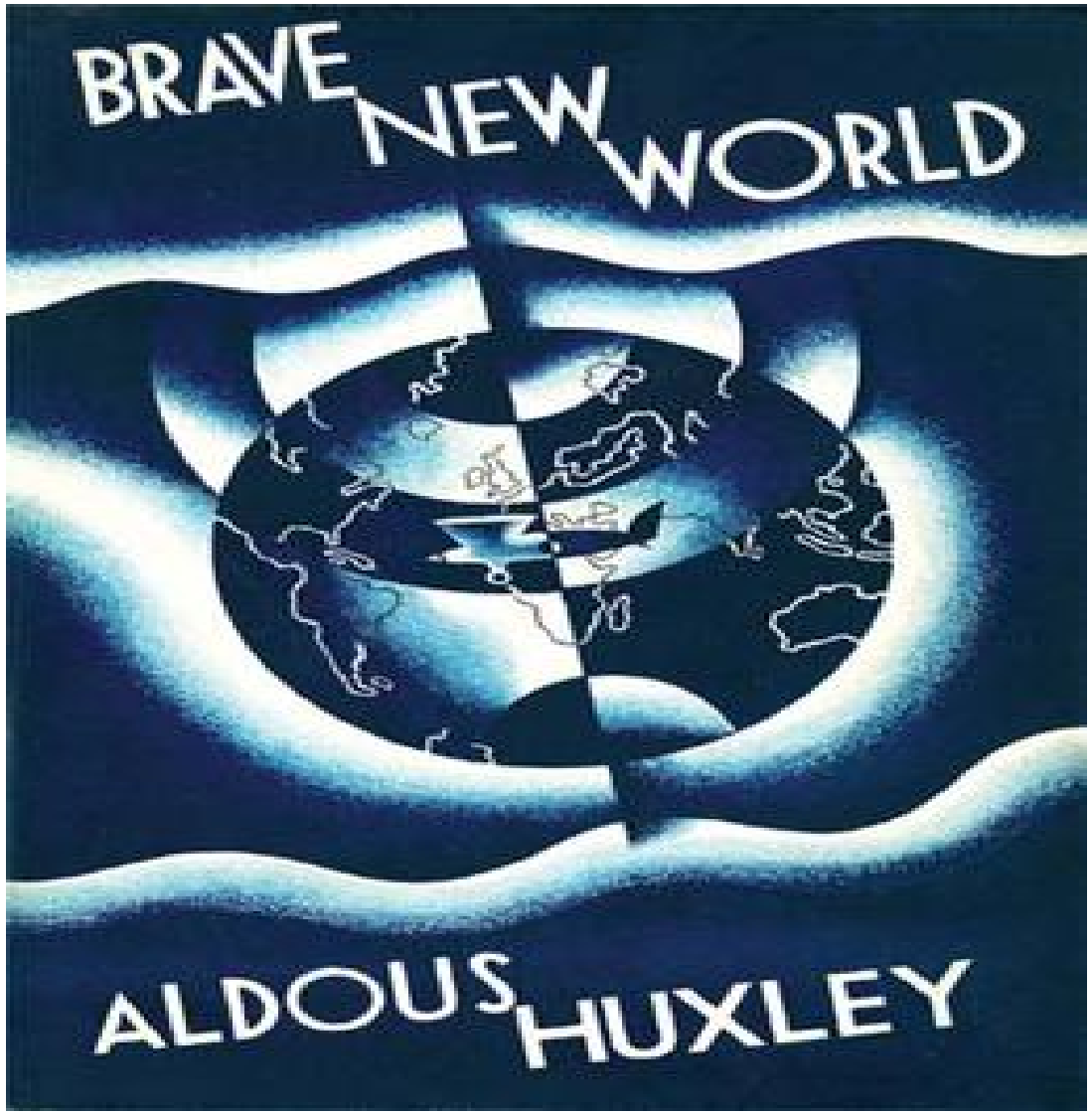
Medical Risk

INSTITUTE

Preventative Strategies. Proactive Solutions.



Medical Risk
INSTITUTE
Preventative Strategies. Proactive Solutions.

Decision Time

Live for Today

Plan for Tomorrow

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

A Word Of Caution...

Medical Risk INSTITUTE

Preventative Strategies. Proactive Solutions.

Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine

Be Prepared!

- Licensure
- Establishment of a Physician-Patient Relationship
- Evaluation and Treatment of the Patients
- Informed Consent
- Continuity of Care
- Referrals for Emergency Services
- Medical Records
- Privacy and Security of Patient Records and Exchange of Information
- Disclosure and Functionality on Online Services Making Available Telemedicine Technology
- Prescribing

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Licensure: The Traditional Rule

A physician must be licensed where the patient is located. (Not where the physician is located)

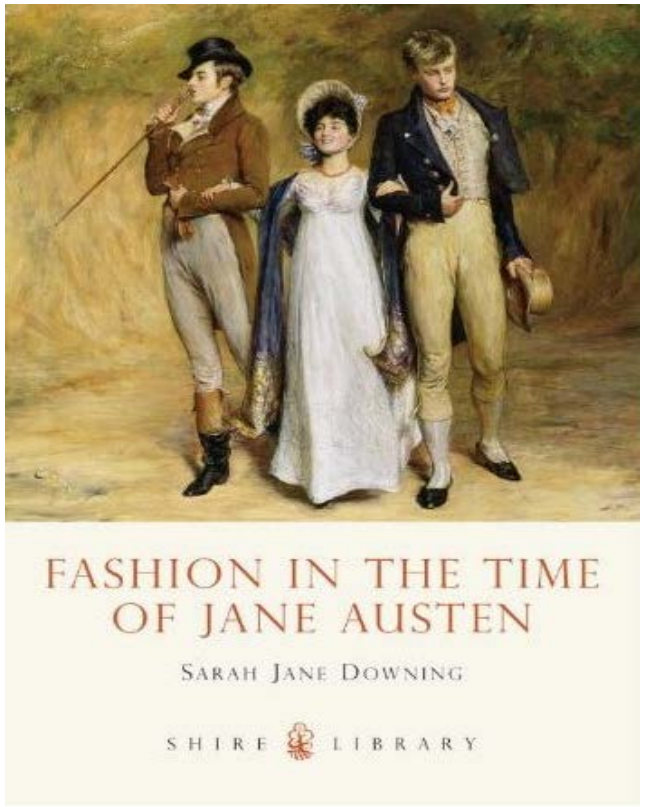
Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Licensure: COVID-19 World

State by state with changes happening very frequently

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Establishment Of A Physician – Patient Relationship



Traditional

COVID-19 World

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Evaluation And Treatment Of Patients

Traditional

COVID-19 World

Medical Risk INSTITUTE

Preventative Strategies. Proactive Solutions.

