TELEMEDICINE BILLING GUIDANCE FOR COVID-19

POWERED BY EDAFIO TECHNOLOGY PARTNERS

A COMPREHENSIVE GUIDE TO MASTER TELEMEDICINE CODING, COMPLIANCE AND REIMBURSEMENT

Take the guesswork out of implementing telehealth into your practice with one go-to resource to save you time and secure optimal, ethical revenue. You'll know exactly what services qualify for telehealth reimbursement and who can perform them.

Boost your telehealth know-how with concepts that are easy to understand and implement:

- Carrier specific Modifier usage and POS coding
- Medicare CPT and HCPCS codes for Telehealth services
- Payer Specific Guidance on Billing Telehealth services

We strive to keep this information updated and current. It is intended to be an informative guide, and not a comprehensive legal resource. For any changes or updates after this published date please refer to each specific payer site and your individual payer contracts.

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INTRODUCTION

The Edafio Healthcare Consulting Team has collected billing and coding information from many sources, and we hope that this data is helpful for you to have in one place. Our team is here to assist through the COVID-19 epidemic and remind you that our team has expertise in many Electronic Medical Records, HIPAA regulations, basic application use, as well as billing and coding requirements for most Arkansas payers.

EXPANSION OF TELEHEALTH WITH 1135 WAIVER

Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

MLN CONNECTS SPECIAL EDITION ARTICLE APRIL 7, 2020

Families First Coronavirus Response Act Waives Coinsurance and Deductibles for Additional COVID-19 Related Services

The Families First Coronavirus Response Act waives cost-sharing under Medicare Part B (coinsurance and deductible amounts) for Medicare patients for COVID-19 testing-related services. These services are medical visits for the HCPCS evaluation and management categories described below when an outpatient provider, physician, or other providers and suppliers that bill Medicare for Part B services orders or administers COVID-19 lab test U0001, U0002, or 87635.

Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits that: are furnished between March 18, 2020 and the end of the Public Health Emergency (PHE); that result in an order for or administration of a COVID-19 test; are related to furnishing or administering such a test or to the evaluation of an individual for purposes of determining the need for such a test; and are in any of the following categories of HCPCS evaluation and management codes:

- Office and other outpatient services
- Hospital observation services
- Emergency department services
- Nursing facility services
- Domiciliary, rest home, or custodial care services
- Home services
- Online digital evaluation and management services

Cost-sharing does not apply to the above medical visit services for which payment is made to:

- Hospital Outpatient Departments paid under the Outpatient Prospective Payment System
- Physicians and other professionals under the Physician Fee Schedule
- Critical Access Hospitals (CAHs)
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

For services furnished on March 18, 2020, and through the end of the PHE, outpatient providers, physicians, and other providers and suppliers that bill Medicare for Part B services under these payment systems should use the CS modifier on applicable claim lines to identify the service as subject to the cost-sharing wavier for COVID-19 testing-related services and should NOT charge Medicare patients any co-insurance and/or deductible amounts for those services.

For professional claims, physicians and practitioners who did not initially submit claims with the CS modifier must notify their Medicare Administrative Contractor (MAC) and request to resubmit applicable claims with dates of service on or after 3/18/2020 with the CS modifier to get 100% payment.

For institutional claims, providers, including hospitals, CAHs, RHCs, and FQHCs, who did not initially submit claims with the CS modifier must resubmit applicable claims submitted on or after 3/18/2020, with the CS coronavirus.gov. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the Current Emergencies Website. modifier to visit lines to get 100% payment. Additional CMS actions in response to COVID-19, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, visit www.coronavirus.gov. For a complete and updated list of CMS actions, and other information specific to CMS, please visit the Current Emergencies Website.

NEW LAB CODE FOR REPORTING COVID-19

The CPT Editorial Panel approved a new Category I Pathology and Laboratory code for novel coronavirus testing. This code is effective March 13, 2020.

87635: Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19], amplified probe technique.

- *This is an early release code, so you will need to manually upload this code descriptor into your electronichealth record system.*

87635: CPT® will be a child code under parent code 87471 Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique in the 2021 CPT® code set.

NEW ICD-10 EMERGENCY CODE

U07.1: 2019-nCoV acute respiratory disease (new ICD-10 emergency code established by WHO)

Code will be effective April 1, 2020. For coding positive cases prior to April 1, 2020 use ICD-10 code B97.29.

MEDICAID

AR Medicaid Physician Codes

Telemedicine

- Use appropriate billing procedure code with the "GT" modifier and Place of Service (POS) 2
- Effective March 18th, 2020
- Originating site requirements and professional relationships requirements lifted and waived for 60 days and can be extended as required to address the public health emergency.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

https://medicaid.mmis.arkansas.gov/Provider/Provider.aspx#telemed-phy

Dated: March 18th, 2020

In response to the Governors' declaration of a public health emergency due to the COVID-19 outbreak in Arkansas, and the need for social distancing, DMS issued guidance and policy related to physicians use of telemedicine.

Professional Relationship Requirements

Generally, a provider must have an established relationship with a patient before utilizing telemedicine to treat a patient. See Medicaid Provider Manual 105.190. However, **DMS has the authority to relax this requirement in case of an emergency. Pursuant to Executive Order 20-05 and as allowed under current Medicaid policy, DMS is lifting the requirement to have an established professional relationship before utilizing telemedicine for physicians under the following conditions for the duration of the emergency declaration:**

- The physician providing telehealth services must have access to a patient's personal health record maintained by a physician.
- The telemedicine service may be provided by any technology deemed appropriate, including telephone, but it must be provided in real time (cannot be delayed communication).
- Physicians may use telemedicine to diagnose, treat, and when clinically appropriate, prescribe a non-controlled drug to the patient.

