



On 3/17/20, Medicare released a policy stating the originating site requirements for Telehealth services will be lifted to allow for patients to be treated in their home. Please see below to help answer some of the most common questions we are receiving.

Question: What platform should I use for Telehealth visits?

Amazing Charts has partnered with [DrFirst Backline](#). This product can be used as a standalone product with any EMR and in conjunction with AC products. Clients can begin using Backline today by reaching out to your sales entity or visiting here to [schedule a consultation](#).

Clients may choose to use alternative Telehealth solutions outside of the Backline solution. Any standalone Telehealth solution can be used, and the AC products are all equipped to document and bill out for Telehealth services

Question: How is Telehealth different from virtual check-ins and e-visits?

A virtual check-in pays professionals for brief (5-10 min) communications done through the phone or video chat and mitigates the need for an in-person visit, whereas a telehealth visit is treated the same as an in-person visit, and is billed using your regular CPT codes with Telehealth place of service 02. An e-visit is when a beneficiary communicates with their doctors through online patient portals and must be initiated by the patient.

Question: What codes can I bill under Telehealth if the patient is in their home?

You bill using the same codes as if you were seeing the patient in office. A list of billable Telehealth codes is [here](#).

Question: What location is used if the patient is in their home?

Traditionally, for Nursing Home and Hospital visits, you use the location of the patient's care setting. For patients being seen in their home, you will use your location along with the 02 Place of Service.

NOTE: Your Medicare file will need to be updated on the PECOS website to add the locations any providers will be working from as a Telehealth place of service whether it is home or office. You will need to submit the complete list of Telehealth locations at one time because once your application is submitted and pending then no additional updates can be made until Medicare has finalized that application

Question: Can I do Telemedicine from my home?

Yes, you can see patients from your home, but you need to add your home in PECOS as a rendering location. You would add your address under "Other healthcare facility" and then type in the location as "telehealth" as it won't be an option to select.

Question: What location do I use for E-Visits and Virtual Check Ins?

Your office location is used, and no additional Medicare credentialing is needed for codes G2012, 99421, 99422, 99423, G2061, G2062, G2063, 99441, 99442, 99443, G2010, 99451, 99452, 99457, and 99458. See attached document for description of these codes.

Please review your specific commercial payer guidelines before conducting check ins or e-visits to see what they will cover. Not all payers are covering these services

Question: What if a patient lives in a nearby state that I'm not credentialed with and I'm seeing them virtually in their home?

If the patient is in their home during the time of service, your location will be your office, so the state barrier is not an issue.

Question: Can I do Telemedicine in a nursing home or hospital that is in a state that I'm not licensed or credentialed with their state Medicare?

During the time of crisis, Medicare is allowing licensed providers to cross state lines and see patients in other states, but you must first credential with the other state first, to which Medicare is doing expedited credentialing.

Question: Who can bill the Qualified nonphysician health care online assessments (G2061-G2063)?

Clinicians who are not allowed to independently bill for evaluation and management visits (for example – physical therapists, social workers, occupational therapists, speech language pathologists, clinical psychologists)

Question: What types of providers can bill G2012 for Virtual Check Ins?

G2012 can be billed by a physician or other healthcare professional who can report evaluation and management services. So, if your licensure does not allow you to bill for E/M codes, you cannot bill G2012.

Question: How is the Telehealth visit documented in the progress note?

Each EMR has their own workflow. The DrFirst Backline product will keep a log of the start and end time of the patient interactions etc. and can be accessed from reports on the DrFirst website. These visits will need to be documented as any other visit would in the progress notes section of the EMR with all pertinent details. The visit information from the DrFirst visit will not automatically flow over to the EMR at this time.

Question: Is video chat required for Telehealth appointments?

Per the CMS website the provider must use an interactive audio and video telecommunication system that permits real time communication between the distant site and the patient at home. Alternative

communication has said during this time of crisis the video is not required. AC suggests that providers air on the side of caution and meet the video requirements.

Question: What are the device requirements for conducting a telehealth visit?

You can use any device with internet and video capabilities including smart phones or computers. The Telehealth sessions conducted through DrFirst Backline are through a weblink sent to the patients e-mail or text. Physicians can access DrFirst backline via an app on their smart phone or the website. Patients can only access the session through the weblink sent to them from the physician. Due to this, physicians can initiate the session with the patient and not vice versa.

For additional information please refer to <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>