Informed Consent

Traditional

COVID-19 World

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Informed Consent

- Identification of the patient, the physician and the physician's credentials;
- Types of transactions permitted using telemedicine technologies (e.g. prescription refills, appointment scheduling, patient education, etc.);
- The patient agrees that the physician determines whether or not the condition being diagnosed and/or treated is appropriate for a telemedicine encounter;
- Details on security measures taken with the use of telemedicine technologies, such as encrypting data, password protected screen savers and data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures;
- Hold harmless clause for information lost due to technical failures; and
- Requirement for express patient consent to forward patient-identifiable information to a third party

Continuity Of Care

Traditional

COVID-19 World

Medical Risk
INSTITUTE
Preventative Strategies. Proactive Solutions.

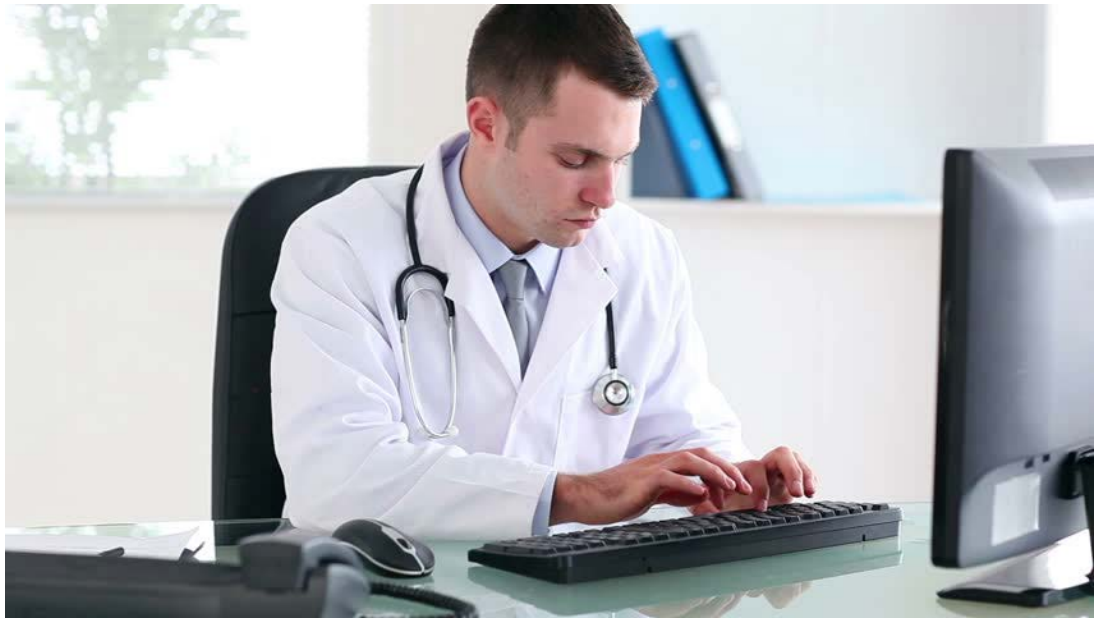
Referrals For Emergency Services

Traditional

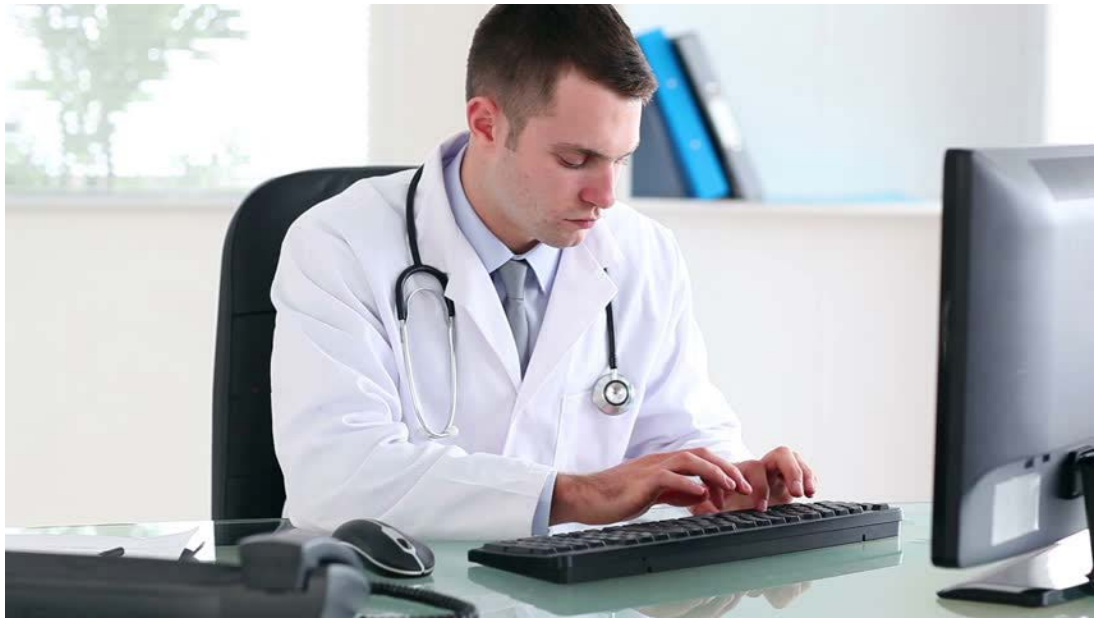
COVID-19 World

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Medical Records



Traditional



COVID-19 World

Medical Risk INSTITUTE

Preventative Strategies. Proactive Solutions.

Privacy And Security Of Patient Records And Exchange Of Information

Traditional

COVID-19 World

Medical Risk INSTITUTE

Preventative Strategies. Proactive Solutions.

“Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts, Zoom or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules...”

