Telemedicine and Plastic Surgery: Principles from the American Society of Plastic Surgeons Health Policy Committee

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Summary: In the wake of the recent coronavirus disease of 2019 public health emergency, care delivery by means of telemedicine using audiovisual virtual platforms has become an important tool for patient communication. There are many logistic, medicolegal, and practical aspects of telemedicine that should be considered by the practicing plastic surgeon. Successful virtual patient interactions require an understanding of medical licensure requirements to perform telemedicine visits in a certain region. In addition, it is imperative to be familiar with specific liability and malpractice concerns, in addition to Health Insurance Portability and Accountability Act regulations before conducting electronic visits. During consultations, providers should be aware of proper physician conduct and the potential role of chaperones. Furthermore, appropriate visit documentation, in addition to telemedicine billing and coding, has to be ensured. Lastly, plastic surgeons should adhere to the rules of controlled substance prescription by means of telemedicine platforms. This article describes these salient topics surrounding telemedicine visits that are faced by plastic surgeons and discusses strategies to optimize and ensure safe use of virtual platforms. (*Plast. Reconstr. Surg.* 150: 221e, 2022.)

With the broad implementation of telemedicine during the coronavirus disease of 2019 public health emergency, physicians and surgeons face new logistical, practical, and medicolegal challenges in patient care.[1] This article discusses the most pertinent telemedicine topics that plastic surgeons are confronted with to ensure continued safe and effective patient care.[2–4] These include medical licensure requirements, liability and malpractice concerns, and Health Insurance Portability and Accountability Act regulations. Proper physician conduct and the potential role of chaperones is also discussed. In addition, appropriate visit documentation, in addition to telemedicine billing and coding, is explained with examples. Lastly, the controlled substance prescription guidelines by means of telemedicine platforms are reviewed. The objective of this article is to ensure safe use of virtual platforms by the plastic surgery community.

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MEDICAL LICENSURE IN A VIRTUAL WORLD

With the implementation of telemedicine, the legal and regulatory framework surrounding physician-patient interactions is changing. There are several important considerations with regard to medical licensure that should be taken into account when caring for patients virtually.[5,6]

Generally speaking, if a physician's license to practice medicine is held in the state where the patient is located, there are no additional requirements. Furthermore, physicians may provide telemedicine services to established patients, and a new physician-patient relationship can be established virtually.

The Centers for Medicare & Medicaid Services has temporarily waived rules that require a physician to have a license in the state where the

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patient is located. Physicians licensed in one state can provide services to Medicare beneficiaries in another state. However, state licensure laws still apply, and therefore careful review of the rules in the state in which the physician is practicing, and also in the treating state, is recommended. Given rapid expansion of telemedicine services, a number of valuable resources regarding medical licensure are available (Table 1).

Rules for supervision and delegation to qualified health care providers have changed in 2020. Those health care providers that are currently authorized to furnish services are permitted to furnish distant site telemedicine services under the Centers for Medicare & Medicaid Services waiver authority during the coronavirus disease of 2019 public health emergency, including physicians and certain nonphysician practitioners such as nurse practitioners, physician assistants, and certified nurse midwives. Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also provide telemedicine services if those services are within their scope of practice and consistent with Medicare benefit rules that apply to all services. In general, the requirements for direct supervision have been modified for the duration of the coronavirus disease of 2019 public health emergency to include the use of a virtual supervisory presence through the use of interactive audio and video telecommunications technology. It is essential to review the state's rules regarding supervision and delegation.

TELEMEDICINE LIABILITY, MALPRACTICE, AND HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT: WHAT YOU NEED TO KNOW

Telemedicine poses new challenges with regard to physician liability and malpractice. Two particular areas of concern include cyber liability, and practice liability. Areas of vulnerability include the exposure of a confidential patient conversation, network compromise, and/or unlocking access to a system's entire electronic medical record.

The Health Insurance Portability and Accountability Act guidelines on telemedicine affect all medical professionals and health care organizations that provide a remote service to patients. Medical providers need to understand that using a dedicated and secured platform is essential, as it may shield against Health Insurance Portability and Accountability Act violations.[7]

Practices should review their insurance coverage to confirm they are adequately protected in the event of a cybersecurity attack, and possible business interruption. Strategies to protect large versus small systems are different, but generally involve running continuous versus intermittent vulnerability scans, using multifactor authentication, checking the settings of a practice's videoconferencing platform(s), and assessing the security controls and settings in existing and new technologies. Within most electronic medical record platforms that are currently in use, cybersecurity controls are available, but may not be turned on.[8] Health care providers should review available guides and/or ask for assistance to ensure security settings are appropriate and do not leave valuable health care information unguarded.

