

2021 Coding for Telehealth, Telephone E/M and Virtual Check-ins

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Top Five Procedure Codes by Utilization, 2019 vs. 2020

In order from most to least common

Sep. 2019

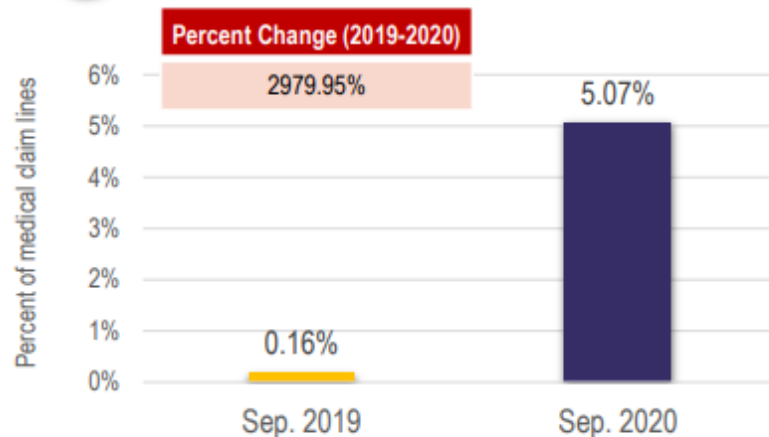
CPT®/HCPCS	DESCRIPTION
99441	PHYSICIAN TELEPHONE PATIENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION
98960	EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT, EACH 30 MINUTES
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
99201	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 10 MINUTES
99442	PHYSICIAN TELEPHONE PATIENT SERVICE, 11-20 MINUTES OF MEDICAL DISCUSSION

Sep. 2020

CPT®/HCPCS	DESCRIPTION
99213	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 15 MINUTES
90837	PSYCHOTHERAPY, 60 MINUTES
99214	ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT VISIT, TYPICALLY 25 MINUTES
90834	PSYCHOTHERAPY, 45 MINUTES
99441	PHYSICIAN TELEPHONE PATIENT SERVICE, 5-10 MINUTES OF MEDICAL DISCUSSION

