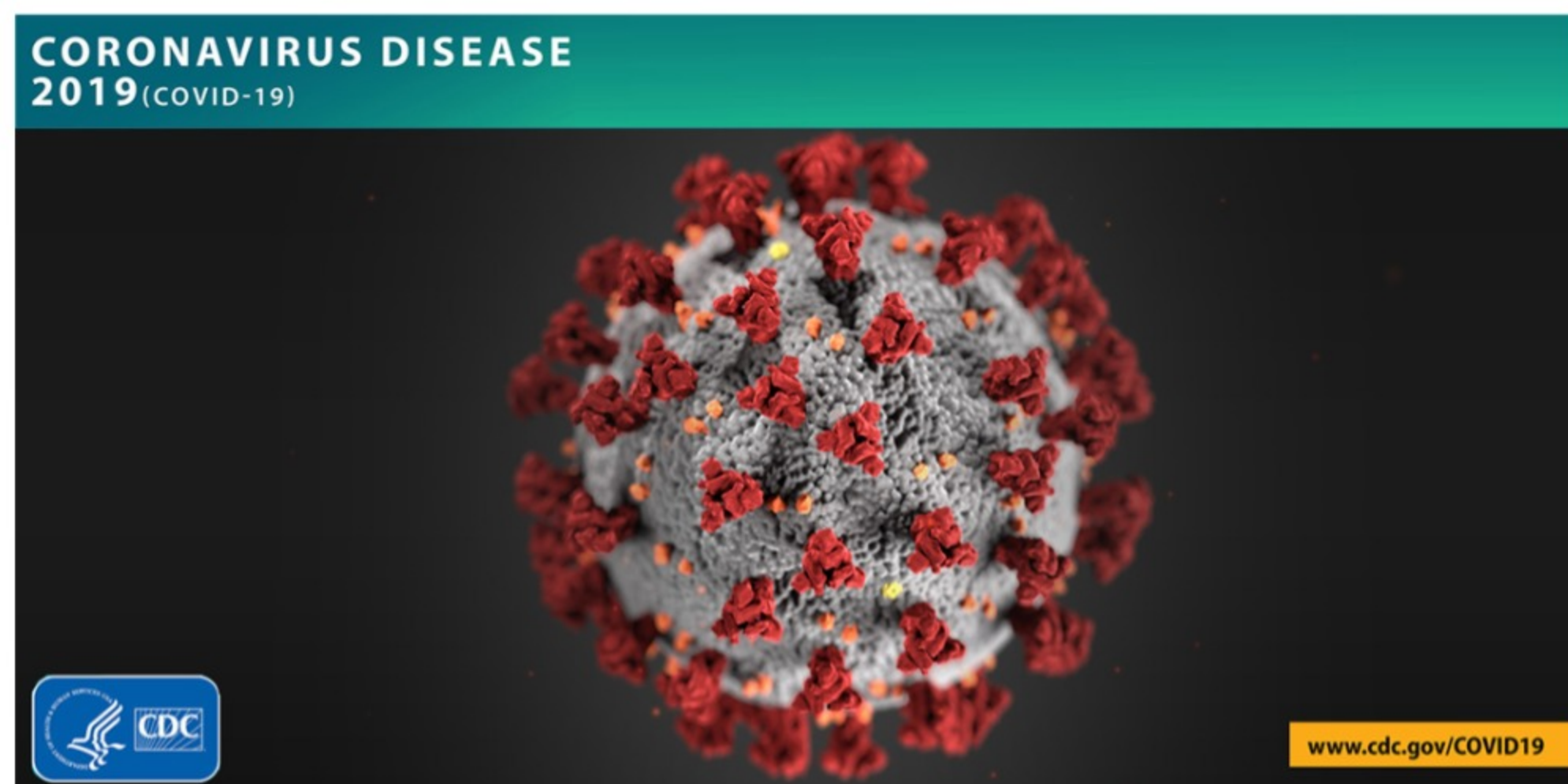


CMS Expands Access to Telehealth Services During COVID-19 Pandemic

News, Revenue Cycle Management Solutions



Starting March 6, 2020, and for the duration of the COVID-19 pandemic, Medicare has expanded payment for telehealth services under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

Doctors, nurse practitioners, physician assistants, clinical psychologists, licensed clinical social workers, and other providers will be able to offer telehealth services to their Medicare patients. Without leaving their homes, seniors can now receive access to medical care, reducing the potential load on physician offices and hospital clinics. The waiver also makes it less likely that seniors, one of the most at-risk populations for the disease, may be exposed to or spread the virus. They can now access benefits that keep them healthy while helping to contain the spread of the coronavirus.

"Patients [now have] greater access to care through telehealth during the COVID-19 outbreak. These changes allow seniors to communicate with their doctors without having to travel to a healthcare facility so that they can limit risk of exposure and spread of this virus. Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries."

Centers for Medicare & Medicaid Services Administrator Seema Verma

Prior to the waiver, Medicare only paid for telehealth services on a very limited basis, such as for patients in designated rural areas. Now all Medicare beneficiaries can receive 3 services through telehealth: evaluation and management visits (E&M), mental health counseling, and preventative health screenings.

Types of virtual services covered by the Medicare 1135 waiver

Telehealth visits

Telehealth visits cover office, hospital visits and other services that usually occur in-person. This includes visits with physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals. The provider must use an interactive video and audio system that permits real time communication with the patient.

Virtual Check-ins

Virtual check-ins include brief communications with health care professionals via telephone, video or still images. The practitioner can respond to the patient's concern via telephone, audio/video, text messaging, email, or a patient portal. Virtual check-ins are only for patients with an existing relationship with the health practitioner when the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit in the next 24 hours (or soonest available appointment).

E-Visits

E-visits are services provided through online patient portals and can only be billed if the healthcare practice has an established relationship with the patient. The patient must originate the inquiry and communications can take place over a 7-day period.

See the Medicare telemedicine fact sheet for more info.

See More:

[CMS Waives Regulations for Healthcare Providers to Combat COVID-19](#)

[CDC Supplemental ICD-10-CM Medical Coding for COVID-19 Coronavirus Encounters and Telehealth](#)

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: <ul style="list-style-type: none"> 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.	<ul style="list-style-type: none"> HCPCS code G2012 HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> 99431 99422 99423 G2061 G2062 G2063 	For established patients.

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