



Telehealth Fact Sheet 2019

CY2019 Finalized CMS Physician Fee Schedule – Telehealth Services

Telemedicine services delivered under Medicare are limited in statute by 1834(m) of the Social Security Act which restricts the use of telemedicine to certain services, providers, technology (mainly live video) and patient locations (needing to be in certain approved originating sites which do not include the home). Reimbursement for most live video services is inherently limited due to originating site requirements, which is why CMS has approved codes to allow for reimbursement for Telehealth outside of those specifications.

Services that fall OUTSIDE Medicare Telehealth Services, but are known as Remote Communication Technology include:

- Virtual check-ins
- Remote Evaluation of pre-recorded patient information
- Interprofessional Internet Consultation

This document reviews the codes associated with these types of encounters and highlights where Rhinogram can facilitate encounters.

Reimbursement Codes

Virtual Check-In

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. (Reimburses at \$14-15 per visit)

Brief communication technology (requires real-time phone or video)

- Only allows for audio-only real-time telephone interaction OR synchronous, two-way audio interactions
- brief (5-10 min) non-face to face check in with a patient via communication technology.

Requirements for billing:

- Only applies to providers who can bill for E/M services (excludes RNs and physical therapists)
- Established patients only
- No office visit (E/M) billed within the previous 7 days
- No office visit (E/M) billed within the next 24 hrs (or soonest available appt)
- Requires 5-10 minutes of medical discussion
- Requires verbal consent notated in the patient record (making patient aware of cost)

Remote evaluation of pre-recorded patient information

G2010 - Remote evaluation of recorded video and/or images submitted by the patient (e.g., store and forward), including interpretation with verbal 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. (Reimburses at \$13)

Includes pre-recorded store and forward video or images and not subject to Medicare telehealth restrictions

Requirements for billing:

- Recorded Video and/or images shared by the patient (store and forward)
- Verbal follow-up with the patient within 24 business hours
 - Defined as follow up via phone, audio/video communication, text messaging, email or patient portal communication
- Established patients ONLY
- No office visit (E/M) billed within the previous 7 days
- No office visit (E/M) billed within the next 24 hours (or soonest available appt)
- Requires verbal consent notated in the patient record (making patient aware of cost)

Federally Qualified Health Clinics (FQHCs) or Rural Health Centers (RHCs)

G0071 Payment for communication technology-based services for 5 minutes or more of a virtual (non-face-to-face) communication between a rural health clinic (RHC) or federally qualified health center (FQHC) practitioner and RHC or FQHC patient, or 5 minutes or more of remote evaluation of recorded video and/or images by an RHC or FQHC practitioner, occurring in lieu of an office visit; RHC or FQHC only. (Reimburses at average of the PFS national payment rate for G2012 and G2010)

Requirements for billing:

- At least 5 minutes of communications-based technology or remote evaluation services
- Services provided by an RHC or FQHC practitioner
- Patient seen in the RHC or FQHC within the previous year

Remote Patient Monitoring

CPT code 99453 - Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory ow rate), initial; set-up and patient education on use of equipment. In both circumstances other Medicare telehealth requirements not explicitly addressed would still apply, such as limitations related to the provider types eligible for reimbursement and the services that can be reimbursed. (Reimbursed at \$21)

CPT code 99454- Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Reimbursed at \$69)

CPT code 99457- Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month. (Reimbursed at \$54)

Requirements for billing:

- For all codes below an initial face to face visit is required
- Patient can be at home
- Does not require rural area definition

Interpersonal Internet Consultation

99446 - 99449 - Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-31 minutes of medical consultative discussion and review (depending on code).

99446 – Reimburses at \$18 (5-10 min of medical consultative discussion and review)

99447 – Reimburses at \$36 (Same as 99446 except 11-20 min)

99448 – Reimburses at \$54 (Same as 99446 except 21-30 min)

99449 – Reimburses at \$73 (Same as 99446 except 31 or more min)

99452 - Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes. (Reimburses at \$34)

99451 - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time. (Reimburses at \$34)

Doesn't apply to FQHCs or RHCs.

Requirements to code for billable services:

- Requires verbal consent notated in the patient record (making patient aware of cost)
- Only applies to providers who can bill for E/M services (excludes RNs and physical therapists)
- Consultations between professionals performed via communications technology such as telephone or Internet

Sources:

- <https://www.healthcarelawtoday.com/2018/11/06/understanding-medicare-new-remote-evaluation-of-pre-recorded-patient-information-asynchronous-telemedicine/>
- https://www.cchpca.org/sites/default/files/2018-11/FINAL%20PFS%20CY%202019%20COMBINED_0.pdf?utm_source=Telehealth+Enthusiasts&utm_campaign=bd7f7979d7-EMAIL_CAMPAIGN_2018_11_06_06_05&utm_medium=email&utm_term=0_ae00b0e89a-bd7f7979d7-353223937
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