

Telemedicine/Telehealth – Frequently Asked Questions

In response to COVID-19, we recognize many of our members are appropriately looking for options to care for their patients remotely through telemedicine or telehealth services. To assist in this effort, below are answers to some common telemedicine/telehealth questions related to reimbursement, equipment, licensure, and coverage changes related to COVID-19. We recognize that this FAQ document is not comprehensive, and we will work to update it with additional information as it is available.

Q: What is telemedicine or telehealth?

A: Telemedicine is typically described as real-time (synchronous) delivery of clinical health care services between a patient and provider through the use of a telecommunication system, most typically requiring both an audio and visual component. Telehealth refers to similar services but can include both clinical and non-clinical health care services (e.g., patient and professional health-related education, public health, and health administration).

Q: Will I be reimbursed for the telemedicine service I provide?

A: The best answer to this question is, it depends. Coverage varies on a payer-by-payer and state-by-state basis. Some payers, like Medicare, only allow for delivery of services via telehealth if certain geographic or condition-specific criteria are met (as further detailed at this [link](#)). We recognize this is a challenging time to ask you to contact the payers you work with. In Spring 2019, the National Consortium of Telehealth Resource Centers published a [comprehensive state-by-state summary of laws and reimbursement policies](#). At this time, this is the best resource we are aware of for comprehensive coverage information, reflecting information as of the date of publication.

Q: What are the appropriate codes to bill for telemedicine?

A: Telehealth is most typically billed using standard CPT codes. For example, to bill for a standard office visit when conducted via telemedicine, evaluation and management codes (CPT 99201-05 and CPT 99211-15) are appropriate. Different payers have different requirements to signify that a service is performed via telemedicine rather than in person. Payers require either use of the place of service code 02 (telemedicine) or use of either modifier “GT” or “95”. Appendix P of the AMA CPT Code Book includes a list of codes approved for provision via telemedicine. Medicare has a similar [list of services](#) that can be covered if provided via telemedicine on their website.

Q: Are documentation requirements different for telemedicine services?

A: In general, no. However, it is best practice to document in the patient record that the service was provided via telemedicine. Additionally, in certain instances when inpatient consultation is done via telemedicine, documentation of a request for the consultation may be required

Q: Are other codes available to bill for non-traditional digital services?

A: Yes, there are three additional sets of codes in the AMA CPT Code Book which apply to digital services. Reimbursement for these services will be on a payer-by-payer basis.

- Online Digital Evaluation and Management Services – CPT 99421-23
- Telephone Services – CPT 99441-43

- Interprofessional Telephone/Internet/Electronic Health Record Consultations – CPT 99446, 99447, 99448, 99449, 99451 and 99452
- Qualified Nonphysician Health Care Professional Online Digital Evaluation and Management Service – CPT 98970-72

Furthermore, the Medicare program has also approved coverage and payment for two additional “communication technology-based services” ([see this resource](#)):

- Brief communication technology-based service with an established patient, e.g. virtual check-in – G2012
- Remote evaluation of recorded video and/or images submitted by an established patient – G2010

Q: Has Medicare coverage of telemedicine been expanded?

A: The *Coronavirus Preparedness and Response Supplemental Appropriations Act* gave the Department of Health and Human (HHS) Services the authority to remove restrictions on telemedicine during periods of emergency. Under this new authority CMS has expanded telemedicine coverage to allow payment for office, hospital and other visits furnished via telemedicine. This expansion is retroactive to March 6. Details regarding this coverage expansion are outlined in a [recently published CMS fact sheet](#).

Q: Are there licensure restrictions for providing telemedicine?

A: It depends. In most instances, telemedicine can only be provided to patients residing in the state you are currently licensed. If you are licensed in multiple states, you are permitted to conduct visits with patients in any state in which you are licensed. Certain states with significant border areas have agreements with border states to allow for telemedicine across state lines. Given the emergency declaration, CMS has temporarily [waived](#) requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. This applies to Medicare and Medicaid. CMS has further encouraged States to make similar waivers.

Q: What type of technology do I need to have to conduct visits via telemedicine?

A: For synchronous audio-visual telemedicine, a videoconferencing system meeting HIPAA compliance standards is required. There are many platforms available that meet these requirements. At this time, AAPM&R does not have a recommended platform. Notably, if HHS opts to expand telehealth availability under the *Coronavirus Preparedness and Response Supplemental Appropriations Act*, it is possible that a telephone may be used, if that telephone has audio and video capabilities that are used for two-way, real-time interactive communication.

Q: What other resources are available on telemedicine?

A: Below are several links to resources our members may find helpful. Your Academy will also be monitoring these resources for additional information we can share.

- [National Consortium of Telehealth Resource Centers](#)
- [American Telemedicine Association](#)