

**Non-face-to-face patient care options available to Primary Care MDs during the
COVID 19 Public Health Emergency (Section 1135 of Social Security Act, National Emergency Act waiver)**

COVID 19 Public Health Emergency non-face-to-face patient care options											
	Telehealth				Virtual Check-in			E-visit (7 days)			
		Time	Work RVUs	Total Facility RVUs		Work RVUs	Total Facility RVUs		Work RVUs	Total Facility RVUs	
CPT/HCPCS codes	Established outpatient				G2012 (5-10 min)	0.25	0.37	99421	5-10 min	0.25	0.37
	99212	1-9 min	0.48	0.73	G2010 (Images)	0.18	0.26	99422	≥11 min	0.50	0.76
	99213	≥15 min	0.97	1.45				99423	≥21 min	0.80	1.21
	99214	≥25 min	1.50	2.23							
	99204	≥45 min	2.43	4.63							
	99205	≥60 min	3.17	5.85							
	Telemed Visits										
	99441	≥5 min	0.25	0.37							
	99442	≥11 min	0.50	0.74							
	99443	≥21 min	0.75	1.10							
Minimum Technology	Audio				Audio (G2012) Secure text, portal, email (G2010)			Portal			
Relationship	New or Prior Established				Prior established			Prior established			
Patient initiation	Not required				Required, but MD may “inform of option”			Required			
Consent	None beyond normal F2F				Verbal			Patient initiated so not required			
Copays and deductibles	Applies (but can be waived or reduced)				Applies (but can be waived or reduced)			Applies (but can be waived or reduced)			

NOTE: CMS is using the facility payment rate when services are furnished by telehealth. Non-facility rates capture the cost of supplies, equipment, clinical staff time, and overhead, and are therefore not used in payment for Medicare telehealth services.

- Telemed definitions (time intervals above)
 - CPT codes 99441-3: 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.
- Virtual Check-in definitions:
 - HCPCS code G1012: Brief communication technology-based service by a physician or other qualified health care professional who can report E/M services, provided to a patient, not originating from an E/M service provided in the previous 7 days nor leading to an E/M service or procedure within 24 hours.
 - HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by a patient with follow-up within 24 business hours
- E-visit definitions (time intervals above)
 - CPT codes: 99421-3: Online digital management services for up to 7 days cumulative time during the 7 days.
- CMS has noted that to the extent the 1135 waiver requires an established relationship, HHS will not conduct audits.
- Non-face-to-face care does not require any previous relationship with the patient.
- Co-payments and deductibles apply but providers can waive or reduce.
- Some require that the visit is “patient initiated,” the MD may obtain consent at the time.
- The outpatient established patient E/Ms do not require consent.
- For Virtual Check-ins, there cannot be a related E/M for 7 days prior or 24 hours after.
- E-visits can be asynchronous by text, email or through a patient portal. Compensation is for cumulative care over 7 days.
- Resident supervision: For services requiring direct supervision by the physician or other practitioner, that physician supervision can be provided virtually using real-time audio/video technology.
- Modifiers will need to be determined based on evolving CMS policy.
- CMS’ General Provider Telehealth and Telemedicine Tool Kit is online [here](#).