Practices must be mindful of using secure point-to-point connections over private high-speed networks that meet the maximum requirements for Health Insurance Portability and Accountability Act and Health Information Technology for Economic and Clinical Health Act compliance. Many insurance providers offer assistance with cybersecurity concerns, so addressing this with your insurance provider is a valuable first step. Be aware that security risks and regulatory risks overlap in cyberspace.

Furthermore, it is important to help patients understand that maintenance of privacy during telemedicine visits is essential to mitigate the risk of cybersecurity incidents, simply because of the nature of delivering care in a digital setting. Therefore, abstaining from public places and

Table 1. Physician Resources for Medical Licensure

1. The TRCs are funded to serve providers in rural and underserved communities; the TRCs' website answers several frequently asked questions about licensure and scope of practice and credentialing and licensing
2. To help physicians navigate the process of obtaining a medical license, the American Medical Association provides up-to-date information on licensure requirements across all states and jurisdictions
3. The National Council of State Boards of Nursing provides licensure information and information about state boards of nursing
4. The American Telemedicine Association's State Telemedicine Policy Center compiles state-specific information about telemedicine policy

TRCs, telehealth resource centers.

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using private areas are the most effective means of addressing cybersecurity safeguards.

With regard to malpractice, telemedicine is an increasing portion of health care liability claims. The most common reported allegations include missed diagnosis, and the most missed diagnosis was cancer. However, the widespread and rapid deployment of telemedicine platforms since the coronavirus disease of 2019 public health emergency is likely to result in claims of types that have not yet been seen, and that will likely take years to emerge. Specific areas of concern include product liability insurance issues for remote-monitoring or therapeutic equipment, and patient abandonment issues given an increased likelihood of breakdown of patient-physician relationships because of geographic separation. Physicians should further protect their patients and themselves through education in remote examination techniques specific to their specialties. Finally, providers should check with their malpractice insurance carrier to verify their policy covers care provided by means of telemedicine. Insurance policies may be complicated by the need for a single policy to cover multiple states, different, specialties, states with different individual requirements, and providers with combinations of traditional versus telemedicine practices.

TELEMEDICINE VISIT ETIQUETTE FOR PROVIDERS AND CHAPERONES

The physician and staff should conduct themselves as if the visit were an in-person office visit. This includes making sure there are no distractions for either the patient or the physician.[9] The technology being used must allow for the best decision-making. The video/audio and graphics must be of sufficient quality and should, if at all possible, allow for linkage to the electronic medical record in real time. Attire and demeanor of the surgeon and staff must always be appropriate. There should be appropriate and legal guidelines for possible recording of the visit by either the patient or the physician. All of these principles must be in place for all telemedicine visits regardless of length or reason for the visit.

Although most plastic surgeons are, for the most part, familiar with the utility of and necessity for patient chaperones during physical examinations, telemedicine adds another layer of complexity of which providers must be aware. Even though very few publications exist on the use of chaperones, research does indicate that approximately half of the female population would want a chaperone, and the majority would want to be asked whether they prefer to have a chaperone present.[10,11] The American Medical Association recommends that providers establish a clearly communicated policy that patients are welcome to request a chaperone and further indicates that "in general, [providers should] use a chaperone even when a patient's trusted companion is present."[12] Chaperone policies not only protect providers from false allegations, but they also protect patients from provider malpractice.[13]

Institutions and practices should develop their own medical chaperone policy for the benefit of both patients and clinicians, outlining the importance of and requirement for a medical chaperone for sensitive examinations or procedures for both in-person and telemedicine visits. The presence or absence of a medical chaperone should be documented in the patient's medical record.

Providers must realize that a "digital" interaction with a patient carries the same risk as in-person interaction even though the risk may be perceived as less. The American Medical Association Code of Medical Ethics Opinions on Patient-Physician Relationships indicates that "physicians who provide clinical services through telehealth/telemedicine must uphold the standards of professionalism expected in in-person interactions," including chaperone standards.[14,15] Consequently, the minimal recommendation is that the patient should be asked whether they would like a chaperone. However, the preferable recommendation is that providers have a chaperone with them when physically examining the patient every time. The chaperone can be physically present with the provider or the patient, or the chaperone can join. All telemedicine visits should be patient initiated with appropriate education and consent.