Originating Site Requirements

Additionally, DMS is waiving the originating site requirement for evaluation and management (E&M) services provided to established patients by primary care providers. This will allow the physician to utilize telemedicine technology, including telephone, when appropriate, to diagnose, treatment and prescribe non-controlled substances to patients while the patient remains in their home. In order to use telemedicine technology to provide services without an originating site, the following requirements must be met:

- The technology must be real-time (cannot be delayed communications).
- The physician must have access to the patient's medical records.
- This requirement is waived for sixty (60) days. The waiver can be extended as required to address the public health emergency.

Virtual Patient Check-In

Additionally, to prevent unnecessary travel and office visits, **Medicaid is opening the virtual check-in CPT (code G2012) described below for sixty (60) days. The code can be extended as required to address the public health emergency.**

The code will be turned on April 1, 2020 and will be retroactive to date of service March 18, 2020.

To use the Code G2012 to provide virtual check-in services, please meet the following requirements:

- Can be any real-time audio (telephone), or "2-way audio interactions that are enhanced with video or other kinds of data transmission."
  - For established patients only.
  - To be used for:
    - o Any chronic patient who needs to be assessed as to whether an office visit is needed.
    - o Patients being treated for opioid and other substance-use disorders.
  - Nurse or other staff member cannot provide this service. It must be a clinician who can bill primary care services.
  - If an E&M service is provided within the defined time frames, then the telehealth visit is bundled with the E&M service. It would be considered pre-or-post-visit time and not separately billable.
  - No geographic location restrictions for the patient.
  - Communication must be HIPAA compliant.

G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report 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. Typically, 5-10 minutes of medical discussion	$13.33

To ensure quality and consistency of care to Medicaid beneficiaries, DMS will coordinate with the Office of the Medicaid Inspector General (OMIG) to conduct retrospective reviews and audits of telemedicine services during this time. Please keep all records of services as required by Medicaid physician billing and telemedicine rules.

ARKANSAS BLUE CROSS AND BLUE SHIELD

Telehealth E/M Services

To offer remote access for patients of mental/behavioral health providers, Arkansas Blue Cross and Blue Shield and Health Advantage described a temporary change to our policy in the March issue of Arkansas Blue Cross Providers' News. We revised that temporary policy on March 24, 2020, making it retroactive to March 16, 2020. The changes will be in effect through at least May 15, 2020, and could be extended beyond that date, if circumstances warrant. In order to provide additional clarity to what was published on March 24, we have provided this update.

This revision applies to fully-insured Arkansas Blue Cross and Health Advantage plans including Individual Metallic Exchange Plans. It does not necessarily apply to any self-funded plan (like Walmart, Tyson Foods, or J.B. Hunt, etc.) because each of those plan-sponsors decides their own telehealth coverage policy. The Arkansas State Employees/Public School Employees have opted in to these temporary policy changes regarding telemedicine. You should contact the customer service departments for FEP and out-of-state BlueCard plans for their policy on telehealth services and how benefits will be applied.

No copays, coinsurance, or deductibles will be applied to the allowances for these CPT codes. If you have questions, please contact your Arkansas Blue Cross Network Development Representative (NDR). Telemedicine Codes approved in response to the COVID 19 pandemic for in-network providers seeing ABCBS fully-insured members (BC, HA, and Metallic) for the duration of March 16, 2020 through May 15, 2020.

No cost share: The below codes may be billed by MD/DO's and APRN/CNP/CNW/PA's

The below codes require modifier –95 or –GT and POS 02

- 99201-99204 and 99211-99214
  - *****99205 and 99215 will not be covered*****

Update to COVID-19 Telemedicine Coverage

03/20/2020

To clear up any confusion regarding the COVID-19 update sent March 19, 2020; Physicians (MDs and DOs), Advanced Practice Nurse Practitioners and Physician Assistants who are seeing patients virtually either with audiovisual or telephone should use the telemedicine CPT codes. We apologize for the apparent confusion and appreciate your patience as we work through this unprecedented time. In addition, the Arkansas State Employees/Public School Employees (ASE/PSE) will be implementing the policy we have for fully insured members. Click here for further details in the March, 2020 edition of Providers' News.

Effective March 16, all Arkansas Blue Cross and Health Advantage insured members will have the following new, temporary insurance benefits available for both physical health needs and any behavioral/mental health counseling needs:

- **Telephone-based doctor's visits.** Our existing exclusion of insurance benefits for tele phone-based services is being suspended from now through at least May 15, 2020 to provide payment for any in-network physician (M.D. or D.O.) visit by telephone, for purposes of receiving advice or counsel on either physical or mental health needs. Physicians will receive instructions on how to file insurance claims for these services using new, special codes designated exclusively for telephonic services. In addition to creating

this entirely new, temporary benefit for our fully-insured members, Arkansas Blue Cross will also waive (through at least May 15, 2020) all copays, coinsurance and deductibles for these new telephonic benefits.