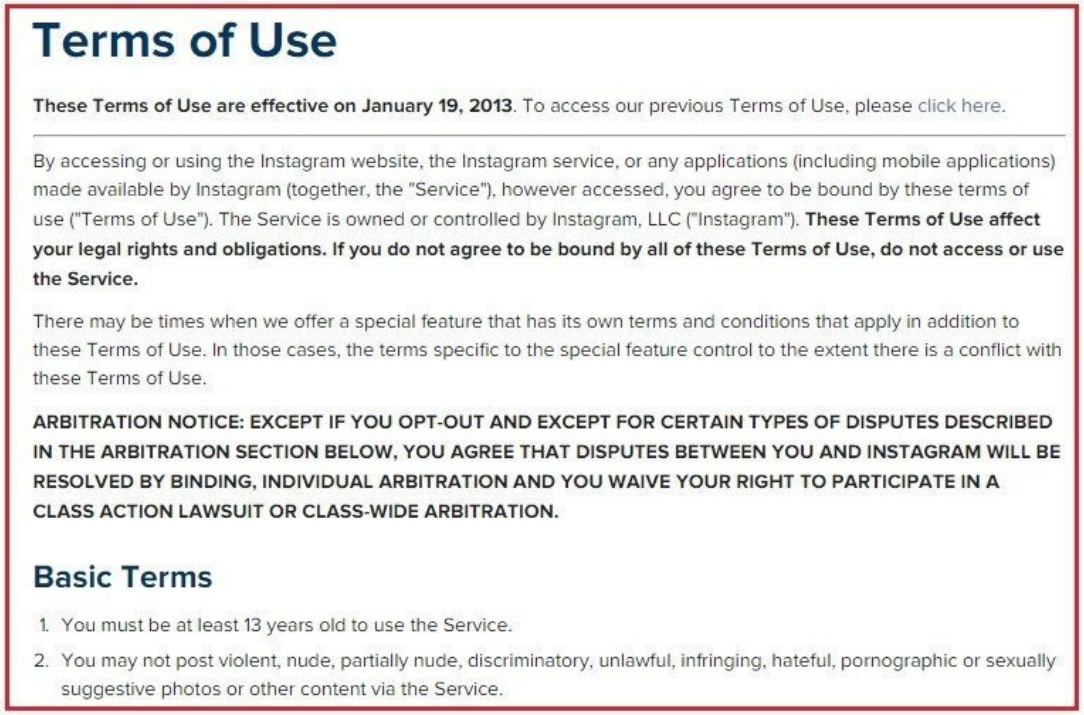
Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Which Platforms Are Cleared For Take Off?

- GoToMeeting
- Skype for Business
- Updox
- Zoom for Healthcare
- Doxy.me
- Amazon Chime
- Tiger Connect

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Disclosure And Functionality On Online Services Making Available Telemedicine Technologies



Terms of Use

These Terms of Use are effective on January 19, 2013. To access our previous Terms of Use, please click here.

By accessing or using the Instagram website, the Instagram service, or any applications (including mobile applications) made available by Instagram (together, the "Service"), however accessed, you agree to be bound by these terms of use ("Terms of Use"). The Service is owned or controlled by Instagram, LLC ("Instagram"). **These Terms of Use affect your legal rights and obligations. If you do not agree to be bound by all of these Terms of Use, do not access or use the Service.**

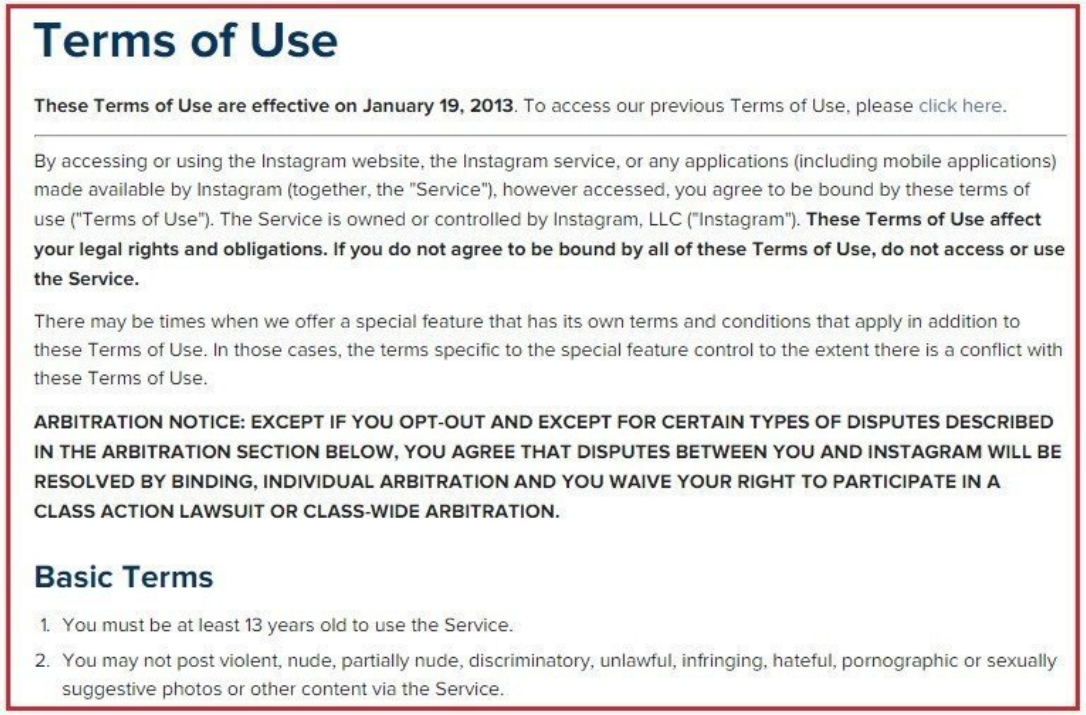
There may be times when we offer a special feature that has its own terms and conditions that apply in addition to these Terms of Use. In those cases, the terms specific to the special feature control to the extent there is a conflict with these Terms of Use.

ARBITRATION NOTICE: EXCEPT IF YOU OPT-OUT AND EXCEPT FOR CERTAIN TYPES OF DISPUTES DESCRIBED IN THE ARBITRATION SECTION BELOW, YOU AGREE THAT DISPUTES BETWEEN YOU AND INSTAGRAM WILL BE RESOLVED BY BINDING, INDIVIDUAL ARBITRATION AND YOU WAIVE YOUR RIGHT TO PARTICIPATE IN A CLASS ACTION LAWSUIT OR CLASS-WIDE ARBITRATION.