NAVIGATING TELEMEDICINE DOCUMENTATION, CODING, AND BILLING REQUIREMENTS

Detailed virtual visit documentation is essential for effective patient care and leads to accurate coding/billing to ensure appropriate and timely reimbursement.[16] Providers should document a virtual visit in the same fashion as an in-person visit, including time-based visits. It is also recommended that the provider includes an attestation that the visit was performed virtually. This portion should include between whom the visit was conducted (including other participants such as family or a chaperone/nurse) and that consent was obtained. See Table 2 for an example of a telemedicine visit documentation.

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Table 2. Example Documentation for a Telemedicine Visit

This real-time, interactive virtual clinical encounter was conducted using videoconferencing technology from clinic or home office. The patient participated in the visit from home/temporary residence or other location as specified below. Consent for virtual care, including informing the patient that insurance will be billed, and that in-person care is available in case of emergencies or as needed otherwise, was discussed at the time of scheduling.
Patient location:____(include state and specify home vs. other specific location)
Provider located at a site approved by ___________________________Medical Center.
Other participants present with provider, with patient's verbal consent:_______________________
Other participants present with patient: ____
The platform used to complete this encounter was______________(e.g., Zoom, Skype) through _______________ (e.g., Epic, Doximity) unless otherwise specified.

Telehealth billing and coding rules have changed with the coronavirus disease of 2019 public health emergency.[17] The Centers for Medicare & Medicaid Services provided guidance on telemedicine reimbursement with waiver 1135 on March 6, 2020.[18] Third-party coverage outside of Centers for Medicare & Medicaid Services has been inconsistent but seems to follow Centers for Medicare & Medicaid Services recommendations.

The goal of the waiver was to ensure patients have continued access to care without unduly increasing their risk of contracting and spreading the coronavirus disease of 2019. Under the waiver, Medicare beneficiaries receive services through telemedicine, including evaluation and management visits (common office visits), mental health counseling, and preventive health screenings.[19] Medicare pays for office, hospital, and other visits furnished by means of telemedicine across the country, including in patient's places of residence starting March 6, 2020.[20] Of note, however, state licensure laws still apply, and licensure and scope of practice are determined by each state. Providers must have a license in the state where the patient is located, not necessarily where the provider is located. In addition, the Health and Human Services Office of Inspector General is providing flexibility for health care providers to reduce or waive cost-sharing for telemedicine visits paid by federal health care programs.

Before this waiver, Medicare would only pay for telemedicine on a limited basis: when the person receiving the service was in a designated rural area and when they left their home and go to a clinic, hospital, or certain other types of medical facilities for the service. Interestingly, though, the Centers for Medicare & Medicaid Services had made changes in this arena even before the coronavirus disease of 2019 public health emergency, and in 2019 Medicare started reimbursing for virtual check-ins, which are short patient-initiated communications with a health care practitioner. Medicare Part B separately also began paying clinicians for e-visits, which are non–face-to-face patient-initiated communications through an online patient portal.

Unfortunately, coverage and requirements vary by insurer and by state and the best way to ensure reimbursement is to call the payers directly. Many are reimbursing telemedicine visits similarly to Medicare telemedicine visits using the evaluation and management codes. This may change in the future. Providers should be aware that, in general, there are different categories of virtual visits that use different CPT codes.

For a telehealth visit, the provider must use an interactive audio and video telecommunications system that permits real-time communication between patient and provider. Usually an established relationship with the patient is required, but Health and Human Services has suspended any audit of practitioners in this regard to allow for continued care of patients that need it. Codes include the following:

99201-99215 (Telehealth visits in the office/outpatient visits).
G0425-G0427 (Telehealth consultation in the emergency department or initial inpatient).
G0406-G0408 (Follow-up telehealth inpatient or skilled nursing facilities).

An e-visit is defined as a non–face-to-face communication between an established consenting patient and a provider through an online portal, which can take any format. This visit needs to be patient-initiated. Codes include the following:

99421: Cumulative time over a 7-day period total: 5 to 10 minutes.
99422: Cumulative time over a 7-day period total: 11 to 20 minutes.
99423: Cumulative time over a 7-day period total: more than 21 minutes.

