

# COVID-19 Update: Podiatrists Can Provide E/M Services Remotely

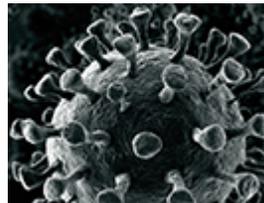
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**March 25, 2020**



During the COVID-19 Public Health Emergency, there are four non-face-to-face service types podiatrists can provide to most patients. A provider's ability to employ these services may differ based on the patient's insurance and [state licensure](#). Some private insurers have issued guidelines that vary from what is listed below. Always check with payer and state licensure guidelines before providing any service.

For all of the services described below, the [HHS Office for Civil Rights](#) (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health-care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 emergency.

The four service options include:

1. Use CPT 99202-99215 for Medicare Part B and Medicare Advantage patients when these services are provided remotely as long as the Public Health Emergency lasts. Some private payers have made the same allowance. Check private payer policies for details.
2. Use G2012 when a virtual check-in is provided to a Medicare Part B or Medicare Advantage patient
3. Telephone E/M services for patients with any insurance
4. Online digital E/M services for patients with any insurance
5. Watch a video summary of this information

**1. Use CPT 99202–99215 for Medicare Part B and Medicare Advantage patients when these services are provided remotely as long as the Public Health Emergency lasts. Some private payers have made the same allowance. Check private payer policies for details.**

On March 17, CMS announced that providers can submit CPT 99201–99215 when providing these services remotely. The provider can be in any location and the patient can be in any location. Since that announcement, some private payers have followed suit.

- Must use a communication tool that has interactive audio and video
- Communication tool must allow real time communication
- Providers are permitted to reduce or waive cost-sharing for these services if they wish
- Typical HIPAA guidance does not apply to these services as long as providers are providing these services in good faith
- No modifiers needed
- Use Place of Service “02”
- These will be paid at facility rate
- This waiver is in place as long as the Public Health Emergency lasts
- Postoperative global periods apply
- Document a progress note just like one would do when this service is provided face-to-face. This interaction is an E/M service and the same documentation requirements apply. The level is selected based on the 1995 or 1997 CMS guidelines for Evaluation and Management services.

CMS Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

**2. Use G2012 when a virtual check-in is provided to a Medicare Part B or Medicare Advantage patient using telephone interactions in addition to synchronous, two-way**

**audio interactions that are enhanced with video or other kinds of data transmission.**

- 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 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
- Can be any type of telecommunication tool, including telephone
- CANNOT relate to any service in the last seven days
- CANNOT result in patient coming in within the next 24 hours or soonest available appointment
- Can only be used for established patients.
- No modifiers needed

**3. Telephone E/M**

- This interaction is an E/M service and documentation must support an E/M just like any other E/M type. Must have history, as much of an evaluation as possible, and some form of medical management
- Explained in the first half of this [webinar](#)
- Must be an established patient
- Must be initiated by established patient or the patient's guardian
- Provider may educate patients about this option
- Not reimbursed by Medicare and some other payers
- CANNOT report if call results in decision to see patient within 24 hours or next available urgent appointment
- CANNOT report if call refers to E/M service performed by same provider within previous seven days
- CANNOT report if call refers to a problem for which a patient is in a global period

- CANNOT report if provider performed a Telephone E/M or Online Digital E/M for same patient for same problem in the last seven days
- CANNOT report if the call is part of Home Care Oversight Services, Care Plan Oversight Services, Home/Outpatient INR Monitoring, Complex Care Management Services, or Transitional Care Management Services
  - **CPT 99441: Telephone evaluation and management service by a physician or other qualified health-care 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**
  - **CPT 99442: ; 11–20 minutes of medical discussion**
  - **CPT 99443: ; 21–30 minutes of medical discussion**

