

TELEMEDICINE COMMONLY BILLED CODES 2020



Medtronic

* Green highlights information specific to pandemic

FOR PHYSICIANS DURING COVID-19 PUBLIC HEALTH EMERGENCY

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As a response to the COVID-19 pandemic, Medicare and the Federal government have taken several aggressive steps to support patient care and protect providers throughout the crisis. Medtronic is committed to partnering with providers as we all seek to navigate this crisis together.

Telemedicine comprises two distinct types of services: Telehealth and Communication Technology -Based Services (CTBS). Although the terms are often used interchangeably, there are important differences between them in terms of coding, billing, coverage, and payment.

- "Telehealth" is medical services normally provided face-to-face, but which can also be furnished in every important sense via interactive real-time audio-and-video technology. E/M visits are a good example. **Telehealth is a specific Medicare program with multiple requirements, many of which have been waived during the public health emergency. For Medicare, there is a list of specific CPT codes which are payable as telehealth, which it has temporarily expanded during the public health emergency.**
- Communication Technology-Based Services (CTBS) are inherently non-face-to-face and are normally provided remotely, using various types of telecommunication technology. There will ordinarily be some associated non-face-to-face interaction with the patient although it may occur at a different time. Remote patient monitoring and virtual check-ins are good examples. **Medicare pays for many CTBS codes, and has added more codes during the public health emergency.**

Private payers may vary. However, America's Health Insurance Plans, representing most commercial health plans, has pledged to match the CMS waivers and flexibilities. ¹



IMPORTANT NOTES

- Telehealth services must take place via interactive, real-time, audio-and-video telecommunication devices. ⁵ **For the duration of the public health emergency, everyday communications technologies can be used, including Skype, FaceTime, Google Hangouts video, and FB Messenger video chat.** ⁶
- The Place of Service code is the same as would have been reported if the service had been furnished in person, such as POS 11 Office (ie, do not use POS 02 Telehealth). Append CPT telehealth modifier -95 to each code provided by telehealth. These instructions are only for the duration of the public health emergency.** ⁷

2020 MEDICARE PHYSICIAN NATIONAL AVERAGE PAYMENT ³						
CATEGORY	CPT CODE ⁴	WHAT THE CODE MEANS	CODE DESCRIPTION	NOTES	IN OFFICE	IN FACILITY
Evaluation and Management ⁸	99201-99205	E/M, new patient	Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components: history, examination, and medical decision making. (Time is spent face-to-face with the patient and/or family. Typical times are given for each code in its description.)	<ul style="list-style-type: none"> E/M code level can be based entirely on total time spent personally by the physician or on the level of medical-decision-making. Time is as given in the CPT manual and MDM uses the current definition. This is only for the duration of the public health emergency. ⁹ 	\$47 - \$211	\$27 - \$173
	99211-99215	E/M, established patient	Office or other outpatient visit for the evaluation and management of an established new patient, which requires 2 of 3 key components: history, examination, and medical decision making. (Time is spent face-to-face with the patient and/or family. Typical times are given for each code in its description.)	<ul style="list-style-type: none"> Documentation requirements for history and examination have been removed for the duration of the public health emergency. ⁹ Physicians should maintain clear and thorough documentation on time and medical-decision-making. These codes can <i>only</i> be used when E/M was performed via audio-<i>and</i>-video devices. See CTBS for digital E/M and telephone E/M. 	\$23 - \$148	\$9 - \$114



2020 MEDICARE PHYSICIAN NATIONAL AVERAGE PAYMENT ³

CATEGORY	CPT CODE ⁴	WHAT THE CODE MEANS	CODE DESCRIPTION	NOTES	IN OFFICE	IN FACILITY
Psychiatric evaluation and psychological testing	90792	Full mental status exam with E/M	Psychiatric diagnostic evaluation with medical services		\$161	\$143
	96130	Interpretation of psychological tests	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour	<ul style="list-style-type: none"> Added to Medicare's list of telehealth services for the duration of the public health emergency.¹⁰ 	\$122	\$111
	+96131		each additional hour (List separately in addition to code for primary procedure)		\$94	\$86
	96136	Administering and scoring psychological tests, physician	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes		\$48	\$25
	+96137		each additional 30 minutes (List separately in addition to code for primary procedure)		\$44	\$20
	96138	Administering and scoring psychological tests, technician	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes		\$39	N/A
	+96139		each additional 30 minutes (List separately in addition to code for primary procedure)		\$39	N/A
Physical Therapy evaluation and testing	97161-97163	PT evaluation	Physical therapy evaluation, requiring history, examination, (assessment of) clinical presentation characteristics, and clinical decision making using standardized patient assessment instrument and/or measurable assessment of functional outcome.		<ul style="list-style-type: none"> Added to Medicare's list of telehealth services for the duration of the public health emergency.¹⁰ 	\$88
	97750	PT testing	Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes	\$36		N/A