Basic Terms

1. You must be at least 13 years old to use the Service.
2. You may not post violent, nude, partially nude, discriminatory, unlawful, infringing, hateful, pornographic or sexually suggestive photos or other content via the Service.

Traditional



Terms of Use

These Terms of Use are effective on January 19, 2013. To access our previous Terms of Use, please click here.

By accessing or using the Instagram website, the Instagram service, or any applications (including mobile applications) made available by Instagram (together, the "Service"), however accessed, you agree to be bound by these terms of use ("Terms of Use"). The Service is owned or controlled by Instagram, LLC ("Instagram"). **These Terms of Use affect your legal rights and obligations. If you do not agree to be bound by all of these Terms of Use, do not access or use the Service.**

There may be times when we offer a special feature that has its own terms and conditions that apply in addition to these Terms of Use. In those cases, the terms specific to the special feature control to the extent there is a conflict with these Terms of Use.

ARBITRATION NOTICE: EXCEPT IF YOU OPT-OUT AND EXCEPT FOR CERTAIN TYPES OF DISPUTES DESCRIBED IN THE ARBITRATION SECTION BELOW, YOU AGREE THAT DISPUTES BETWEEN YOU AND INSTAGRAM WILL BE RESOLVED BY BINDING, INDIVIDUAL ARBITRATION AND YOU WAIVE YOUR RIGHT TO PARTICIPATE IN A CLASS ACTION LAWSUIT OR CLASS-WIDE ARBITRATION.

Basic Terms

1. You must be at least 13 years old to use the Service.
2. You may not post violent, nude, partially nude, discriminatory, unlawful, infringing, hateful, pornographic or sexually suggestive photos or other content via the Service.

COVID-19 World

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Prescribing

Traditional

COVID-19 World

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Insurance: Better Safe Than Sorry

- Professional Liability
- Cyber

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

A Quick Checklist For Starting A Telemedicine Practice

- Address Licensing
- Understand Need for Prior Relationship and Rx Limitations
- Develop Notice
- Plan for the Future
- Address Patient Privacy
- Select and Document Appropriate Remote Care
- Talk to Your Insurance Broker

Medical Risk INSTITUTE
Preventative Strategies. Proactive Solutions.

Places To Look For New Information On Telemedicine

Federation of STATE MEDICAL BOARDS

American Telemedicine Association

Association of Dermatology Administrators & Managers

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Medical Risk INSTITUTE

Medical Risk
INSTITUTE

Preventative Strategies. Proactive Solutions.

medriskinstitute.com
812-241-8995

Teledermatology Coding

COVID-19: Public Health Emergency

Presented by:

Jennifer Bell, MSOLE, CPC, CPMA, CHC

Current information as of 4/9/2020

KAREN ZUPKO & ASSOCIATES, INC.

KARENZUPKO & ASSOCIATES, INC.

KZA

35 YEARS SINCE 1985

certified WBENC WOMEN'S BUSINESS ENTERPRISE

KARENZUPKO.COM

presented by:

Jennifer Bell

MSOLE, CPC, CPMA, CHC

Consultant and Speaker

- ✓ **All claims on or after March 1, 2020**
- ✓ This is **temporary** for use during the COVID-19 public health emergency
- ✓ No end date set …yet.

Effective Date for CMS Changes

KAREN ZUPKO & ASSOCIATES, INC.

Temporary Changes During the COVID-19 Public Health Emergency (PHE)

- ✓ **NO site restrictions** during COVID-19 crisis
- ✓ Patient's home can be an originating site
- ✓ If provider is working out of their home 100% of the time, they must use their home address (even if temporary due to quarantine)
- ✓ Exception made for COVID-19 duration – can use FaceTime or Skype **NOT** Facebook Live or TikTok
- ✓ Smart phones may now be used for telemedicine visits

KAREN ZUPKO & ASSOCIATES, INC.

Cost-sharing

- ✓ For claims on or after **March 18, 2020**, Medicare will waive the patient cost-share for all COVID-19 testing and visits where COVID-19 testing is ordered or performed.
- ✓ Use modifier CS on the claim line item for the visit and/or testing code
- ✓ For COVID-19 testing and visits only, Medicare will pay 100% of the allowable fee schedule
- ✓ For all other telehealth services during the current PHE – Medicare allows providers to waive or reduce cost-sharing for telehealth visits (means providers will **not get paid** patient portion if waived)

Temporary Changes During the COVID-19 Public Health Emergency (PHE)

KZA KAREN ZUPKO & ASSOCIATES, INC.

What code to use for billing telehealth visits?

- ✓ On **March 30th** CMS added over 80 codes for use during the COVID-19 crisis
- ✓ Any code with a gold star (★) in CPT

Common Telehealth Codes	Description
G0425–G0427	Telehealth consultations, emergency department or initial inpatient
G0406–G0408	Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs
99201–99215	Office or other outpatient visits
99231–99233	Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days
99241-99245	Outpatient Consultations
99251-99255	Inpatient Consultations
99307–99310	Subsequent nursing facility care services, with limitation of 1 telehealth visit every 30 days

The complete list is available at:
https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

- ✓ Modifier 95: **Add modifier 95 to Medicare claims** to indicate telehealth
- ✓ Use the place of service where you would normally perform the visit if the patient had been seen face-to-face (e.g., POS 11 or 22) NOT POS 02
- ✓ If provider is at home, use the home address on claim with POS where you normally would have provided the visit (e.g., POS 11, or 22)
- ✓ Allows CMS to pay at the higher Non-Facility fee schedule rate for POS 11 (physician office)

Claim Filing TIPS:

- ➢ *File corrected claims with correct place of service and modifier*
- ➢ *Hold your non-Medicare claims for a few days*

Do you normally see patients in a clinic setting?

KAREN ZUPKO & ASSOCIATES, INC.

- ✓ E/M code may be chosen based on **either** Medical Decision Making **OR** total Time
- ✓ This is good news for dermatologists!
- ✓ Be sure to have good documentation of the MDM or time

New Patient Visit		
CPT Code	**CPT Time**	**CMS Time for Telehealth Visit During PHE**
99201	10 minutes	17 minutes
99202	20 minutes	22 minutes
99203	30 minutes	29 minutes
99204	45 minutes	45 minutes
99205	60 minutes	67 minutes

Established Patient Visit		
99212	10 minutes	16 minutes
99213	15 minutes	23 minutes
99214	25 minutes	40 minutes
99215	40 minutes	55 minutes

How can we choose a level without a complete skin examination?