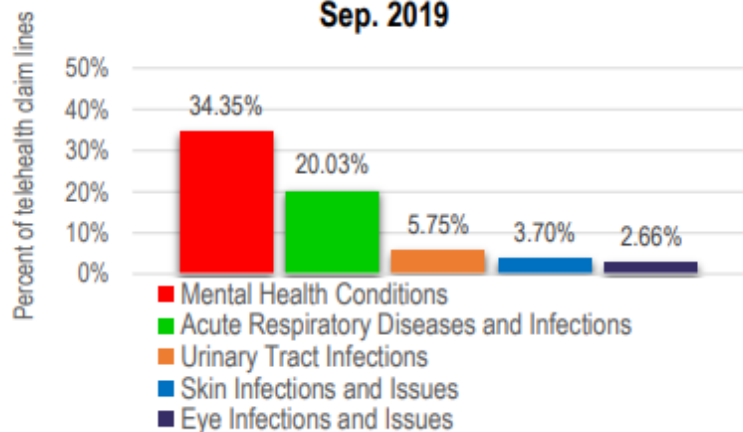


Volume of Claim Lines, 2019 vs. 2020

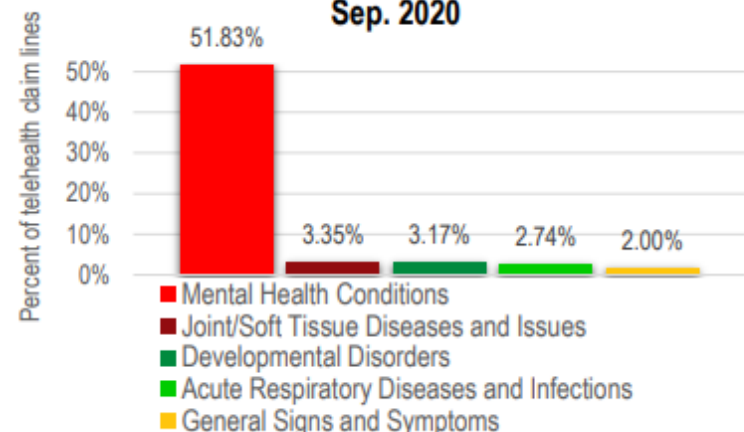


Top Five Diagnoses, 2019 vs. 2020

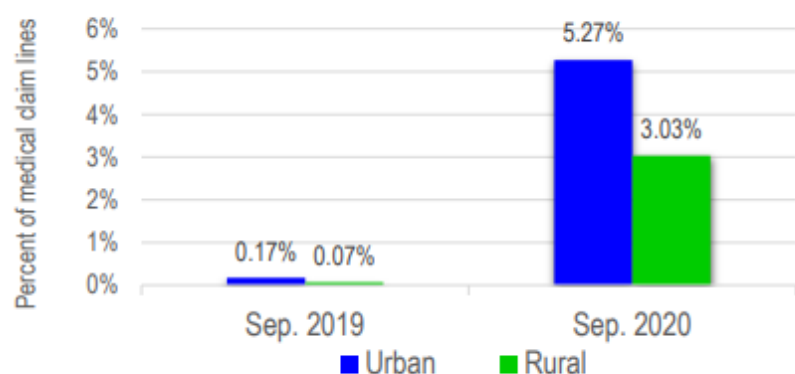
Sep. 2019



Sep. 2020



Urban vs. Rural Usage, 2019 vs. 2020



Source: FH NPIC® database of more than 32 billion privately billed medical and dental claim records from more than 60 contributors nationwide. Copyright 2020, FAIR Health, Inc. All rights reserved. CPT © 2019 American Medical Association (AMA). All rights reserved.

Types of Telemedicine Services

- **Video Visits:** E/M video visits provided via real-time audio/visual technology (synchronous)
- **Telephone E/M:** E/M provided over the phone (synchronous)
- **Online digital E/M:** E/M provided via practice's secure patient portal (asynchronous)
- **Virtual check-ins:** Doctor-patient interactions via e-mail or portal (asynchronous)



2021 Coding during COVID-19: Video Visits

New Patient			Established Patient		
CPT	MDM	2021 Time Range	CPT	MDM	2021 Time Range
99201	Deleted	NA	99211	NA	NA
99202	Straightforward	<u>15</u> -29 min	99212	Straightforward	<u>10</u> -19 min
99203	Low complexity	<u>30</u> -44 min	99213	Low complexity	<u>20</u> -29 min
99204	Moderate complexity	<u>45</u> -59 min	99214	Moderate complexity	<u>30</u> -39 min
99205	High complexity	<u>60</u> -74 min	99215	High complexity	<u>40</u> -54 min

***Consult codes 99241-99245 follow the pre-2021 rules!



Modifiers & POS for Medicare Telehealth

- Video visits and telephone E/M are deemed telehealth during the COVID-19 PHE
- Modifier -95 identifies the service as telehealth
- Report POS where the visit would have taken place in person
- Do not report POS 02; it will result in a lower payment if your practice is office-based

Service	Mod	POS 11 - office	POS 22 – hospital outpatient dept	POS 02 - telehealth
Video visit 99203	-95	\$113.75 3.26 RVU	\$84.44 2.42 RVU	\$84.44 2.42 RVU
Video visit 99213	-95	\$92.47 2.65 RVU	\$68.04 1.95 RVU	\$68.04 1.95 RVU
Phone E/M 99441	-95	\$56.88 1.63 RVU	\$36.29 1.04 RVU	\$36.29 1.04 RVU



Video Visit Communication Platforms



Codes: 99202-99205, 99211-99215

Medicare rules:

- Visit must be conducted with real-time audio and video
- No HIPAA penalties for “good faith” provision of telehealth using apps like FaceTime, Skype, Zoom, Doximity, etc
- OCR will notify public when will start enforcing HIPAA regulations again – no current expiration date



Coding during COVID-19: Telephone E/M

Code descriptors

Telephone E/M

- 99441 Telephone E/M service by a physician or other qualified health care professional who may report E/M 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
- 99442 11-20 min of medical discussion
- 99443 21-30 min of medical discussion



Telephone E/M Clinical Case

You see a patient for constipation, advise on fiber and Miralax and schedule a f/u visit in 6 months.