COMMUNICATION TECHNOLOGY BASED SERVICES (CTBS)



IMPORTANT NOTES

- The patient can be new and does not need to be established, even when the code definition specifies an established patient, for the duration of the public health emergency. ¹¹
- Remote patient monitoring can be used for acute and chronic conditions. Also, remote patient monitoring can be provided to any patients regardless of whether they have COVID-19 or another condition. ¹²

2020 MEDICARE PHYSICIAN NATIONAL AVERAGE PAYMENT ³						
CATEGORY	CPT CODE ⁴	WHAT THE CODE MEANS	CODE DESCRIPTION	NOTES	IN OFFICE	IN FACILITY
Analysis of digitally stored data	99091	Acquisition, review, interpretation, and reporting of patient data with a non-face-to-face patient contact	Collection and interpretation of physiologic data (eg, ECG, BP, glucose) digitally stored and /or transmitted by the patient and/or care giver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requirement a minimum of 30 minutes of time, each 30 days	<ul style="list-style-type: none"> ▪ Requires at least 16 minutes of physician (or NP, PA) time per month ¹³ ▪ Used for physiological data submitted to provider via a non-automated method ¹³ ▪ Requires at least one patient communication per month, eg, by e-mail or phone, for management and recommendations based on data analysis ¹³ 	\$59	\$59
Remote monitoring of objective physiologic parameters	99453	Office staff performs set-up, patient education, device supply, and technician review	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment	<ul style="list-style-type: none"> ▪ Involves a medical device as defined by the FDA ¹⁴ which is ordered/prescribed by the physician (or NP, PA) ¹⁵ ▪ Cannot be reported for monitoring of less than 16 days ¹⁶ 	\$19	N/A
	99454		Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily record(s) or programmed alert(s) transmission, each 30 days		\$62	N/A
	99457	Physician performs patient management based on RPM data, with a non face-to-face patient contact	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month, first 20 minutes	<ul style="list-style-type: none"> ▪ Can be performed by physician (or NP, PA) or by clinical staff (ie, office nurse)¹⁷ ▪ The full 20 minutes must be expended before either 99457 or 99458 can be reported ¹⁸ 	\$52	\$33
	+99458		each additional 20 minutes		\$42	\$33

COMMUNICATION TECHNOLOGY BASED SERVICES (CTBS)



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CATEGORY	CPT CODE ⁴	WHAT THE CODE MEANS	CODE DESCRIPTION	NOTES	IN OFFICE	IN FACILITY
Remote BP monitoring	99473	Office staff performs patient education on using device, collecting and submitting data	Self-measured blood pressure (SMBP) using a device validated for clinical accuracy; patient education/training and device calibration	<ul style="list-style-type: none"> Applies to blood pressure readings taken and transmitted by the patient 	\$11	N/A
	99474	Physician performs review/analysis of data and directs changes in patient management	Self-measured blood pressure (SMBP) using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30 day period (minimum 12 readings), collection of data reported by the patient and/or caregiver to the physician or other QHP, with report of average systolic and diastolic pressures and subsequent communication of treatment of plan to the patient		\$15	\$9
Virtual check	G2010	Physician review of images submitted by patient (e.g., rash)	Remote evaluation of recorded video and/or images submitted by an established patient (eg, 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	<ul style="list-style-type: none"> Performed to determine if a visit is needed or can be averted ¹⁹ Code G2012 must have a real-time interaction, but G2010 does not need to be in real-time ¹⁹ 	\$12	\$9
	G2012	Virtual check-in	Brief communication technology-based service, eg, 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		<ul style="list-style-type: none"> Can take place via various telecommunication technologies, eg, phone, video, email, portal ¹⁹ Cannot be reported if they result from or result in a visit, including a telehealth visit ²⁰ Can be performed by physician (or NP, PA) or by a PT/OT/ST, licensed clinical social worker, and clinical psychologist ²⁰ 	\$15

COMMUNICATION TECHNOLOGY BASED SERVICES (CTBS)