A virtual check-in is a brief communication based on technology (any) between an established consenting patient and a provider not related to

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an inpatient visit up to 7 days previously and is not followed by a visit within 24 hours going forward. Codes include the following:

G2012: 5 to 10 minutes of discussion.
G2010: Review of images/video with follow-up within 24 hours.

In addition to the codes mentioned above, modifiers are important to include for telemedicine visits. The GT modifier with appropriate evaluation and management CPT code must be used for Medicare, as it informs Medicare that this was a telemedicine visit. For a commercial insurance company, the regular evaluation and management CPT code is used together with a 95 modifier (confirm this with the payer). Furthermore, providers must bill the evaluation and management code with place of service code 02 along with a GT or 95 modifier. Telehealth services not billed with 02 will be denied by the payer, whether this is Medicare or other insurance carriers. Lastly, CR and DR are modifiers that may be used by institutional coders to denote a catastrophic/disaster or disaster situation, respectively.

UNDERSTANDING THE RULES AROUND ELECTRONIC PRESCRIPTION OF CONTROLLED SUBSTANCES

In 2008, the Ryan Haight Online Pharmacy Consumer Protection Act, which prohibits dispensing controlled substances by means of the Internet without a valid prescription, was passed to counter the proliferation of rogue, online pharmacies. This act required providers to conduct an in-person examination before prescribing or otherwise dispensing controlled substances "by means of the Internet." Although this act did limit the ability of a provider to prescribe controlled substances, it did allow for certain exemptions, including the practice of telemedicine.

One aspect of the continuum of care that plastic surgeons must confront during the coronavirus disease of 2019 public health emergency is the prescribing of controlled substances by means of telemedicine platforms. Although the Ryan Haight Act allowed an exemption to prescribe controlled substances by means of telemedicine, it was not widely used or adopted before the coronavirus disease of 2019 public health emergency. Although a prescription for a controlled substance issued by means of the internet (including telemedicine) must generally be predicated on an in-person medical evaluation, the Controlled Substances Act contains certain exceptions to this requirement. One such exception occurred on January 31, 2020, when Secretary of Health and Human Services Alex Azar declared a public health emergency.

On March 16, 2020, Secretary Azar, along with the acting Drug Enforcement Agency administrator, designated that the telemedicine allowance under Title 21 U.S.C Section 802(54)(D) applies to all schedule II through V controlled substances in all areas of the United States. This declaration allows for all U.S. Drug Enforcement Agency–registered health care providers to prescribe schedule II through V controlled substances to patients for whom they have not conducted an in-person evaluation, provided all the following criteria are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his or her professional practice.
- The telemedicine communication is conducted using an audiovisual, real-time, two-way interactive communication system.
- The practitioner is acting in accordance with applicable federal and state laws.

It is important to note that if a health care practitioner has previously conducted an in-person medical evaluation of the patient, that practitioner may issue a prescription for a controlled substance after communicating with a patient by means of telemedicine, regardless of whether a public health emergency has been declared by the secretary of Health and Human Services, provided that the practitioner is acting in the usual course of his or her professional practice, complies with all applicable state and federal laws, and the prescription is issued for a legitimate medical purpose.

Even with the public health emergency exception, practitioners must comply with both federal and state laws. For instance, some states prohibit the prescribing of controlled substances by means of telemedicine, some allow it with restrictions, and others broadly allow it. In addition, states may announce similar public health emergency exceptions at the state level. Practitioners should review applicable state law restrictions.

The Ryan Haight Act also provided for an exception in the prescribing of controlled substances by means of telemedicine under a special registration granted by the U.S. Drug Enforcement Agency. In 2018, the Support for

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Patients and Communities Act was signed into law, which required the Justice Department to issue regulations regarding the issuance of special telemedicine registrations to prescribe controlled substances, and the process by which to obtain this special registration. Although that registration process has not yet been finalized, one thing is certain: telemedicine is here to stay and will become an integral component in the practice of medicine and plastic surgery.

CONCLUSIONS

The coronavirus disease of 2019 public health emergency caused many abrupt changes in the way plastic surgery has been traditionally practiced. As we adapt to these new circumstances as a society and adjust to regional and temporal differences in public health emergency management, telemedicine has been and will continue to be a helpful tool. This article discussed the telemedicine topics most pertinent to plastic surgeons to further our specialty's understanding of virtual patient care and ensure the safe and effective use of electronic platforms.

