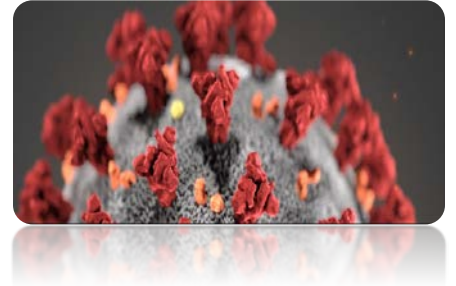


Maryland Primary Care Program

COVID-19

Telehealth



Billing & Coding Guidelines

April 9, 2020

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Agenda for Today

April 9, 2020

Introduction

- ❖ MDH Updates.
- ❖ RS&F Introduction.

2020 CPT Changes Impacting the MDPCP Billing Resource Manual

- ❖ Health Behavior Assessment & Intervention.
- ❖ Technology-Based Services.

COVID-19 Expanded Telehealth Coverage

Questions & Answers

Maryland Department of Health Maryland Primary Care Program Billing Resource Guide

[MDPCP Billing and Coding Manual](#)

[Reference Guide: How to View the Document](#)

[Maryland Localities](#)

<https://health.maryland.gov/Pages/programs.aspx>

CPT Coding Changes

Effective January 1, 2020

CPT codes are revised annually to delete existing codes, add new codes, revise descriptions to active codes.

CPT coding changes impacting the current Billing Guide for MDPCP are confined to 2 sections:

- ❖ **Health Behavior Assessment & Intervention.**
- ❖ **Technology-Based Services.**

Health Behavior Assessment & Intervention

Effective January 1, 2020

- ❖ CPT deleted all HBI codes in 2019 & re-assigned new codes.
- ❖ Health behavior assessment is no longer time based.
- ❖ Increased the minimum amount of time required to report the service.
- ❖ Added codes to report additional time in 15 minute increments if performed.
- ❖ HBI codes are payable to Clinical Psychologists under Medicare.
- ❖ MD/DO/NP's should bill this service using E/M codes based on time.

Health Behavior Assessment & Interventions

Effective January 1, 2020

Code	Description	Telehealth Eligible	Maryland Jurisdictions			MD Medicaid Fee	Licensure of Rendering Provider	Commercial Payers Crosswalk
			Baltimore Counties	DC Suburbs	Rest of MD			
Health Behavior Interventions - Health and behavior assessment and/or intervention services performed by a QHCP other than a clinical psychologist must be reported with the appropriate Evaluation and Management (E/M) codes.								
G0447	Face-to-face behavioral counseling for obesity, 15 minutes	√	\$ 27.86	\$ 29.17	\$ 26.84		MD/DO NP/PA or RD's under Incident to	99401
96156	Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)	*	\$ 104.91	\$ 109.21	\$ 101.71	\$ 27.25	Clinical Psychologist	
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes		\$ 71.46	\$ 74.38	\$ 69.36		Clinical Psychologist	
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	*	\$ 24.99	\$ 26.02	\$ 24.33	NC	Clinical Psychologist	
96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes	*	\$ 10.62	\$ 11.05	\$ 10.28	NC	Clinical Psychologist	
96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	*	\$ 4.89	\$ 5.11	\$ 4.77	NC	Clinical Psychologist	
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes	*	\$ 76.81	\$ 79.95	\$ 74.52	NC	Clinical Psychologist	
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)	*	\$ 27.23	\$ 28.35	\$ 26.43	NC	Clinical Psychologist	
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes		\$ 87.99	\$ 92.26	\$ 84.72	NC	Clinical Psychologist	
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)		\$ 32.23	\$ 33.76	\$ 30.96	NC	Clinical Psychologist	
* Health behavior assessment & intervention services were added back to the list of CMS covered telemedicine services in the wake of COVID-19 response.								

Technology-Based Services

Effective January 1, 2020

REMOTE PATIENT MONITORING REVISION AND ADDITIONS TO CPT

- ❖ *CPT revised the description for Remote Physiologic Monitoring **99457** to report the first 20 minutes in a calendar month.*
- ❖ *CPT added an additional code **99458** to report each additional 20 minutes in a calendar month.*
- ❖ *CPT added 2 new codes **99473** to report calibration of a patient's home blood pressure monitoring device AND **99474** to report daily review of BP patient collected data and treatment plan revision/maintenance.*

