



TELEMEDICINE

Key Considerations

- **Shifting from face-to-face visits:** Telemedicine has been expanded during this pandemic and should be used as a priority for patient consultations until further notice
- **Priority in evaluation of patients:** Any patient who has access to telemedicine tools that is not scheduled for essential-to-life procedures should be evaluated through telehealth as priority
- **Tools:** Practices can use telephones, FaceTime, and Skype without worrying about HIPAA regulations for the time being under the 1135 waiver
- **Patient consent:** Must be documented in the EMR (Some technologies allow integration of a consent form into the patient's sign-in process. If not, obtain verbal consent for the visit and for the potential charges (e.g. copays) that patients may incur. Document the consent in the visit note.
- **Integration into workflow:** Choose one provider to be the champion for your office. When they become comfortable with the technology, have them share best practices with others.
- **Cost of set-up:** Get started with a free technology (doxy.me) or use MDPCP funds to pay for the upfront and monthly costs. Ask the vendor for a discount; consider bundling together with other practices to be eligible for a discount.
- **Scheduling:** Schedule televisits in the existing scheduling system. Use a logo/signal to indicate whether it is a video visit or telephone visit. Batch visits together in a half-day, at the end of the day, or in the evening. Consider a video visit in the morning or afternoon while waiting for patients to be roomed.
- **Licensing:** Check with each provider's licensing organization to determine their specific restrictions in practicing telemedicine.

Encounters for Established Patients (Medicare)

Scenarios are illustrated with Medicare billing codes, but can be applied across all payers

- **“Virtual Check-in” via Telephone or Other Telecommunications Device (G2012, G2010)**
Scenario: Patient with mild symptoms contacts a practice, patient can verbally consent to a Virtual Check-in. Virtual Check-ins can be initiated by either patient or practitioner.
 - ◇ **G2010:** Interpret still or video images sent electronically by patients and follow up within 24 hours
 - ◇ **G2012:** Medical discussion, 5-10 minutes
 - ◇ If the Virtual Check-in takes place within 7 days after an in-person visit or if this service triggers an in-person office visit within 24 hours (or the soonest available appointment), the service is NOT billable, and its payment is considered bundled into the relevant in-office E/M code
- **“E-Visit” via Online Patient Portal (99421—99423, G2061—G2063)**
Scenario: Patient with or without symptoms contacts a practice through the Patient Portal
 - ◇ Physician evaluates the patient non-face-to face only after patient initiation
 - ◇ Communication between Provider and Patient through an Online Patient Portal
- **“Telehealth Visits” via Telecommunications Systems (99201—99215*)**
Scenario: Patient contacts practice for a traditional office visit but now delivered virtually (usually E/M Levels 2-3)
 - ◇ *Note: 99201—99205 codes for office/outpatient visit (new patient): 1135 waiver requires established relationship

For more information, please visit:

The Maryland Primary Care Program homepage at:
<https://health.maryland.gov/mdpcp/Pages/home.aspx>



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Encounters for Established Patients (Medicare)

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- **“Medicare Annual Wellness Visit (AWV)” via Telecommunications Systems (G0438, G0439)**
 - ◇ Established patient previously completed the "Welcome to Medicare" visit in person (G0402)
 - ◇ **G0438:** Initial AWV (billed once in a lifetime) 12 months after the "Welcome to Medicare" visit
 - ◇ **G0439:** All subsequent AWVs
 - ◇ Health Risk Assessment (HRA): clinician will have to rely on patient self-reported data or from Remote Patient Monitoring (RPM) devices
 - ◇ Personalized Prevention Plan Services (PPPS) and the [minimum requirements of the HRA](#), must be completed
 - ◇ AWVs should be completed by Physicians, Physician Assistants, Nurse Practitioners, or Clinical Nurse Specialists
 - ◇ **99497-99498:** Advance Care Planning (ACP) services via Telemedicine during an AWV will not be charged to the beneficiary's coinsurance; all other times, ACP services will be charged coinsurance
- **“Transitional Care Management (TCM)” via Telecommunication Systems (99495, 99496)**
 - ◇ Same procedures as a traditional TCM visit
- **Tips**
 - ◇ Always obtain consent from patient prior to Telemedicine visit
 - ◇ Always use the “-95” or “-GT” modifier to indicate that the visit took place over video

Resources

General Information

- [HHS Coronavirus Waivers - Payment and HIPAA Exemptions](#)
- [MHCC Telehealth Guide](#)
- [MDPCP Telemedicine Spotlight](#)
- [MedChi Telehealth Billing & Coding Under COVID-19](#)
- [Telehealth Service Provider Vendor List](#)
- [Telemedicine and Prescribing Controlled Substances Guidance](#)
- [MDPCP Billing Resource Guide](#)

Medicare

- [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [Medicare List of Telehealth Services](#)
- [Medicare Telehealth FAQs](#)

Other Payers

- [Medicaid](#)
- [CareFirst \(02.01.072A\)](#)

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