• **Telephone-based behavioral/mental health visits.** We are also extending this same new, temporary insurance benefit for telephonic counseling by in-network behavioral health professionals, not just physicians. Specifically, from March 16, 2020 through at least May 15, 2020, Arkansas Blue Cross and Health Advantage will pay for telephone-based counseling to our fully insured members by any in-network psychiatrist, psychologist, advance practice nurse practitioner, licensed clinical social worker or licensed professional counselor. As with physician claims, copays, coinsurance, and deductible will be waived for these new telephonic service benefits, through at least May 15, 2020.

• **Temporary waiver of copays, coinsurance, and deductibles for telemedicine.** The new, temporary insurance benefits outlined above are in addition to the normal telemedicine (interactive audio-visual contact) benefits that Arkansas Blue Cross and Health Advantage fully insured members already have and which they can continue to utilize. However, Arkansas Blue Cross and Health Advantage are also waiving copays, coinsurance, and deductibles for all telemedicine services to its fully insured members through at least May 15, 2020.

https://www.arkansasbluecross.com/coronavirus/press-releases/2020/03/19/covid-19-mental-health

PLEASE NOTE: These new, temporary insurance benefits and the applicable procedures and limitations, are outlined below:

TERMS AND CONDITIONS APPLICABLE TO NEW, TEMPORARY TELEPHONIC SERVICES BENEFITS

1. Please note that telephone counseling is ordinarily not a covered benefit under any Arkansas Blue Cross and Blue Shield and Health Advantage insurance policy/benefit certificate. Accordingly, these expanded benefits are by special exception only, including all conditions outlined below.
2. In order to be covered, all telephonic consultation by physicians, advance practice nurse practitioners, licensed clinical social workers, licensed professional counselors or psychologists (“Telephonic Providers”) must be submitted electronically to Arkansas Blue Cross and Blue Shield in accordance with the standard, established claims-filing policies and procedures required for other electronic claims. This includes but is not limited to timely claims filing requirements.
3. All claims for telephonic consultation by Telephonic Providers must be submitted with one of the following CPT codes, as applicable:

Telephone Evaluation/Management (E/M) Services
99441: *Telephone; 5-10 minutes $16.38*
Description: Telephone evaluation and management service by a physician or other qualified healthcare professional who may report evaluation and management services provided to an established patient, parent or

guardian not originating from a related E/M service provided within the previous seven 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.

99442: *Telephone; 11-20 minutes $32.61*

Description: Telephone evaluation and management service by a physician or other qualified healthcare professional who may report evaluation and management services provided to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.

99443: *Telephone; 21-30 minutes $48.74*

Description: Telephone evaluation and management service by a physician or other qualified healthcare professional who may report evaluation and management services provided to an established patient, parent or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion.

4.**NO** claims for any telephonic services other than the three CPT Codes listed above will be accepted, covered, or paid by Arkansas Blue Cross and Health Advantage.

5.Normal copays, coinsurance and deductible, as specified in a member's applicable insurance policy/benefit certificate, will be waived for all Telephonic Provider telephone consultations billed in accordance with these provisions.

6.Payment for all Telephonic Provider services shall be strictly limited to the Allowances (dollar amounts) set forth above with respect to each CPT Code.

7.All claims for Telephonic Provider services will continue to be subject to all terms, conditions, limitations and exclusions of each member's insurance policy/benefit certificate, except for the following provisions of such policies/certificates which are **temporarily** waived through May 15, 2020: (i) exclusion for "Telephone and Other Electronic Consultation"; and (ii) copay, coinsurance and deductible provisions.

8.All coverage for Telephonic Provider services, as described in this announcement, will end at midnight on May 15, 2020, unless Arkansas Blue Cross and Health Advantage decide to extend this special benefits extension for COVID-19 telephone counseling beyond that date; we will reassess the situation at that time and, if special benefits are extended, will make another public announcement. If no such extension announcement is made, any claims for Telephonic Provider services submitted for dates of service after May 15, 2020 will be denied, in accordance with standard provisions of applicable insurance policies/benefit certificates.

9.All claims for payment of Telephonic Provider services are subject to the standard terms and conditions of each Telephonic Provider's network participation agreement with Arkansas Blue Cross and Health Advantage.

10. Unless services are not available from an in-network provider or constitute emergency care that could not be obtained from an in-network provider, no coverage or payment will be extended for telephone services/telephone consultation of any **out-**

of-network provider because this is a limited-duration exception to normal policy/benefit certificate exclusions made in consideration of a public health crisis, and it is not feasible to conduct the necessary credentialing review and computer systems adjustments necessary for including non-participating providers in a temporary benefit that will end on May 15, 2020.

11. This announcement does NOT apply to any **self-funded health plan members** served by our BlueAdvantage Administrators of Arkansas division. Any decision regarding coverage for COVID-19 telephone consultation services for such self-funded members belongs exclusively to the employer and/or Plan Administrator of each applicable self-funded health plan.

FAQ for Fully Insured Members

https://www.arkansasbluecross.com/coronavirus/covid-19/2020/03/21/answering-your-questions-about-covid-19-coverage

These measures will be in effect through **May 15** and at that time we will reevaluate the situation.

Details of Arkansas Blue Cross' coverage commitment for fully insured members effective immediately include:

1. There will be no prior authorizations for COVID-19 diagnostic tests and for covered services that meet primary coverage criteria and are consistent with CDC guidance.

