



## **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 1<sup>st</sup> (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

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## 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.

## Eye Codes are Now Allowable for Telehealth Reimbursement

- Although eye visits may offer higher reimbursements, it may be harder to meet the requirements. Physicians can use whichever code is most advantageous for their practices.

BILLING/CODING AT A GLANCE				
Type of Service	Description	CPT Code	Reimbursement	RVUs
Video Visit	MD/OD/PA/NP uses real-time audio + video	99201-99205 (New Pt)	\$43-\$211 (99203=\$109)	1.42 for 99203
		99211-99215 (Est Pt)	\$23-\$148 (99213=\$76)	0.97 for 99213
Phone Calls	Telephone call to new or established patient	99441 for 5-10 min	\$46	0.48
		99442 for 11-20 min	\$76	0.97
		99443 for >21 min	\$110	1.50
Virtual Check-In	5-10 minute check-in via phone/email/portal	G2012	\$13	0.25
Photo Review	Review patient photo	G2010	\$9	0.18
E-Visits	Online communication via portal and/or email *cumulative x7 days	99421 for 5-10 min	\$13	0.25
		99422 for 11-20 min	\$27	0.50
		99423 for >21 min	\$44	0.80
Doctor-Doctor Consult (Consulting Doctor)	MD/OD/PCP consult with report sent	99446 for 5-10 min	\$18	0.35
		99447 for 11-20 min	\$37	0.70
		99448 for 21-30 min	\$56	1.05
		99449 for >31 min	\$74	1.40
Doctor-Doctor Consult (Referring Doctor)	MD/OD/PCP requesting consult	99452	\$38	0.70