Codify
BY AAPC

# Part B Insider (Multispecialty) Coding Alert

## Telehealth: Feds Release New COVID-19 Telehealth Guidelines

**Tip: Know the nuances of the four distinct types of virtual services.**

As COVID-19 reshapes healthcare, the feds continue to churn out policy updates to help providers and organizations deal with the pandemic. Among Medicare's offerings are a myriad of telehealth coverage changes that streamline patient care and circumvent the spread of the virus, giving Part B providers relief and clarity in times of crisis.

**Context:** Over the last few weeks, the Centers for Medicare & Medicaid Services (CMS) have issued a series of press releases and fact sheets (Mar. 17 and Mar. 30) in addition to an interim final rule published in the Federal Register on Apr. 6 to address the rapid spread of the COVID-19 virus. Many of the coverage and coding updates promote "flattening the curve" of the pandemic with more digital expansions that safeguard vulnerable beneficiaries and boost providers' care options.

"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," explains CMS administrator **Seema Verma**. "Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries," Verma adds.

Under normal circumstances, providers and patients must meet several requirements for virtual telehealth services to be covered by Medicare. But until further notice, many of these guidelines are completely dissolved.

**Now:** Part B providers can now perform E/M office services, mental health counseling, home visits, and even preventative screenings via a virtual form of communication. Furthermore, the interim final rule added over 80 codes for nontraditional telehealth services which can now be billed under telehealth during this public health emergency (PHE).

**Know These COVID-Specific Telehealth Basics**

Medicare Part B breaks down virtual communications between beneficiaries and providers into four categories:

- Medicare telehealth visits
- Virtual check-ins
- E-visits
- Remote monitoring

Without a proper distinction, it's easy to confuse or overlap the services provided within each respective option. First, you'll want to understand what's needed to code a virtual service as a Medicare Part B telehealth visit. These visits are designated for patient encounters that would typically occur in-person. This would include an office visit, hospital visit, home visit for a homebound patient, or another form of face-to-face interaction with the provider.

**Reminder:** Semantics are important in distinguishing forms of communication between patient and provider. The term "telemedicine," as opposed to "telehealth," refers to communication using audio-only methodology.

The following Part B practitioners are eligible to perform and receive reimbursement for Medicare telehealth visits:

- Physicians,
- Nurse practitioners (NPs)
- Physician assistants (PAs)

Services that require direct supervision by the physician may also be provided virtually, using real time audio/video technology.

***CPT® 2023 American Medical Association. All rights reserved.***

Codify
BY AAPC

**Note:** Initially, when the COVID-19 exceptions first came out, CMS indicated that the patient must have an established relationship with the provider for a telehealth encounter. But the March 30 press release and subsequent interim final rule indicate that practitioners may provide telehealth services to new patients, in addition to established patients.

**Elaborate on Medicare Coding Guidance**

A typical Medicare telehealth visit, which simulates an E/M office/outpatient encounter, should be reported using the E/M office/outpatient visit code range 99201-99215. However, the March 30 press release outlines more than 80 services that will qualify for Medicare telehealth billing. Some of these services include:

- Emergency department
- Initial nursing facility and discharge
- Inpatient neonatal and pediatric critical care
- Critical care
- Domiciliary, rest home, or custodial care
- Home visits

You can download the entire code list of covered telehealth services from CMS at www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

**General rule:** You'll report the respective E/M code for the location that the telehealth service would have taken place had there not been a PHE.

**E/M coding note:** On page 141 of the interim final rule, CMS explains that your E/M level selection may be based on medical decision making (MDM) or time. This is similar to the upcoming changes to E/M reporting for the 2021 calendar year with two distinct differences. First, MDM coding will be based on the current definition of MDM and the existing MDM tables. Similarly, for time-based coding you should refer to the typical times associated with the office/outpatient E/M codes.

**Resources:** See the March 17 press release and fact sheet at www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak and www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet. Check out the March 30 press release and fact sheet at www.cms.gov/newsroom/press-releases/trump-administration-makes-sweeping-regulatory-changes-help-us-healthcare-system-address-covid-19 and www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient. Read the CMS interim final rule in the Federal Register at www.cms.gov/files/document/covid-final-ifc.pdf. See the most up-to-date list of Medicare Part B waivers and flexibilities, including an April 9 addition, at www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers.

**Disclaimer:** Information related to COVID-19 is changing rapidly. This information was accurate at the time of writing. Be sure to stay tuned to future issues of Part B Insider for more information. You can also refer to payer websites, CMS (cms.gov), CDC (cdc.gov), and AAPC's blog (www.aapc.com/blog) for the most up-to-date information.

***CPT® 2023 American Medical Association. All rights reserved.***