Currently, the only recommended screening test for COVID-19 is the RT-PCR Test.

2. We will cover (at no cost to our members) COVID-19 diagnostic tests ordered by in-network providers that meet primary coverage criteria consistent with CDC guidance.

Arkansas Blue Cross will cover, with no cost share to the member, the covered diagnostic testing services that meet primary coverage criteria for COVID-19 as defined by the CDC and determined by the enrollee's healthcare provider, where it is not covered as part of the Public Health Service response. We also will ensure patient testing is done in close coordination with federal, state and public health authorities. Any care needed once a diagnosis of COVID-19 has occurredwill be handled like any other covered treatment for a medical condition.

3. We will increase access to prescription medications by waiving early medication refill limits on 30-day prescription maintenance medications (consistent with a member's benefit plan) and/or encouraging members to use their 90-day mail-order benefit.

Arkansas Blue Cross will also ensure formulary flexibility if there are shortages or access issues.

4. We are encouraging our members to access virtual health and nurse/provider hotlines.

Given the nature of the COVID-19 outbreak, seeking in-person medical care may lead to further spreading of the virus. We encourage the use of virtual health and will also facilitate member access and use of nurse/provider hotlines. Because of the high volume of calls, a longer than normal wait time should be expected. Regular copays will apply.

MEDICARE ADVANTAGE

Information for our Medicare Advantage members on the coronavirus (COVID-19) and your coverage

Arkansas Blue Cross and Blue Shield and Health Advantage are committed to your health, safety, and well-being. We are working closely with the state and federal government during the novel coronavirus outbreak (COVID-19) to ensure you get the information and care you need.

Coverage changes

The following services are covered for COVID-19 and any related health issues for our Medicare Advantage members:

- Waiving cost-sharing for COVID-19 tests
- Removing prior authorizations and referral requirements for COVID-19 tests
- Waiving prescription refill limits for specific prescriptions for managing chronic conditions

UNITEDHEALTHCARE

The health of our members and supporting those who deliver care are our top priorities, and UnitedHealthcare is taking additional steps to provide support during this challenging time.

UnitedHealthcare is waiving member cost sharing for the treatment of COVID-19 until May 31, 2020 for its Medicare Advantage, Medicaid, and Individual and Group Market fully insured health plans. We will also work with self-funded customers who want us to implement a similar approach on their behalf.

If a member receives treatment under a COVID-19 admission or diagnosis code between Feb. 4, 2020 and May 31, 2020, we will waive cost sharing (co-pays, coinsurance and deductibles) for the following:

- Office visits
- Urgent care visits
- Emergency department visits
- Observations stays
- Inpatient hospital episodes
- Acute inpatient rehab
- Long-term acute care
- Skilled nursing facilities

This includes in-network and out-of-network providers. When available, we will also waive cost-share for medications which are FDA-approved for COVID-19 treatment.

The health of our members and the safety of those who deliver care are our top priorities. COVID-19 is a rapidly evolving national health emergency, and we're working closely with national, state and local health organizations.

We're taking action and providing resources to support you during this challenging time.

We're also working to eliminate all non-essential administrative requests, such as surveys and data requests, so that you can focus on patient care. We are committed to business continuity and being there to assist you – all self-service capabilities are available, our call center is staffed, and claims are being processed so you have the support you need.

We're monitoring the COVID-19 health emergency closely and updating this site with new information as it's available. Be sure to check back frequently for updates.

Starting March 18, 2020, UnitedHealthcare expanded our policies around telehealth services for Medicare Advantage, Medicaid, and Individual and Group Market health plan members. In addition, effective from March 31, 2020 until June 18, 2020, we will also waive cost sharing for in-network telehealth visits for medical, outpatient behavioral and PT/OT/ST, with opt-in available for self-funded employers.

Expanded Provider Telehealth Access

UnitedHealthcare is waiving the Centers for Medicare and Medicaid's (CMS) originating site restriction and audio-video requirement for Medicare Advantage, Medicaid, and Individual and Group Market health plan members from March 18, 2020 until June 18, 2020. Eligible care providers can bill for telehealth services performed using interactive audio-video or audio-only, except in the cases where we have explicitly denoted the need for interactive audio/video, such as with PT/OT/ST, while a patient is at home.

COVID-19 Testing-Related Telehealth Visits

From March 18, 2020 and throughout this national emergency, we will waive member cost sharing for in-network and out-of-network COVID-19 testing-related telehealth visits, including both interactive audio-video and audio-only.

NEW! Cost Share Waived for In-Network Telehealth Services

We will also waive cost sharing for in-network telehealth services for medical, outpatient behavioral and PT/OT/ST services from March 31, 2020 until June 18, 2020 for Medicare Advantage, Medicaid, and Individual and fully insured Group Market health plan with opt-in available for self-funded employers.

For medical and outpatient behavioral telehealth visits, providers can utilize both interactive audio/video and audio-only. For PT/OT/ST provider visits, interactive audio/video technology must be used.

NEW! Expanded List of Services for Telehealth and Virtual Check-In

From March 30, 2020 until June 18, 2020, UnitedHealthcare has expanded the services that can be covered using telehealth, as well as through a Virtual Check-In for Medicare Advantage, Medicaid, and Individual and Group Market health plan members.