Technology-Based Services

Effective January 1, 2020

Code	Description	Telehealth Eligible	Maryland Jurisdictions			MD Medicaid Fee	Licensure of Rendering Provider	Commercial Payers Crosswalk
			Baltimore Counties	DC Suburbs	Rest of Maryland			
5. Technology Based Services and Remote Patient Monitoring (RPM)								
G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., 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		\$ 13.42	\$ 14.81	\$ 12.81		MD/DO NP/PA	
G2012	Brief communication technology-based service, e.g."virtual check-in" by a physician or other qualified health care professional who can report evaluation and management E/M 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		\$ 15.68	\$ 16.40	\$ 15.08		MD/DO NP/PA	99441-99443
99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days		\$ 61.58	\$ 64.15	\$ 59.48	NC	MD/DO NP/PA	
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment		\$ 21.38	\$ 23.47	\$ 20.12	NC	MD/DO NP/PA	
99454	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days		\$ 70.32	\$ 77.32	\$ 66.28	NC	MD/DO NP/PA	
99457 Revised Code 2020	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes		\$ 55.37	\$ 59.99	\$ 52.94	NC	MD/DO NP/PA	
99458 New Code 2020	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; each additional 20 minutes (List separately in addition to code for primary procedure)		\$ 45.09	\$ 47.87	\$ 43.03	NC	MD/DO NP/PA	
99473 New Code 2020	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration (*Per device)		\$ 12.29	\$ 13.68	\$ 11.59	NC	MD/DO NP/PA	
99474 New Code 2020	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient		\$ 16.22	\$ 17.41	\$ 15.54	NC	MD/DO NP/PA	
	* The MPFS rule - CPT Code 99457 describes only professional time and "therefore cannot be furnished by auxiliary personnel incident to a practitioner's professional services."							

Expanded Telehealth Coverage

Effective March 1, 2020 and throughout the duration of the COVID-19 Public Health Emergency (PHE):

- ❖ Medicare will make payment for professional services furnished to beneficiaries in **all areas** of the country in **all settings**.
- ❖ Medicare will consider telehealth services same as in-person services & paid at the same rate.
- ❖ No costly technology required:
 - HHS authorizes the use of telephones that have audio & video capabilities for the furnishing of Medicare telehealth services.
- ❖ Patient Cost-Share Waiver:
 - Co-insurance & deductibles will be applied to telehealth services. The OIG is providing flexibility for providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Three (3) Types of Virtual Visits

Type of Service	Method of Communications	Service Description
Telemedicine Evaluation & Management Services	Real-time telephone & video communication devices through HIPAA compliant vendor or acceptable smartphone/tablet technology	Medically necessary E/M services to diagnose and/or treat general health conditions that would normally be covered if rendered during a face-to-face visit.
Virtual Check-in is Telephone Only	Telephone Calls Audio Only	G2012 or 99441 5-10 min. 99442 11-20 min. 99443 21-30 min.
E-Visits/Online Digital Evaluations	Asynchronous Communication through a Patient Portal	Time is cumulative during a 7 day period. 99421 5-10 min. 99422 11-20 min. 99423 21-30 min. G2010 – Brief digital check-in

Telemedicine Visits – HIPPA Compliant Vendors

The Office of Civil Rights (OCR) recommends that providers prepare to use HIPAA-compliant vendors following the COVID-19 PHE, such as:

- ❖ Skype for Business/Microsoft Teams.
- ❖ Updox.
- ❖ Vsee.
- ❖ Zoom for Healthcare.
- ❖ Doxy.me.
- ❖ Google G Suite Hangout Meet.
- ❖ Cisco WebEx Meetings/WebEx Teams.
- ❖ Amazon Chime.
- ❖ GoToMeeting.

Telemedicine Visits - Require Audio-Visual

HIPAA enforcement is temporarily waived during the PHE

Acceptable Platforms (State of Emergency Only)

- Apple Facetime
- Google G-suite Hangouts
- Skype for Business
- Zoom

Unacceptable Platforms

- Facebook Live
- TikTok
- Twitch
- Public facing applications

Office/Outpatient Department Visits

CPT CODES 99201-99215

E/M documentation **MUST** meet CPT criteria guidelines relative to the level of documented:

- ❖ History.
- ❖ Exam.
- ❖ Medical decision making.

Documentation must include:

- ❖ Telecommunication platform.
- ❖ Patient consent to care.

Medicare Rule Changes During PHE

Clinicians may base the E/M service level on:

❖ Medical Decision Making (*MDM*) Only.

