



Furnishing and Billing E-Visits: Addressing Your Questions

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Recent waivers by CMS that allow for limited digital communication with patients have triggered a wave of questions. See below for guidance from PPS.

PPS is receiving many questions about the recent regulatory waivers announced by CMS related to digital communication between providers and patients, particularly regarding e-visits and the use of HCPCS codes G2061-G2063. We've provided answers below to the most common questions we've received so far.

[Editor's note: [Join APTA regulatory affairs experts on Thursday, March 19, for a town-hall style webinar and Q&A session on the e-visit waivers](#). The webinar begins at 8:00 p.m. ET and will be delivered via Adobe Connect; toll-free access numbers are 1-646-560-7802 or 1-888-407-5039, participant code 76560988. The event is open to members and nonmembers, but seats are limited. A Facebook Live event covering the same issues will be held Friday March 20 at 2:00 pm, ET. A video of the FB Live session will be available after the event.]

Please note that **e-visits are NOT the same as telehealth or telerehab services**. Congress and CMS have not modified Medicare policy to allow physical therapists to be included on the roster of providers who can be reimbursed for telehealth services. However, PPS is working directly with CMS and private payers, as well as engaging lawmakers, to seek expansion of coverage of telehealth services to include physical therapy services.

Also important to keep in mind: If you don't find the answer to your question here, continue to consult trusted sources such as PPS (info@ppsapta.org) and check back to the PPS Coronavirus FAQ page for information which will be updated daily by 4pm EST. Avoid acting on conjecture or recommendations that you don't know to be reliable.

In addition to this information, CMS also has answers to [Frequently Asked Questions](#) about e-visits. You can find reimbursement rates for the e-visit related codes using the [CMS Physician Fee Schedule Look-Up Tool or visit your MAC's Website](#).

In General

1. What is an e-visit?

In its [2020 physician fee schedule final rule](#), CMS describes e-visits as “non face-to-face patient-initiated digital communications that require a clinical decision that otherwise typically would have been provided in the office.” The code descriptors for the HCPCS codes related to e-visits suggest that the codes are intended to cover short-term (up to seven days) assessments and management activities that are conducted online or via some other digital platform and include any associated clinical decision-making.

Medicare is using HCPCS codes for on-line digital evaluation performed by professionals who can't bill E/M services. Notice that instead of "evaluation and management" the definitions use the word "assessment."

2. What is an online patient portal?

The HHS Office of National Coordinator for Health Information Technology (ONC) [describes a patient portal](#) as a secure online website that gives patients convenient, 24-hour access to personal health information from anywhere with an internet connection. A patient portal requires a secure username and password to allow patients to securely message their provider.

3. Is an online patient portal the only medium that can be used?

In the absence of broadband access, online accounts, or smart phones, or other means can be used. CMS has indicated they want the service to be furnished, so they are giving providers greater flexibility in the platform used.

Coding, Billing, and Payment

4. What codes can a physical therapist bill for an e-visit?

Physical therapists are eligible to use these HCPCS codes:

- G2061: Qualified nonphysician health care professional online assessment and management, for an established patient, for up to seven days; cumulative time during the seven days, 5-10 minutes.
- G2062: Qualified nonphysician health care professional online assessment and management service, for an established patient, for up to seven days; cumulative time during the 7 days, 11-20 minutes.
- G2063: Qualified nonphysician qualified health care professional assessment and management service, for an established patient, for up to seven days; cumulative time during the 7 days, 21 or more minutes.

5. What place of service (POS) code do PTs use when billing e-visits?

The POS is the location of the billing practitioner. POS 11 would be reported on the claim form indicating that the provider is providing the e-visit from their practice portal or other device. POS 02 would be used if providing a Telehealth visit, but e-visits have not been described as Telehealth under Medicare.

CMS has stated that:

In the case with remote services, the locality that is assigned to the claim is based on the place where the claims service was rendered. Therefore, in this situation, if the physician/practitioner doing the monitoring is in, for example, Maryland, and the beneficiary is in New York, the locality or POS is Maryland. The issue is "where the service was rendered," and in the example above, the service was rendered in Maryland, because that's where the physician/ practitioner is located. That would come in on the claim as the place where the service was rendered. It does not matter where the corporate address of the billing provider is, nor does it matter what the beneficiaries' addresses are. It matters where the service was rendered; that is, where the biller is located.

6. Can a PTA in an outpatient clinic use one of the codes for this service if under direct supervision in the clinic?

We are seeking guidance from CMS regarding this question as there is no mention of PTA's providing an e-visit.

7. Are all applicable modifiers required to be appended to the claim, such as GP?

Yes.

8. Will Medicare coinsurance and the annual Part B deductible apply to these codes?

Yes. According to the [CMS fact sheet](#), the annual Medicare Part B deductible and 20% coinsurance apply to these codes.