HUMANA

To support providers with caring for their Humana patients while promoting both patient and provider safety, we have updated our existing telehealth policy. At a minimum, we will always follow CMS telehealth or state specific requirements that apply to telehealth coverage for our insurance products. This policy will be reviewed periodically for changes based on the evolving COVID-19 public health emergency and updated CMS or state specific rules1 based on executive orders.

Temporary expansion of telehealth service scope and reimbursement rules

- To ease systemic burdens arising from COVID-19 and support shelter-in-place orders, Humana is encouraging the use of telehealth services to care for its members. Please refer to CMS, state, and plan coverage guidelines for additional information regarding services that can be delivered via telehealth
- In response to this emergency, Humana will temporarily reimburse for telehealth visits with participating/in-network providers at the same rate as in-office visits. In order to qualify for reimbursement, telehealth visits must meet medical necessity criteria, as well as all applicable coverage guidelines

Temporary expansion of telehealth channels

- Humana understands that not all telehealth visits will involve the use of both video and audio interactions. For providers or members who don't have access to secure video systems, we will temporarily accept telephone (audio-only) visits. These visits can be submitted and reimbursed as telehealth visits
- Please follow CMS or state-specific guidelines and bill as you would a standard telehealth visit

Temporary expansion of member cost share waivers for telehealth

- To encourage members to seek care safely while protecting the health care workforce, Humana is waiving member cost share for all telehealth services delivered by participating/in-network providers. This includes:
- All telehealth services delivered by participating/in-network providers, either through audio or video
- All telehealth services delivered through MDLive to Medicare Advantage members, and also to Commercial members in Puerto Rico
- All telehealth services delivered through Doctor on Demand to Commercial members
- Please do not collect traditional member responsibility for these services from any Humana member, as it will result in avoidable refund transactions and may inhibit members from seeking needed care

Temporary expansion of telehealth to broader types of providers

- Both participating/in-network primary and specialty providers can render care using telehealth services, provided that CMS and state-specific guidelines are followed
- For telehealth visits with a specialist, members are encouraged to work with their primary care physician to facilitate care coordination

Testing is fully covered. Testing for COVID-19 will be fully covered with no out-of-pocket costs for patients who meet CDC guidelines at approved laboratory locations. This applies to members of Humana's Medicare Advantage, Medicaid and commercial employer-sponsored plans. The CDC continues to offer free testing for coronavirus.

Early prescription refills allowed for next 30 days – Humana is allowing early refills on prescription medicines so our members can prepare for extended supply needs—an extra 30- or 90-day supply as appropriate.

Member support line available. Humana has trained a specialized group of call center associates to help support our members with specific coronavirus questions and concerns,

including assistance in accessing their telemedicine benefits. Members can call Humana's toll-free customer support line, which can be found on the back of their member I.D. card, to be connected to this dedicated team of professionals.

https://docushare-web.apps.cf.humana.com/Marketing/docushare-app?file=3923140

APPENDIX I – MEDICARE RVU AND PAYMENT DETAIL G2010

Code	Description	2020 wRVU	National non-facility payment	National facility payment
G2010	Remote evaluation of a 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.	0.18	$12.27	$9.38

The practitioner looks at the image or video, and there is subsequent communication by the practitioner or staff member to the patient. Follow-up is required. If the image is insufficient to make a determination, it can't be billed. This code requires consent (verbal, written, or electronic) and the charge will be subject to co-insurance and deductible.

APPENDIX II – MEDICARE RVU AND PAYMENT DETAIL G2012

Code	Description	2020 wRVU	National non-facility payment	National facility payment
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 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	0.25	$14.80	$13.35

G2012 includes telephone conversations. Per the 2019 Final Rule CMS finalized allowing audio-only real-time telephone interactions in addition to synchronous, two-way audio interactions that are enhanced with video or other kinds of data transmission. Telephone calls that involve only clinical staff could not be billed using HCPCS code G2012 since the code explicitly describes (and requires) direct interaction between the patient and the billing practitioner. Also, this code requires verbal consent to bill and is subject to co-insurance and deductible.

APPENDIX III – SUMMARY OF MEDICARE TELEMEDICINE SERVICES

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

TYPE OF SERVICE	WHAT IS THE SERVICE	HCPCS/CPT CODE	PATIENT RELATIONSHIP WITH PROVIDER
Medicare Telehealth Visits	A visit with a provider that uses telecommunication systems between a provider and a patient. Interim Final Regulation added 84 new codes.	Common telehealth services include: 99201-99215 (Office or other outpatient visit) G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationships existed for claims submitted during this public health emergency
Virtual Check-In	A brief (5-10 minutes) check-in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	HCPCS code G2012 HCPCS code G2010	For established patients. *Update: Is approved for New patients during PHE
E-Visits	A communication between a patient and their provider through an online patient portal. Interim Final Regulation added 6 new codes	99421 99422 99423 G2061 G2062 G2063	For established patients. *Update: Is approved for New patients during PHE

APPENDIX IV – ADDITIONAL RESOURCES

AR Medicaid

Links to Lab, Behavioral Health, and Telemedicine Guidance for AR

https://medicaid.mmis.arkansas.gov/Provider/Provider.aspx

CMS Healthcare Provider Fact Sheet

https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

HHS Emergency Preparedness, Planning, and Response

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

Medicare Telehealth FAQ

https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

Additional Payer Responses

https://www.ahip.org/health-insurance-providers-respond-to-coronavirus-covid-19/

CMS List of Telehealth Services

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Code

APPENDIX V – TELEHEALTH BILLING CODES FOR ARKANSAS

SCHEDULE OF TELEHEALTH BILLING CODES FOR ARKANSAS

VARIOUS INSURANCE COMPANIES

6-APR-20

Medicare definition of Telehealth Visits: REQUIRES two-way communication: video (via smart phone, laptop, computer, etc.) and phone