OR

❖ Time:

- Time is defined as “**all of the time**” associated with the E/M on the day of the encounter.
- Concept of time is aligned with E/M criteria changes effective January 1, 2021
- **Durations for levels are the "typical time"** associated with the E/M code.

Office/Outpatient Department Visits

Time-Based Levels

- 99201** - 10 min.
- 99202** - 20 min.
- 99203** - 30 min.
- 99204** - 45 min.
- 99205** - 60 min.
- 99211** - 5 min. – Can be a Nurse visit
- 99212** - 10 min.
- 99213** - 15 min.
- 99214** - 25 min.
- 99215** - 40 min.

Documentation:

- ❖ Document the total time spent on the encounter on the day of the encounter.
- ❖ Count time spend in record review & documentation of the encounter.
- ❖ “Total duration of this encounter was 25 minutes”.

Home Visits Time-Based Levels

99241-99349 CPT codes added to the telemedicine list of codes in light of the COVID-19 emergency.

Document that the Telemedicine visit is taking the place of the scheduled home visit (home bound patient).

Services must meet criteria established by CPT guidelines OR the revised E/M selection criteria (MDM vs total time).

99341 Home visit; **new** patient - 20 min.

99342 Home visit; **new** patient - 30 min.

99343 Home visit; **new** patient - 45 min.

99344 Home visit; **new** patient - 60 min.

99345 Home visit; **new** patient - 75 min.

99347 Home visit; **est.** patient - 15 min.

99348 Home visit; **est.** patient - 25 min.

99349 Home visit; **est.** patient - 40 min.

99350 Home visit; **est.** patient - 60 min.

Preventive Services/AWV's

- G0438** Initial AWV/Personal prevention plan service.
- G0439** Subsequent AWV/Personal prevention plan service visit.
- G0442** Annual alcohol screen 15 min.
- G0443** Brief alcohol misuse counsel.
- G0444** Depression screen annual.

Documentation requirements include:

- ❖ Health Risk Assessment.
- ❖ Past Medical History.
- ❖ Written plan of preventive services.

If patient is unable to report their weight or blood pressure from a home monitoring device, document the presence of any associated risk factors relative to weight & blood pressure & address accordingly.

Transitional Care Management

99495 - Transitional Care Management Services (TCM) with the following required elements:

- ❖ Communication (direct contact, telephone, electronic) with the patient and/or caregiver within **2** business days of discharge.
- ❖ Medical decision making of **at least moderate complexity** during the service period.
- ❖ Face-to-face visit (**this component must be a telemedicine audio-visual visit**), within **14** calendar days of discharge.

99496 - Transitional Care Management Services (TCM) with the following required elements:

- ❖ Communication (direct contact, telephone, electronic) with the patient and/or caregiver within **2** business days of discharge.
- ❖ Medical decision making of **high complexity** during the service period.
- ❖ Face-to-face visit (**this component must be a telemedicine audio-visual visit**), within **7** calendar days of discharge.

Advanced Care Planning

Critical Planning during a PHE

99497 - Advance care planning including the explanation & discussion of advance directives such as standard forms (*with completion of such forms, when performed*), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate

99498 - Advance care planning including the explanation & discussion of advance directives such as standard forms (*with completion of such forms, when performed*), by the physician or other qualified health care professional; each additional 30 minutes (*List separately in addition to code for primary procedure*)

Providers should document:

- ❖ Time.
- ❖ Summary of discussion.
- ❖ Participants.
- ❖ Report **POS 11** for full non-facility rate of reimbursement.

Billing Medicare for Telemedicine Services Interim Coding Rules

When submitting claims for **telemedicine services with dates-of- service on or after March 1, 2020, and for the duration of the PHE, report:**

- ❖ **Place of Service (POS) equal to what it would have been in the absence of a PHE.**
- ❖ **Append modifier 95 to CPT codes**, indicating that the service rendered was actually performed via interactive audio video.

This is a change announced on 03/31/2020 that is applicable 03/01/20 & applies to E/M services provided via audio/visual during pandemic period.

CMS Interim Rules Effective 03/01/2020

Telephone Evaluation & Management (E/M) Services

Prior CMS Non-Coverage for Non-Face-to-Face Services

- In CY 2008, the CPT Editorial Panel created CPT **99441-99443** codes to describe E/M services furnished by a physician or qualified healthcare professional via telephone.
- CMS assigned a status indicator of **“N” (Non-covered)** to these services **because:**
 - ❖ (1) These services are non-face-to-face; and
 - ❖ (2) the code descriptors include language that recognizes the provision of services to parties other than the beneficiary for whom Medicare does not provide coverage (for example, a guardian).
- **CMS now believes they should be covered in light of the COVID-19 emergency.**

Billable Telephone/Audio Only Services

- Virtual Check in **G2012**- 5-10 min. *“established in 2017 as a covered service”*.