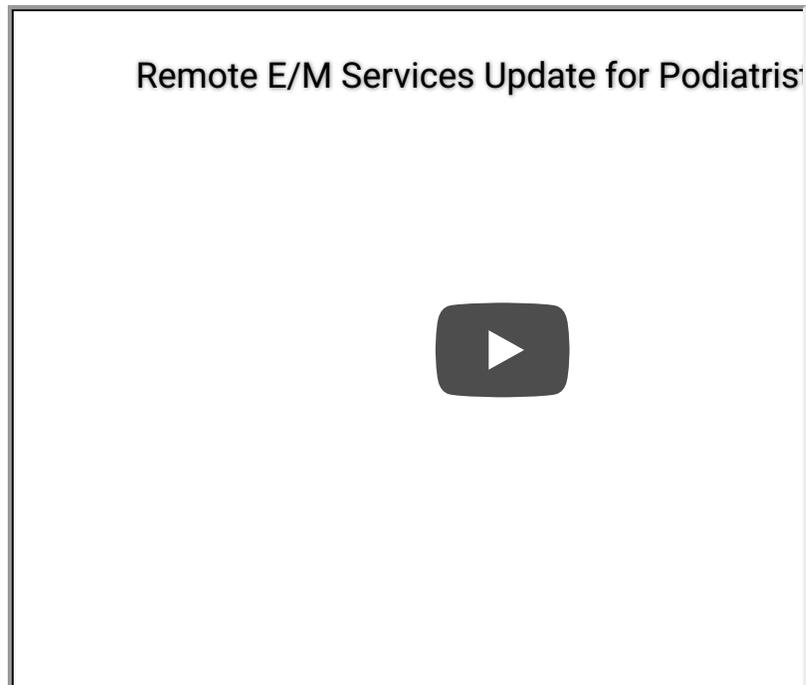
#### 4. Online Digital E/M Services

- This interaction is an E/M service and documentation must support an E/M just like any other E/M type. Must have history, as much of an evaluation as possible, and some form of medical management
- Explained in the second half of this [webinar](#) (starting at 9:50)
- Examples of “Digital” platforms:
  - HIPAA-compliant EHR
  - HIPAA-compliant email
  - HIPAA-compliant text
  - Other HIPAA-compliant two-way digital communication
- Must be an established patient
- Must be initiated by established patient via a digital platform
- Provider may educate patients about this option

- Not reimbursed by Medicare and some other payers
- CANNOT report if service refers to a problem for which a patient is in a global period
- CANNOT report if service is initiated within seven days of any E/M for same problem.
- CANNOT report if performed on same day as in-person E/M service
- CANNOT report if service is part of Home Care Oversight Services, Care Plan Oversight Services, Home/Outpatient INR Monitoring, Complex Care Management Services, or Transitional Care Management Services
- Time spent is cumulative time over seven days starting with review of the request
- Can only report once per seven day period
- Time includes:
  - Review of inquiry
  - Review of patient records
  - Interaction with other staff
  - Development of management plan
  - Rx
  - Ordering tests
  - Communication with patient
- Add time if multiple providers in same practice perform this service for same patient over same seven day period
- If within **sevendays** of the initiation of an online digital E/M service, a separately reported E/M visit occurs, then the provider work devoted to the online digital E/M service is incorporated into the separately reported E/M visit
- **CPT 99421: Online digital evaluation and management service, for an established patient, for up to seven days, cumulative time during the seven days; 5-10 minutes**
- **CPT 99422: ; 11-20 minutes**

- CPT 99423: ; 21 or more minutes

5. Watch a video summary of this information



APMA suggests obtaining informed consent for these services. APMA further suggests that members advise patients that there will be a charge for these services, that copays and deductibles may apply, and referrals may be necessary if required by the insurance plan.

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*CPT codes and their descriptions do not reflect or guarantee coverage or payment. Just because a CPT code exists, payment for the service it describes is not guaranteed. Coverage and payment policies of governmental and private payers vary from time to time and for different areas of the country.*

*Questions regarding coverage and payment by a payer should be directed to that payer. APMA and its employees, consultants, and officers do not claim responsibility for any consequences or liability attributable to the use of any information, guidance, or advice contained in this communication.*

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## 20 Comments

**Don Floyd** *on March 18, 2020*

Perfect time for this

**Mark Solomon** *on March 18, 2020*

Thank you for this timely and relevant information. Perhaps there could be some clarification on appropriate use of CPT 99201-99215 versus 99441-3 or 99421-3.

**Gail Reese** *on March 26, 2020*

From Dr. Lehrman:  
CPT 99201-99215 is described in option #1 above  
CPT 99441-99443 is described in

option #3 above  
CPT 99421-99423 is described in  
option #4 above

**William Capece** *on March*  
19, 2020

Please provide link for the seminar you spoke of  
“face to face services”  
Thank you

**Peggy Tresky** *on*  
March 19, 2020

Dear Dr. Capece,  
Here is a link to the webinar on  
compliance and coding for these  
services:  
<https://register.gotowebinar.com/recording/70150>

Please let us know if you need other  
information.

Best,  
Peggy  
Peggy Tresky  
Director, Communications and  
Marketing  
APMA

**Ali Davis** *on March 20, 2020*

Thank you guys for keeping us up to date on things. Much appreciated!

Jonathan Huey *on* March  
20, 2020

Thanks for this update, Jeff.  
For telemedicine, is it just for Medicare? Do you know if other insurances will pay, for it?

Peggy Tresky *on*  
March 24, 2020

From Dr. Lehrman:

There are three options explained in the video:

1. Right now reporting CPT 99201-99215 when performed remotely applies to Medicare Part B and Medicare Advantage
- 2&3. The other two options of Telephone E/M and Online Digital E/M apply to all patients, regardless of insurance, but many payers do not reimburse for those.

