Digital Medicine Payment Advisory Group coding highlights

Featured telehealth coding highlights

The CPT® Editorial Panel has a long history of creating coding solutions to meet the needs of digital medicine and telehealth.

The relatively low adoption of telehealth services within physician practices and health systems across the country, prior to the COVID-19 crisis, was largely due to restrictive coverage and payment regulations from Medicare and commercial payers. This is not due to a lack of coding options within the CPT code set. Furthermore, CPT codes for digital medicine (e.g. remote patient monitoring) have broad adoption within Medicare and commercial payers, especially within the last two years.

Remote monitoring

To address broader remote monitoring use cases, the Digital Medicine Payment Advisory Group (DMPAG) worked with the CPT Editorial Panel in creating remote physiologic monitoring codes. This initial set of codes became effective in 2019, and in 2020 an additional code was created to report additional physician/QHP time related to remote monitoring.

Importantly, these services have been used by physicians who have taken care of some of the first COVID-19 patients in the U.S. by managing pulse oximetry data from the patient’s home to keep them out of the emergency room and the inpatient hospital, unless it becomes necessary.

In addition, the CPT code set has specific codes for monitoring services that require unique work beyond general remote physiologic monitoring.

- Remote monitoring of a wireless pulmonary artery pressure
- Pediatric home apnea monitoring event recording
- Self-measured blood pressure using a device validated for clinical accuracy

Online digital visits (e-visits)


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These services are the kind of brief check-in services furnished using communication technology that are employed to evaluate whether an office visit or other service is warranted. This is often done through a patient portal or smartphone. Each code specifies the amount of time spent during the online evaluation of a patient.

These codes are especially helpful during the COVID-19 crisis due to the inability for patients to see a physician or non-physician qualified health care professional face-to-face.

**Interprofessional internet consultations**

The CPT code set has several codes to allow the reporting of electronic, non-verbal communication between consulting and treating/requesting physicians. While codes currently exist to report verbal and written reports, no codes previously existed to report the sending of results without additional verbal communication.

**Telephone evaluation and management services**

CPT codes to describe telephone evaluation and management services have been available since 2008. Relative values are assigned to these services. Medicare still currently considers these codes to be non-covered. However, private payers may pay for these services. Each corresponding code describes the amount of time of medical discussion.