

# Immediate Changes to Medicare Coverage for Telemedicine Go into Effect During COVID-19 Emergency

By **Ericka Adler**

The Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services on a temporary and emergency basis under its Section 1135 waiver authority under the Social Security Act and Coronavirus Preparedness and Response Supplemental Appropriations Act. Generally, Medicare will be paying for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020 (through end of COVID-19 emergency) when provided by a range of providers. There are three main types of virtual services:

## **MEDICARE TELEHEALTH VISITS:**

- The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
- Distant site practitioners who can furnish and get payment for covered telehealth services can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.
- Medicare will pay for patient visits via telemedicine and will consider them the same as in-person visits for payment purposes.
- Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings, including in any healthcare facility and in the patient's home.
- Medicare coinsurance and deductibles will generally apply to these services, but HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.
- A prior physician-patient relationship is not needed for claims submitted during this public health emergency, with limited exception.

## **VIRTUAL CHECK-INS:**

- Virtual check-in services will be used to allow for brief encounters (5-10 minutes) between physicians/qualified health care provider and patients and can only be reported when the billing practice has an established relationship with the patient.
- This is not limited to only rural settings or certain locations and must be agreed to by the patient. Practitioners may educate beneficiaries on the availability of these service prior to the patient's agreement.
- Billing can be done under HCPCS code G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services

- Can only be provided to an established patient and cannot follow another related E/M service provided within the previous 7 days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment.
- HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days not leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- Can be conducted with a broader range of communication methods. The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.

### **E-VISITS:**

- Services may be provided in all types of locations, including the patient's home, and in all areas (not just rural).
- Established Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor's office by using online patient portals. Services can only be reported when the billing practice has an established relationship with the patient.
- The patient must generate the initial inquiry and communications can occur over a 7-day period.
- Services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063.
- The patient must verbally consent to receive E-visit services.
- The Medicare coinsurance and deductible would apply to these services.
- Medicare Part B also pays for E-visits or patient-initiated online evaluation and management conducted via a patient portal. Practitioners who may independently bill Medicare for evaluation and management visits can bill the following codes:
  - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
  - Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
  - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

Clinicians who may not independently bill for evaluation and management visits (for example – physical therapists, occupational therapists, speech language pathologists, clinical psychologists) can also provide these e-visits and bill the following codes:

- G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes

- G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

## KEY TAKEAWAYS

Physicians and other health care providers should immediately review these options and see what type of telemedicine may work for their practice. Patients should be advised of the options since check-ins and e-visits must be initiated and consented to by patients. This revision of the telemedicine rules are not only excellent to assure patients can receive care in the safety of their homes, but will also allow some physicians to continue working who might otherwise have had to close their doors.

## COMMERCIAL PAYORS

Most commercial payors, at least for now, are still requiring audio-visual interactions between physicians and patients in order to be covered. Some physicians are providing the services without expectation of payment. These rules may change in the coming days.

If you have any questions or concerns, please contact Ericka Adler by phone at 312.582.1602 or by email at [eadler@ralaw.com](mailto:eadler@ralaw.com).

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