



Billing Toolkit

Payment policies for telehealth services are constantly evolving. Each year, new coverage policies are developed and released by public and private payers. Variation in reimbursement payment methodologies among public and private participants constitutes a barrier to implementation of telehealth solutions.

Requirements for Providing Telehealth Services

Equipment Requirements

Network, connectivity, and equipment requirements should be considered when providing telehealth within any clinical discipline. For example, a computer used for virtual visits must have an adequate camera, speakers, and microphone, and sufficient processor speed to run the required software. Providers (physicians, advanced practice providers, or other qualified providers) who provide telehealth should make certain that they have the necessary hardware, software, and a reliable, secure internet connection to ensure quality care and patient safety. Physicians who provide telehealth should be aware of federal and state-specific telehealth network, connectivity, and equipment rules and standards because these requirements will help guarantee that telehealth programs are effective, safe, and eligible for reimbursement.

State Medical Board Requirements

State medical boards have many rules related to telehealth. For example, most state medical boards require the physicians who provide telehealth to hold a license in the state where the patient is located. As noted previously, the Interstate Medical Licensure Compact was developed through which participating states “allow physicians to obtain a license to practice medicine in any Compact state through a simplified application process,” thus saving time and supporting the expansion of telehealth. Additionally, hospital-based patient sites often require the physicians who provide telehealth to hold privileges, which may be telehealth-specific, at the hospital. Privileging by proxy may allow the hospital receiving services to accept the distant site (where the physician who provides telehealth is located) hospital’s credentialing and privileging decisions.

Provider Requirements for Service

There are a range of providers eligible to provide telemedicine services- this will need to be determined in the location of service. Nurse providers may be eligible to request reimbursement for remote patient monitoring, however other billable services may require an advanced practice provider or physician.

Telehealth vs. Remote Patient Monitoring

Telehealth includes a broad range of technologies and services used to provide care and services at a distance. It refers to remote healthcare services, including telemedicine, remote monitoring, provider training, non-clinical training, prescription delivery, health education, provider-provider communication and more.

CPT Codes

- **99091**

Collection and interpretation of physiologic data digitally stores and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation requiring a minimum of 30 minutes of time, each 30 days.

- **99453**

Remote monitoring of physiologic parameter(s), initial; set-up and patient education on use of equipment.

- **99454**

Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.

- **99457:**

Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.

- **99458:**

Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the parent/caregiver during the month; each additional 20 minutes.

- **99473:**

Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration.

- **99474:**

Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period, collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient.

- **96127:**

Brief emotional/behavioral assessment, with scoring and documentation, per standardized instrument.



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