

## MSHO TELEHEALTH UPDATES

### Update 5/13/20 - Telehealth Video: Medicare Coverage and Payment of Virtual Services

CMS updated a [video](#) that answers common questions about the expanded Medicare telehealth services benefit during the COVID-19 public health emergency. New information includes how CMS adds services to the list of telehealth services, additional practitioners that can provide telehealth services, and the distant site services that Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) can provide. Further, the video includes information about audio-only telehealth services, telehealth services that hospitals, nursing homes and home health agencies can provide, along with how to correctly bill for telehealth services.

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### 4/30/20 – Medicare Press Release Expands Telehealth

#### Good News From Medicare!

*Audio-only Telehealth calls approved to be billed as E & M visits!*

*Phone call reimbursement increased to match office/outpatient visits!*

*And more....*

Today, March 30, 2020, CMS announced additional changes to support the U.S. Healthcare System during COVID-19 Pandemic. The Press Release included many additional waivers and rule changes including the following;

- Since some Medicare beneficiaries don't have access to interactive audio-video technology that is required for Medicare telehealth services, or choose not to use it even if offered by their practitioner, **CMS is waiving the video requirement for certain telephone evaluation and management services**, and adding them to the list of Medicare telehealth services. As a result, Medicare beneficiaries will be able to use an audio-only telephone to get these services.
  - ***Includes office and outpatient visit codes! To view the list of covered Telehealth services for PHE for the COVID-19 pandemic, effective March 1, 2020: [CLICK HERE](#)***
- CMS previously announced that Medicare would pay for certain services conducted by audio-only telephone between beneficiaries and their doctors and other clinicians. Now, CMS is broadening that list to include many behavioral health and patient education services. **CMS is also increasing payments for these telephone visits to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about \$14-\$41 to about \$46-\$110.** The payments are retroactive to March 1, 2020.
- Until now, CMS only added new services to the list of Medicare services that may be furnished via telehealth using its rulemaking process. CMS is changing its process during the emergency, and will add new telehealth services on a sub-regulatory

basis, considering requests by practitioners now learning to use telehealth as broadly as possible. This will speed up the process of adding services.

There were no specific coding changes included with this update, you will continue to code as we have been directed. CMS has not updated their FAQ.

If you have questions about how to code, please contact [billing@msho.org](mailto:billing@msho.org) or visit the Telehealth Billing page on the MSHO website [CLICK HERE](#)

**READ MORE ABOUT THE ADDITIONAL EXPANSIONS WITHIN THE PRESS RELEASE:** [CLICK HERE](#)

**Link to more specifics on the changes:** [CLICK HERE](#)

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### 4/7/20 – MSHO Update on CMS Open Door Forum Call Today

Emily Yonder, CMS Telehealth, stated during the call that because there has been such a voice about the difficulty in communicating with patients via audio AND video, Medicare is “considering” approving the audio only (telephone) calls to be billed as E & M services. Answering an audience question, Emily stated it might be a good idea to hold claims, if possible, and bill them out once this has been determined. She stated Medicare is looking within the Cures Act to see if they have the authority. MSHO has submitted the request to CMS multiple times and are awaiting response. Stay tuned....

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### 4/2/20 - MEDICARE UPDATE:

Late in the afternoon on April 2, 2020, MSHO verified with WPS Medicare that when a physician provides a Telehealth service by audio only (phone call), they **CANNOT** bill the visit codes and instead must bill the Non-Face-to-Face Telephone Services Codes;

<b>CODE</b>	<b>Non-Facility National Payment</b>	<b>Description</b>
99441	\$14.41	5 – 10 minutes of medical discussion
99442	\$28.15	11 – 20 minutes of medical discussion
99443	\$41.14	21+ minutes of medical discussion

These codes do require verbal consent

These codes cannot be billed if:

*\*the call results in a decision to see the patient within the next 24 hours*

*\*7 days following an appointment no leading to a E/M service within the next 24 hours*

Additionally within CMS-1744-IFC, CMS references the ability to bill for Non-physician - Non-Face-to-Face - Telephone Services

98966	\$14.41	5 – 10 minutes of medical discussion
98967	\$28.15	11 – 20 minutes of medical discussion

98968

\$41.14

21- 30 minutes of medical discussion

*Note: Refer to your AMA CPT for other rules related to these visits*

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### 3/30/20 - Update - CMS Announced Updated Medicare Changes and Billing Information Related to Telehealth Services

Additional Expansions announced;

- Providers can be reimbursed for phone calls (audio only) using the phone call coding - CPT 99441 – 99443.
- CMS expanded the list of approved telehealth services
- Also changed place of service (02) to instead the location where the visit would have happened (ie: office, hospital) and append modifier 95
- Also changed the telehealth criteria for determining the level of an office/outpatient visit – providers should choose based on the “Medical Decision Making” or “Time” – you no longer use “History” or “Physical Exam” when determining the level of service.
- [Click Here](#) to read this March 30 Press Release
- [Click Here](#) to review the CMS-1174-IFC
- [Click Here](#) to review the Cares Act

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### 3/31/20 Medicare Update

#### ***Billing for Professional Telehealth Distant Site Services During the Public Health Emergency - Revised***

*This corrects a prior message that appeared in our March 31, 2020 Special Edition.*

*Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 80 additional services to be furnished via telehealth. When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with:*

- *Place of Service (POS) equal to what it would have been had the service been furnished in-person*
- *Modifier 95, indicating that the service rendered was actually performed via telehealth*

*As a reminder, CMS is not requiring the CR modifier on telehealth services. However, consistent with current rules for telehealth services, there are two scenarios where modifiers are required on Medicare telehealth professional claims:*

- *Furnished as part of a federal telemedicine demonstration project in Alaska and Hawaii using asynchronous (store and forward) technology, use GQ modifier*

- *Furnished for diagnosis and treatment of an acute stroke, use G0 modifier*

*There are no billing changes for institutional claims; critical access hospital method II claims should continue to bill with modifier GT.*

### 3/17/20 – Update on Medicare Telehealth

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. **\*\*This was changed on 3/30!**

\*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 17<sup>th</sup> - 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](#)