

**From:** Florida Podiatric Medical Association <fpmaalert@fpma.com>  
**Sent:** Thursday, March 19, 2020 10:46 AM  
**Subject:** FPMA Alert: COVID-19, Telehealth and Remote Services



## **FPMA Alert**

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### **COVID-19, Telehealth and Remote Services**

CMS has announced that podiatrists can remotely provide services under the "1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act". The essence of this waiver allows podiatrist to submit CPT 99201-99215 for services provided remotely. To be clear and avoid confusion these codes are permissible under the declared PHE (Public Health Emergency period of time only). The traditional Telehealth codes are still an option if the below (i.e. video options are not available).

The following are significant issues to consider when providing this service:

1. Any device allowing interactive audio and video real time communication is permissible
2. Cost-sharing for these services can be reduced or waived
3. HIPAA does not apply however the health care provider must be providing these in "good faith"
4. No special modifiers are required

5. Place of Service "02"
6. Payment of E&M is at the **facility rate**
7. Payment will be made when medically necessary

The below chart provided by CMS is an excellent synopsis and provides a recap of three options available for providers and patients.

I want to clarify one aspect that may create confusion. If one literally interprets the below chart summary you may infer a contradiction relating to utilizing the new patient codes 9920X. Although under normal circumstances payment would not be available for these series of codes, under the present PHE they are permissible.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> <li>• 99201-99215 (Office or other outpatient visits)</li> <li>• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> For a complete list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>	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 relationship existed for claims submitted during this public health emergency
<b>VIRTUAL CHECK-IN</b>	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.	<ul style="list-style-type: none"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99431</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

Additional information if required can be obtained from the below CMS links.  
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>  
<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

APMA also has information that may be helpful however, the above captures the essence presently provided and is available in summary format.

If and as needed, I will provide additional helpful information to the FPMA membership.

To my friends and colleagues, stay healthy. This too shall pass.

Respectfully submitted,  
 Mark S Block DPM  
 Chair, FPMA Insurance Affairs Committee