

Ethicon Telehealth Reimbursement Guide

During COVID-19 Pandemic

The information contained in this document is provided for informational purposes only and represents no statement, promise, or guarantee by Ethicon concerning levels of reimbursement, payment, or charge. Similarly, all CPT, ICD-10 and HCPCS codes are supplied for informational purposes only and represent no statement, promise, or guarantee by Ethicon that these codes will be appropriate or that reimbursement will be made. It is not intended to increase or maximize reimbursement by any payor. We strongly recommend that you consult your payor organization with regard to its reimbursement policies.

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The growth of telehealth within the U.S. Health Care System enables providers to continue to provide efficient operations, create staffing efficiencies and expand specialty capacity. We are committed to working with you to provide access for patients in the delivery of high-quality healthcare in the right place, at the right time for the right patient.

Under the current environment, telehealth is allowing providers to continue to treat patients. Coverage, coding and payment related to telehealth and telemedicine is complex, changes in Medicare and Commercial coverage policies are happening very quickly. As such, outlined below are common telehealth codes and national payment information. This guide was developed to share current information on Coverage, Coding and Payment for telehealth.

Coverage

CMS is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. CMS has also made several related changes to improve access to virtual care. For question and updates related to Medicare coverage check with your local Medicare Administrative Contractor or the national CMS website.

For commercial payers, verify coverage for telehealth services directly with the patient's health plan. Telehealth benefits can vary within individual plan designs.

State regulations may exist in your area, check with your local state medical association or society for more information on coverage for telehealth services.

Coding and Payment

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Telehealth Visits

CPT® Code	Description	2022 Medicare National Unadjusted Payment			
				Non-Facility	Facility
99201-99205 POS 02 for Telehealth (Medicare) Modifier- 95 (Commercial Payers)	Office or other outpatient visit for the evaluation and management of a new patient.	99201	Level 1	Eliminated in 2022	
		99202	Level 2	\$ 74.06	\$ 49.49
		99203	Level 3	\$ 113.85	\$ 84.44
		99204	Level 4	\$ 169.57	\$136.69
		99205	Level 5	\$ 224.25	\$185.49
99211-99215 POS 02 for Telehealth (Medicare) Modifier- 95 (Commercial Payers)	Office or other outpatient visit for the evaluation and management of an established patient. .	99211	Level 1	\$ 23.53	\$ 9.00
		99212	Level 2	\$ 57.45	\$ 36.68
		99213	Level 3	\$ 92.05	\$ 67.48
		99214	Level 4	\$ 129.77	\$ 98.97
		99215	Level 5	\$ 183.07	\$147.08

Online Digital Visits

CPT® Code	Description	2022 Medicare National Unadjusted Payment			
				Non-Facility	Facility
99421-99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days.	99421	5-10 Minutes	\$15.23	\$13.15
		99422	11-20 Minutes	\$29.76	\$25.95
		99423	21 or More Minutes	\$48.45	\$41.87
98970-98972 *	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days.	98970	5-10 Minutes	\$11.77	\$11.77
		98971	11-20 Minutes	\$20.76	\$20.42
		98972	21 or More Minutes	\$32.18	\$31.84

*The current 2022 Medicare Physician Fee Schedule does not price these CPT codes, no RVUs have been established.
 POS 02: Telehealth indicates the location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)
 Modifier -95: Indicates Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video telecommunications System.

Remote Patient Monitoring

CPT® Code	Description	2022 Medicare National Unadjusted Payment	
		Non-Facility	Facility
99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment. (Initial set-up and patient education of monitoring equipment)	\$19.03	
99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Initial collection, transmission, and report/ summary services to the clinician managing the patient)	\$55.72	Practice Expense Only
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/ caregiver during the month; first 20 minutes	\$50.18	\$31.15
99458	Each additional 20 minutes (List separately in addition to code for primary procedure)	\$40.84	\$31.15
99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days)	\$56.41	\$56.41
98975	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	\$19.38	N/A
98976	Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, every 30 days	\$55.72	N/A
98977	Remote therapeutic monitoring (e.g. respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (e.g. daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, every 30 days	\$55.72	N/A
98980	Remote therapeutic monitoring treatment, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; first 20 minutes	\$50.18	\$31.49
98981	Remote therapeutic monitoring treatment, physician/other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes	\$40.84	\$31.49

Sources

CY 2022 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1751-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$34.6062 effective January 2022

Ethicon Reimbursement Support

Call (888) 750-1242

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Telephone Evaluation & Management Services

CPT® Code	Description	2022 Medicare National Unadjusted Payment			
				Non-Facility	Facility
99441-99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management 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	99441	5-10 Minutes	\$ 56.75	\$35.90
		99442	11-20 Minutes	\$ 91.71	\$67.14
		99443	21-30 Minutes	\$129.77	\$98.97

Sources

CY 2022 Revisions to Payment Policies under the Physician Fee Schedule and Other Revisions to Part B (CMS-1751-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$34.6062 effective January 2022

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Additional Telehealth Resources

For More Information on Telehealth, Please visit the following websites:

- [AMA's COVID-19 Resource Center for Physicians](#)
- [AMA STEPS Forward Module on Telemedicine](#)
- [CMS Telehealth Services Fact Sheet](#)
- [CMS](#)
- [A list of State Telehealth Laws and Reimbursement Policies](#)
- [AHIP's database of policy changes by individual health plan](#)
- [The Society of American Gastrointestinal and Endoscopic Surgeons \(SAGES\) Telehealth Primer in Response to COVID-19 Pandemic](#)

Reach out to your state medical association/society for more detailed information and resources on licensure, coverage, and payment policies.