Addendum: CMS Expands Medicare Telehealth Benefits During COVID-19 Pandemic

*Effective March 1, 2020 and for the duration of the COVID-19 Pandemic*

**Medicare Payments**
- Medicare will pay for telehealth services at the same rate as regular, in-person visits.
- Prior-authorization requirements have been suspended
- Providers have flexibility in waiving deductibles and copays
- Non-Medicare payors are encouraged to follow the same CMS guidelines for payment and coverage at this time.
  *(Note: Many private payors offering $0 copays for telehealth.)*
- There are several physician financial relief provisions that were included in the CARES Act (Public Health Emergency Fund Grants (provider relief fund), small business loans (Paycheck Protection Program – PPP), authority for the expansion of the Advance Payment Program, and the suspension of sequestration through 2020.

**Waiving of HIPAA Requirements**
- HHS has removed penalties for HIPAA violations against providers. Communication via consumer technology like Skype and FaceTime may be used.
- Public-facing social media communication (Facebook, Instagram) may not be used.

**New vs. Established Patient Restrictions Lifted**
- New patients are now eligible for telehealth via phone calls, e-visits, and virtual check-in

**Time-Based Billing for Total Physician Time**
- Billing E/M visits is based on total time the physician spends on the patient, rather than face-to-face time only. This includes total time for physician review of records and time for physician documentation. Note: This does not include staff time with the patient.
- In addition, the requirement for 50% counseling has been dropped.

**Phone Calls Reimbursable Under the 9944x Codes**
- Increased payments for audio-only telephone visits will match payments for similar office and outpatient visits, from a range of about $14-$41 to $46-$110, retroactive to March 1st (see attached updated Billing/Coding At A Glance)
- New or established patients are eligible
- 99441 for 5-10 min
- 99442 for 11-20 min
- 99443 for >21 min
Practicing Across State Lines
- Physicians licensed in one state can provide services to Medicare beneficiaries in another state.

Tele-Staffing of Residents & Fellows
- In-person staffing requirements have been lifted during this time, to allow the minimum number of providers to risk exposure.
- Attestation statement is required.

Removal of Originating Site Requirements
- Medicare will make payment for professional services furnished to beneficiaries nationwide, in all settings, including their homes.

### BILLING/CODING AT A GLANCE

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Description</th>
<th>CPT Code</th>
<th>Reimbursement</th>
<th>RVUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video Visit</td>
<td>MD/OD/PA/NP uses real-time audio + video</td>
<td>99201-99205 (New Pt)</td>
<td>$43-$211 (99203=$109) $23-$148 (99213=$76)</td>
<td>1.42 for 99203 0.97 for 99213</td>
</tr>
<tr>
<td>Phone Calls</td>
<td>Telephone call to new or established patient</td>
<td>99441 for 5-10 min 99442 for 11-20 min 99443 for &gt;21 min</td>
<td>$46 $76 $110</td>
<td>0.25 0.50 0.80</td>
</tr>
<tr>
<td>Virtual Check-In</td>
<td>5-10 minute check-in via phone/email/portal</td>
<td>G2012</td>
<td>$13</td>
<td>0.25</td>
</tr>
<tr>
<td>Photo Review</td>
<td>Review patient photo</td>
<td>G2010</td>
<td>$9</td>
<td>0.18</td>
</tr>
<tr>
<td>E-Visits</td>
<td>Online communication via portal and/or email *cumulative x7 days</td>
<td>99421 for 5-10 min 99422 for 11-20 min 99423 for &gt;21 min</td>
<td>$13 $27 $44</td>
<td>0.25 0.50 0.80</td>
</tr>
<tr>
<td>Doctor-Doctor Consult (Consulting Doctor)</td>
<td>MD/OD/PCP consult with report sent</td>
<td>99446 for 5-10 min 99447 for 11-20 min 99448 for 21-30 min 99449 for &gt;31 min</td>
<td>$18 $37 $56 $74</td>
<td>0.35 0.70 1.05 1.40</td>
</tr>
<tr>
<td>Doctor-Doctor Consult (Referring Doctor)</td>
<td>MD/OD/PCP requesting consult</td>
<td>99452</td>
<td>$38</td>
<td>0.70</td>
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</tbody>
</table>