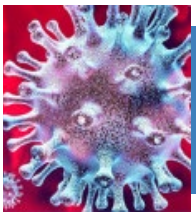
New Medicare Rules for Telehealth Services

KENTUCKY MEDICAL ASSOCIATION
Physicians Caring for Kentucky



We are making this document available to members as an informational resource. KMA expresses no opinion as to the feasibility, applicability, or impact to your particular practice. The guidance outlined below applies to traditional Medicare only.

CMS Broadens Access to Medicare Telehealth Services for COVID-19 Emergency

For the duration of the COVID-19 emergency, Medicare is expanding telehealth coverage. **Medicare will allow providers to bill Medicare fee-for-service for patient care in all areas of the country and in all settings, including the beneficiary's home.**

Beneficiaries will be able to receive a specific set of services through telehealth including, common office visits, mental health counseling, and preventive health screenings.

Here's what you need to know

Three main types of telehealth services you can provide to **Medicare** beneficiaries:

1) Telehealth Visits (same as in-person and paid at the same rate as regular, in-person visits)

- Provider must use an "**interactive audio and video telecommunications system** that permits real-time communication between the distant site and the patient at home." The HHS Office for Civil Rights (OCR) also allows physicians to use non-HIPAA compliant telehealth for the duration of the COVID-19 emergency, thus allowing the use of popular applications that allow for video chats, such as including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype.
- Telehealth visits are available to **new and established patients**. HHS will not conduct audits to ensure that a patient had a prior established relationship with the practitioner for claims submitted during this public health emergency.
- Billing codes will typically be evaluation and management (E/M) codes, e.g. 99201-99215 (Office or other outpatient visits), and the claim should reflect the designated Place of Service (POS) code 02-Telehealth. For a complete list, visit https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

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- Claims do not require "DR" condition code or "CR" modifier.

2) Virtual Check-Ins (5-10 minute, patient-initiated communications with a healthcare provider that mitigate the need for an in-person visit)

- Provider must have an **established relationship with the patient**.
- Communication should **not** be related to a medical visit within the previous 7 days nor lead to a medical visit within the next 24 hours (or soonest appointment available).
- Virtual Check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication. **Use of traditional telephone or cell phone calls for Virtual Check-ins is acceptable.**

- Providers can bill for these brief communications with HCPCS code G2012. Separate from these virtual check-in services, captured video or images can be sent to a physician for remote evaluation (HCPCS code G2010).

3) E-Visits (non-face-to-face, patient-initiated communications through an online patient portal)

- Provider must have an **established relationship with the patient**.
- Patient communicates with their doctor by using an **online patient portal.**
- Patient must generate the initial inquiry and communications can occur over a 7-day period.
- The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable.

Additional Telehealth Resources:

Medicare Telemedicine Health Care Provider Fact Sheet

Medicare Telehealth Frequently Asked Questions (FAQs)

NEW **Medicare General Provider Telehealth and Telemedicine Tool Kit**

AMA Quick Guide to Telemedicine in Practice