Telehealth Medicare Coverage Updates

The following resource provides pertinent updates from the Centers for Medicare and Medicaid Services (CMS) regarding telehealth coverage during the current Public Health Emergency (PHE).

Level Selection for Office/Outpatient E/M Visits When Furnished Via Medicare Telehealth

On an interim basis, with respect to the PHE for the COVID-19 pandemic, CMS finalized new policy that:

- CMS is revising its policy to specify that the office/outpatient E/M level selection for these services when furnished via telehealth can be based on MDM or time, with time defined as all of the time associated with the E/M on the day of the encounter; and to remove any requirements regarding documentation of history and/or physical exam in the medical record
  - CMS clarifies that it is maintaining the current definition of MDM

Reimbursement for telehealth E/M Services

- Reimbursement at same rate as if service were furnished in-person
  - If a physician practicing in an office setting sees patients via telehealth, they would be paid the non-facility fee
  - If a physician practicing in an outpatient provider-based clinic of a hospital sees patients via telehealth, they would be paid the facility rate

Revised CMS Telehealth Definitions

For the duration of the PHE for COVID-19, CMS is adding an exception to the definition of “interactive telecommunications system” to allow for the use of mobile phones that have audio/video capability

- The temporary new definition is “multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner”

Further Promote Telehealth in Medicare

- Providers can evaluate patients using audio-only
- 80 additional services can now be furnished via telehealth including ED visits, initial nursing facility and discharge visits, and home visits
  - Must be provided by a clinician that is allowed to provide telehealth
- Telehealth visits considered to fulfill much of the face-to-face requirements for clinicians to see patients at inpatient rehab facilities, hospice, and in-home health
Reiterates use of commonly available interactive apps with audio/visual capabilities to perform telehealth visits

- Virtual check-in services can now be provided to both new and established patients by physicians
- During the pandemic, consent to receive telehealth services may be obtained at the same time the services are furnished

**Telephone Evaluation and Management Services**

On an interim basis, with respect to the PHE for the COVID-19 pandemic, CMS finalized a new policy that:

- Provides separate payment for CPT codes 98966-98968 and CPT codes 99441-99443.
  - CMS is finalizing work RVUs recommended by the AMA Health Care Professionals Advisory Committee (HCPAC) of 0.25 for CPT code 98966, 0.50 work RVUs for CPT code 98967, and 0.75 for CPT code 98968, and work RVUs as recommended by the AMA Relative Value Scale Update Committee (RUC) of 0.25 for CPT code 99441, 0.50 for CPT code 99442, and 0.75 for CPT code 99443.
  - CMS is finalizing the HCPAC and RUC-recommended direct PE inputs which consist of 3 minutes of post-service RN/LPN/MTA clinical labor time for each code.
  - CMS is extending these services to both new and established patients and will relax enforcement of the code descriptors.

All regulations are applicable beginning March 1, 2020

*All text in quotes are direct excerpts from the CMS rule. For the complete CMS rule, please see the following link https://www.cms.gov/files/document/covid-final-ifc.pdf*