LAST UPDATED	PAYER/ PLAN TYPE	CPT CODES	COMM TYPE	TYPE OF SERVICE	COVER-AGE TYPE	POS	MODIFIER	POLICY LINK/ UPDATE LINK / ADDITIONAL GUIDANCE
4/6/2020	CMS Medicare	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	11 in office 2 place other than office	95 if using POS 11 and no modifier if using POS 2	https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf
4/6/2020	CMS Medicare	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD's	11	95	https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf
4/6/2020	CMS Medicare	G2010	Video required	Review video and/or image	All ICD's	11	95	https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf
4/6/2020	CMS Medicare	99421-99423 and	Video required	e-visit (patient portal)	All ICD's	11	95	https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf
4/6/2020	CMS Medicare	99441-99443 and 98966-98968	Telephone Allowed	Telephone Encounter	All ICD's	11	For 98966-98968 use GO, GP, or GN	https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf
4/5/2020	UHC Medicare Advantage/ Commercial & Medicaid Plans	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	11	95	https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fresources%2Fnews%2F2020%2FTelehealth-Patient-Scenarios.pdf

[1] Refer to MLN Connect Document for Modifier CS Instructions (pg.2)

[2] This code can be billed by occupational therapist, physical therapist, and speech-language pathologist to include corresponding GO, GP, or GN therapy modifier on claims for these services

4/5/2020	UHC Medicare Advantage/ Commercial & Medicaid Plans	G2012	Audio	Virtual Check-In	All ICD's	11	Blank	https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fresources%2Fnews%2F2020%2FTelehealth-Patient-Scenarios.pdf
4/5/2020	UHC Medicare Advantage/ Commercial & Medicaid Plans	G2010	Recorded video and/or images	Review video and/or images	All ICD's	11	Blank	https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fresources%2Fnews%2F2020%2FTelehealth-Patient-Scenarios.pdf
4/5/2020	UHC Medicare Advantage/ Commercial & Medicaid Plans	99421-99423	Video required	e-visit (patient portal)	All ICD's	11	Blank	https://www.uhcprovider.com/content/provider/en/viewer.html?file=%2Fcontent%2Fdam%2Fprovider%2Fdocs%2Fpublic%2Fresources%2Fnews%2F2020%2FTelehealth-Patient-Scenarios.pdf
3/24/2020	ABCBS Fully Insured, Indv Metallic Exchange, & ASE/PSE	99201-99204 and 99211-99214	Audio/ Video Req	Office or other outpatient visits	All ICD	2	95	For Self-Insured Plans, FEP, and out-of-state BlueCard plans, contact the applicable Customer Service department. See AHIN for the Provider Notification of the temporary policy change.
3/29/2020	ABCBS Fully Insured, Indv Metallic Exchange, & ASE/PSE	99441 to 99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD	2	95	For Self-Insured Plans, FEP, and out-of-state BlueCard plans, contact the applicable Customer Service department. See AHIN for the Provider Notification of the temporary policy change.

3/29/2020	ABCBS Fully Insured, Indv Metallic Exchange, & ASE/PSE	90791-90792 90832 to 90838 99441-99443 99421-99423	Audio/ Video Req	Psychotherapy E/M	All relevant ICD's	2	95	For Self-Insured Plans, FEP, and out-of-state BlueCard plans, contact the applicable Customer Service department. See AHIN for the Provider Notification of the temporary policy change.
4/13/2020	ABCBS and Health Advantage Fully Insured Plans	97161-97164 97110-97112 97116 97535	Audio/ Video Req	Physical Therapy	All relevant ICD's	2	95	For Self-Insured Plans, FEP, and out-of-state BlueCard plans, contact the applicable Customer Service department. See AHIN for the Provider Notification of the temporary policy change.
4/13/2020	ABCBS and Health Advantage Fully Insured Plans	97165-97168 97110-97112 97116 97535 97523	Audio/ Video Req	Occupational Therapy	All relevant ICD's	2	95	For Self-Insured Plans, FEP, and out-of-state BlueCard plans, contact the applicable Customer Service department. See AHIN for the Provider Notification of the temporary policy change.
4/13/2020	ABCBS and Health Advantage Fully Insured Plans	99201-99204 99212-99214	Audio/ Video Req	Speech & Language Therapy	All relevant ICD's	2	95	For Self-Insured Plans, FEP, and out-of-state BlueCard plans, contact the applicable Customer Service department. See AHIN for the Provider Notification of the temporary policy change.
4/13/2020	ABCBS and Health Advantage Fully Insured Plans	99201-99204 99211-99214	Audio/ Video Req	Podiatric Medicine	All relevant ICD's	2	95	For Self-Insured Plans, FEP, and out-of-state BlueCard plans, contact the applicable Customer Service department. See AHIN for the Provider Notification of the temporary policy change.