Added codes to the MPFS due to the PHE:

- **99441** Telephone E/M new or established 5-10 min.
MCR allowance \$15.34
- **99442** Telephone E/M new or established 11-20 min.
MCR allowance \$29.96
- **99443** Telephone E/M new or established 21-30 min.
MCR allowance \$43.64

Medicare does not consider these services to fully replace a telemedicine E/M visit. These codes should be reported when the E/M is sufficient to warrant a separate service unrelated to coordination of care following an E/M in the previous 7 days.

- **Do not use POS 02 or modifier 95 with these.**

Other Considerations for Telephone E/M: CODES 99441 - 99443 & G2012

- These services apply to new & established patients during the PHE.
- These services should be **patient initiated** however, the provider may contact the patient to educate them that the service is available.
- The service requires the **patient consent** for billing.
- **Do not** report **99441-99443** during the time period when billing for Transitional Care Management.
- **Home and Outpatient INR monitoring** reported as **93792, 93793** were not designated as a telemedicine visit but can be replaced by the telephone visit if documented appropriately.

Billable Online/Digital Only Services

- **Virtual Check-in G2010** –Store and Forward technology utilizing recorded video or image forwarded to provider
- Digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days
- **99421 Online digital E/M** new or established 5-10 min. MCR allowance \$16.52
- **99422 Online digital E/M** new or established 11-20 min. MCR allowance \$33.12
- **99423 Online digital E/M** new or established 21-30 min. MCR allowance \$53.54

Document cumulated time during a **7 day period** where asynchronous secure messaging or recordings was the means to evaluate and manage a health condition or problem.

- **Do not use POS 02 or modifier 95 with these.**

Additional Telehealth Provisions

Providers can now:

- Bill for additional types of televideo visits at the same rate as in-person visits.
- Emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services, which must be provided by a clinician that is allowed to provide telehealth.

Medicare now allows telemedicine to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice & home health.

For a complete list of Telehealth services that can be reported as in person using a synchronous acceptable telecommunication platform :

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Additional Waivers

Removal of Frequency Limitations on Medicare Telehealth

To better serve the patient population that would otherwise not have access to clinically appropriate in-person treatment, the following services no longer have limitations on the number of times they can be provided by Medicare telehealth:

- ❖ **No limit** to the number of medically necessary telemedicine E/M services.
- ❖ A subsequent inpatient visit can be furnished more frequently than every **3 days** (CPT codes **99231-99233**)
- ❖ A subsequent skilled nursing facility visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is **once every 30 days** (CPT codes **99307-99310**)
- ❖ For services requiring direct supervision by the physician or other practitioner, that physician supervision can be provided virtually using real-time audio/video technology.

Documentation Guidelines

- ❖ Providers **must** maintain documentation in the same manner as for an in-person visit or consultation, using either electronic or paper medical records.
- ❖ The provider should **document the participant's consent** to receive telehealth services in their medical record.
- ❖ Consent may be given verbally by the participant.
- ❖ Consent need only be given once per year.

Medicare Coverage of COVID-19 Testing and Related Encounters

- ❖ Medicare provides coverage of laboratory testing without costs-sharing (**87635**)
- ❖ Medicare provides coverage of E/M services that result in an order for or administration of a COVID-19 test (**87635**)
- ❖ Append modifier **CS** to the CPT codes reporting EM services resulting in the order or administration of a COVID-19 test.
- ❖ Treatment of COVID-19 and associated respiratory disease will be subject to deductibles & co-insurance.

COVID-19

Related ICD-10 Codes

- ❖ **Z03.818** Encounter for observation for suspected exposure to other biological agents ruled out.
- ❖ **Z20.828** Contact with & (suspected) exposure to other viral communicable diseases.
- ❖ **Z71.84** Encounter for health counseling related to travel (Health risk & safety counseling).
- ❖ **Z71.1** Person with feared health complaint in whom no diagnosis is made.
- ❖ **U07.1** COVID-19 (confirmed test) effective 4/1/20

COVID-19 Related Presenting Problems ICD-10

For patients presenting with any signs/symptoms (such as fever, etc.) & where a definitive diagnosis has not been established, assign the appropriate code(s) for each of the presenting signs and symptoms first:

- ❖ R05 Cough.
- ❖ R06.02 Shortness of breath.
- ❖ R50.9 Fever, unspecified.
- ❖ J12.89 Other viral pneumonia.
- ❖ J20.8 Acute bronchitis due to other specified organisms.
- ❖ J22 Unspecified acute lower respiratory infection.

