

Telemedicine 101

1. [FRONTDESK] Call the patient and ask them if they would like to have their return visit (if seen within the last 3 years) as a tele visit.
 - a. This could be a telephone call with our nurses and physician/APP team; or, when available, it could be a live video chat with Zoom if they feel they can do that.
 - b. If they have a blood pressure monitor, that would be helpful for the visit and they should use it. Ask them to sit in a comfortable chair with arm supported at heart level for 5 minutes and record 2 blood pressures 1 minute apart. Record these for our visit.
 - c. Reschedule visit as a telemedicine visit.
2. [NURSE] Call the patient and begin the telemedicine visit, documenting the start time in the record.
 - a. Begin with getting consent by the following and documenting in the HPI:
 - i. “You have chosen to receive care through the use of telemedicine. Telemedicine enables health care providers at different locations to provide safe, effective, and convenient care through the use of technology. As with any health care service, there are risks associated with the use of telemedicine, including equipment failure, poor connections, and information security issues.
 - ii. Do you understand the risks and benefits of telemedicine as I have explained them to you? (yes/no/unknown)
 - iii. Have your questions regarding telemedicine been answered? (yes/no/unknown)
 - iv. Do you consent to the use of telemedicine in your medical care today? (yes/no)
 - b. Documentation should proceed as a normal patient encounter.
 - c. At the completion of this phase, the call should be forwarded to the clinician.
3. [PHYSICIAN/APP] Establishes a link to the patient after the above (transfer the call right now).
 - a. Documentation should proceed as a normal patient encounter.
 - b. At the conclusion, meds reconciled, orders entered, and end time documented in the record.
4. Coding:
 - a. BCBS of AL: Code up to level 3 in the usual manner. No modifiers. Place of service is 02 (telehealth) when billed.
 - b. Medicare/Medicaid: (we may need to work these out later as these codes are not in our system and they may change to the above, but currently:)

Service	CPT Code	wRVUs	Non-Facility Estimated Fee	Facility Estimated Fee	CPT Guidance
Virtual Check In	G2012	0.25	\$14.78	\$13.33	<ul style="list-style-type: none"> Established patients Cannot originate from a related EM within the previous 7 days Cannot leading to an EM or procedure within the next 24 hours or soonest available appointment 5-10 minutes of medical discussion Require patient consent prior to performing and billing the service
Remote Eval of Pre-Recorded Video/Images Established Pt	G2010	0.18	\$12.61	\$9.37	<ul style="list-style-type: none"> Established patients Follow-up with the patient within 24 business hours Cannot originate from a related EM within the previous 7 days Cannot leading to an EM or procedure within the next 24 hours or soonest available Require patient consent prior to performing and billing the service
InterProfessional telephone/Internet/EHR assessment/management (consultation)	99451	0.70	\$37.48	\$37.48	<ul style="list-style-type: none"> Time Based Codes New or Established Patients Billed by practitioners that can bill E/M services Require written report to treating/requesting provider Consultant should not have seen the patient in a face-to- face encounter within the last 14 days The written or verbal request for by the treating/requesting provider should be documented. Require patient consent prior to performing and billing the service
	99452	0.70	\$37.48	\$37.48	
Remote Physiologic Monitoring Treatment Management Services	99453	Practice Expense Codes Only	\$19.46	Practice Expense Codes Only	<ul style="list-style-type: none"> Device used must be a medical device as defined by the FDA 99453 may be used to report the set-up and patient education on use of the device(s). 99454 may be used to report supply of the device - each 30 day 99457 report once each 30 days regardless of the number of parameters monitored. 99457 Requires 20 minutes or more of clinical staff/ physician/other qualified health care professional time in a calendar month.
	99454	Practice Expense Codes Only	\$64.15	Practice Expense Codes Only	
	99457	0.61	\$51.54	\$32.44	