

Non-face-to-face patient care communication technology-based service (CTBS) options available to Primary Care MDs during the COVID 19 Public Health Emergency (PHE, 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 (Audio)			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 (Audio+Video)				G2012 (5-10 min)	0.25	0.37	99421	5-10 min	0.25	0.37
	99212	1-9 min	0.48	0.73							
	99213	≥10 min	0.97	1.45	G2010 (Images)	0.18	0.26	99422	≥11 min	0.50	0.76
	99214	≥16 min	1.50	2.23				99423	≥21 min	0.80	1.21
	99215	>41 min	2.11	3.15							
	New outpatient (Audio+Video)										
	99202	≥10 min	0.93	1.43							
	99203	>30 min	1.42	2.14							
	99204	≥45 min	2.43	3.66							
	99205	≥60 min	3.17	4.78							
	Telephone E/M Visits (Audio only)										
	99441	5-10 min	0.48	0.73							
	99442	11-20 min	0.97	1.45							
	99443	21-30 min	1.50	2.23							
Minimum Technology	New and established E/M: Audio and video required Telephone visits: Audio only				Audio (G2012) Secure text, portal, email (G2010)			Portal			
Relationship	New or prior established				New or prior established			New or 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)			

NOTES:

- **Outpatient New and Established E/M:** Require both audio and video
 - Any device with audio and video capabilities permitted, HIPAA requirements waived.
 - No patient consent required.
 - Billing based on time or MDM intensity (no need for PE)
 - If beneficiaries do not have access to a smart phone only billable as Telephone (time alone)
- **Telephone E/M visits** (time intervals above): Audio only or audio and video
 - 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 to the same provider
 - An E/M service from another provider during the 8-day window can be billed separately.
 - Patient initiated but CMS “does not prohibit practitioners from educating, on their own initiative, beneficiaries on the availability of the services prior to, or at the same time it takes place.”
- **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 with the same provider.
 - An E/M service from another provider during the 8-day window can be billed separately.
 - Patient initiated but CMS “does not prohibit practitioners from educating, on their own initiative, beneficiaries on the availability of the services prior to, or at the same time it takes place.”
 - HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by a patient with follow-up within 24 business hours
 - Both G1012 and G2010 can be billed on the same day by the same practitioner if stipulations met for each.
- **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.
 - Patient initiated but CMS “does not prohibit practitioners from educating, on their own initiative, beneficiaries on the availability of the services prior to, or at the same time it takes place.”
- Patient consent for all CTBS can be obtained once a year for all services by support staff

- The outpatient established patient E/Ms do not require consent.
- **Resident supervision:**
 - Permitted OP E/M services
 - New and established outpatient E/M visit codes (99201-99205 and 99211-99215)
 - Annual Wellness Visits (AWVs) (G0402, G0438-G0439)
 - Telephone E/M codes (99441-99443)
 - Translational Care Management (TCM) visits (99495 and 99496)
 - E-visit (99421-99423)
 - Virtual check-ins (G2010 and G2012)
 - Precepting during or after visit
 - Audio and visual required between resident and attending
 - Maximum of 4 four residents per session
- Telehealth services must be billed with a -95 modifier
- CMS will not conduct audits during the PHE.
- Place of service for billing is the site where care “would have been reported had the service been provided in person.”
- Services can be provided from the physician’s home.
- Waivers will extend from March 1, 2020 until the end of the PHE.
- 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.
- E-visits require that the visit is “patient initiated” but staff or MD can obtain consent at the time of the encounter.
- For Virtual Check-ins, there cannot be a related E/M for 7 days prior or 24 hours after with the same provider but an E/M with another provider is permitted.
- E-visits can be asynchronous by text, email or through a patient portal. Compensation is for cumulative care over 7 days.

Additional Resources:

- CMS’ General Provider Telehealth and Telemedicine Tool Kit is online [here](#).
- AHQR has provided guidance for clinicians including processes for obtaining informed consent [here](#).
- CMS FAQs available [here](#).