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REFERENCES

1. Wosik J, Fudim M, Cameron B, et al. Telehealth transformation: COVID-19 and the rise of virtual care. *J Am Med Inform Assoc.* 2020;27:957–962.
2. Vyas KS, Hambrick HR, Shakir A, et al. A systematic review of the use of telemedicine in plastic and reconstructive surgery and dermatology. *Ann Plast Surg.* 2017;78:736–768.
3. Funderburk CD, Batulis NS, Zelones JT, et al. Innovations in the plastic surgery care pathway: Using telemedicine for clinical efficiency and patient satisfaction. *Plast Reconstr Surg.* 2019;144:507–516.
4. Eberlin KR, Perdikis G, Damitz L, Krochmal DJ, Kalliainen LK, Bonawitz SC; ASPS Health Policy Committee. Electronic communication in plastic surgery: Guiding principles from the American Society of Plastic Surgeons Health Policy Committee. *Plast Reconstr Surg.* 2018;141:500–505.
5. Medical Professional Liability Association. Submitted statement of Medical Professional Liability Association to the US Senate Committee on Health, Education, Labor and Pensions: Telehealth: Lessons from the COVID19 Pandemic. Available at: https://www.help.senate.gov/hearings/telehealth-lessons-from-the-covid-19-pandemic. Accessed December 24, 2020.
6. Federation of State Medical Boards. Telemedicine policies: Board by board overview. Available at: https://www.fsmb.org/siteassets/advocacy/key-issues/telemedicine_policies_by_state.pdf. Accessed June 18, 2021.
7. U. S. Department of Health and Human Services. OCR HIPAA announcements related to COVID-19. Available at: https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html?language=es. Accessed June 18, 2021.
8. Feldman D. The risks and benefits of telehealth in the future of healthcare. Available at: https://www.thedoctors.com/siteassets/pdfs/12482_telehealth_whitepaper_fnl.pdf. Accessed December 24, 2020.
9. American Medical Association. Telehealth visit etiquette checklist. Available at: https://www.ama-assn.org/system/files/2020-04/telehealth-appendix-g4-telehealth-visit-etiquette-checklist.pdf. Accessed June 18, 2021.
10. Sinha S, De A, Jones N, Jones M, Williams RJ, Vaughan-Williams E. Patients' attitude towards the use of a chaperone in breast examination. *Ann R Coll Surg Engl.* 2009;91:46–49.
11. Tracy CS, Upshur RE. The medical chaperone: Outdated anachronism or modern necessity? *South Med J.* 2008;101:9–10.
12. American Medical Association. Use of chaperones. AMA Code of Medical Ethics Opinion 1.2.4. Available at: https://www.ama-assn.org/delivering-care/ethics/use-chaperones. Accessed June 18, 2021.
13. Cameron E, Ealey T. Patient safety and modesty: A risk management approach. Available at: https://www.mgma.com/resources/risk-compliance/patient-safety-and-modesty-a-risk-management-appr. Accessed August 17, 2020.
14. American Medical Association. Ethical practice in telemedicine. AMA Code of Medical Ethics Opinion 1.2.12. Available at: https://www.ama-assn.org/delivering-care/ethics/ethical-practice-telemedicine. Accessed December 24, 2020.
15. American Medical Association. 50-state survey: Establishment of a patient-physician relationship via telemedicine. Available at: https://www.ama-assn.org/system/files/2018-10/ama-chart-telemedicine-patient-physician-relationship.pdf. Accessed June 18, 2021.
16. CaptureBilling. Available at: https://capturebilling.com/telemedicine-billing-tips/#ixzz6VKgw8qEQ. Accessed June 18, 2021.
17. Lune S. Telehealth billing during the COVID-19 national emergency. Available at: https://www.mgma.com/resources/revenue-cycle/telehealth-billing-during-the-covid-19-national-em. Accessed August 17, 2020.
18. Centers for Medicare & Medicaid Services. 1135 waivers. Available at: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertEmergPrep/1135-Waivers. Accessed December 24, 2020.
19. Centers for Medicare & Medicaid Services. Medicare telemedicine health care provider fact sheet. Available at: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet. Accessed June 18, 2021.
20. Centers for Medicare & Medicaid Services. COVID-19 frequently asked questions (FAQs) on Medicare Fee-for-Service (FFS) billing. Available at: https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf. Accessed June 18, 2021.

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