Telehealth and Virtual Care Services:
Quick Reference Guide

Providing Telehealth and Virtual Care Services to Medicare Patients During the COVID-19 Public Health Emergency

The Centers for Medicare & Medicaid (CMS) has created and continuously provides updates to payment policies for the provision of telehealth and virtual care services during the COVID-19 pandemic. There are many resources available to help navigate the complexities of providing, reporting, billing and filing claims for these services. IDSA has curated some of those resources here coupled with frequently asked questions. The IDSA COVID-19 Resource Center web page also provides valuable information. To ask additional questions or for more information, contact IDSA staff via clinicalaffairs@idsociety.org.

What telehealth services are covered during the Public Health Emergency (PHE)?
- CMS has added more than 80 services to the approved telehealth code list including initial observation care, initial hospital care, homes visits and nursing facility care. The complete list is available on the IDSA COVID-19 Resource Center: Medicare Approved Telehealth Code List

Are there geographic restrictions in place when providing telehealth services during the PHE?
- No, all geographic restrictions have been waived. All Medicare beneficiaries are eligible to receive telehealth services no matter their geographic location (rural, urban, suburban).

How is a telehealth service indicated on claim?
1. Use the CPT® modifier 95 to indicate a service was provided using telehealth technologies.
2. Report the Place of Service (POS) code that would have been reported if the service been furnished in-person. For example, POS 11 for office, POS 22 for outpatient facility.

Are services such as telephone calls and online digital services (eVisits) covered services?
- Yes, in the 2020 Medicare Physician Fee Schedule final rule, CMS allows for separate payment for online digital evaluation and management (E/M) services and telephone services.
- CPT® codes 99421-99423 are used to report online digital E/M services for established patients.
- Telephone E/M services for established patients are reported using CPT® codes 99441-99443 for physician services and CPT® codes 98966-98968 for nonphysicians health care professionals
- <u>Important</u>: during the PHE CMS is not going to conduct claims reviews to determine if the services were provided for established patients.

What is the payment rate for a telephone E/M service?
- Retroactive to March 1, 2020 and due to the PHE, Medicare will pay for telephone E/M CPT® codes 99441-99443 at a rate equal to established patient office visits E/M CPT® codes 99212-99214. This will increase payments from a range of $14-$41 to a range of $46-$110.

How is the code level of the E/M service determined?
- The code level selection may be based on medical decision making (MDM) or time, which is defined as all the time associated with the E/M on the day of the encounter.
- Documentation of history and physical exam are NOT required, but CMS expects that practitioners will document the necessary information to maintain quality and continuity of care.

Is it possible to bill for an E/M visit when both the physician and patient are in the <u>same setting</u>, such as hospital or clinic but the visit is performed using telecommunications to mitigate exposure, transmission and to save PPEs?
- Yes, the practitioner should report this service as an E/M service, <u>not a telehealth service</u> and the E/M code chosen should describe the services rendered.

What is the Medicare payment rate for telehealth services?
- The Medicare payment rate is exactly as if the service were rendered in-person.

Is it possible to provide/render telehealth services from my home office?
- Yes, physicians and other practitioners may provide telehealth services from their home. There is no need to change the Medicare enrollment location.

Have there been any changes to HIPAA requirements at it pertains to the provision of telehealth services?
- Yes, certain HIPAA requirements have been waived (not enforced) to allow for the use of varying types of face-to-face interactions. During the PHE, non-public facing platforms may be used when providing telehealth services. Examples include Apple FaceTime, Skype, Goggle Duo, Zoom and Facebook Messenger. Public facing communication platforms like Facebook Live, Twitch, TikTok and Instagram Live may not be used to provide health care services.

How do I get started? What do I need to know in order to start providing telehealth and virtual care services to my patients?
- The Department of Health and Human Services (HHS) created the Telehealth for Providers toolkit to assist providers in establishing the use of telehealth services in their practices. Information in the toolkit includes how to evaluate software vendors, planning telehealth workflow, preparing for patient visits, and many other topics.

Are there any resources for my patients? Where should I refer them for more information about telehealth and how it works?
- Refer patients to the HHS Telehealth for Patients toolkit. The toolkit provides information on how to find and use telehealth options available to them, as well as explanations on how to prepare for a telehealth visit.