CMS Announced Updated Medicare Changes and Billing Information Related to Telehealth Services

UPDATE 3/30/20 – Additional Expansion announced allowing providers to bill for phone calls (audio only) and expanded the list of approved telehealth services. CLICK HERE to read this March 30 Press Release.

3/17/20 - Telehealth services broadened so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility

MSHO’s Brief overview of the changes:
*Telehealth visits by qualified providers** - now allowing the use of cell phone/face time or any interactive audio and video telecommunications system that permits real-time communication between provider & patient at home or in a healthcare facility (where the provider is not).

**NOTE: Provider must be qualified - meaning physicians, NPPs - those allowed to bill Medicare for visits

*Use office visit codes the same as you would if the patient were in the office (99201 - 99215). These visits are considered the same as in-person visits and will be reimbursed the same. Providers must use a place of service code of "02" to indicated it is a professional telehealth service from a distant site. No modifier is required.

*Document like a regular office visit but include information related to telehealth visit; for example - the patient was home and the visit was performed using facetime on a cell phone.

*Telehealth visits will still generate an out of pocket cost for the patient - same as an in-person visit, however, OIG is providing flexibility for healthcare providers to reduce or waive the cost-sharing for any federal healthcare program.

*These changes will remain in place as long as the "Public Health Emergency" declared by the Secretary of HHS is in place.

*If the patient is in the hospital and the provider is off-site performing the virtual visit - the hospital can bill for the originating site facility fee, Q3014.

*We are allowed to notify our patients that telehealth services are available in lieu of a face to face visit.

*There are other telehealth codes such as virtual check-in and e-visits but most likely our physicians will most likely want/need to use the office visit codes

**A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit

**An e-visit is when a beneficiary communicates with their doctors through online patient portals.

March 17th - Press Release CMS announcement: CLICK HERE

To review the CMS Telehealth Toolkit CLICK HERE

To read the CMS Fact Sheet on this announcement: CLICK HERE

To read the CMS Frequently Asked Questions on this announcement: CLICK HERE