** [COVID-19 Emergency Declaration Health Care Providers Fact Sheet](#)
- **MLN Matters:** [Medicare Fee-for-Service \(FFS\) Response to the Public Health Emergency on the Coronavirus \(COVID-19\)](#)
- **MGMA:** [Navigating telehealth billing requirements](#)