4/13/2020	ABCBS and Health Advantage Fully Insured Plans	97802-97804	Audio/ Video Req	Registered Dieticians	All relevant ICD's	2	95	For Self-Insured Plans, FEP, and out-of-state BlueCard plans, contact the applicable Customer Service department. See AHIN for the Provider Notification of the temporary policy change.
4/13/2020	ABCBS and Health Advantage Fully Insured Plans	97153 97155-97156 97151-97152	Audio/ Video Req	Board Certified Behavioral Analyst	All relevant ICD's	2	95	For Self-Insured Plans, FEP, and out-of-state BlueCard plans, contact the applicable Customer Service department. See AHIN for the Provider Notification of the temporary policy change.
3/29/2020	ABCBS Community Dual Plans	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	2	95	https://secure.ahinnet.com/ahin/Session/logon
3/29/2020	ABCBS Community Dual Plans	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	2	95	https://secure.ahinnet.com/ahin/Session/logon
3/29/2020	ABCBS Community Dual Plans	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD's	2	Blank	https://secure.ahinnet.com/ahin/Session/logon
3/18/2020	Medicaid & Medicaid Plans	G2012	Audio/ Video Req	Telephonic Encounter (Virtual Checks in)	All ICD	2	GT	https://medicaid.mmis.arkansas.gov/Download/provider/provdocs/Memos/MemoDMS-01_Telemed.pdf
3/18/2020	Medicaid & Medicaid Plans	99201-99215	Audio/ Video Req	Office or Other outpatient visits	All ICD's	2	GT	https://medicaid.mmis.arkansas.gov/Download/provider/provdocs/Memos/MemoDMS-01_Telemed.pdf
3/18/2020	Medicaid & Medicaid Plans	99441 to 99443	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD	2	GT	https://medicaid.mmis.arkansas.gov/Download/provider/provdocs/Memos/MemoDMS-01_Telemed.pdf
3/18/2020	Medicaid	90832, 90834, 90837	Audio/ Video Req	Behavioral Health Counseling		2	U4, GT	https://medicaid.mmis.arkansas.gov/Provider/Provider.aspx#telemed-bh

3/18/2020	Medicaid	H2027	Audio/ Video Req	Psychoeducation		2	U4, GT	https://medicaid.mmis.arkansas.gov/Provider/Provider.aspx#telemed-bh
4/3/2020	Cigna	G2012	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD	11	GQ	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html
4/3/2020	Cigna	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	11	GQ	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html
4/3/2020	Cigna for Physical Therapist	97161-97162		Telephone encounter or virtual depending on code		11	GQ	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html
4/3/2020	Cigna for Occupational Therapist	97165-97166		Telephone encounter or virtual depending on code		11	GQ	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html
4/3/2020	Cigna for Speech Therapist	92507-92526	Audio/ Video Req	virtual		11	GQ	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html
4/3/2020	Aetna Medicare Advantage	Follows Medicare guidelines (see top of this page)						https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html

4/3/2020	Aetna Commercial	G2010	Audio/ Video Req	Review recorded video and/or images	All ICD's	11	95	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html
4/3/2020	Aetna Commercial	G2012	Audio/ Video Req	Virtual Check-In	All ICD's	11	95	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html
4/3/2020	Aetna Commercial	99201-99215	Audio/ Video Req	Office or other outpatient visits	All ICD's	11	95	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html
4/3/2020	Aetna Commercial	99421-99423	Audio/ Video Req	e-visit (patient portal)	All ICD's	11	95	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy__responsivegrid_accordion_16
4/3/2020	Aetna Commercial		Audio/ Video Req	e-visit	All ICD's	11	95	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy__responsivegrid_accordion_16
4/3/2020	Aetna Commercial	99441 to 99443 and 98966-98968	Telephone Allowed	Telephonic Encounter (Virtual Checks in)	All ICD	11	95	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html
4/1/2020	Humana	Follows Medicare guidelines. See top of this page						https://docushare-web.apps.cf.humana.com/Marketing/docushare-app?file=3923140
** This code can be billed by occupational therapist, physical therapist, and speech-language pathologist to include corresponding GO, GP, or GN therapy modifier on claims for these services								
Documentation Guidelines for Telephone Only Visit								

*Verbal consent is acceptable *Document that the service was provided by telephone *Time In and Time Out *Reason for the visit *Synopsis of the conversation *Outcome *Notation of patient consented to contact via telephone *Names of all people present during telephone call and their role *Chief complaint or reason for telephone visit *Relevant history, background, and/or results *Assessment *Plan and next steps *Total time spent on medical discussion
The visit can't be related to an E&M Service provided over the last 7 days. This visit can't trigger a face-to-face visit within 24 hours.

APPENDIX VI – TELEHEALTH CODES, DEFINITIONS, AND PROVIDER BILLING TYPES

Applicable Telehealth Codes, Definitions, and Provider Billing Types			
Code	**Description**	**Provider Type**	**Type of Visit**
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Physician or Other Qualified Healthcare Professional	e-visit (patient portal)
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Physician or Other Qualified Healthcare Professional	e-visit (patient portal)
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Physician or Other Qualified Healthcare Professional	e-visit (patient portal)
G2061	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Qualified Non-Physician Healthcare Professional	e-visit (patient portal)
G2062	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Qualified Non-Physician Healthcare Professional	e-visit (patient portal)
G2063	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Qualified Non-Physician Healthcare Professional	e-visit (patient portal)

