

Article Detail

Date:	03/18/2020
Title:	Changes to Telehealth Benefits During COVID-19 Outbreak
Healthcare Type:	All
Source:	https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak ; https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page ; https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf ; https://www.cms.gov/files/document/se20011.pdf ; https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
Abstract:	CMS has broadened access to Medicare telehealth services under the COVID-19 emergency declaration. Understand how these changes affect reporting of telehealth services.



Article Text

The Centers for Medicare and Medicaid Services (CMS) announced on March 17, 2020, that they have temporarily broadened access to telehealth services based on the president's declaration of emergency due to the COVID-19 outbreak. The expansion of benefits as part of the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act means a wider range of services can be accessed by beneficiaries without requiring travel to a healthcare facility. This will allow beneficiaries access to routine care and enable those with mild symptoms to remain in their homes while still having access to the care they need, which helps to limit community spread of the virus.

Before the 1135 waiver, Medicare could reimburse telehealth services only when the beneficiary resided in a designated rural area or when they went to a clinic, hospital, or other type of facility for the specific telehealth service. The Office of Inspector General (OIG) is also reducing or waiving the cost-sharing costs for telehealth visits, which are paid for by federal healthcare programs.

Under the waiver, Medicare can reimburse for office, hospital, or other visits performed via telehealth services beginning March 6, 2020, and continuing for the duration of the COVID-19 emergency. Services can be offered by a wide range of providers, including physicians, nurse practitioners, psychologists, and licensed clinical social workers. In addition, providers will be permitted to provide care across state lines. As long as the provider is licensed in one state, they may practice in another. Covered services include Medicare telehealth services, virtual check-ins, and E-visits.

For Medicare, telehealth visits:

- The visits are considered to be the same as an in-person visit and reimbursed at the same rate.
- The provider MUST use interactive audio AND video telecommunications systems permitting real-time communication.
- Providers include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals (subject to state law).
- Services may be provided to beneficiaries in any healthcare facility or from home.
- Medicare coinsurance and deductibles apply; however, OIG is allowing providers to reduce or waive cost-sharing.
- Before the 1135 waiver, beneficiaries were required to be established with a provider to use telehealth services. The Department of Health and Human Services (HHS) will not conduct audits on such services during this emergency period.
- See the list of codes that may be reported at the end of this article.

For virtual check-ins:

- The check-in must be a BRIEF communication with providers by an established beneficiary (cannot be a new patient).
- The service is not limited to rural settings or specified locations.
- Check-in occurs through various methods, including synchronous discussion over telephone, via image or video, secure text messaging, email, or through a patient portal. Real-time communication is not required.
- Generally the check-in should be initiated by the beneficiary, but beneficiaries may require provider education on availability of the service.
- Medicare coinsurance and deductibles apply.
- When appropriate, use HCPCS code 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.
- When appropriate, use HCPCS code 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.



For E-visits:

- The visit involves non-face-to-face communication with the provider initiated by an established beneficiary through an online patient portal (cannot be a new patient). It is billed for cumulative time over a 7-day period.
- The service is not limited to rural settings or specified locations.
- Medicare coinsurance and deductibles apply.
- Evaluation and management (E&M) visits reported by physicians should include the following CPT® codes, as appropriate:
 - 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
- Assessment and management provided by qualified nonphysician professionals (i.e., physical or occupational therapists, speech pathologists, clinical psychologists, etc.), are reported using the following HCPCS codes, as appropriate:
 - G2061 Qualified nonphysician health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
 - G2062 Qualified nonphysician health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
 - G2063 Qualified nonphysician health care professional online assessment and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

For institutional claims (submitted using ASC X12 837 format or paper Form CMS-1450), report the services with the DR (Disaster Related) condition code. For Part B billing (submitted using ASC X12 837 professional claim format or paper Form CMS-1500), report with modifier CR (Catastrophe/disaster related).

In addition to the above changes, the HHS Office for Civil Rights (OCR) will practice enforcement discretion and waive penalties for HIPAA violations for providers, who in good faith serve their patients using everyday communication technology, such as FaceTime or Skype, during the COVID-19 emergency. For more information, see <https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak>.

2020 Telehealth Services Codes:

Advance Care Planning	99497-99498
Alcohol/Substance Abuse Assessment	G0396-G0397
Annual Alcohol Screening	G0442
Annual Depression Screening	G0444
Annual Wellness Visit	G0438-G0439
Behavior Counseling	G0443-G0447
Chronic Care Management Services	G0506
Chronic Kidney Disease Educational Services	G0420-G0421
Counseling for Lung Cancer Screening	G0296
Diabetes Self-Management Training	G0108-G0109
E-Visits: Physicians	99421-99423
E-Visits: Qualified Nonphysician Professionals	G2061-G2063
Neurobehavioral Status Examination	96116
Opioid Use Treatment, Office	G2086-G2088
Prolonged Services	99354-99357, G0513-G0514
Smoking/Tobacco Cessation Counseling	99406-99407, G0436-G0437
Telehealth: Critical Care Consult	G0508-G0509
Telehealth: Inpatient Consult	G0425-G0427
Telehealth: Inpatient Follow-up	G0406-G0408
Telehealth: Inpatient Pharmacy Management	G0459
Transitional Care Management	99495-99496
Virtual Check-In	G2010, G2012