KAREN ZUPKO & ASSOCIATES, INC.

What diagnosis to use if a patient has COVID-19 or has been exposed?

- ✓ For dates of service on or after **April 1, 2020** use **U07.1 COVID-19** once the patient is diagnosed.
- ✓ For dates of service **March 1-31, 2020** use **B97.29 Other coronavirus as the cause of diseases classified elsewhere**
- ✓ **NOTE:** Do NOT use B34.2 (coronavirus infection, unspecified) as COVID-19 is not unspecified.
- ✓ If the patient has **known exposure**, use the applicable exposure codes:
  - Z03.818 Encounter for observation suspected exposure to other biological **agents ruled out**
  - Z20.828 Contact with and suspected exposure to other viral communicable diseases
- ✓ For **signs and symptoms outside of any exposure**, use appropriate codes:
  - R05 Cough
  - R06.02 Shortness of breath
  - R50.9 Fever, unspecified

KZA KARENZUPKO & ASSOCIATES, INC.

New definition of direct physician supervision

- ✓ CMS has **temporarily** changed direct physician supervision to include virtual supervision.
- ✓ Physician must use real-time audio & video technology while supervising if not in the same suite
- ✓ For NPP billing - we advise billing direct under the PA or NP's provider number as billing "incident to" a physician by an NPP has not been formally addressed to date

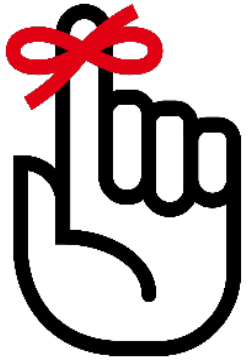
Q: Can we bill "incident to" for telehealth real-time audio/video visit if all "incident to" rules are met?

A: If the physician and nurse are in the same suite, yes.

OR

If the nurse and patient are in the same location (office or patient home) and the physician is on a real-time audio with video call then, yes.

KAREN ZUPKO & ASSOCIATES, INC.



ALERT!!

While these codes fall under the telehealth umbrella, the same site restrictions do NOT apply.

No telehealth modifiers are needed and POS 02 is **not** used for these services.

Other Telehealth Services

- **Telephone Calls**
- **Virtual Check In**
- **Digital Online Services (Evisits)**

KAREN ZUPKO & ASSOCIATES, INC.

Telephone Calls

CPT Code	Description	2020 wRVU	2020 F/NF FS
99441	Telephone E/M service by a physician or other qualified health care professional who may report E/M services provided to an established patient, parent, or guardian **not originating from a related E/M** service provided **within the previous 7 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	0.25	F $13.35 NF $14.44
99442	11-20 minutes of medical discussion	0.5	F $26.71 NF $28.15
99443	21-30 minutes of medical discussion	0.75	F $39.70 NF $41.14

- ✓ These are audio only visits
- ✓ Telephone visits can now be used for **new** and established patients
- ✓ Physicians and NPPs that bill under their own NPI should use **99441-99443**

Virtual Check In

CPT Code	Description	2020 wRVU	2020 F/NF FS
G2010	**Remote evaluation of recorded video and/or images submitted by an established patient** (e.g., store and forward), including interpretation **with follow-up with the patient within 24 business hours**, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment	0.19	F $10.03 NF $13.43
G2012	**Brief communication technology-based service,** e.g. virtual check-in, by a physician or other qualified health care professional who can report E/M services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appt; **5-10 minutes of medical discussion**	0.26	F $14.21 NF $15.91

- ✓ Temporary during current PHE: Service can be for **new** or established patient and must be initiated by the patient
- ✓ Both codes relate to physicians and NPPs only – not RNs or other ancillary personnel
- ✓ There are no frequency limitations on number of times code may be billed to CMS

Digital Online Services (Evisits)

CPT Code	Description	2020 w RVU	2020 F/NF Fee
99421	Online digital evaluation and management service, for an established patient, **for up to 7 days**, cumulative time during the 7 days; **5-10 minutes**	0.25	F $13.35 NF $15.52
99422	**11-20 minutes**	0.5	F $27.07 NF $30.68
99423	**21 or more minutes**	0.8	F $43.31 NF $49.80

- ✓ Temporary during current PHE - Can be used for **new** and established patients for patient-initiated communications
- ✓ Do not include clinical staff time or any other billed service
- ✓ Don't bill if related E/M service **within previous 7 days OR** lead to an E/M/procedure **within the next 7 days**
- ✓ If new problem **within 7 days** of an E/M, the online service may be reported

Informed Consents

- ✓ Does **not** have to be obtained prior to the telehealth visit
- ✓ Can be obtained during or after the visit if necessary
- ✓ Consent should not interfere with patient care
- ✓ CMS permits a single consent obtained annually for multiple technology-based services
- ✓ Signed consent form should be kept in permanent record

