



## Medicare Telehealth Update 03/30/2020

On March 30, 2020, the Centers for Medicare and Medicaid Services (CMS) released an interim final rule providing new regulatory relief and policy changes related to COVID-19. While MMS is continuing to review the regulation and its implications, here is a summary of some these polices related to telehealth:

### **CMS to Reimburse for Audio-Only Telephone E/M Services Using Codes 99441-99443**

- A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients (CPT codes 98966 -98968; 99441-99443)

More Information about these codes is available at [MMS Quick Reference Payers Guide](#)

Code	Description	wRVU Value per Unit
<b>CPT Code 99441</b>	Telephone evaluation and management service by a physician or other qualified health care professional to an established patient 5-10 minutes of medical discussion	0.25
<b>CPT Code 99442</b>	11-20 minutes of medical discussion	0.50
<b>CPT Code 99443</b>	21-30 minutes of medical discussion	0.75
<b>CPT Code 98966</b>	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient 5-10 minutes of medical discussion	0.25
<b>CPT Code 98967</b>	11-20 minutes of medical discussion	0.50
<b>CPT Code 98968</b>	21-30 minutes of medical discussion	0.75

\*The Medicare conversion factor is established at \$36.09.

### **Virtual Check-Ins & E-Visits**

- Clinicians can provide virtual check-in services (HCPCS codes G2010, G2012) to both new and established patients.
- Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits. (HCPCS codes G2061-G2063)

### **Remote Patient Monitoring**

- Clinicians can provide remote patient monitoring services to both new and established patients.

- These services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry. (CPT codes 99091, 99457-99458, 9947399474, 99493-99494)

### **Removal of Frequency Limitations**

The following services no longer have limitations on the number of times they can be provided by Medicare telehealth:

- A subsequent inpatient visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days (CPT codes 99231-99233)
- A subsequent skilled nursing facility visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 30 days (CPT codes 99307-99310)
- Critical care consult codes may be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation (CPT codes G0508-G0509)

### **Additional Telehealth Services**

To enable services to continue while lowering exposure risk, clinicians can now provide the following additional services by telehealth:

- Emergency Department Visits, Levels 1-5 (CPT codes 99281-99285)
- Initial and Subsequent Observation and Observation Discharge Day Management (CPT codes 99217- 99220; CPT codes 99224- 99226; CPT codes 99234- 99236)
- Initial hospital care and hospital discharge day management (CPT codes 99221-99223; CPT codes 99238- 99239)
- Initial nursing facility visits, All levels (Low, Moderate, and High Complexity) and nursing facility discharge day management (CPT codes 99304-99306; CPT codes 99315-99316)
- Critical Care Services (CPT codes 99291-99292)
- Domiciliary, Rest Home, or Custodial Care services, New and Established patients (CPT codes 99327- 99328; CPT codes 99334-99337)
- Home Visits, New and Established Patient, All levels (CPT codes 99341- 99345; CPT codes 99347- 99350)
- Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent (CPT codes 99468- 99473; CPT codes 99475- 99476)
- Initial and Continuing Intensive Care Services (CPT code 99477- 99478)
- Care Planning for Patients with Cognitive Impairment (CPT code 99483)
- Psychological and Neuropsychological Testing (CPT codes 96130- 96133; CPT codes 96136- 96139)
- Therapy Services, Physical and Occupational Therapy, All levels (CPT codes 97161- 97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507)
- Radiation Treatment Management Services (CPT codes 77427)

- Licensed clinical social worker services, clinical psychologist services, physical therapy services, occupational therapist services, and speech language pathology services can be paid for as Medicare telehealth services.

**Other Medicare Telehealth and Remote Patient Care Considerations:**

- Providers can waive Medicare copayments for these telehealth services for beneficiaries in Original Medicare
- CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health. During the pandemic, individuals can use commonly available interactive apps with audio and video capabilities to visit with their clinician.
- Home Health Agencies can provide more services to beneficiaries using telehealth, so long as it is part of the patient's plan of care and does not replace needed in-person visits as ordered on the plan of care.
- Beneficiary consent should not interfere with the provision of telehealth services. Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished.
- For services requiring direct supervision by the physician or other practitioner, that physician supervision can be provided virtually using real-time audio/video technology.
- For Medicare patients with End Stage Renal Disease (ESRD), clinicians no longer must have one "hands on" visit per month for the current required clinical examination of the vascular access site.
- For Medicare patients with ESRD, CMS is exercising enforcement discretion on the following requirement so that clinicians can provide this service via telehealth: individuals must receive a face-to-face visit, without the use of telehealth, at least monthly in the case of the initial 3 months of home dialysis and at least once every 3 consecutive months after the initial 3 months.

**More information:**

The full announcement from CMS is available here:

[Additional Background: Sweeping Regulatory Changes to Help U.S. Healthcare System Address COVID-19 Patient Surge](#)

[Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)