# **FACT SHEET**

Telehealth and Virtual communication services are **NOT** the same thing. Although both telehealth and virtual communication services use technology to communicate, these are separate and distinct services. These services are not location specific for the patient or the provider.

Patient follow-up regularly makes for better health care outcomes and may reduce the risk of costly complications. Typically, these services do not replace an in-person doctor’s visit and support. Rather, they enhance, giving patients access for medical advice. Currently, these visits help to reduce risk of exposure to vulnerable patients during this Public Emergency.

**TELEHEALTH = INTERACTIVE AUDIO/VIDEO/FACE TO FACE – BLUEJEANS**

**VIRTUAL CHECK IN = AUDIO ONLY/NON-FACE TO FACE – TELEPHONE**

Examples of reason for an evaluation via Telehealth and Medical Advice via Virtual Check-In

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| --- | --- | --- | --- | --- |
| Allergies | Cough | Fever | Psychiatric – Depression/Anxiety | Seasonal Flu |
| Bladder / UTI | Diabetes | Hypertension | Sinus problems | Sore throat |
| Bronchitis | Diarrhea | Migraine / headache | Rash | Stomachache- N&V |
|  | Fever | Pinkeye | Required a visit prior to receiving a Refill | Tiredness |

**TELEHEALTH** services are considered a **substitute** for an in-person visit.

* Telehealth is a face to face evaluation of a **new problem** or **chronic condition**; **new patient** or **established patient**
* These are the same services provided in the office (POS 11)

**Q: What services can be provided by telehealth under the new emergency**

**declaration?**

**A:** These services are described by the below CPT codes and paid under the Physician Fee

Schedule. Under the emergency declaration and waivers, these services may be provided to

patients by providers regardless of patient location.

**Q: Who are the Qualified Providers who are permitted to furnish these telehealth**

**services under the new law?**

**A:** Qualified providers who are permitted to furnish Medicare telehealth services during the

Public Health Emergency include physicians and certain non-physician practitioners such as

nurse practitioners, physician assistants and certified nurse midwives. Other practitioners,

such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and

registered dietitians or nutrition professionals may also furnish services within their scope of

practice and consistent with Medicare benefit rules that apply to all services. This is not

changed by the waiver.

**Q: Are the telehealth services only limited to services related to patients with**

**COVID-19?**

**A:** No. The statutory provision broadens telehealth flexibility without regard to the diagnosis of

the patient. This is a critical point given the importance of social distancing and other

strategies recommended to reduce the risk of COVID-19 transmission, since it will prevent

vulnerable patients from unnecessarily entering a health care facility when their needs can be

met remotely.

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| **TELEHEALTH CPT** | **GENERAL DESCRIPTION** | | | | |
| 99201-99205 | New Office/Outpatient E/M | | | | |
| 99211-99215 | Established Office/Outpatient E/M | | | | |
| 99243-99245 | New Office/Outpatient Consultation | | | | |
| 99406-99409 | Smoking, Alcohol/SA Counseling | | | | |
| 99495-99496 | Transitional Care Management | | | | |
| 99497-99498 | Advance Care Planning | | | | |
| 90791-90792 | Psychiatric Diagnostic Evaluation | | | | |
| 90832-90840 | Psychotherapy (time based) | | | | |
| 90846-90847 | Family Psychotherapy | | | | |
| 96160-96161 | Administration of health risk assessment instrument | | | | |
| 97802-97804 | Nutritional Counseling | | | | |
| G0408-G0409 | Annual Wellness | | | | |
| G0425 | Requested Consultation by Emergency Dept. MD | Problem focused history | Problem focused exam | Straightforward | Typically 30 minutes communicating w/patient via telehealth |
| G0426 | Requested Consultation by Emergency Dept. MD | Detailed history | Detailed exam | Moderate Complexity | Typically 50 minutes communicating w/patient via telehealth |
| G0427 | Requested Consultation by Emergency Dept. MD | Comprehensive history | Comprehensive exam | High Complexity | Typically 70 minutes communicating w/patient via telehealth |

* **Add Modifier GT to CPT/HCPS**

**VIRTUAL CHECK-IN** services are a short **patient-initiated** communication **via the telephone** between a **licensed provider** who bills E/M services and an **established** patient. This is a patient initiated contact and may not be used for calls initiated by a provider. This type of visit provides advice and support.

1. The patient has a new or established problem, seeking medical advice to determine if they need an in-person visit
2. Patients looking for advice about symptoms they are experiencing, can call their doctor and receive medical advice about whether he/she needs to see their doctor in person for a physical exam.
3. If a patients symptoms are worsening, a virtual check-in allows a healthcare provider to offer recommendations about next steps.
4. Helps to take the necessary precautions for someone you are concerned may have the COVID-19 virus or flu before they step in the office or hospital putting others at risk.
5. After a patient discussion, you might end up sending the patient for testing, a more acute setting, or even advising them to make (or keep) a future (beyond 2 days) appointment with you to address the problem.
6. It may direct the patient as needed to the appropriate provider in a medically necessary situation, perhaps leading to cost savings down the road.
7. The visit can’t be related to an E/M service provided in the last 7 days
8. Cannot be during a postoperative period of a procedure
9. The visit can’t trigger a face-to-face visit within 24 hours or the soonest available appointment

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| --- | --- |
| G2012 (Medicare only) | 5-10 minutes of medical discussion |
| 99441 | 5 to 10 minutes of medical discussion, 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 |
| 99442 | 11 to 20 minutes of medical discussion, 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 |
| 99443 | 21 + minutes of medical discussion, 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 |