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Telehealth Expansion Guidance

Effective March 6, 2020, the Centers for Medicare & Medicaid Services (CMS) temporarily expanded the coverage of telehealth services (Section 1135 waiver expansion) during the COVID-19 public health emergency (PHE). Medicare will pay clinicians to furnish Medicare telehealth services, and these visits will be paid at the same rate as in-person visits.

The telehealth waiver will be effective until the PHE declared by the secretary of the Department of Health and Human Services (HHS) on Jan. 31, 2020, ends.

Qualified providers

Qualified providers who are permitted to furnish Medicare telehealth services have not changed under the waiver and include:

- **Physicians**
- **Nurse practitioners**
- **Physician assistants**
- **Certified nurse midwives**
- **Certified nurse anesthetists**
- **Clinical social workers***
- **Clinical psychologists***
- **Registered dietitians or nutrition professionals**

**Note: Ineligible to bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services (Current Procedural Terminology codes: 90792, 90833, 90836, and 90838)*

Patient location

Under the waiver, Medicare will pay for telehealth services when beneficiaries are in any setting of care (for example, homes). Prior to the waiver, Medicare required that the originating site – location where a beneficiary receives medical services – must be a physician's office or other authorized healthcare facility. Telehealth services can now be provided regardless of where the beneficiary is located geographically, including his or her home.

Services should be reported as telehealth services only when the individual physician or professional providing the telehealth service is not at the same location as the beneficiary. This does not include on-site visits conducted via video or through a window in the clinic suite. In this case, the provider would bill the service normally (not as a telehealth service).

If a beneficiary is in a healthcare facility and receives a service via telehealth, the healthcare facility would be eligible to bill only for the originating site facility fee, which is reported under Healthcare Common Procedure Coding System (HCPCS) code Q3014. Billing for Medicare telehealth services is limited to professionals. (See "Billing" for additional details).

Equipment and privacy

CMS allows for use of telecommunications technology with audio and video capabilities used for two-way, real-time interactive communication. Under the waiver, telephones that have audio and video capabilities are authorized for the furnishing of Medicare telehealth services during the COVID-19 PHE.

Given current ***Health Insurance Portability and Accountability Act*** (HIPAA) guidelines, the HHS Office for Civil Rights will exercise enforcement discretion and waive penalties for HIPAA violations against healthcare providers that serve patients in good faith through everyday communications technologies (such as FaceTime or Skype) during the COVID-19 PHE.

Difference in services

A virtual check-in pays professionals for brief (5-to-10-minute) communications with established patients that mitigate the need for an in-person visit and can be conducted with a broader range of communication methods, unlike Medicare telehealth visits which require audio and visual capabilities for real-time communication. Medicare telehealth is treated the same as an in-person visit, and can be billed using the code for that service, using place of service code "02-Telehealth" to indicate the service was performed via telehealth. For e-visits, a patient must generate the initial inquiry (unless the practitioner educates the patient on the availability of the service prior to patient initiation) and communications can occur over a seven-day period through an online patient portal.

CMS maintains a list of services acceptable via Medicare telehealth visits that are normally done in person. These services are distinguished by HCPCS codes and paid under the Physician Fee Schedule.

Additionally, Medicare pays separately for other professional services that are commonly furnished remotely using telecommunications technology without restrictions that apply to Medicare telehealth (for example, physician interpretation of diagnostic tests, care management services, and virtual check-ins).

Service type	What is the service?	HCPCS/CPT codes	Patient/provider relationship
Medicare telehealth visit	A visit with a provider that uses telecommunication systems between a provider and a patient.	– 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 benificiaries in hospitals or skilled nursing facilities) For a complete list: **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-to-10-minute) check-in with a 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.	– G2012 – G2010	For established patients
E-visit	A communication between a patient and his or her provider through an online patient portal.	– 99421 – 99422 – 99423 – G2061 – G2062 – G2063	For established patients

Billing

Qualified provider

Billing for Medicare telehealth services is limited to qualified providers. A healthcare facility (including a hospital, a nursing home, a home health agency, or other facility) may bill only for the originating site facility fee (for example, patient is in a hospital and receives a service via telehealth). The facility fee is reported using HCPCS code Q3014 and is separately billable to Medicare Part B. Professional services can be paid for separately.

Healthcare facility

Medicare telehealth services are generally billed as if the service had been furnished in person and paid under the Physician Fee Schedule. The claim should reflect the designated place of service code "02-Telehealth" to indicate the billed service was furnished as a professional telehealth service from a distant site. Qualified providers can bill immediately for dates of service starting March 6, 2020.

Modifiers

Three scenarios exist in which modifiers are required on Medicare telehealth claims.

– GQ modifier: when asynchronous (store and forward) technology is used to furnish telehealth services as part of the federal telemedicine demonstration project in Alaska and Hawaii
– GT modifier: when a telehealth service is billed under critical access hospital (CAH) Method II
– G0 modifier: when telehealth is used for diagnosis and treatment of an acute stroke

Under the waiver, CMS is not requiring additional or different modifiers associated with telehealth services furnished.

Coverage

Medicare

Payment for telehealth services is equivalent to payment for the service if provided in person. For services that have different rates in the office versus the facility (the site of service payment differential), Medicare uses the facility payment rate when services are furnished via telehealth. Medicare Advantage plans have flexibility to expand their telehealth coverage, but they are required to provide only what is covered by fee for service.

Medicaid

States have flexibility to use telehealth in their Medicaid programs. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services. A state plan amendment would be necessary to accommodate any revisions to payment methodologies to account for telehealth costs.

Private insurers

Coverage varies from payer to payer depending on the plan, state parity laws (such as requiring insurance companies to reimburse at the same rate as in-person care for services provided), and other requirements. For additional information on state guidelines:

Telehealth State Laws & Reimbursement Policies

List of State Licensure Waivers/Actions

COVID-19 Related State Actions

Additional Resources

CMS Fact Sheet (Updates From Waiver)

CMS FAQ (Updates From Waiver)

CMS Medicare Telehealth Services

Section 1135 Waiver Expansion HIPAA Flexibility During COVID-19 Medicare Telehealth Visits

Virtual Check-Ins

E-Visits

CMS List of Services

Telemedicine With Medicaid

COVID-19 ICD-10-CM Coding

COVID-19 HCPCS Billing Codes

COVID-19 CPT Codes

Appendix

Prior to waiver expansion

Before this announcement, Medicare could pay clinicians only for telehealth services, such as routine visits in certain circumstances. For example, the beneficiary getting the services must have lived in a rural area and traveled to a local medical facility to get telehealth services from a doctor in a remote location. In addition, the beneficiary generally could not get telehealth services in his or her home.

Under this Section 1135 waiver expansion, a range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, can offer a specific set of telehealth services, including evaluation and management visits (common office visits), mental health counseling, and preventive health screenings. Beneficiaries can get telehealth services in any healthcare facility including a physician's office, hospital, nursing home, or rural health clinic, as well as from their homes. This change broadens telehealth flexibility without regard to the beneficiary's diagnosis, because at this critical point it is important to ensure beneficiaries follow Center for Disease Control and Prevention guidance including practicing social distancing to reduce the risk of COVID-19 transmission. This change will help prevent vulnerable beneficiaries from unnecessarily entering a healthcare facility when clinicians can meet their needs remotely.

Primary source: "Telehealth Services," CMS, March 2020, https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

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