Jonathan Huey *on* March  
20, 2020

Thanks for this update, Jeff.  
For telemedicine, is it just for Medicare? Do you know if other insurances will pay, for it?

## Toritsenere Onosode *on* March 20, 2020

The information says "This change means podiatrists can submit CPT 99201–99215 when these services are provided remotely. Watch APMA's webinar for guidance on coding, compliance, and documentation for these service types." The APMA video resource says we should bill 99441, 99442 and 99443 for telemed provided remotely and 99421, 422 and 423 for online encounters. Can you please clarify if we are using these codes or the other 201–215 codes? Also the message states "As of today, telehealth can be provided for Medicare Part B (Fee for Service) and Medicare Advantage plans only. Rules and Regulations change from day to day so stay tuned for updates."  
Does this mean we can't bill commercial plans for telehealth?

## Peggy Tresky *on* March 24, 2020

From Dr. Lehrman:

There are three options explained in the video:

1. Use CPT 99202–99215 for Medicare Part B and Medicare Advantage patients when these services are provided remotely as long as the Public Health Emergency lasts
2. Telephone E/M services
3. Online digital E/M services  
#1 only applies to Medicare Part B and Medicare Advantage patients.

#2 and #3 apply to all patients, but many payers do not reimburse for these services. If you want to try them, use CPT 99441-99443 for telephone E/Ms and use CPT 99421-99423 for Online Digital E/Ms. A thorough explanation of options 2 and 3 is here: <https://register.gotowebinar.com/recording/701502>

**Donna Hayes** *on* March 22, 2020

Can podiatrists evaluate patients for COVID-19, and/ or test for it at our clinic (if the pts fit the criteria) if we are part of a family practice/ internal medicine multispecialty clinic?

**Bridget Brondon** *on* March 23, 2020

Awesome video as it relates to Medicare/Advantage plans regarding coding. What about documentation? The physical exam section is going to be significantly restricted due to only being able to document what you can see through the computer. How do you hit the bullet points for an E/M evaluation for a higher level office visit which determines what level to bill? Also, in regards to commercial payers (which we have called to verify do allow benefits for telemedicine), what codes would be appropriate for this, using both audio and video? What would POS be for them?

## Peggy Tresky *on* March 24, 2020

From Dr. Lehrman:

When providing CPT 99201-99215 for remote visits for Medicare patients, the documentation requirements are the same as they are when providing these services face-to-face. We must continue to follow the 1995 or 1997 Documentation Guidelines for E/M Services. The same thresholds apply to choosing the level. Yes, we are limited in how many exam bullets we can accomplish remotely and this may limit level selection. We can observe and ask the patient to palpate. For established patient E/Ms, we only need to reach the thresholds of two of the three key elements of History, Exam, and Decision making, so that many help for established patients.

Many private payers have issued their own guidelines regarding remote services. Beyond just saying it is "covered," some have issued their own coding guidelines, so best to check with the payer. Generally speaking, the codes to consider for private payers are covered here:

<https://register.gotowebinar.com/recording/70150>:  
The Place of Service when using the services described in that webinar is 02 - Telehealth - The location where health services and health related services are provided or received, through a telecommunication system.

## Brian Kiel *on* March 24, 2020

under the existing circumstances are we able to

evaluate new patients?

**Peggy Tresky** *on*  
March 25, 2020

From Dr. Lehrman:

During the Public Health Emergency, CMS is allowing us to submit CPT 99201-99215 when these services are performed remotely. During this time, we can provide these services to both new and established patients.

Source:

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

**Billie Bondar** *on* March 25,  
2020

This billing coverage is effective for those also taking phone calls with foot pics on our phones (no video ) to provide care of say gout or tinea pedis etc for our homebound elderly patients???

thanks bb

**Peggy Tresky** *on*  
March 26, 2020

From Dr. Lehrman:

Of the four options described on <https://www.apma.org/emremote>,

what is described here is not an option for #1 or #4 but may be considered for #2 and #3.

Jacqueline Babol *on*  
March 25, 2020

Do we need to be separately / additionally "enrolled" to perform this service through Medicare? Or is it a given that for as long as you are enrolled through the medicare program you can perform this service? I went to the washington medicare website and found this enrollment requirement. I already filled out an 855B as a Medicare participating provider <https://med.noridianmedicare.com/web/jfb/enrollment/comspecialties/telehealth>

Peggy Tresky *on*  
March 26, 2020

From Dr. Lehrman:  
No separate enrollment is required to perform the four services described on this page  
<https://www.apma.org/emremote>

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