



**CLIENT UPDATE:**  
**TELEHEALTH, VIRTUAL CHECK-IN, and E-VISITS**  
*MMA Professionals will update our site as new information is available:*  
<https://www.medicalmanagement.com/covid19-telemedicine.php>

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**To Our Valued Clients:**

First, we want you to know we are here for you. We are studying the latest information regarding the Covid-19 pandemic and the impact on our clients every day and finding ways to help maneuver the current, changing environment. What we are hearing from our clients across the country:

- Our clients want to remain accessible to take care of their patients.
- Our clients are seeing many appointment cancellations and expect substantially reduced volume in the foreseeable future.
- Our clients are learning how to perform remote healthcare services - the information is frankly overwhelming and ever-changing.

Let's talk telemedicine as one way to take care of patients remotely. There are three key components you need to understand:

- Getting Started: Visits and Technology
- Coding and Reimbursement
- Liability

**Getting Started:**

1. Tell patients you're open for telemedicine visits.
  - a. Use your website, social media, email, and patient portal.
  - b. Use your marketing channels (e.g., Google ads).
  - c. Update your phone message system, automated reminders, and scheduling scripts.
  - d. Post a notice on the door of your practice.
  - e. Call patients in advance of their scheduled appointment.
2. Get the technology. Costs vary between vendors, as does their HIPAA compliance. During this time, HIPAA rules are being relaxed. A list of solutions is below:
  - a. Check with your medical record vendor – some of them have technology built in.
  - b. Telehealth may be conducted under the new rules using popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype
  - c. Doxy.me (<https://doxy.me/>)
  - d. Skype for Business (<https://www.skype.com/en/business/>)
  - e. Updox (<https://www.updox.com/>)
  - f. VSee (<https://vsee.com/>)
  - g. Zoom for Healthcare (<https://zoom.us/healthcare>)
  - h. Physicians should **not** use Facebook Live, Twitch, TikTok or other public facing communication services.
3. Schedule and staff the visits to make sure that providers are available to provide these virtual visits.

*Contact your Client Advisor*

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## MMA Client Update: Telemedicine

4. Obtain consent from the patient about the tele-visit. Verbal consent is acceptable at this time.
5. If applicable, you need to be able to e-prescribe. Note that controlled substances may still require paper prescriptions. Refer to state guidelines for prescriptive authority.

### Coding and Reimbursement (Video Conference Visits, Phone-based Care, and Online Check-ins):

1. Document the visit in the medical record. You'll have to meet the requirements for the code selected. Document the patient consent.
2. Medicare has updated its policies to broaden the scope of its payments. There is variation in what other carriers are saying at this time.
3. Medicare is allowing Telehealth (video) visits to be provided when a patient is at home, not just in rural areas, effective March 6, 2020.
4. New and established patients can be seen by telemedicine at this time. Medicare is not enforcing the requirement that an established patient relationship exists. (updated March 22, 2020).
5. You can bill for telemedicine visits based on the following:
  - a. Telehealth Visit: If by real-time video conference you can bill E&M codes. Inpatient and outpatient visits apply. The rules have changed about where this is delivered.
    - i. 99201-99215
    - ii. G0425-G0427
    - iii. G0406-G0408
  - b. Phone Visits: Medicare has now agreed to cover medical discussions with a qualified provider by phone. Use codes 99441-99443.
  - c. Virtual Check-in: Often by phone, use codes G2010 or G2012.
  - d. E-Visit: Brief evaluations initiated by the patient through the patient portal are likely an E-Visit. Use codes 99421-99423 and G2061-G2063.
6. Co-pays and deductibles may apply. Some carriers are waiving co-pays and deductibles at this time.

**Example Fee Schedule: 2020 Georgia Medicare 01 Locality**

	Telehealth (Video)	Place of Service	Modifier	Prof. Fee (Par)
Outpatient; New	99201	11	95	46.49
	99202	11	95	77.14
	99203	11	95	109.23
	99204	11	95	166.92
	99205	11	95	210.91
Outpatient; Established	99211	11	95	23.42
	99212	11	95	46.13
	99213	11	95	76.06
	99214	11	95	110.31
	99215	11	95	148.17
Inpatient Consultations	G0425	21	95	101.70
	G0426	21	95	138.12
	G0427	21	95	204.84
	G0406	21	95	39.67
	G0407	21	95	73.21
	G0408	21	95	105.31
Outpatient; New/Est	Medical Discussion (Phone)	Place of Service	Modifier	Prof. Fee (Par)
	99441	11		14.42
	99442	11		28.13
	99443	11		41.11
<i>CMS has recently agreed to pay these codes during the pandemic. Fees are estimated based on published wRVUs.</i>				
Phys / Qual. Prov.	Virtual Check-in (Phone)	Place of Service	Modifier	Prof. Fee (Par)
	G2010	11		12.26
	G2012	11		14.78
Phys	E-Visits (Patient Portal)	Place of Service	Modifier	Prof. Fee (Par)
	99421	11		15.50
	99422	11		31.01
	99423	11		50.12
Non-phys	G2061	11		12.26
	G2062	11		21.64
	G2063	11		33.90

*Note: Additional telemedicine codes are available*

### Liability:

1. HIPAA
  - a. Effective immediately, OCR has announced "enforcement discretion" as it relates to HIPAA and telehealth remote connections during the pandemic.
  - b. The "relaxed" regulations apply to all evaluations, not just COVID-19.
2. Professional liability coverage
  - a. Let your carrier/broker know you plan to perform these services and verify coverage.
  - b. Stay within your scope of practice and license.
  - c. Keep up to date regarding the ability to cross state lines when seeing patients.
  - d. Consent the patient. At minimum, document a verbal consent.

There is little doubt that telemedicine services are limited in their scope and will not completely replace the face-to-face encounter. Information during the pandemic and after will change rapidly as you find new ways to take care of your patients. There is a lot to do – now and after the pandemic. We're here to help.



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