

Summary of Key Medicare Requirements

Type of Service	Who/Where	How	What (Applicable HCPCS and CPT codes)	Relationship with the Patient
<p>Effective March 6, 2020</p> <p>Telehealth provided to Medicare fee-for-service patients.</p>	<p>Note: The Eligible Originating Site requirement is waived beginning March 6, 2020, and the patient can be at home or in a healthcare facility any where in the United States.</p> <p>Providers are not required to be licensed in the state where he/she is providing care, as long as he/she has a valid state license. But state licensure laws may be differ.</p> <p>See definitions for “Eligible Originating Site”, “Provider”, and “Remote Site” below.</p>	<p>Using interactive audio and video telecommunications system that permits <u>real-time</u> communication between the patient and Provider, including mobile computing devices which have these communication capabilities, and during the 1135 Waiver period, a smart phone using an app which allows audio and video communication.</p> <p>Store and forward technology can only be used on Alaska and Hawaii.</p>	<p>Bill as if the service were provided face to face.</p> <p>See attached chart of covered Provider services (by code).</p> <p>Use HCPCS Code Q3014 when the Originating Site can bill a facility fee under traditional telehealth rules.</p> <p>Use the POS descriptions for a facility to trigger the facility based Medicare payment rate.</p> <p>Use HCPCS modifier G0 (zero) to identify Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke.</p> <p>Critical Access Hospitals (“CAH”) can report telehealth services of their Providers under CAH Method II.</p> <p>Providers may be required to use “CR” modifier (catastrophic/disaster related).</p> <p>Physicians outside of their usual</p>	<p>New and established patients.</p>

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			jurisdiction/locality bill and are paid based on their actual location. Use GQ modifier when covered services are furnished via asynchronous (store and forward) technology.	
Virtual check-in	Not limited to only rural settings or certain locations. Provider must be qualified to report an E/M code. Requires direct interaction between the patient and the billing practitioner.	Real time interaction via: <ul style="list-style-type: none"> • Audio only telephone; • synchronous, two-way audio interactions that are enhanced with video; and • other kinds of data transmission. 	Not applicable to any service related to: <ul style="list-style-type: none"> • an E/M service in prior 7 days, or • a procedure provided in the next 24 hours (or soonest available appointment). Verbal consent from the patient is noted in the medical record for each service. Use HCPCS G2012 to bill Medicare	Established patients.
E-Visits	Not limited to rural settings or certain locations. Provider must be qualified to report an E/M code.	Patient must generate the initial inquiry and communications can occur over a 7-day period. Provided via online patient portals.	99421 99422 99423 G2061 G2062 G2063	Established patients.

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		Requires direct interaction between the patient and the billing practitioner (this is not a visit with the practitioner's staff).		
Remote assessment of patient images.	<p>Provider must be qualified to report an E/M code.</p> <p>This service is a professional evaluation of patient-transmitted videos or images. Patient follow up is required.</p>	Patient provided images or videos via pre-recorded "store and forward" video or image technology.	<p>The service cannot originate from a related E/M service provided within the previous 7 days.</p> <p>Nor can it be billed if it leads to an E/M service or procedure provided within the next 24 hours, or soonest available appointment.</p> <p>Patient consent (verbal or written, including electronic confirmation) must be noted in the medical record for each billed service.</p> <p>Use HCPCS G2010 to bill Medicare.</p>	Established patients.