1 month later patient calls to say they have tried fiber and Miralax without relief and want to discuss prescription options.

You schedule a telephone visit encounter. You spend 15 minutes discussing a trial of linaclotide.

Create a brief note documenting date of service, discussion, patient consent, and time spent. Bill 99442.



Coding during COVID-19: Telephone E/M



Codes: 99441-99443

Medicare rules:

- Cannot originate from a related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available
- May be reported for new or established patients during PHE
- Must be patient initiated, but provider can educate patient that it is an option
- Report with modifier 95 and POS where the visit would have taken place in person



Telephone E/M Medicare Payment

Video Visit Established Patient E/M				Telephone E/M			
CPT	2021 Time	2021 Pmt	wRVU	CPT	Time	2021 PHE Pmt	2021 PHE wRVU
99211	NA	\$23.03	0.18				
99212	10-19 min	\$56.88	0.70	99441	5-10 min	\$56.88	0.70
99213	20-29 min	\$92.47	1.30	99442	11-20 min	\$92.82	1.30
99214	30-39 min	\$131.20	1.92	99443	21-30 min	\$131.55	1.92
99215	40-54 min	\$183.19	2.80				



Coding during COVID-19: Virtual Check-ins

Code descriptors

- 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
- 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)
- G2252** 11-20 minutes of medical discussion



Virtual Check-in G2010 Clinical Case

You see a patient for inflammation around PEG site. The site does not appear infected and you advise use of a barrier cream. You ask them to send you a photo in a few weeks.

1 month later you receive an image from the patient showing that the skin around the PEG is well healed.

You review the image, send a message or call the patient to let them know the site looks good and they can follow-up as needed.

Create a brief note documenting date of service, image interpretation, and patient consent. Bill G2010.



Virtual Check-in G2012 Clinical Case

You see a patient for constipation and hemorrhoids. Advise on fiber, miralax and sitzbaths.



1 month later the patient sends a message that they're better and want to know about ongoing miralax



You respond recommend continuing fiber and trying as needed miralax. No need for in office visit.



Create a brief note documenting date of service, discussion, consent, and 5 minutes spent. Bill G2012.



Virtual Check-in G2252 Clinical Case

You see a patient for constipation, advise on fiber and Miralax and schedule a f/u visit in 6 months.

1 month later patient calls to say they have tried fiber and Miralax without relief and want to discuss prescription options.

You schedule a telephone visit encounter. You spend 15 minutes discussing a trial of linaclotide.

Create a brief note documenting date of service, discussion, patient consent, and time spent. Bill 99252.



Coding during COVID-19: Virtual Check-ins



Codes: G2010, G2012

Medicare rules:

- Virtual check-ins are not considered telehealth; do not use modifier 95
- Report POS where the service was provided
- For established patients only
- Not related to E/M service in past 7 days, or leading to visit within 24 hours or next urgent visit
- Use G2010 for reviewing video and/or images from patient
- Use G2012 for technology based brief communication with patient 5-10 minutes and G2252 for 11-20 minutes
- Must obtain and record consent for the service in patient's medical record, but a single consent can be obtained for all communications annually



Virtual Check-in Medicare Payment

Virtual Check-ins			
CPT	Time	2021 Medicare Payment	2021 Medicare wRVU
G2010	NA	\$12.21	0.18
G2012	5-10 min	\$14.66	0.25
G2252	11-20 min	\$26.87	0.50



Coding during COVID-19: Online Digital E/M

Code descriptors

Online Digital E/M

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
99422	11– 20 minutes
99423	21 or more minutes



Digital E/M Clinical Case

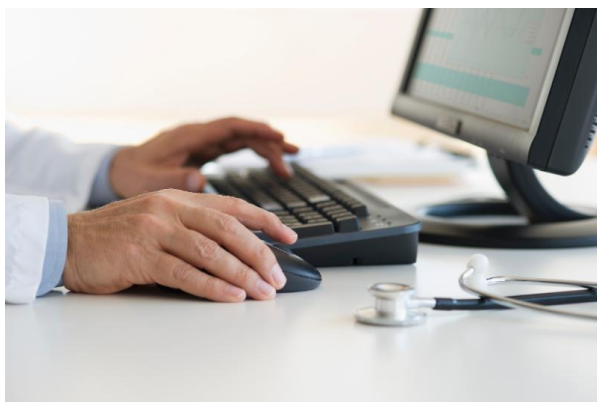
You see a patient for constipation. You discuss fiber, Miralax and linaclotide. You agree to start with fiber and follow-up in 3 months.