Telemedicine, Telephone & Online Digital E/M Service Billing Guide

					Revised 4-2-20
Service Descriptions & Codes	CareFirst	United Health Care	Aetna	Cigna	Medicaid/MCO's
Office visits via synchronous interactive audio visual communication devices HIPAA compliant now includes Apple Facetime, Google G Suite Hangouts Meet & Skype) CPT codes 99201-99215	Report E/M CPT code with POS code 02 & Modifier 95	Report E/M CPT code with POS code 02 & Modifier 95 (Exception *Telephone audio only is now allowed by UHC)	Report E/M CPT code with POS code 02 & Modifier 95	Report E/M CPT code with POS code 11 & Modifier GQ (Exception *Telephone audio only is now allowed by Cigna)	Report E/M CPT code with POS code 11 & Modifier GT
Telephone evaluation & management (E/M) (Audio only) calls based on time 99441-99443 (New or Established patients) 'Virtual Check-in'	Carefirst will allow 99441-99443 & pay a flat fee of \$20.00	Report only G2012 with POS 11 & NO Modifier.	Report CPT code with POS 11 with NO modifier. Report G2012 for Medicare Advantage plans.	Report G2012 only with POS 11 & NO Modifier for brief check in-phone calls. Telephone E/M's should be reported as interactive telemedicine.	Audio only E/M may only be reported with CPT 99211, 99212 or 99213 with POS 11 & Modifier UB
Cost-Sharing to the Patient	Non-specific policy cost-sharing policy. CF directs provider not to collect copays during the PHE. Balance-billing is permitted after claims processed.	No Patient cost-sharing during the PHE. Network rates paid in full but may vary by plan.	No Patient cost-sharing during the PHE. Network rates paid in full but may vary by plan.	No Patient cost-sharing during the PHE. Network rates paid in full but may vary by plan.	No Patient cost-sharing during the state of emergency

Resources

https://individual.carefirst.com/individuals-families/about-us/coronavirus-healthcare-providers.page	www.uhcprovider.com/en/resource-library/news/provider-telehealth-policies.html	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#account-link-content-section-response-grid-copy-response-grid-accordion-10	https://static.cigna.com/assets/chcp/resourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html	https://mmcp.health.maryland.gov/Pages/telehealth.aspx
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Payor Specific Resources

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Health Plan Search: Provider Manuals and Policies

AAPC has compiled data from over 500 local and national health plan's websites, provider manuals, provider policies, physician credentialing and medicare/medicaid eligibility. This new search tool will be available to all for a limited time, after which it will only be available to AAPC members.

Payer Search

Step 1: Input State

MARYLAND (MD)

Step 2 (optional): Input Payer Name (can't find your health plan provider?)

Search By Name

Submit

Clear

Step 3: Find your payer and select row for search capabilities for that payer or plan (if not already visible)

Name	State(s)					
Bravo Health Mid-Atlantic, Inc.	MD, PA, TX, DC, DA					
CareFirst Blue Cross Blue Shield	MD, DC, VA					
CoreSource	MD, NC, IL, OH, PA, AR, AZ					
Coventry Health Care of Delaware (Maryland)	DE, MD					
Hopkins ElderPlus	MD					
JAI Medical Systems, Inc.	MD					
Kaiser Permanente Foundation Health Plan of the Mid-Atlantic States, Inc.	MD, VA, DC					
Maryland Physicians Care (MPC)	MD					
MedStar Family Choice	MD					
Priority Partners	MD					
United HealthCare of the Mid-Atlantic	MD					

<https://www.aapc.com/resources/free-tools/provider-manual/>

Information/Resources

American Telemedicine.org

American Academy of Pediatrics

https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf

Centers for Medicare and Medicaid Services

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

AAFP

<https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html>

CMS General Provider Telehealth & Telemedicine Tool Kit:

<https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

AMA Telemedicine Quick Set-up Guide:

<https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

Expansion of Telehealth & Licensing Waivers During Pandemic:

<http://connectwithcare.org/state-telehealth-and-licensure-expansion-covid-19-chart/>

Questions & Answers

