



Telemedicine During the COVID-19 Public Health Emergency Frequently Asked Questions

What is telemedicine?

Telemedicine includes a variety of tools and platforms that allow clinicians to connect with one another as well as with patients.

Synchronous

- Real-time, audio-video communication that connects physicians and patients in different locations
- Real-time audio and telephone communications

Asynchronous

- Store-and-forward technologies that collect images and data to be transmitted and interpreted later
- Remote patient-monitoring tools such as blood pressure monitors, Bluetooth-enabled digital scales, and other wearable devices that can communicate biometric data for review (which may involve the use of mHealth apps)
- Online digital visits and/ or brief check-in services furnished using communication technology that is employed to evaluate whether or not an office visit is warranted (via patient portal, smartphone)

Coverage, Coding, & Policy

Is payment for telemedicine different due to COVID-19?

Yes, there have been significant [coverage expansions by both CMS](#) and commercial payers for the duration of the global pandemic emergency, and specifically pursuant to the United States declared public health emergency ("PHE"). It is to be determined how long and at what level these expansions will remain in place beyond the emergency period. Coverage expansions have been seen for both synchronous and asynchronous forms of telemedicine. For a complete list of covered telehealth services during the PHE, click [here](#).

How do I bill for telehealth visits during the PHE?

Telehealth visits, specifically real-time audio/visual visits between clinicians and patients, should be billed using standard E&M codes with the POS 11 (which is consistent with if the service had been furnished in person) and modifier 95. This will allow CMS to ensure payment parity for these services. Practices should check with their states for Medicaid rules and verify coverage and coding requirements with private insurers.

Is telemedicine covered as a medical screening tool under EMTALA?

Yes, medical screening exams required by EMTALA can be provided via telehealth for the duration of the PHE.

When performing an annual wellness exam (HCPCS codes G0438 and G0439) via telehealth, are vital signs still a required piece?

For annual wellness visits conducted during the PHE, the physician should capture vital signs like weight and blood pressure as best they can when using telehealth. For example, if the patient has hypertension and has a home blood pressure monitoring device, the patient or caregiver can take their blood pressure while the physician is communicating with them via telehealth device or technology.

Does a telehealth visit need to have a full clinical review of systems performed and documented to be a covered service? What about family and social history?

The requirements are the same as those for in-person encounters. If you determine the level of service by elements of history, exam, and medical decision making, then a full clinical review of systems performed and documented is required. If you determine the level of service by time, no such review is required.

Does start and end time need to be captured or can it be total amount of time?

Documentation for billing requires total time spent by the physician or other qualified health care professional on the date of encounter, for all activities related to that patient and/or the medical decision-making documentation currently required for office visit codes. Start and stop times are not required, just documented total time on the date of encounter.

What changes have been related to originating site requirements during the public health emergency?

Per CMS, patients can receive telehealth services in all areas of the country and in all settings, including at home for the duration of the public health emergency. State-based breakdowns can be found here: <https://www.ama-assn.org/system/files/2020-04/telemedicine-state-orders-directives-chart.pdf>.

What if my patients don't have access to the internet or video technology? Is audio-only telemedicine covered?

Pursuant to the PHE, CMS is covering audio-only visits for Medicare beneficiaries and has increased payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about \$14-\$41 to about \$46-\$110. The payments are retroactive to March 1, 2020. Practices should check with their states for Medicaid rules and verify coverage with private insurers for patients. The CPT® codes for billing telephone visits are 99441-99443 and these types of visits can be used for new and existing patients for the duration of the COVID-19 emergency.

Is there coverage for asynchronous forms of telemedicine?

Yes, virtual check-ins and remote patient monitoring are covered by CMS during the PHE and can be leveraged for both new and established patients.

How do I bill for COVID-related visits?

New guidance from the AMA provides special coding advice during the COVID-19 PHE. One resource [outlines coding scenarios \(PDF\)](#) to help health care professionals apply best coding practices.

How have the HIPAA requirements been modified in response to COVID-19?

HHS has relaxed its enforcement of privacy law on telemedicine during the PHE. [Click here](#) to see how the Department of Health and Human Services Office for Civil Rights (“OCR”) is using its HIPAA enforcement discretion to temporarily allow physicians to use FaceTime, Skype and other commonly used video and chat applications.

What has changed regarding telehealth visits with patients who live in a state I am not licensed in?

The [Federation of State Medical Boards](#) provides up to date information on [state licensure waivers](#), as well as specific information on [state licensure requirements for telemedicine](#). Telehealth rules and regulations vary state to state. If your patient has out-of-state health insurance or wants to receive care outside of your state, make sure that you are meeting the state’s guidelines where your patient is receiving care (e.g., reimbursement policies, clinician licensure). Include your legal and billing teams as soon as possible, identify in which states your clinicians need to be licensed, and check with your malpractice insurance carrier.

Practice Implementation and Workflow

How should I select a telehealth vendor?

Selecting a telehealth vendor is important to ensure long-term success and scalability. Practices should consider various issues including usability (for both clinicians and patients), privacy and security, customer service, and ability to integrate with other practice technologies. There are a few resources that can help guide the process:

- The AMA Telehealth Implementation Playbook provides guidance on evaluating vendors (see Step 4 on pages 34-37) and also provides a vendor intake form with key questions for vendors to answer.
- The [Digital Health Directory](#) lets you see a curated list of telemedicine services available to patients and clinicians.
- A [national directory](#) has been created by Arizona Telemedicine Program and Southwest Telehealth Resource Center, funded by HRSA.

How do I obtain and document patient consent?

Patient consent for a virtual visit should be obtained and documented. Some practices are utilizing patient portals, email, or options like DocuSign¹ to have patients sign all consent forms virtually. If patients are seen in the office, but have scheduled a follow-up telehealth visit, they can sign the consent prior to leaving the office. Additionally, some vendors offer the ability to ask/receive consent via the telehealth platform.

What are best practices for collecting a copay from a patient before a telehealth visit?

There are several ways the patient copay can be collected. A few options include:

- Staff may collect it prior to the visit by the patient providing the credit card number over the phone.
- The telemedicine platform may have a mechanism that stores the patient credit card, and the patient agrees to the amount being charged prior to the visit.
- The practice can bill the patient by sending the bill through the patient portal and directing the patient to an online payment option via the practice website.

Are there any best practices for how staff can support physicians pre, during, and/or post telehealth visit?

Some practices are having clinical staff call the patient ahead of the telehealth visit to obtain self-reported vitals, update medication lists, and screen for chronic disease status. Medical students are also being used in this capacity since many have been pulled from direct patient care.

How do I help train my patients on how to use telemedicine tools?

It can be challenging to train patients on various digital health and telehealth technologies without being able to see them in the office. Consider doing YouTube videos to inform and instruct patients about how to do a visit or any measurements you want them to take in advance, or procedures you perform in this new way of care delivery. We have also heard that leveraging platforms that have a weblink to access the telehealth visit can be easier than downloading a new app for some patients.

Where do I find the resources that the AMA and others are providing?

- [AMA Telehealth Implementation Playbook](#)
- [AMA Quick Guide to Telemedicine](#)
- [The Telehealth Initiative Collaborative Community](#)
- [Texas Medical Association Resources](#)
- [Massachusetts Medical Society COVID and telehealth Resources](#)
- [Florida Medical Association Resources](#)
- HHS Telehealth Website: <https://telehealth.hhs.gov/>

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