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CG HEALTHCARE SOLUTIONS, LLC TELEHEALTH SERVICES

The current public health emergency has resulted in changes to the coverage and guidelines for telehealth services.

General

CMS has waived the requirement that only HIPAA compliant devices can be used for telehealth services. Effective immediately any mobile computing devices that have audio and video capabilities may be used for two-way, real-time interactive communication (i.e., FaceTime, Skype). This waiver is in place until the health emergency is lifted.

The following CPT codes can be billed as telehealth services:

- New Patient Visits: **99201 - 99205**
- Established Patient Office Visits: **99211 - 99215**
- Subsequent Hospital Visits: **99231 - 99233**
- Subsequent Nursing Home Visits: **99307 - 99310**

(This is a selection of codes – please see below for full list):

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Downloads/covered-telehealth-services.zip>

Documentation requirements for a telehealth service are the same as for a face-to-face encounter. The information of the visit, the history, review of systems, or any other information used to make a medical decision about the patient should be documented.

Coding should be based on the same parameters used for a face-to-face patient encounter. We strongly recommend documenting the amount of time spent for the encounter.

Medicare

Telehealth services for Medicare must be billed with an “02” place of service. No telehealth modifiers should be appended to the code.

Medicare introduced a new code for brief communication (virtual check-in) by a physician or mid-level provider, provided to an established patient, who has not had an evaluation/management service in the past 7 days nor has one scheduled in the next 24 hours. The code is **G2012** and requires a minimum of 5 - 10 minutes of discussion. This service can be provided by telephone. The Medicare allowance for Region 99 of New Jersey is \$15.70. This code is subject to Medicare copayments and deductible. CMS requires that patient consent be obtained for this service (verbal is acceptable) since the patient will be responsible for a copay.



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Commercial Carriers including Horizon Blue Cross Blue Shield

Most commercial carriers recognize and reimburse for telehealth services.

They require a modifier (95 or GT) to be appended to CPT or HCPCS codes that ordinarily are used for face-to-face encounters.

- **Modifier 95:** Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system.
- **Modifier GT:** Via interactive audio and video telecommunications systems

As with Medicare, all documentation requirements are the same as for a face-to-face encounter.

Horizon Blue Cross Blue Shield has announced that it will waive all member cost-sharing obligations for covered telemedicine services delivered by an in-network provider. This waiver became effective March 13, 2020 and is in effect for an initial period of 90 days.

HIPAA Compliant Applications

Some practices may prefer to utilize HIPAA compliant software for providing telehealth services to patients. Some of these solutions are free, while others charge a monthly fee.

Some of the most popular HIPAA compliant software applications include:

- Chiron Health – <https://chironhealth.com/>
- Doxy.me - <https://doxy.me/>
- Zoom for Healthcare - <https://zoom.us/healthcare>
- VSee - <https://vsee.com/>
- Beam Healthcare - <https://www.beam.healthcare/>

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