1 month later the patient sends a message to say that fiber is not helping.

You spend a total of 7 minutes trading portal messages over the next 3 days discussing miralax titration.

Create a brief note documenting dates of these portal messages, time spent (7 min + 5 min), brief description of medical decision making, and patient consent. Bill 99422.

No improvement. You spend 5 minutes sending a message discussing initiation of linaclotide, sending prescription, and scheduling 4 week follow-up.



Coding during COVID-19: Online Digital E/M

Online Digital E/M	
CPT	Time over 7 days
99421	5-10 min
99422	11-20 min
99423	21-30 min

Codes: 99421-99423

Medicare rules:

- HIPAA-complaint secure platform (e.g., EHR portal, secure email or other digital application)
- For established patients only and must be patient initiated
- Cannot be reported if related to an E/M service within the previous 7 days
- Report once per 7-day period for cumulative time; time starts when physician answers first inquiry



Online Digital E/M Medicare Payment

Online Digital E/M			
CPT	Time	2021 Medicare Payment	2021 Medicare wRVU
99421	5-10 min	\$15.00	0.25
99422	11-20 min	\$30.01	0.50
99423	21-30 min	\$47.45	0.80




Medicare Payment Comparison

Video Visit Established Patient E/M				Telephone E/M				Online Digital E/M				Virtual Check-ins			
CPT	2021 Time Range	2021 Pmt	wRVU	CPT	Time	2021 PHE Pmt	2021 PHE wRVU	CPT	Time	2021 Pmt	wRVU	CPT	Time	2021 Pmt	wRVU
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99215	40-54 min	\$183.19	2.80												



Out-of-State Patients and Private Payers



U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19
(Out-of-state physicians; preexisting provider-patient relationships; audio-only requirements; etc.)

Last Updated: January 5, 2021

States with Waivers: 41 + GU + CNMI + PR
States with Waivers, not allowing new applications: 2
States without Waivers: 7 + DC + USVI

<https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>

Current State Laws & Reimbursement Policies

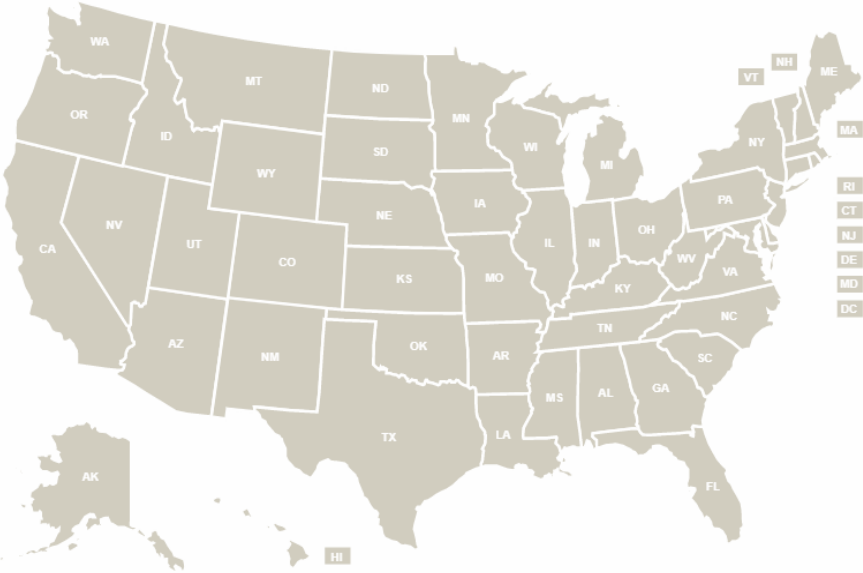
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Private Payer Laws ▾

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APPLY



<https://www.cchpca.org/telehealth-policy/state-telehealth-laws-and-reimbursement-policies-report>

<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>



Thank you

