

Guide to Starting Telemedicine Video Visits

*Due to the COVID-19 pandemic, **Start Telemed** has released this free guide for providers on how to implement telemedicine video visits. We hope that you find this document useful and if so, please tell others about starttelemed.com. Please note that **Centers for Medicare & Medicaid Services (CMS)** have temporarily lifted some of the below requirements for telemedicine during the pandemic, which is indicated by an asterisk (*). To check on the latest updates in regards to this, go to the CMS website. While we strive to provide the most up-to-date information, please note that you should check your state laws and regulations along with payer requirements.*

What is a telemedicine video visit?

A real time (synchronous) videoconference (video interaction) between a patient and a provider. This is also often referred to as a virtual visit. There must be a video component; an audio visit is unlikely to meet the billing requirements.

Who is the provider?

This guide offers information for providers including Physicians, Physician Assistants, and Nurse Practitioners in the United States.

Where is the provider located?

You, the provider, should be in a private location with access to wifi in order to securely videoconference with the patient. Examples of this include a home office or an exam room. Generally, the provider does not have to be located in the state in which they are licensed.

Where is the patient located?

Generally, the patient must be located in the state in which the provider is licensed*. The patient should also be in a private location with access to wifi, such as their home.

What equipment does the provider need?

You need a device that includes a camera, microphone, and speaker. It is best to use a device with a large screen (i.e. laptop, desktop) and utilize a headset or headphones.

What equipment does the patient need?

The patient also needs a device that includes a camera, microphone, and speaker. It is best for patients to use a device they are most comfortable with, which is often a smartphone.

What technology does the provider need?

You will need an **electronic health record** along with a **technology to host telemedicine video visits**. These two entities do not need to be integrated. For more information on each of these, see the next two questions.

Can an existing electronic health record be used?

Yes.

What technology should be used to host a telemedicine video visit?

There are many technologies to choose from. Look for a secure and HIPPA-compliant* technology that can conduct a video visit. Some examples include Doxy.me, Zoom, and Vsee. Once you choose a technology, instruct patients to download the corresponding application to their preferred device/s prior to their visit.

Should I contact my malpractice insurance to see if I am covered for telemedicine video visits?

Yes. Many malpractice insurance policies include telemedicine, so be sure to first ask if you are already covered. If not, find out if there is an additional cost to adding this to your policy.

Do I need a consent form?

Possibly. Some states and/or payers require a telemedicine consent form, whereas others do not. You can check to see if your state requires a consent form by going [here](#). Even if your state does not require it, a consent form for telemedicine is a good idea to protect yourself. Most [local telehealth resource centers](#) have example consent forms on their website. In the form, you may consider including information on patient rights and responsibilities, potential benefits of telemedicine, potential risks of telemedicine, alternatives to telemedicine, limitations of telemedicine (including confidentiality and security), billing policies, and termination of the visit should it be deemed inappropriate or if there are technical difficulties.

What should be communicated during the visit and what documentation is suggested to reflect that?

Documentation for a telemedicine video visit is done within your electronic health record and is comparable to an in-person visit, however you should consider additional documentation elements. Similar to an in-person visit, you need to provide the appropriate documentation to support the level of service that is billed, such as HPI components, ROS, and physical examination. Often, the level of service billed for telemedicine video visits is also supported through a time component. Below are suggested **additional** documentation elements for telemedicine video visits. Your specific documentation elements may also vary depending on applicable laws and regulations and the type of visit you are providing as it relates to your specialty.

- Patient location and provider location
- Type of visit, i.e. telemedicine video visit
- Justification of telemedicine video visit, if applicable
- Documentation that the patient has signed a consent form that includes elements shown in question above

What are the billing requirements for telemedicine video visits?

Guidelines for billing depend on the payer, although private payers often align with Medicare billing requirements. Below are the CPT codes with a GT modifier* and location of service (LOS) required for Medicare telemedicine video visits. It is important to note that while many practices use only a GT modifier, there is a similar 95 modifier that some private payers prefer. To know for sure, you should check with the payer.

Type of Visit	Level & Code	Time	Modifier	Location of Service (LOS)
Established Patient	Level 1 99211		GT*	02
	Level 2 99212	10 minutes		
	Level 3 99213	15 minutes		
	Level 4 99214	25 minutes		
	Level 5 99215	40 minutes		
New Patient	Level 1 99201	10 minutes	GT*	02
	Level 2 99202	20 minutes		
	Level 3 99203	30 minutes		
	Level 4 99204	45 minutes		
	Level 5 99205	60 minutes		

Does Medicare reimburse for telemedicine video visits?

Currently, yes. According to CMS.gov, CMS has broadened the access to Medicare telehealth services under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act. This waiver is effective for services starting March 6th, 2020 and expanding through the duration of the COVID-19 public health emergency. Under this expansion, telemedicine video visits are generally considered the same as in person visits and generally paid the same as in-person visits. For full details on this, go to [cms.gov](https://www.cms.gov).

Do commercial insurances reimburse for telemedicine video visits?

Many states have a telemedicine parity law in place, meaning private payers cannot deny coverage solely because it is a telemedicine visit. You can check your state's parity laws [here](#). Even if your state does not have a parity law in place, many private payers will still pay for telemedicine video visits.

Can I have a cash pay model for telemedicine video visits?

Yes.

What are the logistics of telemedicine?

Here are some questions to think about when starting telemedicine video visits. Who is appropriate (or not appropriate) for telemedicine and how will these patients be identified? How will you communicate the expectations for telemedicine video visits to your patients? How will these patients be scheduled? How will you obtain consent? Will you utilize staff during telemedicine visits (MAs, RNs, etc.)? What will you do if you or the patient have technical difficulties? What will happen if you or the patient are running behind? How will you integrate billing into your system? How will the patient set up their follow-up appointment?

Can telemedicine video visits be started quickly?

Yes. Telemedicine video visits can be started in less than one week.

What other resources are out there?

[cms.gov](https://www.cms.gov) ♦ [telehealthresourcecenter.org](https://www.telehealthresourcecenter.org) ♦ [cchpca.org](https://www.cchpca.org) ♦ [americantelemed.org](https://www.americantelemed.org) ♦ [pavmt.org](https://www.pavmt.org)