



To help echocardiographers navigate and act on regulatory changes related to COVID-19, the American Society for Echocardiography (ASE) has developed this high-level telehealth guide. Our goal is to help members stay informed, understand changes and implement strategies related to COVID-19 and Telehealth services.

## **Top Five Things ASE Members Should Know About Telehealth**

1. **What Has Changed with Telehealth Services** - [CMS has expanded](#) access to telemedicine services for all Medicare beneficiaries, not just those that have novel coronavirus, for the duration of the COVID-19 Public Health Emergency. In addition to existing coverage for originating sites including physician offices, skilled nursing facilities and hospitals, Medicare will now make payments for telehealth services furnished in any healthcare facility and in the home.
2. **Who Can Provide Telehealth Services** - Hospitals and a range of clinicians, including doctors, nurse practitioners, clinical psychologists, nutrition professionals, and licensed social workers will be able to offer telehealth. As part of emergency declarations, many Governors have relaxed licensure requirements please contact your state board of medicine or department of health for up-to-the minute information.
3. **What Communication Medium is Required** - patients and clinicians can use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.
4. **Impacts on Patient Co-Pay** - standard Medicare copays and deductibles still apply to telemedicine visits. But there's flexibility, during the coronavirus emergency, health providers will be allowed to waive or reduce cost-sharing for telehealth visits.
5. **How Do I Bill for these Services** – Below is a listing of common CPT codes and Medicare coverage for telemedicine services

## **Telehealth Visits**

Synchronous audio/visual visit between a patient and clinician for evaluation and management (E&M). Submit the Evaluation and Management (E/M) visit using the appropriate code (99201-99215), add the telehealth GQ modifier (Via an asynchronous telecommunications system) or GT modifier (Via interactive audio and video telecommunications systems) with the professional service CPT or HCPCS code (e.g., 99211 GQ) and use Place of Service (POS) (02-Telehealth) to indicate you furnished the billed service as a professional telehealth service from a distant site.

Established Patient Relationship Requirement for Telehealth – during this public health emergency, the Department of Health and Human Services (DHS) has stated it will refrain from enforcing that requirement via audits during the coronavirus public health emergency.

Medicare has stated that during this public health crisis, they will pay for telehealth services as in person services (see FAQs below). Below are a list of codes and their physician work Medicare relative value units (RVUs) and approximate office-based payment.

<b>New Patient E/M Visits</b>				<b>Established Patient E/M</b>			
	<b>RVU</b>	<b>Typical Time</b>	<b>National Payment</b>		<b>RVU</b>	<b>Typical Time</b>	<b>National Payment</b>
<b>99201</b>	0.48	10	\$47	<b>99211</b>	0.18	5	\$23
<b>99202</b>	0.93	20	\$77	<b>99212</b>	0.48	10	\$46
<b>99203</b>	1.42	30	\$109	<b>99213</b>	0.97	15	\$76
<b>99204</b>	2.43	45	\$167	<b>99214</b>	1.5	25	\$110
<b>99205</b>	3.17	60	\$211	<b>99215</b>	2.11	40	\$148

\*A list of all available codes for telehealth services can be found on the [CMS website](#).

## **Online Digital Visits**

Digital visits and/or virtual check-in codes services are furnished using broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication. Communication must be patient initiated and cannot result from or lead to an E/M service. Code selection is time-based.

**CPT Code 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 [**0.25 RVUs; \$15**]

**CPT Code 99422** - 11-20 minutes [**0.50 RVUs; \$31**]

**CPT Code 99423 - 21 or more minutes [0.80 RVUs; \$44]**

**HCPCS Code G2012** - Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management 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 **[0.18 RVUs; \$12]**

**HCPCS Code 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 **[0.25RVUs; \$15]**

### **Telephone Evaluation and Management Service**

CPT codes to describe telephone evaluation and management services have been available since 2008. Code selection is time-based. Relative values have been assigned to these services, However, Medicare still currently considers these codes to be non-covered. Private payors may pay for these services.

**CPT Code 99441** - 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; 5-10 minutes of medical discussion **[0.25RVUs; \$15]**

**CPT Code 99442** - 11-20 minutes of medical discussion **[0.50RVUs; \$31]**

**CPT Code 99443** - 21-30 minutes of medical discussion **[0.75RVUs; \$39]**

### **e-Consultations**

e-Consultations are interprofessional telephone, internet or EHR provider-to-provider consultations. Code selection is time-based.

**CPT Code 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 **[0.35 RVUs; \$18]**

**CPT Code 99447** - 11-20 minutes of medical consultative discussion and review **[0.70 RUVs; \$37]**

- CPT Code 99448** - 21-30 minutes of medical consultative discussion and review [**1.05 RVUs; \$56**]
- CPT Code 99449** - 31 minutes or more of medical consultative discussion and review [**1.40 RVUs; \$74**]

**CPT Code 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 [**0.70 RVUs; \$37**]

**CPT Code 99452** - Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes [**0.70 RVUs; \$37**]

*Note – It is recommended that for commercial payers, check with your individual payer’s policies directly for more information on coverage for telemedicine services.*

### **Additional Resources**

For the latest information on federal policy and payment changes related to telehealth in the midst of COVID-19, visit the [CMS Current Emergencies site](#).

Specific announcements expanding access to telehealth services include:

- [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [Medicare Telehealth Frequently Asked Question - 3-17-20](#)
- [Telehealth benefits Medicare are lifeline patients during coronavirus outbreak](#)
- [CMS issues guidance help Medicare Advantage and Part D plans respond - Covid-19](#)

CMS [Telehealth Services MLN Booklet](#)

Center for Connected Health Policy [Quick Guide to Telemedicine in Practice](#)