FREQUENTLY ASKED QUESTIONS - TELEMEDICINE

**Telemedicine.**

I have not done telemedicine before; how do I do it?

Prior to the current public health emergency, Medicare had strict guidelines for which patients could receive telehealth services and how they could be provided. The Centers for Medicare and Medicaid Services (CMS) have loosened these restrictions significantly to allow for more telehealth services to be provided to increase the number of beneficiaries able to receive care while keeping them away from physician offices and other outpatient settings. Following are recommended steps for incorporating telehealth into your practice:

-Verify that your malpractice insurance covers provision of telehealth.

-Medicare regulations for telehealth are listed below. Private payers have different policies for providing, covering, and reimbursing telehealth services. Furthermore, some insurers are waiving patient co-pays and deductibles for a designated time period. Physicians are urged to check with individual insurance companies for their policies and coding guidance.

-Check with your EHR vendor to see if they offer any integrated telehealth technology.

-While HIPAA compliance continues to be of importance, the federal enforcement agency has announced that they will not pursue non-compliance penalties when physicians are providing telehealth services in good faith.

-Current available technologies for providing two-way audio and video services include FaceTime, Skype, Facebook Messenger, and Google hangouts. Facebook Live, TikTok, Twitch and other public-facing technologies should not be used due to privacy issues. Vendors have additional programs available for purchase including Zoom for Healthcare, Doxy.me, and VSee.

-Work with your office staff to set up internal guidelines and a scheduling protocol and ensure that they are familiar with documentation and coding guidelines for the services you will provide.

-Contact your patients to inform them that you are providing telehealth services as appropriate.
Following is a summary of current telehealth rules that are expected in place for the duration of the COVID-19 pandemic.

- Physicians and other providers can practice telehealth in their offices, homes, or other location as necessary.
- Telehealth can be provided via audio and video or via audio-only phone calls.
- All Medicare beneficiaries can receive telehealth, regardless of whether they are new or established patients. Providers can waive Medicare copayments for these services.
- Services that can be provided via telehealth have been expanded significantly and are explained in the following section.

Additional resources for incorporating telehealth into your practice are available via the AMA:


What do I need to know about the billing and coding of telemedicine?

Under the COVID-19 public health emergency, CMS has expanded the list of services that can be provided to Medicare beneficiaries via telehealth. Following are key CPT and HCPCS codes that can be reported for telehealth services provided to Medicare beneficiaries. A complete list is at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

- Office Visits, New and Established Patients, Levels 1-5 (CPT codes 99201-99205, 99211-99215)
- Initial and Subsequent Hospital Care (CPT codes 99221-99223, 99231-99233)
- Emergency Department Visits, Levels 1-5 (CPT codes 99281-99285)
- Initial and Subsequent Observation and Observation Discharge Day Management (CPT codes 99217- 99220; CPT codes 99224- 99226; CPT codes 99234- 99236)
- Initial hospital care and hospital discharge day management (CPT codes 99221-99223; CPT codes 99238- 99239)
- Critical Care Services (CPT codes 99291-99292)
- Telephone Evaluation and Management Services (CPT codes 99441-99443)
- Physical and Occupational Therapy Services, All levels (CPT codes 97161-97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507)

Additionally, clinicians can provide virtual check-in services (HCPCS codes G2010, G2012) to both new and established patients.

For private payers, it is recommended that providers check with each carrier for their individual coding and coverage policies.

*Disclaimer:* The information regarding coding scenarios is provided as an educational resource only, and should not be relied upon as an official interpretation of the AMA CPT code book. The American Medical Association (AMA) is the only entity that can give an official and binding interpretation of the AMA CPT code book, and should be contacted directly if an official comment is needed or desired. For more information contact the AMA CPT Network [here](#).