

## **Telehealth Medicare Coverage Updates 5/06/20**

The following resource provides pertinent updates from the Centers for Medicare and Medicaid Services (CMS) regarding telehealth coverage during the current Public Health Emergency (PHE). This resource contains the coding updates included in the 4/30/20 CMS Interim Final Rule. With the increased access to telehealth for Medicare patients, individuals can obtain the necessary care from their physicians and other qualified health care providers while staying in the safety of their home.

### **Level Selection for Office/Outpatient E/M Visits When Furnished Via Medicare Telehealth**

On an interim basis, with respect to the PHE for the COVID-19 pandemic, CMS finalized new policy that:

- CMS is revising its policy to specify that the office/outpatient E/M level selection for these services when furnished via telehealth can be based on MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter; and to remove any requirements regarding documentation of history and/or physical exam in the medical record
  - CMS clarifies that it is maintaining the current definition of MDM

### **Reimbursement for Telehealth E/M Services**

- Reimbursement at the same rate as if services were furnished in-person
  - If a physician practicing in an office setting sees patients via telehealth, they would be paid the non-facility fee
  - If a physician practicing in an outpatient provider-based clinic of a hospital sees patients via telehealth, they would be paid the facility rate

### **Place of Service Codes & Modifiers**

The Department of Health and Human Services (HHS) and CMS has implemented the following updates regarding the reporting of Telehealth services as of 4/6/20. Please refer to the [link](#) to the Federal Register for more detailed information.

For Medicare telehealth services, CMS has recommended, *on an interim basis*, to:

- Report the POS code that would have been reported as if the E/M service had been furnished in person.
  - This allows CMS to make appropriate payment for services furnished via Medicare telehealth **at the same rate** they would have been paid if the services were **performed in person**
  - Previous CMS guidelines had instructed to reported with the Place of Service (POS) code **02** for Medicare Telehealth to *E/M Office or Other Outpatient Services* codes, 99201 – 99215

- Append the CPT telemedicine modifier, **Modifier 95**, to E/M services that are reported for telehealth.
  - CMS will **maintain the facility payment rate** for services billed using the general telehealth
  - Previous CMS guidelines had stated not use append modifier 95

CMS recommends that if your typical POS is 11, continue to use POS 11, along with Modifier 95. If your POS is typically outpatient hospital (POS 19 or 22) continue to use that POS, along with Modifier 95. This will render a facility payment just as when seeing patients face to face.

### **Revised CMS Telehealth Definitions**

For the duration of the PHE for COVID-19, CMS is adding an exception to the definition of “*interactive telecommunications system*” to allow for the use of mobile phones that have audio/video capability

- The temporary new definition is “multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner”

CMS has allowed additional flexibility for the use of **audio-only** communications to provide telehealth services. For a complete list of telehealth services payable under the [Medicare Physician Fee Schedule](#), including a spreadsheet with the exact codes that are covered with audio only, please follow the link to the CMS website. Cells that contain the answer “yes” under the column heading *Can Audio-only Interaction Meet the Requirements?* do not need video requirements to report those E/M telehealth service codes.

CMS will add new covered telehealth services on a sub-regulatory basis during the PHE.

### **Further Promote Telehealth in Medicare**

- Providers can evaluate patients using audio-only
- 80 + additional services can now be furnished via telehealth including ED visits, initial nursing facility and discharge visits, and home visits
  - Must be provided by a clinician that is allowed to provide telehealth
- CMS has expanded the types of qualified health care providers that can provide Medicare telehealth services to include **physical therapists, occupational therapists, and speech language pathologists**.
- Telehealth visits considered to fulfill much of the face-to-face requirements for clinicians to see patients at inpatient rehab facilities, hospice, and in-home health
  - Reiterates use of commonly available interactive apps with audio/visual capabilities to perform telehealth visits
- Virtual check-in services (codes 99421-99423) can now be provided to **both new and established patients** by physicians
- During the pandemic, consent to receive telehealth services may be obtained at the same time the services are furnished

### **Telephone Evaluation and Management Services**

On an interim basis, with respect to the PHE for the COVID-19 pandemic, CMS finalized a new policy that:

- CMS is **increasing payments for Telephone Services codes 99441-99443 to match payments for similar office and outpatient visits. This would increase payments for these telephone services from a range of about \$14-\$41 to about \$46-\$110.** The payments are **retroactive to March 1, 2020.**
- Provides separate payment for CPT codes 98966-98968 and CPT codes 99441-99443.
  - CMS is finalizing work RVUs recommended by the AMA Health Care Professionals Advisory Committee (HCPAC) of 0.25 for CPT code 98966, 0.50 work RVUs for CPT code 98967, and 0.75 for CPT code 98968, and work RVUs as recommended by the AMA Relative Value Scale Update Committee (RUC) of 0.25 for CPT code 99441, 0.50 for CPT code 99442, and 0.75 for CPT code 99443.
  - CMS is finalizing the HCPAC and RUC-recommended direct PE inputs which consist of 3 minutes of post-service RN/LPN/MTA clinical labor time for each code.
  - CMS is extending these telephone services to **both new and established patients** and will relax enforcement of the code descriptors.
  - CMS added these telephone E/M codes to the list of Medicare telehealth services.
    - Because services on the Medicare telehealth list are required to be furnished using both audio and video, CMS waived requirements that these telephone E/M codes be provided using video.

All regulations are retroactive to March 1, 2020

Resources: <https://www.cms.gov/files/document/covid-final-ifc.pdf>  
<https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>