CMS Expands Telehealth Services and Other Options for e-Visits Effective March 6, 2020, During COVID-19 Outbreak

Effective for Medicare patients with DOS March 6, 2020. Clinicians can bill immediately for dates of service starting March 6, 2020. These telehealth services are paid under the Physician Fee Schedule and paid at the same amount as in-person services. Use of the telehealth modifier or place of service code would be necessary for tracking. **Medicare coinsurance and deductible <u>still apply</u> for these services.** Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for health-care providers to *reduce or waive cost-sharing* for telehealth visits paid by **federal health-care programs**.

The March 17, 2020 announcement by CMS means that physicians who want or can use *audio and video communication technology* to provide telehealth to patients during the COVID-19 nationwide public health emergency can use <u>any nonpublic facing service</u> that is available to communicate with patients.

This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19. Under this Notice**,** **physicians <u>*may use*</u>** popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules.

Physicians <u>*should not use*</u> Facebook Live, Twitch, TikTok, or other public facing communication services. Physicians are encouraged, but not required, to notify patients of the potential security risks of using these services and to seek additional privacy protections by entering into HIPAA business associate agreements (BAA). HHS also noted that while it hasn't confirmed such statements, Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, and Google G Suite Hangouts have said that their products will help physicians comply with HIPAA and that they will enter into a HIPAA BAA. Additional information can be found at this notice from Department of Health and Human Services (HHS).

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	• 99431 • 99422 • 99423 • G2061 • G2062 • G2063 *99431 should be 99421 **CORRECTION**	For established patients.

The changes and items of note are:

- Telehealth everywhere (ie, office visits **99201**-**99215**) requires video, in addition to audio; (however, video may be by nonpublic facing video, such as Skype, as detailed above).
- Code **99201**-**99205**, **99211**-**99215** (POS 02 for Telehealth [Medicare], modifier **95** [Commercial Payers]).
- Online visits, patient portals, and other electronic contacts initiated by the patient; the physician services may be billed using CPT® codes **99421**-**99423** and HCPCS codes **G2061**-**G2063** or CPT code **98970**-**98972** for qualified nonphysician health-care professional, as applicable.
- Telephone visit initiated by the physician or QHP are considered the brief check-in **G2012**.
- Providers can waive co-pays for all federal health-care systems (Medicare, Medicaid, etc).
- HHS will not audit for existence of a prior relationship (ie, typically used for established patient, but could be used for new patients at discretion).
- Applies to claims submitted during this public health emergency.

This guidance follows on President Trump's call for all insurance companies to expand and clarify their policies around telehealth. The ATS and CHEST supports all payers expanding the options for providers' virtual visits and consistent policies to ease provider burden and expand patient access.

To read the **Fact Sheet** on this announcement, visit: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet.

To read the Frequently Asked Questions on this announcement, visit: https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf.

This guidance, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19, click here www.coronavirus.gov. For information specific to CMS, please visit the Current Emergencies Website.