

Telehealth Information

Centers for Medicare and Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a health care facility. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Coronavirus Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19, are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus. Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive costsharing for telehealth visits paid by federal healthcare programs. As most trends in healthcare, many private payers are following the trend of Medicare and reimbursing similarly. Please check with individual states and carriers for specifics.

Medicare Telehealth Visit Guidance :Effective for services starting March 6, 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. **These visits are considered the same as in-person visits and are paid at the facility rate for in-person visits.** While the Medicare telehealth requirement generally requires a patient to travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for telehealth services furnished to beneficiaries in any healthcare facility and in their home in all areas of the country. Physicians can provide telehealth services from their homes. It is not necessary for physicians to update their Medicare enrollment file with their home address. 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.

Coinsurance: The Medicare coinsurance and deductible would generally apply to telehealth services. However, the HHS OIG is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Licensure Requirements: If you are licensed in the state where the patient is located, there are no additional requirements. If you are not licensed in the state where the patient is located, CMS has issued the following waiver for Medicare patients: Temporarily waive requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state. Physicians are still bound by their state licensing requirements. Medicaid **waivers must be requested** by the individual state that wants to use them. **Many states have temporarily relaxed licensure requirements** related to physicians licensed in another state and retired or clinically inactive physicians. This includes waiving licensure requirements or offering a temporary expedited license for out-of-state

physicians. Please contact your state board of medicine or department of health for up-to-the minute information.

Direct Supervision Requirements: For services requiring direct supervision by a practitioner or teaching physician, the physician supervision can be provided virtually using real-time audio/video technology.

Telehealth Technological Requirements: Visits can be performed using any device with audio and video capabilities. Medicare generally requires telehealth services to be provided through HIPAA compliant software. However, the Office of Civil Rights (OCR) is exercising enforcement and waiving penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the public health emergency.

Billing Guidance:

| Type of Service | Description | HCPCS/CPT Code | Patient/Provider Relationship |
|----------------------------|--|--|----------------------------------|
| Medicare Telehealth Visits | A visit with a provider that uses two-way, interactive audio/video telecommunication systems between a provider and a patient. | Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial outpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes | For new and established patients |
| Virtual Check-in | A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient. | G2012 G2010 | For new and established patients |
| E-visits | A communication between a patient and their provider through an online patient portal. | 99421 99422 99423 G2061 G2062 G2063 | For established patients |
| Telephone Visits | A communication between a patient and their provider by telephone (audio) only. These are similar to virtual check-ins. | 98966 99867 99868 99441 99442 99443 | For new and established patients |
| Remote | A communication | 99091 | For new and established |

- **Modifiers** 95- Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System; GQ- Via asynchronous telecommunications system; GT- Via interactive audio and video telecommunication systems

Tips for documentation:

- Include method of communication (audio vs. audio/video)
- Include a verbal consent and disclaimer regarding patient being aware of limitation on physical exam etc.
 - Example: This is a tele-medical visit. The patient was informed of the risks including security breach, technological failure, inability to perform a comprehensive physical exam which could delay or prevent an accurate diagnosis, and potential complications from treatment decisions rendered over a telemedical platform. The patient understands and consented to the use of tele-health services.
- There are malpractice carriers that recommend against recording telemedicine encounters