CMS new Guidance for Telehealth and other Virtual Services

CMS is expanding coverage for telehealth services, in light of the current state of emergency, under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. These rules and guidelines should be regarded as temporary and may be modified or rescinded once conditions return to normal.

- Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will provide coverage for telehealth services furnished to patients in broader circumstances by allowing payment for professional services furnished to beneficiaries in all areas of the country in all settings. This includes services provided in any healthcare facility or in their home.
- These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- Code selection is based on the distant site location (i.e., where the physician or other non-physician practitioner is located during the service). Documentation requirements remain the same; all elements associated with the billed code must be met.
- Place of service 02 – telehealth is required on the claim. No special modifier is required.
- The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.
- To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
- Guidance regarding teaching physician and incident to billing is not available at this time. CMS to address and release memorandum at an undetermined future date.
- Providers will not need to be licensed in the originating state (facility or private residence where the patient is receiving telehealth services) if not their own
- Provider must utilize interactive audio/video, real time communication (including Face Time and Skype).
- <u>Other payer guidelines may vary</u> – check with insurance to determine if CMS rules will be followed.

LIST OF MEDICARE TELEHEALTH SERVICES – CY2020

Code	Short Descriptor	Code	Short Descriptor	Code	Short Descriptor
90785	Psytx complex interactive	96160	Pt-focused hlth risk assmt	G0396	Alcohol/subs interv 15-30mn
90791	Psych diagnostic evaluation	96161	Caregiver health risk assmt	G0397	Alcohol/subs interv >30 min
90792	Psych diag eval w/med srvcs	97802	Medical nutrition indiv in	G0406	Inpt/tele follow up 15
90832	Psytx pt&family 30 minutes	97803	Med nutrition indiv subseq	G0407	Inpt/tele follow up 25
90833	Psytx pt&fam w/e&m 30 min	97804	Medical nutrition group	G0408	Inpt/tele follow up 35
90834	Psytx pt&family 45 minutes	99201	Office/outpatient visit new	G0420	Ed svc ckd ind per session
90836	Psytx pt&fam w/e&m 45 min	99202	Office/outpatient visit new	G0421	Ed svc ckd grp per session
90837	Psytx pt&family 60 minutes	99203	Office/outpatient visit new	G0425	Inpt/ed teleconsult30
90838	Psytx pt&fam w/e&m 60 min	99204	Office/outpatient visit new	G0426	Inpt/ed teleconsult50
90839	Psytx crisis initial 60 min	99205	Office/outpatient visit new	G0427	Inpt/ed teleconsult70
90840	Psytx crisis ea addl 30 min	99211	Office/outpatient visit est	G0436	Tobacco-use counsel 3-10 min
90845	Psychoanalysis	99212	Office/outpatient visit est	G0437	Tobacco-use counsel>10min
90846	Family psytx w/o patient	99213	Office/outpatient visit est	G0438	Ppps, initial visit
90847	Family psytx w/patient	99214	Office/outpatient visit est	G0439	Ppps, subseq visit
90951	Esrd serv 4 visits p mo <2yr	99215	Office/outpatient visit est	G0442	Annual alcohol screen 15 min
90952	Esrd serv 2-3 vsts p mo <2yr	99231	Subsequent hospital care	G0443	Brief alcohol misuse counsel
90954	Esrd serv 4 vsts p mo 2-11	99232	Subsequent hospital care	G0444	Depression screen annual
90955	Esrd srv 2-3 vsts p mo 2-11	99233	Subsequent hospital care	G0445	High inten beh couns std 30m
90957	Esrd srv 4 vsts p mo 12-19	99307	Nursing fac care subseq	G0446	Intens behave ther cardio dx
90958	Esrd srv 2-3 vsts p mo 12-19	99308	Nursing fac care subseq	G0447	Behavior counsel obesity 15m
90960	Esrd srv 4 visits p mo 20+	99309	Nursing fac care subseq	G0459	Telehealth inpt pharm mgmt
90961	Esrd srv 2-3 vsts p mo 20+	99310	Nursing fac care subseq	G0506	Comp asses care plan ccm svc
90963	Esrd home pt serv p mo <2yrs	99354	Prolonged service office	G0508	Crit care telehea consult 60
90964	Esrd home pt serv p mo 2-11	99355	Prolonged service office	G0509	Crit care telehea consult 50
90965	Esrd home pt serv p mo 12-19	99356	Prolonged service inpatient	G0513	Prolong prev svcs, first 30m
90966	Esrd home pt serv p mo 20+	99357	Prolonged service inpatient	G0514	Prolong prev svcs, addl 30m
90967	Esrd home pt serv p day <2	99406	Behav chng smoking 3-10 min	G2086	Off base opioid tx first m
90968	Esrd home pt serv p day 2-11	99407	Behav chng smoking > 10 min	G2087	Off base opioid tx, sub m
90969	Esrd home pt serv p day 12-19	99495	Trans care mgmt 14 day disch	G2088	Off opioid tx month add 30
90970	Esrd home pt serv p day 20+	99496	Trans care mgmt 7 day disch		
96116	Neurobehavioral status exam	99497	Advncd care plan 30 min		
96150	Assess hlth/behave init	99498	Advncd are plan addl 30 min		
96151	Assess hlth/behave subseq	G0108	Diab manage trn per indiv		
96152	Intervene hlth/behave indiv	G0109	Diab manage trn ind/group		
96153	Intervene hlth/behave group	G0270	Mnt subs tx for change dx		
96154	Interv hlth/behav fam w/pt	G0296	Visit to determ ldct elig		

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Other Virtual Services

E-Visits

E-visits refer to communications with providers via online patient portals. These are for established patients, and are **non-face to face interactions**, which differentiates it from telehealth. Physicians and other providers who bill E/M codes can bill e-visits, using these codes:

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
- 99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11– 20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

These codes should be billed <u>once</u> over a 7-day period, based on the total amount of time spent in the aggregate. The patient must generate the initial inquiry; however, the practice can reach out to patients to make them aware of service availability.

Virtual Check In

Medicare pays for "virtual check-ins" (or Brief communication technology-based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor's office. These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would generally apply to these services.

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- G2012 - Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

"Store & Forward"

This service involves provider review, analysis, and interpretation of video and/or other images submitted by a remote patient and followed up with the patient in 24 business hours. This service cannot be related to an E/M service performed within the previous week or an E/M service or procedure performed within 24 hours or soonest available appointment.

- G2010 - Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment

References:

CMS Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet?utm_campaign=government-affairs&utm_medium=email&utm_source=3.17.20%20Regulatory%20Alert%20Washington%20Connection&elqEmailId=9986

Medicare Telehealth FAQ: https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

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