

COVID-19: expansion of telemedicine for physicians and nurse practitioners

Summit Community Care continues to monitor COVID-19 developments. We are working with Arkansas Department of Human Services (DHS), Division of Medical Services (DMS) to address the immediate needs of our members. Under the guidance of DHS, the following changes have been made to telemedicine procedures during the COVID-19 pandemic.

Telemedicine has been expanded. DMS suspended the rule related to originating site requirements, and the requirement for physicians and nurse practitioners to have an established professional relationship before utilizing telemedicine has been waived. Under the following conditions, a physician may treat patients with or without an established relationship:

- The physician or nurse practitioner providing telehealth services must have access to a patient's personal health record maintained by a physician.
- The telemedicine service may be provided via any technology deemed appropriate (including telephone) as long as it is conducted in real time (cannot be delayed communication).
- Physicians and nurse practitioners may use telemedicine to diagnose, treat, and when clinically appropriate, prescribe a non-controlled drug to the patient.

When billing for these services, please use the appropriate billing procedure code with the **GT modifier and place of service (POS) 02**.

Originating site requirements

The site requirement for evaluation and management (E&M) services provided to established patients by physicians and nurse practitioners is waived. This will allow the provider to utilize telemedicine technology (including telephone) when appropriate, to diagnose, treat and prescribe to patients as allowed by their scope of practice, and while the patient remains in their home. In order to use telemedicine technology to provide services without an originating site, the following requirements must be met:

- The technology must be real-time (cannot be delayed communication).
- Normally, the nurse practitioner must have access to the patient's medical records. However, this requirement has been suspended for 30 days starting March 17, 2020. The suspension can be extended for additional 30-day periods as required to address the public health emergency.

To prevent unnecessary travel and office visits, we are opening the virtual check-in CPT code (G2012) from **March 12, 2020 through May 31, 2020 for nurse practitioners and March 18, 2020 through May 31, 2020 for physicians**. The end date may be extended as required to address the public health emergency.

To use the code G2012 to provide virtual check-in services, please meet the following requirements:

- Services are provided via real-time audio (telephone), or two-way audio interactions that are enhanced with video or other kinds of data transmission.
- Services are provided to established patients only.

<https://www.summitcommunitycare.com/provider>

- Code is being used for any chronic patient who needs to be assessed as to whether an office visit is needed.
- Care is provided to patients being treated for opioid and other substance-use disorders.
- E&M service is billed exclusively by a clinician. Other staff members cannot provide this service.
- If an E&M service is provided within the defined period, then the telehealth visit is bundled with that E&M service. It would be considered pre- or post-visit time and not separately billable.
- There are no geographic location restrictions for the patient.
- Communication is HIPAA-compliant.

G2012	Brief communication technology-based service (for example, 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 appointment. Typically, 5-10 minutes of medical discussion.	\$13.33
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