Telehealth During the Public Health Emergency

	Telehealth Visits	E-Visits	Telephone Only	Virtual Check-ins
Description of service	Real time interactive visit via video-chat	Patient-initiated online *digital* evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days	Patient-initiated telephone E/M service not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service within the next 24 hours (or soonest appointment available)	Brief connection between visits where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available)
Eligible providers include	Physician, physician assistant, nurse practitioner *Despite certain therapy services listed as covered telehealth codes, services provided by PTs, OTs, SLPs are not paid by Medicare under telehealth. Could bill Incident-To physician if guidelines met*	Physician, physician assistant, nurse practitioner • PTs, OTs, SLPs use GO, GP, or GN therapy modifier on claims for these services	Physician, physician assistant, nurse practitioner • PTs, OTs, SLPs use GO, GP, or GN therapy modifier on claims for these services	Physician, physician assistant, nurse practitioner • PTs, OTs, SLPs use GO, GP, or GN therapy modifier on claims for these services
Modality	Audio + Video *Two-way, real-time interactive communication*	Digital (e.g. online patient portal)	Phone	Phone, secure text, portal
Eligible CPT codes	See list of Medicare telehealth services: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes Includes 99201-99215	99421 Online digital E/M 5-10 min 99422 Online digital E/M 11-20 min 99423 Online digital E/M 21+ min For PTs, OTs, SLPs: G2061 Online assessment/mgt 5-10 min G2062 Online assessment /mgt 11-20 min G2063 Online assessment/mgt 21+ min	99441 Physician 5-10 min 99442 Physician 11-20 min 99443 Physician 21-30 min For PTs, OTs, SLPs: 98966 Non-Physician 5-10 min 98967 Non-Physician 11-20 min 98968 Non-Physician 21-30 min	G2012: 5-10 minutes of medical discussion G2010: remote evaluation of recorded video and/or images submitted by a patient including interpretation with F/U with the patient
New or Established?	New + Established Patients	New + Established Patients *CMS not reviewing if new/established during PHE period*	New + Established Patients *CMS allows new patients during PHE. Check payor policy for commercial payors.*	New + Established Patients
POS	Medicare: whatever POS would have been billed for the service if it was performed face-to-face Commercial: See policy	Medicare: 11 or 22 Commercial: See policy	Medicare: 11 or 22 Commercial: See policy	Medicare: 11 or 22 Commercial: See policy
	If provider is furnishing service from home, list provider home address on claim			
Modifier	Medicare: 95** Commercial: See policy	Medicare: None, not a telemedicine service (PT, OT, SLP see above) Commercial: See policy	Medicare: None, not a telemedicine service (PT, OT, SLP see above) Commercial: See policy	Medicare: None, not a telemedicine service (PT, OT, SLP see above) Commercial: See policy
RVUs	RVU for selected code	99421-99423: 0.43-1.39 RVUs G2061-G2063: 0.34-0.94 RVUs	99441-99443: 0.40-1.14 RVUs 98966-98968: 0.40-1.14 RVUs	G2012: 0.41 RVUs G2010: 0.34 RVUs
Patient cost-sharing	Medicare: Medicare is allowing but not requiring coinsurance and deductible amounts to be waived for telehealth visits, not e-Visits, Telephone, and Virtual Check-Ins Commercial: See payor policy. Many payors are waiving patient cost-sharing for telehealth visits.			

** Guidance published on March 31, 2020 allows for POS 11 where appropriate for telehealth visits in order to be paid non-facility rate. https://www.cms.gov/files/document/covid-final-ifc.pdf

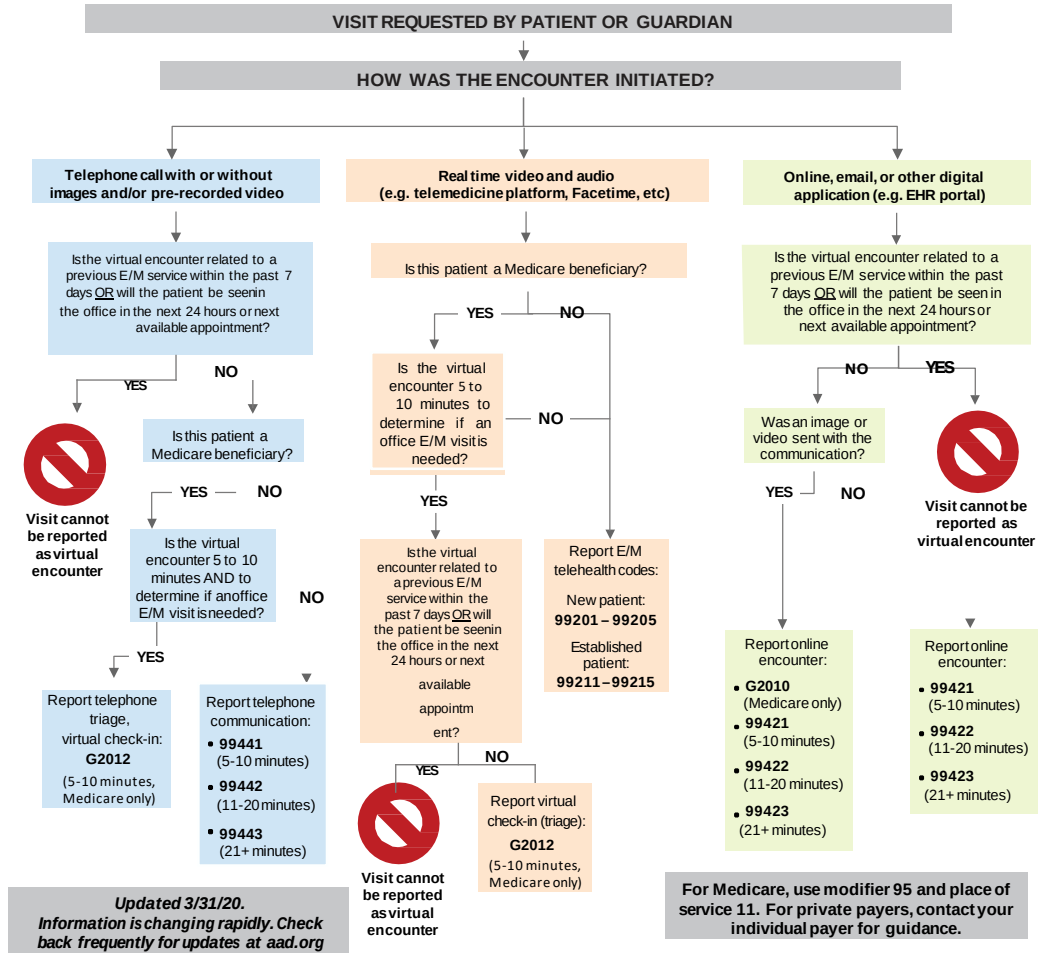
Information as of March 31, 2020

Visit http://www.karenzupko.com/KZA-telehealth-solution-center-access for up-to-date information

Practice Management Center

Coding for Telehealth Encounters

Telehealth visits MUST be requested by the patient and/or guardian. If requested by a dermatologist or non-physician clinician, the visit cannot be billed as a virtual encounter.

