

Medicare Telemedicine Expansion

Effective for services retroactive to March 1, 2020, and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.

Medicare Before March 1, 2020	Medicare After March 1, 2020
Patient must be in a designated rural or underserved area	Patient may be anywhere in the country
Patient must go to an "originating site," such as a hospital, for most services (End stage renal disease exception)	Patient may be in any site, whether a healthcare facility or even their home
Patient must be an established patient	Patient may be new or established
Provider must use a HIPAA compliant platform	Requirement for HIPAA compliant platform is waived
Requires two-way, real time audio/visual communication	No Change - Requires two-way, real time audio/visual communication
May only bill services on CMS list	No Change - May only bill services on CMS list

Medicare Covered Telehealth Services

CMS uses both CPT and HCPCS codes for telehealth services. For example:

99201-99205	Office/outpatient visit new
99211-99215	Office/outpatient visit established
99231-99233	Subsequent hospital care
99307-99310	Nursing facility care subsequent
G0406-G0408	Follow-up inpatient consult

An expanded list of **Medicare** Telehealth codes (from the 3/30/2020 CMS rule) can be found at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Appendix P in the CPT codebook also has a list of CPT codes that may be reported as telehealth services.

How Will You Select the Level of Service?

- CMS is allowing selection of an E/M office/outpatient services (99201-99215) to be based on either total practitioner time or medical decision making (MDM)
- Use total time of the billing practitioner on the day of the visit, not including staff time
- See the chart below with CPT and CMS times
- The visit does not need to be a counseling-based visit
- Use MDM, as currently defined
- History and exam are not a key component during the public health emergency
- This is CMS policy, not CPT policy in 2020—other payors are not required to follow CMS's policy.

New Patient		
Code	CPT Typical F2F Time	CMS Typical Total Time*
99201	10	17
99202	20	22
99203	30	29
99204	45	45
99205	60	67

Established Patient		
Code	CPT Typical F2F Time	CMS Typical Total Time*
99211	5	7
99212	10	16
99213	15	23
99214	25	40
99215	40	55

*CMS will allow telehealth office visits to be selected and documented based on total time on date of visit via CMS total time

Commercial Payors: Modifier and Place of Service Codes

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CPT Modifier 95: Although not required by Medicare, other payors may require use of modifier 95, *Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System*.

Place of service code "02" is report for telehealth when the patient is at home or at an originating site.

Medicare: Modifier and Place of Service Codes

- CMS revised their policy. Use the place of service that would have been used for an in-person visit (eg, POS 11 for office, POS 19 or 22 for outpatient hospital, 21 inpatient)
- CMS is paying the non-facility rate for POS 11 for services that would have been furnished in the office setting
- Add modifier -95
- Remember: Telephone calls, virtual check-ins, online digital E/M services, remote monitoring, and interprofessional consultations are not considered telehealth and don't require a modifier or POS 02

Medicare Telehealth Rules

Communication Platform and HIPAA

- Must use an **interactive audio and video** telecommunication system. A telephone without video does NOT meet the requirements for billing telehealth. *Stay tuned – this may be revised*
- May use applications that allow for video chats, including: Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Skype, etc.
- May NOT use applications that are "public facing" including: Facebook Live, Twitch, TikTok.
- Notify patients that any third-party application potentially introduces privacy risks.
- Do NOT report visit/services as telehealth for on-site visits conducted via video or through a window in a clinic or similar facility.

Who Can Bill Telehealth Services?

- Physicians, advanced practice registered nurses, physician assistants, CRNAs, clinical psychologists, clinical social workers, registered dietitians and nutrition professionals.

Payment/Co-Pay

- CMS will pay facility rate for services submitted with facility place of service and non-facility rates for services submitted with office visit place of service.
- Providers may waive the co-pay/deductible but are not required to do so.

What About Other Payors?

- Commercial payors and state Medicaid plans will set their own rules
- Many are paying for telehealth, similar to CMS Medicare rules
- Not all have waived HIPAA privacy rule

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Diagnosis Coding After April 1, 2020

New ICD-10 code

U07.1, 2019-nCoV acute respiratory disease

Use additional code to identify pneumonia or other manifestations

Excludes: Coronavirus infection, unspecified (B34.2)
 Coronavirus as the cause of diseases classified elsewhere (B97.2-)
 Pneumonia due to SARS-associated coronavirus (J12.81)

Z20.828, Contact with and (suspected) exposure to other viral communicable diseases.

Z11.59, Encounter for screening for other viral diseases

This relaxation of rules is ONLY effective during the state of emergency under the law passed retroactive to March 1, 2020, and is NOT a permanent change.

In plain English: Yes, you can bill an office visit via interactive video.