



CMS Revises Telehealth Services During COVID-19 Outbreak Physician Education

Purpose

To provide physicians with the updated CMS guidelines for telehealth services as a result of the COVID-19 outbreak. Also included are coding guidelines and appropriate documentation recommendations for reporting these services.

Background

Historically, the term “telehealth” referred to the CMS coverage policy regarding distant site practitioners who furnish covered services using interactive audio and video telecommunications systems that permit real-time communication between the provider at the distant site (POS 02) and a patient at the originating site. Qualifying originating sites were defined as counties outside a Metropolitan Statistical Area (MSA) and rural Health Professional Shortage Areas (HPSA).

Changes Effective March 6, 2020

On March 17, 2020, the Centers for Medicare & Medicaid Services (CMS) **issued guidance on Secretary Azar’s waiver authority that broadens access to Medicare telehealth services**. Effective **March 6, 2020** and for the duration of the COVID-19 Public Health Emergency, CMS will:

- Waive geographic restrictions, meaning patients can receive telehealth services in non-rural areas
- Waive originating site restrictions, meaning patients can receive telehealth services in their home
- Allow use of telephones that have audio and video capabilities
- Allow reimbursement for any telehealth covered code, even if unrelated to COVID-19 diagnosis, screening, or treatment; and
- Not enforce the established relationship requirement that a patient see a provider within the last three years.

Telehealth Visits

- Telehealth Visits are for a service that would typically have been provided in-person.
 - The claim should reflect the designated Place of Service (POS) code 02-Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site.
 - Medicare pays the same amount for telehealth services as it would if the service were furnished in person.
 - For services that have different rates in the office versus the facility (the site of service payment differential), Medicare uses the facility payment rate when services are furnished via telehealth.
- The Originating Site Requirement is suspended – Patients can receive telehealth services at their home.
- The Rural Location Requirement is suspended – Telehealth services will not be limited to patients in rural areas.
- Prior relationship (e.g., established patient) requirement for Telehealth services has been waived.
- **Telehealth services require a face to face video connection method.**



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- The HHS Office of Civil Rights (OCR) is relaxing the restrictions on the type of audio-visual connection to allow Telehealth Visits using everyday communications technologies, such as FaceTime or Skype, regardless if those methods are HIPAA-compliant.
- The technology used must be "non-public facing." Therefore, Facebook Live, Twitch, TikTok would not be acceptable to the Office of Civil Rights.
- CMS is not changing the list of distant site practitioners (subject to state law) which can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.
- **Telephone assessments (CPT 99441-99443) are not eligible telehealth service visits.**
 - **These codes are still considered noncovered by Medicare and the guidelines have not been relaxed under the Emergency legislation.**
- In response to concerns that providers have to charge cost sharing for telehealth visits due to anti-kickback rules, the HHS Office of Inspector General will not enforce this anti-kickback rule for any services paid by Medicare, Medicaid, or CHIP.
 - Providers can reduce or waive cost-sharing for Telehealth Visits without penalty, but they are also not required to do so.

Coding Guidance

- For most providers, reporting of telehealth services will consist of Evaluation and Management services.
 - Office or Other Out-Patient Visits
 - New Patient - 99201-99205
 - Established Patient - 99211-99215 - Most of the ED Medical Screening Exams will like fall into this code set.
- If the patient being medically screened is ultimately admitted as an ED patient and an ED Evaluation and Management service is provided, then only the ED E/M would be coded and billed.

Documentation Requirements

- Providers should continue to document the key component elements required to report EM services in the patient medical record to support the billing of these services.
- In order to clearly identify these services, the provider should include **Telehealth** in the note title
 - Example: Medical Screening Exam – Telehealth

BCBS of North Carolina-specific Policy

- **At present (3/20/20 4pm) BCBSNC is the only health plan that has announced it will reimburse the ED E/M codes for Telehealth that we are aware of.**



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- BCBS of North Carolina has expanded their Telehealth benefits for a 30-day period, starting March 6, 2020, and then be re-evaluated for extension.
- Visits to providers that previously required an in-person encounter can be performed virtually and will be paid at parity with office visits as long as they are medically necessary, meet criteria in the updated Blue Cross NC Telehealth Corporate Reimbursement Policy, and occur on or after March 6, 2020.
 - The claim should reflect the designated Place of Service (POS) code 02-Telehealth.
 - For providers or members who don't have access to secure video systems, telephone (audio-only) visits can be used for the virtual visit. Use this scenario only when patient or provider cannot use secure video function. Secure video visit is always preferable to an audio-only visit. Providers should use both Telehealth as Place of Service and CR (catastrophe/disaster-related) modifier for audio-only visits.
- Example:
 - Patient in ER with confirmed or suspected COVID-19 infection but stable. ER provider sees patients virtually to minimize contact. Could apply to ER providers conducting visit to homebound patient, or offsite ER doctor seeing patient in the hospital: Use standard evaluation and management CPT[®] or HCPCS guidelines. Codes may include 99281-99285, based on history and complexity of decision making and outcomes.

Resources

CPT[®] Professional Edition 2020

HCPCS Level II 2020

[CMS Medicare Telehealth FAQs 03172020](#)

[CMS Provider Fact Sheet Telemedicine 03172020](#)

[AMA Quick Guide to Telemedicine](#)

[BCBS of North Carolina Website](#)

Revision History

03/2020 – Created Document