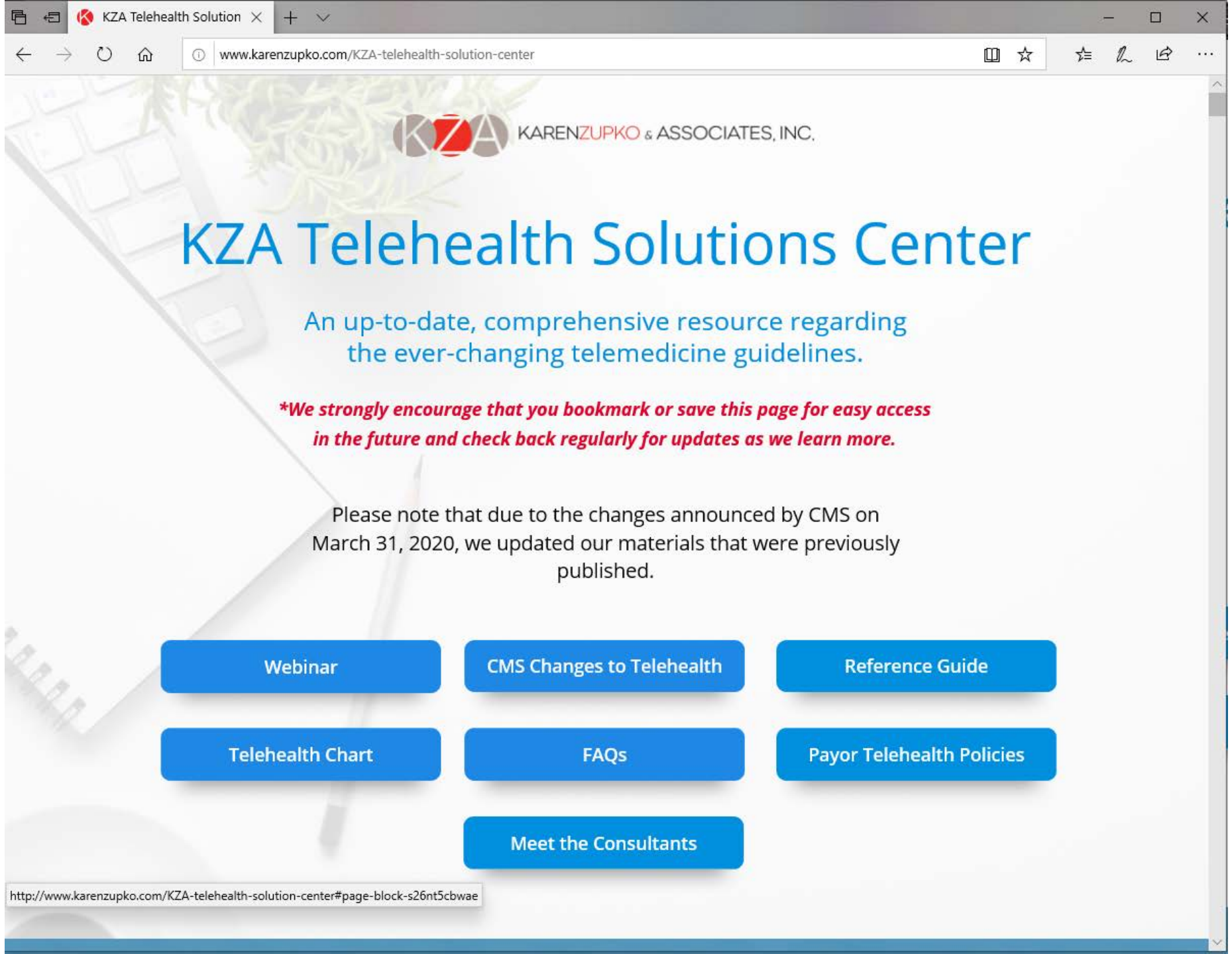


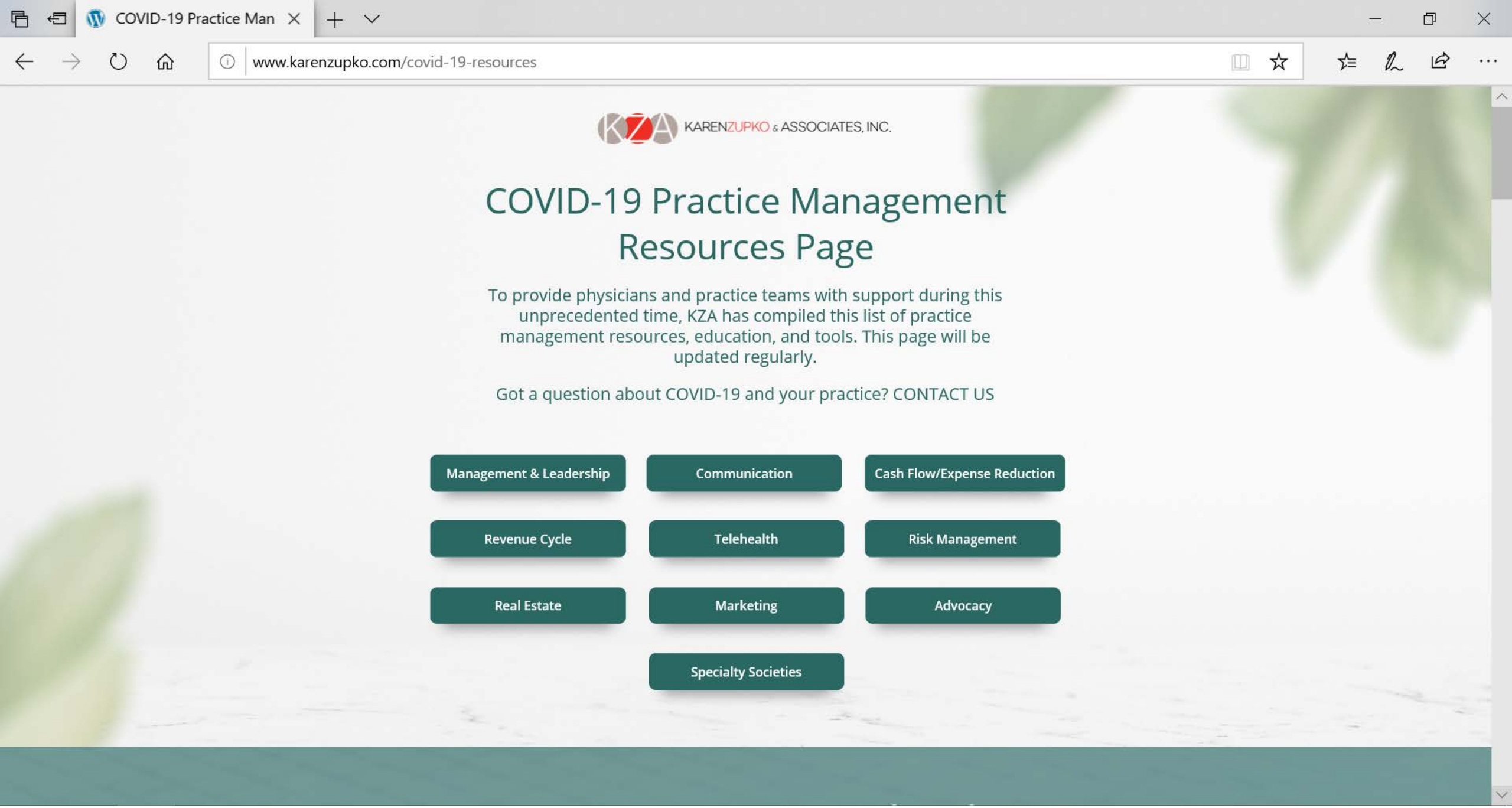
Updated 3/31/20. Information is changing rapidly. Check back frequently for updates at aad.org

