AMA Telehealth policy, coding & payment

Disclaimer: Information provided by the AMA contained within this Quick Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA’s Current Procedural Terminology (CPT®) manual (“CPT Manual”) or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

CPT © Copyright 2021 American Medical Association. All rights reserved. AMA and CPT are registered trademarks of the American Medical Association. More information can be found on our CPT site.

Telehealth policy, coding and payment

The policy and payment landscape around telehealth and telemedicine remains complex; however, as the country navigates this pandemic, change is happening rapidly to expand these services. The AMA’s Advocacy team has been summarizing the latest updates in Federal policy.

Policy and payment considerations

Here are some additional key policy and payment considerations to keep in mind:

- Ensure that you are providing services in accordance with your state laws and regulations. As part of emergency declarations, many governors have relaxed state laws and regulations related to the provision of telehealth services. For up to the minute information in your state, please contact your state department of health or state medical association.
- Licensure:
  - If you are licensed in the state where the patient is located, there are no additional requirements.
  - If you are not licensed in the state where the patient is located:
    - CMS has issued the following waiver for Medicare patients: Temporarily waive requirements that out-of-state providers be licensed in the state where they are located.
providing services when they are licensed in another state. Physicians are still bound by their state licensing requirements (CMS FAQs). Medicaid waivers must be requested by the individual state that wants to use them.

- Many states have temporarily relaxed licensure requirements related to physicians licensed in another state and retired or clinically inactive physicians. This includes waiving licensure requirements or offering a temporary expedited license for out-of-state physicians. Many, but not all of these measures apply to physicians providing telemedicine across state lines. Please contact your state board of medicine or department of health for up-to-the-minute information.
- The Federation of State Medical Boards (FSMB) is tracking executive orders related to licensure. Stay up to date on the FSMB website.

- 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.

**Telemedicine CPT codes**

Common CPT codes for telemedicine services are listed below. The AMA’s [coding scenarios](https://www.ama-assn.org/practice-management/digital/ama-telehealth-policy-coding-payment) provide real-world examples of how to code for telehealth services.
# Telehealth Visits

Synchronous audio/visual visit between a patient and clinician for evaluation and management (E&M)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code 99201-99205</td>
<td>Office or other outpatient visit for the evaluation and management of a new patient</td>
</tr>
<tr>
<td>CPT Code 99211-99215</td>
<td>Office or other outpatient visit for the evaluation and management of an established patient</td>
</tr>
</tbody>
</table>

*A list of all available codes for telehealth services can be found here:

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

**Please note**—Check with your payer to determine the appropriate Place of Service (POS) code for your telehealth visits. The AMA is aware that some commercial payers are requiring the use of POS 02—Telehealth (The location where health services and health related services are provided or received, through a telecommunication system.) This is important to ensure your telehealth E/M visits are accurately associated with the care of patients for suspected or diagnosed COVID-19.
## Online Digital Visits

Digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit is warranted (via patient portal, smartphone).

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code 99421</td>
<td>Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes</td>
</tr>
<tr>
<td>CPT Code 99422</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td>CPT Code 99423</td>
<td>21 or more minutes</td>
</tr>
<tr>
<td>CPT Code 98970*</td>
<td>Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes</td>
</tr>
<tr>
<td>CPT Code 98971*</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td>CPT Code 98972*</td>
<td>21 or more minutes</td>
</tr>
<tr>
<td>HCPCS Code G2061</td>
<td>Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes</td>
</tr>
<tr>
<td>HCPCS Code G2062</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td>HCPCS Code G2063</td>
<td>21 or more minutes</td>
</tr>
<tr>
<td>HCPCS Code G2012</td>
<td>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</td>
</tr>
<tr>
<td>HCPCS Code G2010</td>
<td>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</td>
</tr>
</tbody>
</table>

* CPT codes 98970-98971 were modified in 2020 to match the CMS language captured in HCPCS code G2061-G2063.
Remote Patient Monitoring
Collecting and interpreting physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or qualified health care professional.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code 99453</td>
<td>Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment. (Initial set-up and patient education of monitoring equipment)</td>
</tr>
<tr>
<td>CPT Code 99454</td>
<td>Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Initial collection, transmission, and report/summary services to the clinician managing the patient)</td>
</tr>
<tr>
<td>CPT Code 99457</td>
<td>Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes</td>
</tr>
<tr>
<td>CPT Code 99458</td>
<td>Each additional 20 minutes (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>CPT Code 99091</td>
<td>Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days</td>
</tr>
</tbody>
</table>

*Important Use Case*—leverage CPT codes 99453 (if patient education is performed) and 99457 to manage pulse oximetry data from the patient’s home to keep them out of the emergency room and the inpatient hospital, unless it becomes necessary.
Self-Measured Blood Pressure (SMBP)
Home blood pressure (BP) monitoring

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code 99473</td>
<td>Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration</td>
</tr>
<tr>
<td>CPT Code 99474</td>
<td>Separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient</td>
</tr>
</tbody>
</table>

Telephone Evaluation and Management Service
Evaluation and management visits via audio-only telephone communications

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT Code 99441</td>
<td>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</td>
</tr>
<tr>
<td>CPT Code 99442</td>
<td>11-20 minutes of medical discussion</td>
</tr>
<tr>
<td>CPT Code 99443</td>
<td>21-30 minutes of medical discussion</td>
</tr>
</tbody>
</table>

Telehealth coverage and payment for commercial payers

- For commercial payers, telehealth coverage and payment continues to evolve. These resources are to help track changes in coverage and payment for telemedicine services. Also check with your local state medical association or society for more information.

Copyright 1995 - 2021 American Medical Association. All rights reserved.
The tables provided on this page give common CPT codes for telemedicine services; other codes may be needed.

- CPT Codes: 99091, 98970, 98971, 98872, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99421, 99422, 99423, 99441, 99442, 99443, 99453, 99454, 99457, 99458, 99473 and 99474
- HCPCS Codes: G2061, G2062, G2063, G2012 and G2010