National Payment Rates:

		WorkRVU	Non-Facility	Facility
G2061	(Qualified non-physician health care professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes);	0.25	\$12.27	\$12.27
G2062	11-20 minutes	0.44	\$21.65	\$21.65
G2063	21 or more minutes	0.69	\$33.92	

Check with your MAC to see what the payment is for your geographic area.

9. Can PTs bill CPT codes 99421, 99422 and 99423 for an e-visit?

No, PTs are not able to bill these evaluation and management, or E/M, codes. The non-physician e-visit codes that PTs can use are CPT codes 98970-98972 for commercial payers and HCPCS codes G2061-G2063 for Medicare.

10. Can PTs bill CPT codes 99441-99443?

No. 99441-99443 are E/M codes for telephone services that cannot be billed by physical therapists. The non-physician codes for telephonic assessments are 98966-98968. Although Medicare may not pay for these services, commercial payers may consider payment for these services.

11. Will commercial payers pay for an e-visit?

Payer policies may vary, so check with each insurance carrier, including Medicare Advantage plans, as to whether they will pay for an e-visit with HCPCS codes G2061, G2062, and G2063, or CPT codes 98970, 98971, and 98972.

PPS is reaching out to commercial payers and urging any that are not already covering telehealth services delivered by PTs to remove any existing policy limitations now. Association advocacy efforts include direct contact with several large commercial payers advocating for expanded remote and/or telehealth policies that would allow PTs and PTAs to maintain contact with and care for patients who are unable to come to the clinic. PPS is also providing resources for PTs to use to communicate directly with payers regarding provision of and payment for remote and/or telehealth services.

Seven-Day Period

12. What is meant by “established patient”? E-visits are now available for patients who are already under the care of the therapist. Your state law may have language to define an “established patient”. If not, then follow the federal rules for Part B suppliers which means that your patient needs to be under an “established plan of care”.

13. If the patient came in-person for an evaluation visit, could they switch to an e-visit for subsequent visits?

Yes. A PT can manage the care of a patient under an established plan of care using e-visits over a period of seven consecutive days when the patient is unable to or does not need to come into the clinic.

14. What is meant by “for up to seven days; cumulative time for the seven days”?

The PT would bill the appropriate code based on the cumulative amount of time spent (over a single set of seven consecutive days) on e-visits with the patient under an established plan of care.

15. When does the seven-day period begin? The seven-day assessment and management period begins when the patient under an established plan of care initiates the request for the e-visit. The period ends after seven consecutive calendar days. This period of time includes reviewing records, consulting with other providers and the actual communication with the patient.

16. Can a PT bill more than one code per seven-day period?

No. You can only bill one code per seven-day period. The code billed should reflect the cumulative time spent on e-visits with that patient over those 7 days.

17. Can the codes only be used once within a given episode of care? Can they be billed more than once (during two or more additional seven-day periods within the episode of care)?

These codes were created for single, limited use of seven consecutive days. The guidance as to whether or not they may be used again after the initial seven days and/or after a patient may have been seen face to face is unclear. We are hopeful to continue to get clarifications on issues such as this from CMS.

Practice

18. Can the PT put something on their website to state e-visits are currently available, or if a patient calls to schedule an appointment can the PT or administrative staff notify them of this option?

Yes. A PT can inform their patients under an established plan of care of this option.

19.. What if patients need regular consultation? Can the PT set up a weekly e-visit with them?

E- visits as described by these codes are intended to serve as an alternative to the traditional in-person visit for nonurgent medical issues. The online digital assessment and management is also intended to address a specific patient issue, problem, or need and is not intended to be an ongoing consultation model. There are other codes in CPT that describe those types of services. Most important point it that E-visits must be at the request of the patient, and they can be educated that they are available.

20. Can I bring in a new patient using an e-visit?

For a therapist to bill for an e-visit, the patient must already be under an established plan of care of the physical therapist, meaning the physical therapist must have already performed the evaluation.

21. What if a patient's start of care was two months ago, before the pandemic started, and the physical therapist did not educate them about an e-visit then; is the therapist unable to do it now and bill for it?

The physical therapist can educate the patient about the availability of an e-visit any time during the episode of their care.

Documentation

22. What are the documentation requirements to support the billing of these codes?

Document that the patient initiated a request for an e-visit and the service(s) included as part of the e-visit. This includes any review of records, conversations with other caregivers and your clinical decision-making associated with the visit. Since the services may be intermittent over a seven-day period, document all components of patient assessment and management performed during the time period. The time spent on e-visits is cumulative. Use the code that best represents the cumulative amount of time spent in the e-visits.

23. Do PTs still follow the plan of care regarding frequency of visits per week?

PPS suggests documenting the reason why the patient is unable to come in for an office visit and then document the e-visit. The e-visit would not need to be done in compliance with the frequency of the plan of care, as the visit would be documented as inability to come for in-person visit/cancellation.

HIPAA

24. Does the online patient portal need to be HIPAA-compliant?

You should do your best to remain HIPAA compliant. However, OCR has been directed to exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. This notification is effective 3/17/2020. For more details: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Adapted from APTA guidance to suit the needs of private practice physical therapists.