2020 MEDICARE PHYSICIAN NATIONAL AVERAGE PAYMENT ³						
CATEGORY	CPT CODE ⁴	WHAT THE CODE MEANS	CODE DESCRIPTION	NOTES	IN OFFICE	IN FACILITY
Online digital E/M	99421	e-Visit (E/M), performed by physician (or NP, PA)	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	<ul style="list-style-type: none"> Typically performed via portal ^{21,22} Cannot be reported with other E/M services ²¹ Performed by physician (or NP, PA); clinical staff time cannot be counted ²¹ 	\$16	\$13
	99422		11-20 minutes		\$31	\$27
	99423		21 or more minutes		\$50	\$44
Online digital assessment	G2061	e-Visit (assessment), performed by PT/OT/ST, CLSW, psychologist	Qualified non-physician healthcare professional online assessment, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	<ul style="list-style-type: none"> Typically performed via portal Performed by PT/OT/ST, clinical licensed social worker, or clinical psychologist ²³ Private payers may prefer CPT codes 98970-98972 instead 	\$12	\$12
	G2062		11-20 minutes		\$22	\$22
	G2063		21 or more minutes		\$34	\$34
Telephone E/M	99441	Audio only (telephone) evaluation, performed by physician (or NP, PA)	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management service provided to an established patient, parent, or guardian not originating from a related E/M services provided with the previous 7 days nor leading to an E/M service or procedure with the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	<ul style="list-style-type: none"> Not considered true E/M by CMS due to lack of video, but activated for the duration of the public health crisis for patients without video capability²⁴ 	\$14	\$13
	99442		11-20 minutes of medical discussion		\$28	\$27
	99443		21-30 minutes of medical discussion		\$41	\$40

COMMUNICATION TECHNOLOGY BASED SERVICES (CTBS)



2020 MEDICARE PHYSICIAN NATIONAL AVERAGE PAYMENT ³						
CATEGORY	CPT CODE ⁴	WHAT THE CODE MEANS	CODE DESCRIPTION	NOTES	IN OFFICE	IN FACILITY
Telephone assessment	98966	Audio only (telephone) evaluation, performed by PT/OT/ST, CLSW, psychologist	Telephone assessment and management service provided by a qualified non-physician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	<ul style="list-style-type: none"> Performed by PT/OT/ST, clinical licensed social worker, or clinical psychologist ²⁴ 	\$14	\$13
	98967		11-20 minutes of medical discussion		\$28	\$27
	98968		21-30 minutes of medical discussion		\$41	\$40

REFERENCES



1. <https://www.ahip.org/wp-content/uploads/AHIP-Board-of-Directors-statement-COVID-v2.pdf>
2. This is not an all inclusive list of telemedicine CPT codes.
3. Centers for Medicare & Medicaid Services. Medicare Program; CY2020 Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B Policies Final Rule; 84 Fed. Reg. 62568-63563. <https://www.govinfo.gov/content/pkg/FR-2019-11-15/pdf/2019-24086.pdf>. Published November 15, 2019.
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5. CMS COVID-19 FAQs, 4-17-2020, Medicare Telehealth: Q3. <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
6. CMS COVID-19 FAQs, 4-17-2020, Medicare Telehealth: Q4.
7. CMS COVID-19 FAQs, 4-17-2020, Medicare Telehealth: Q5.
8. E/M coding may be appropriate for therapy management of patients with implanted medical devices.
9. Centers for Medicare & Medicaid Services, CMS-1744-IFC, Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency, Interim Final Rule, 85 Fed Reg 19268-19269, posted March 30, 2020, published April 6, 2020 <https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf>
10. CMS, CMS-1744-IFC, Interim Final Rule, 85 Fed Reg 19233-19235, 19240
11. CMS, CMS-1744-IFC, Interim Final Rule, 85 Fed Reg 19244, 19264
12. CMS Fact Sheet, 3-30-2020, Additional Background: Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge, <https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>
13. CPT Assistant, January 2019 and March 2018 (Clinical Example and Description of Procedure/Service)
14. CMS COVID-19 FAQs, 4-17-2020, Medicare Telehealth: Q22.
15. CPT Changes 2019-An Insider's View, p.8-9; CPT Assistant, January 2019
16. CPT manual instructions below 99453 and 99454
17. CMS COVID-19 FAQs, 4-17-2020, Medicare Telehealth: Q21
18. CPT manual instructions below 99457 and 99458
19. Centers for Medicare & Medicaid Services, Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Part B for CY 2019, Final Rule, 83 Fed Reg 59483-59489, published November 23, 2018 <https://www.federalregister.gov/documents/2018/11/23/2018-24170/medicare-program-revisions-to-payment-policies-under-the-physician-fee-schedule-and-other-revisions>
20. CMS COVID-19 FAQs, 4-17-2020, Medicare Telehealth: Q11, Q12
21. CPT manual instructions accompanying 99421-99423
22. CMS COVID-19 FAQs, 4-17-2020, Medicare Telehealth: Q10
23. CMS, CMS-1744-IFC, Interim Final Rule, 85 Fed Reg 19244
24. CMS, CMS-1744-IFC, Interim Final Rule, 85 Fed Reg 19265