COVID-19 Telemedicine Reimbursement and Billing

CMS has expanded Medicare’s telehealth benefits under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act. Patients will be able to receive telehealth professional services in any healthcare facility including a physician’s office, hospital, nursing home or rural health clinic, as well as from their homes.

See CMS website for more information on the waiver.

Eligible Provider Types
The following provider types are eligible for telehealth given services are within their scope of practice.

- Physicians
- APPs (PA, NP, certified nurse midwives, nurse midwives)
- Certified nurse anesthetist
- Licensed clinical social worker
- Clinical psychologists
- Registered dieticians
- Nutrition professionals
- Physical therapists
- Occupational therapist
- Speech language pathologist

Eligible Services
Telehealth can be used for both New and Established outpatient visits and inpatient consults. Telehealth is not limited to COVID-19 related services. See linked CMS site for list of specific eligible codes. For services not on this list, we may not be reimbursed.
https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

- Common office visits
- Mental health counseling
- Preventive health screenings
- Diabetes management
- Prescription refills
- Inpatient encounters*

*At this time inpatient encounters are limited to physicians and APPs
Telehealth Methods

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<th>TYPE OF SERVICE</th>
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<th>HCPCS/CPT CODE</th>
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| **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](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. |  
- 99421  
- 99422  
- 99423  
- G2061  
- G2062  
- G2063 | For established patients. |

Telehealth Billing

**Outpatient Visits (Clinic or Hospital-Based)**

**Standard In-Office Billing:** Bill the visit on the originally scheduled in-person encounter based on the level of care you provide.

- Use the standard E&M codes and CPT codes typically used for in-person visits
- **Add the GT Modifier** to all telehealth visits whether telephonic or video. This allows us to hold these visits and not send claims until we get more direction on proper billing processes.
Telephone Encounter Time-based Billing: Bill the visit like a traditional telephone encounter based on time spent with patient.

- Use phone codes: CPT 99441 (5-10 mins); CPT 99442 (11-20 mins); CPT 99443 (21-30 mins)
- Add the GT Modifier to all telehealth visits whether telephonic or video. This allows us to hold these visits and not send claims until we get more direction on proper billing processes.

Inpatient Encounters

*At this time inpatient encounters are limited to physicians and APPs*

For inpatient telehealth encounters, use the following dot phrases to indicate to the Coding Team that this encounter was performed telephonically or via video.

- `.covid19ipphone`: “This was a phone conversation in lieu of in-person encounter due to the coronavirus emergency.”
- `.covid19ipvideo`: “This was a video encounter. Patient acknowledged risk of unsecure transmission of his or her information.”
**RMG Only:** When selecting charges for inpatient encounters, **add C19 modifier** to indicate encounters that were conducted via telephone or video.

If you are unable to examine the patient, your level of service will be determined by one of the following:

1. **Abstraction of the history and medical decision-making alone.**
   - Be sure to document a thorough history on subsequent encounters.
2. **Billing based on time.**
   - Same rules as always apply for billing on time, you must indicate overall length of the service and that >50% was spent counseling the patient.
   - For example, “I spent ___ minutes on the phone with this patient and > 50% was spent counseling as documented under my assessment & plan.”
Frequently Asked Questions

Can I use e-visits for both New and Established patients?
Yes. This e-visit workflow and process can be used for both New and Established Patient visits. We anticipate you will determine patients fall into one of four categories:

1. **Patient appropriate for an e-visit:** Convert the patient to a telephonic visit.
2. **Patient appropriate to be seen as scheduled:** See the patient as scheduled.
3. **Patient reports influenza-like illness:** Conduct telephone triage or e-visit, as appropriate.
4. **Patient who is appropriate to be rescheduled:** Reschedule patient to a later date.

Can I perform Annual Exams via telehealth?
Not at this time. The required elements of weight, blood pressure, and vitals cannot be completed via telehealth.

What should I tell patients about insurance coverage and billing for e-visits?
CMS has expanded Medicare’s telehealth benefits due to COVID-19. At this time, we are holding all bills on these COVID-19 telemedicine visits as we learn more about covered services changes and reimbursement. As we get more clarity from payors, we will address these visits appropriately. See *COVID-19 Telehealth Coding and Billing* tip sheet on NMI for more details.

How will wRVUs work for e-visits?
wRVUs for e-visits will be the same as in-office visits.