

**AASLD, ACG, AGA and ASGE Guide to Coding Outpatient Telehealth & Virtual Services During the COVID-19 Public Health Emergency (PHE) - Published June 6, 2020**

Service	Codes	Telehealth modifier 95 required	Place of Service	Conditions/Requirements/Restrictions (not comprehensive)	New or established patient
Telehealth E/M (video visits)	99201-99205 99211-99215	Yes	Where the visit would have taken place in person (eg, 11, 22, 24)  Do not report general telehealth POS 02	Must use real-time audio and video  Level of E/M based on medical decision making (MDM) <u>or</u> time  Not required to document medical history and/or physical exam in the medical record  Can report E/M if over half the visit was conducted via telehealth platform/app  Can use non-public facing apps* (eg, Skype, FaceTime); do not use public facing apps (eg, Facebook Live, Twitch)	Both
Telephone E/M	99441-99443	Yes	Where the visit would have taken place in person (eg, 11, 22, 24)  Do not report general telehealth POS 02	Audio only communication  Must be patient initiated, but provider can educate patient that it is an option	Both
Virtual Check-in	G2010, G2012	No	Location where the service was provided	Use G2010 for reviewing store and forward video and/or images from patient  Use G2012 for technology based brief communication with patient (5-10 minutes)  Must obtain and record consent for the service in patient's medical record, but a single consent can be obtained for all communications annually	Established only
e-Consults	99446-99449, 99451, 99452	No	Location where the service was provided	Report for interprofessional telephone, internet or electronic health record (EHR) provider-to-provider consultations  Cannot be reported when a face-to-face encounter with the patient occurred in the prior 14 days or the next 14 days  Request for the consultation must be documented in patient's medical record	Both
Online digital E/M	99421-99423	No	Location where the service was provided	Must be patient initiated  Communications can occur over a 7-day period via portal, fax, phone/combo.  Cannot be reported if the online patient request is related to an E/M service within the previous 7 days or within the global period.	Established only

\* During the COVID-19 PHE, CMS will allow apps like FaceTime and Skype and penalties will not be imposed in the event of noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA).

## Telehealth and Virtual Services Outpatient Code Descriptions and Rates\*

### Telehealth E/M (video visits)

During the COVID-19 PHE, E/M level selection can be made based on MDM **or** time. If selecting based on time, you may use either the 2020 or 2021 times in the E/M code descriptions. For Medicare, time is counted as total spent on the day of the visit, not just face-to-face time. Commercial payers typically count only face-to-face time. Check with each commercial patient's plan to confirm their policy.

New Patient E/M Visits					Established Patient E/M				
Select E/M level based on MDM or Time during the COVID-19 PHE									
CPT	MDM	2020 Typical Time	2021 Time Ranges	Medicare Payment & wRVU	CPT	MDM	2020 Typical Time	2021 Time Ranges	Medicare Payment & wRVU
99201	Straightforward	10 min	NA	\$47; 0.48	99211	NA	5 min	NA	\$23; 0.18
99202	Straightforward	20 min	15-29 min	\$77; 0.93	99212	Straightforward	10 min	10-19 min	\$46; 0.48
99203	Low complexity	30 min	30-44 min	\$109; 1.42	99213	Low complexity	15 min	20-29 min	\$76; 0.97
99204	Moderate complexity	45 min	45-59 min	\$167; 2.43	99214	Moderate complexity	25 min	30-39 min	\$110; 1.50
99205	High complexity	60 min	60-74 min	\$211; 3.17	99215	High complexity	40 min	40-54 min	\$148; 2.11

### Telephone E/M

- 99441 Telephone E/M service by a physician or other qualified health care professional who may report E/M 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 [\$46; 0.48 wRVU]
- 99442 11-20 min [\$76; 0.97 wRVU]
- 99443 21-30 min [\$110; 1.50 wRVU]

### Online Digital E/M

- 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 [\$16; 0.25 wRVU]
- 99422 11- 20 min [\$31; 0.50 wRVU]
- 99423 21 or more min [\$50; 0.80 wRVU]

### e-Consultations

- 99446 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review [\$18; 0.35 wRVU]
- 99447 11-20 min [\$37; 0.70 wRVU]
- 99448 21-30 min [\$56; 1.05 wRVU]
- 99449 31 min [\$74; 1.40 wRVU]
- 99451 Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time [\$38; 0.70 wRVU]
- 99452 Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes [\$38; 0.70 wRVU]

### Virtual check-ins

- G2010 Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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. [\$12; 0.18 wRVU]
- G2012 Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E/M services, provided to an established patient, 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 [\$15; 0.25 wRVU]

\*Medicare national payments (non-facility) and work relative value unit (wRVU). Check with commercial payers for policy, fees.

### Resources:

- CMS Flexibilities to fight COVID-19 for physicians - <https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>
- HHS FAQs on telehealth and HIPAA - <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>
- AMA 2021 E/M codes and guidelines - <https://www.ama-assn.org/system/files/2019-06/cpt-office-prolonged-svs-code-changes.pdf>
- AASLD COVID-19 resources <https://www.aasld.org/sites/default/files/2020-06/AASLD-COVID19-ExpertPanelConsensusStatement-June42020-FINAL.pdf>
- ACG COVID-19 resources: <https://gi.org/media/covid-19-and-gi/>
- AGA COVID-19 resources: <https://www.gastro.org/practice-guidance/practice-updates/covid-19>
- ASGE COVID-19 resources: <https://www.asge.org/home/advanced-education-training/covid-19-asge-updates-for-members/>