

FAQ FOR NEW TELEMEDICINE GUIDELINES FROM MEDICARE

Q. WHAT TYPES OF TELEHEALTH SERVICES ARE BEING ALLOWED?

A. Medicare distinguishes three types of services that are available: **telehealth visits, virtual check-ins, and e-visits.**

Q. CAN I USE TELEVISITS AND HOW DO I CODE THEM?

A. Doctors, Nurse Practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists can use your typical visit codes (99211-99214), if you can document the time and several aspects of the visit. Usually Medicare would audit these to make sure that the patient is an established patient. However, they are foregoing that during this health emergency. These visit codes will be billed with a POS 02 and a GT modifier for Medicare.

Q. HOW CAN I COMMUNICATE WITH MY PATIENTS FOR TELEVISITS?

A. There are HIPPA Compliant services like doxy.me available. Part of the 1135 Waiver announced by CMS, does also open the possibility to providers to communicate with Medicare patients by **Facetime** (for Apple devices) or **Skype**.

Q. WHAT ARE VIRTUAL CHECK-INS AND HOW DO I CODE THEM?

A. Virtual check-ins are brief communications (Ex. 5-10-minute discussions) between a provider and a patient that could take place through telephone, audio/video app, secure text messaging, email or patient portal. Medicare recognizes the HCPCS code G2012 for these check-ins. Some rules do apply to check-ins: 1. Virtual check-ins can only be reported for patients with whom you have an established relationship. 2. The virtual check in may not be related to an E&M service provided in the last 7 days, nor leading to an E&M service in the next 24 hours. 3. Patient should initiate, but the provider can educate the patients that this is an option. 4. Patient must verbally consent to Virtual Check-Ins.

Q. WHAT ARE E-VISITS?

A. E-Visits are specifically communication that occurs through a patient portal. Like the virtual check-ins, these would be conducted with established patients, would be initiated by the patients, and patients must give verbal consent to this communication.