

# MEDICARE Announces New Flexibilities for Telehealth, Expands Phone-only Services



This document is 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.

**Medicare** continues to announce new flexibilities and expand telehealth coverage in response to the COVID-19 emergency. On March 17, Medicare announced it would 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**.

**Medicare** is further expanding access to allow for more than 80 additional services to be provided via telehealth. **Medicare** also is permitting physicians and other clinicians to provide **certain services by telephone**.

## Here's what you need to know

### 1) Telephone Services (audio-only with no video connection)

- NEW** • Providers can now provide more services to their patients **by telephone**, including certain evaluation and management visits as well as many behavioral health and patient education services.
- NEW** • For evaluation and management services (CPT codes **99441-99443**), it is important to note the amount of time spent on the telephone with the patient since these are time-based codes. Medicare is increasing payments for these evaluation and management telephone visits to match payments for similar office and outpatient visits. This increase in payment is retroactive to March 1, 2020.
- These services are available for **new and established patients**.
- 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).

### 2) 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.
- When billing for **traditional Medicare telehealth services** and **non-traditional Medicare telehealth services** (i.e., one of newly allowed telehealth codes) with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with the **Place of Service (POS) equal to what would have been used if the service had been furnished in-person, along with modifier 95**, indicating that the service rendered was actually performed via telehealth.
- Claims **do not** require “DR” condition code or “CR” modifier.
- A complete list of all Medicare telehealth services can be found at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.

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

- Provider can provide virtual check-in services to both **new and established patients**.
- 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).

**4) 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 or HCPCS codes G2061-G2063, as applicable.

**Additional Medicare Telehealth Resources:**

- NEW**
- [Medicare Press Release on Telehealth Changes](#) – Released April 30, 2020
  - [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#) – Released March 30, 2020
  - [Additional Background: Sweeping Regulatory Changes Fact Sheet](#) – Released March 30, 2020
  - [Medicare Telemedicine Health Care Provider Fact Sheet](#) – Released March 17, 2020
  - [Medicare Telehealth Frequently Asked Questions \(FAQs\)](#) – Released March 17, 2020
  - [CMS Current Emergencies](#)
  - [Medicare Coverage and Payment of Virtual Services](#) – Released May 8, 2020