G2010	Remote evaluation of recorded or video and/or images submitted by an established patient (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	Physician or Other Qualified Healthcare Professional	Virtual Check-In (recording or images)
G2012	Brief communication technology-based service (virtual check-in), by a physician or other qualified health care professional who can report E/M services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days not leading to an E/M service or procedure within the next 24 business hours or soonest available appointment; 5-10 minutes of medical discussion	Physician or Other Qualified Healthcare Professional	Virtual Check-In (telephone)
99441	Telephone E/M service by a physician or other qualified health care professional who may report E/M services provided to an established patient, parent, or guardian 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 appointments; 5-10 minutes of medical discussion	Physician or Other Qualified Healthcare Professional	Telephone visit
99442	Telephone E/M service by a physician or other qualified health care professional who may report E/M services provided to an established patient, parent, or guardian 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 appointments; 11-20 minutes of medical discussion	Physician or Other Qualified Healthcare Professional	Telephone visit
99443	Telephone E/M service by a physician or other qualified health care professional who may report E/M services provided to an established patient, parent, or guardian 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 appointments; 21-30 minutes of medical discussion	Physician or Other Qualified Healthcare Professional	Telephone visit
98966	Telephone assessment and management service provided by a qualified nonphysician 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	Qualified Non-Physician Healthcare Professional	Telephone Assessment
98967	Telephone assessment and management service provided by a qualified nonphysician 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; 11-20 minutes of medical discussion	Qualified Non-Physician Healthcare Professional	Telephone Assessment

98968	Telephone assessment and management service provided by a qualified nonphysician 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; 21-30 minutes of medical discussion	Qualified Non-Physician Healthcare Professional	Telephone Assessment
90791	Psychiatric diagnostic evaluation	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Professional Counselors, and Physicians	Video
90792	Psychiatric diagnostic evaluation with medical services	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Professional Counselors, and Physicians	Video
90832	Psychotherapy, 30 minutes with patient	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Professional Counselors, and Physicians	Video
90833	Psychotherapy, 30 minutes with patient when performed with an E/M service	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Professional Counselors, and Physicians	Video
90834	Psychotherapy, 45 minutes with patient	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Professional Counselors, and Physicians	Video
90836	Psychotherapy, 45 minutes with patient when performed with an E/M service	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Professional Counselors, and Physicians	Video
90837	Psychotherapy, 60 minutes with patient	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Professional Counselors, and Physicians	Video

90838	Psychotherapy, 60 minutes with patient when performed with an E/M service	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Profes-sional Counselors, and Physicians	Video
90845	Psychoanalysis	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Profes-sional Counselors, and Physicians	Video
90846	Family psychotherapy (without the patient present), 50 minutes	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Profes-sional Counselors, and Physicians	Video
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	Clinical Psychologists, Licensed Psychological Examiners, APN's with Psychiatric certification, LCSW, Licensed Profes-sional Counselors, and Physicians	Video
97161	Physical Therapy evaluation, low complexity, 20 minutes (Telephone or Virtual)	Physical Therapist	Video
97162	Physical Therapy evaluation, moderate complexity, 30 minutes (Virtual)	Physical Therapist	Video
97165	Occupational Therapy evaluation, low complexity, 30 minutes (tele-phone or virtual)	Occupational Therapist	Video
97166	Occupational Therapy evaluation, moderate complexity, 45 minutes (virtual)	Occupational Therapist	Video
92507	Speech/Hearing Therapy (virtual)	Speech Therapist	Video
92526	Oral Function Therapy (virtual)	Speech Therapist	Video
99201	Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face to face with the patient and/or family.	MD/DO, APRN/CMP/CNW/PA	Video
99202	Usually, the presenting problem(s) are of low to moderate severity. Typ-ically, 20 minutes are spent face to face with the patient and/or family.	MD/DO, APRN/CMP/CNW/PA	Video
99203	Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face to face with the patient and/or family.	MD/DO, APRN/CMP/CNW/PA	Video

99204	Usually, the presenting problem(s) are of low to moderate severity. Typically, 45 minutes are spent face to face with the patient and/or family.	MD/DO, APRN/CMP/CNW/PA	Video
99211	Office or other outpatient visit for the evaluation and management of an established patient. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services	MD/DO, APRN/CMP/CNW/PA	Video
99212	Office or other outpatient visit for the evaluation and management of an established patient. Usually, the presenting problem(s) are minimal. Typically, 10 minutes are spent performing or supervising these services	MD/DO, APRN/CMP/CNW/PA	Video
99213	Office or other outpatient visit for the evaluation and management of an established patient. Usually, the presenting problem(s) are minimal. Typically, 15 minutes are spent performing or supervising these services	MD/DO, APRN/CMP/CNW/PA	Video
99214	Office or other outpatient visit for the evaluation and management of an established patient. Usually, the presenting problem(s) are minimal. Typically, 25 minutes are spent performing or supervising these services	MD/DO, APRN/CMP/CNW/PA	Video

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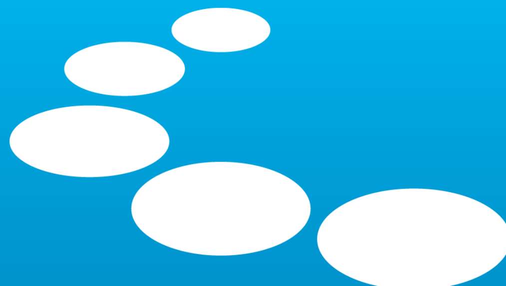

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