

Medicare Telehealth Services During COVID-19 Emergency

	Pre COVID-19 Emergency Declaration (prior to 3/6/2020)	During COVID-19 Emergency Declaration (beginning 3/6/20 until end of emergency declaration)
Approved Technology (device used to perform telehealth service)	Limited to use of a HIPAA-compliant interactive audio AND video telecommunication system that permits real-time communication between a provider and patient	● Extended approved technology to include those that offer real time audio AND video communication, such as smart phones, computers and tablets ● Examples include Apple FaceTime, Facebook Messenger video chat, Google Hangouts video and Skype NOTE: Public facing platforms such as Facebook Live, Twitch and TikTok are not permitted
Originating Site - Geographic Location (where beneficiary receives service)	Limited to either: ● A county outside a Metropolitan Statistical Area (MSA) ● A rural Health Professional Shortage Area (HPSA)	Extended to ANY geographic location
Originating Site - Authorized Location (where beneficiary receives service)	Limited to: ● Physician office ● Hospital ● Critical access hospital ● Rural health clinic ● Federally Qualified Health Center (FQHC) ● Skilled nursing facility (SNF) ● Community mental health center (CMHC) ● Renal dialysis facility or hospital-based, CAH-based or satellite of renal dialysis center ● Mobile stroke unit ● Home of beneficiary with End-Stage Renal Disease getting home dialysis	Extended to ANY location, including a patient's home
Distant Site- Approved Providers (telehealth-approved provider)	Limited to: ● Physician (MD, DO, DDS, DDM, DPM, OD, DC) ● Nurse Practitioner (NP) ● Physician Assistant (PA) ● Certified Nurse-Midwife (CNMW) ● Clinical Nurse Specialist (CNS) ● Certified Registered Nurse Anesthetist (CRNA) ● Registered Dietician or Nutrition Professional (RD) ● Clinical Psychologist (CP)*<i>billing restrictions</i> ● Clinical Social Worker (CSW)*<i>billing restrictions</i>	No change
Patient and Provider Relationship	Limited to established patients	Extended to new and established patients
Patient Financial Responsibility	Patient responsible for coinsurance and deductible	Extended flexibility so healthcare providers can reduce or waive patient coinsurance and/or deductible if desired
HIPAA Considerations	Limited to HIPAA-compliant telehealth technology	Waived HIPAA violation penalty if practitioner uses due diligence to maintain privacy and security while using communication device
Provider Reimbursement from Medicare	Paid the same amount as an in-person service under the Physician Fee Schedule	No change
Allowable Services	Services normally furnished in-person, such as common office visits, mental health counseling and preventive health screenings, on the list of Medicare Telehealth services at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	No change
Place of Service Code	POS 02	No change

Additional Medicare Virtual Service Options

	Virtual Check-in	e-Visit
Approved Technology (method to perform service)	• Telephone • Text message • E-mail • Patient portal	Patient portal
Patient and Provider Relationship	Limited to established patients	Limited to established patients
Who Requests Service	• Patient-initiated • Patient can submit a recorded video and/or image to help provider determine if an office visit or other service is needed	Patient-initiated
Restrictions	Communication cannot be related to a medical visit with the previous 7 days or lead to a medical visit within the next 24 hours or soonest available appointment	Communication can occur up to 7 days
Coding and Medicare Reimbursement	• Providers reimbursed \$15.12 for code G2010: Remote evaluation of a recorded video and/or image, including interpretation and follow-up with patient within 24 business hours • Providers reimbursed \$12.55 for code G2012: A brief communication technology-based service	• Providers who can independently bill Medicare for E/M visits are reimbursed \$15.87-\$51.32 <i>Online digital E/M service, up to 7 days, with a cumulative time during the 7 days of:</i> 5-10 minutes = 99421 11-20 minutes = 99422 ≥ 21 minutes = 99423 • Providers who cannot independently bill Medicare for E/M visits (PT, OT, SLP, clinical psychologists) are reimbursed \$12.49-\$34.53 <i>Online assessment, up to 7 days, with a cumulative time during the 7 days of:</i> 5-10 minutes = G2061 11-20 minutes = G2062 ≥ 21 minutes = G2063
Consent	Verbal consent required and should be documented in medical record	Verbal consent required and should be documented in medical record
Patient Financial Responsibility	Patient responsible for coinsurance and deductible	Patient responsible for coinsurance and deductible