For Medicare, use modifier 95 and place of service 11. For private payers, contact your individual payer for guidance.

For more information, contact the Academy's Practice Management Center:
EMAIL: coding@aad.org • **WEBSITE:** aad.org/practicecenter

AMERICAN ACADEMY of DERMATOLOGY | ASSOCIATION


KZA Telehealth Solution
www.karenzupko.com/KZA-telehealth-solution-center
KARENZUPKO & ASSOCIATES, INC.
KZA Telehealth Solutions Center
An up-to-date, comprehensive resource regarding the ever-changing telemedicine guidelines.
*We strongly encourage that you bookmark or save this page for easy access in the future and check back regularly for updates as we learn more.
Please note that due to the changes announced by CMS on March 31, 2020, we updated our materials that were previously published.
Webinar
CMS Changes to Telehealth
Reference Guide
Telehealth Chart
FAQs
Payor Telehealth Policies
Meet the Consultants
http://www.karenzupko.com/KZA-telehealth-solution-center#page-block-s26nt5cbwae


COVID-19 Practice Man
www.karenzupko.com/covid-19-resources
KARENZUPKO & ASSOCIATES, INC.
COVID-19 Practice Management Resources Page
To provide physicians and practice teams with support during this unprecedented time, KZA has compiled this list of practice management resources, education, and tools. This page will be updated regularly.
Got a question about COVID-19 and your practice? CONTACT US
Management & Leadership
Communication
Cash Flow/Expense Reduction
Revenue Cycle
Telehealth
Risk Management
Real Estate
Marketing
Advocacy
Specialty Societies

State Resource Centers for Telehealth

TexLa Telehealth Resource Center	Texas and Louisiana	(877) 391-0487
Mid-Atlantic Telehealth Resource Center	Virginia, West Virginia, Kentucky, Maryland, Delaware, North Carolina, Pennsylvania, Washington DC, and New Jersey [w/ Northeast Telehealth Resource Center]	(434) 906-4960
Upper Midwest Telehealth Resource Center	Indiana, Illinois, Michigan and Ohio	(855) 283-3734
Southeast Telehealth Resource Center	Georgia, South Carolina, Alabama, and Florida	(888) 738-7210
Pacific Basin Telehealth Resource Center	Hawaii and Pacific Basin	(808) 956-2897
Heartland Telehealth Resource Center	Kansas, Missouri and Oklahoma	(877) 643-HTRC (4872)
South Central Telehealth Resource Center	Arkansas, Mississippi and Tennessee	(855) 664-3450
Southwest Telehealth Resource Center	Arizona, Colorado, New Mexico, Nevada and Utah	(877) 535-6166
Northwest Regional Telehealth Resource Center	Washington, Oregon, Idaho, Montana, Utah, Wyoming and Alaska	(833) 747-0643
Great Plains Telehealth Resource Center	North Dakota, South Dakota, Minnesota, Iowa, Wisconsin and Nebraska	(888) 239-7092
California Telehealth Resource Center	California	(877) 590-8144
Northeast Telehealth Resource Center https://www.telehealthresourcecenter.org/who-your-trc/	New England (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont), New York, and New Jersey [w/ Mid-Atlantic Telehealth Resource Center]	(800) 379-2021

Frequently Asked Questions

Q: Do all the new rules for telemedicine visits apply to Medicaid, since it's a government payor?
A: Medicaid payors fall under individual state authority so they may have different rules or guidance for telemedicine.

Q: What's the difference between G2012 and an online digital visit 99421? They look the same to me.
A: G2012 is for a virtual check-in visit to see if a patient needs to have an E/M service. Online digital visits (99421-99423 E-visits) are non-video E/M visits that use the patient portal or secure email for the entire visit.

Q: Are telephone calls the same as telemedicine visits?
A: No. A telemedicine visit requires both audio and video capabilities in real-time, unlike a telephone call that does not have video capabilities.

QUESTIONS

Resources

AAD
https://assets.ctfassets.net/1ny4yoiyrqia/2jtbBCbcuy11HmX6kaAfW2/ee731669029b64fb5f5f7fde96114465/coding_for_telehealth_flowchart_rev033120.pdf

AHA https://www.aha.org/system/files/2019-02/fact-sheet-telehealth-2-4-19.pdf

ATA https://www.americantelemed.org/

Center for Connected Health Policy https://www.cchpca.org
https://www.cchpca.org/sites/default/files/2020-01/Billing%20Guide%20for%20Telehealth%20Encounters_FINAL.pdf

CMS.gov
https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth
https://www.cms.gov/files/document/covid-final-ifc.pdf
https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

HRSA Tool to check HPSA designation https://data.hrsa.gov/tools/medicare/telehealth

KarenZupko.com http://www.karenzupko.com/covid-19-resources

http://www.karenzupko.com/KZA-telehealth-solution-center

Medicare Claims Processing Manual Chapter 12, Section 190.6.1 (Rev.3929; Issued: 11-29-17; Effective: 01-01-18; Implementation: 01-18-18

Medicare Learning Network https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10883.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9726.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM11560.pdf

National Consortium of Telehealth Resources Center https://www.telehealthresourcecenter.org/