

# Telehealth Updates: March 30, 2020

- CMS to pay for 80 additional **telehealth codes**; home visits, ED visits, home visits and therapy services. Providers can waive copayments for all telehealth services for Medicare beneficiaries.
- **Virtual Check-ins: (G2012 & G2010)** extended to **new** and established patients.
- **Telephone Services:** CMS will reimburse for physician telephone E&M (CPT 99441-99443) and telephone assessment and management by qualified nonphysician (CPT 98966-98968)
- **E-visits:** LCSW, Clinical Psychologist, PT, OT and SLP can provide E-visits G2061-G2063 to established patients only. Must be patient initiated and established patients only.

## Additional Considerations:

- **Removal:** Frequency Limitations on Medicare:
  - CPT 99231-99233 – subsequent Inpatient
  - CPT 99307-99310 – subsequent skilled nursing
  - CPT G0508-G0509- Critical care consult
- **Supervision Requirements:** CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence.
- **Waivers** “Stark Law”: CMS implementing waivers exempting providers from sanctions for noncompliance of certain Stark Law rules, allowing certain referrals and submission of related claims that would otherwise have been in violation.
- **Telemedicine for hospitals and CAHs:** 42 CFR 482.12(a)(8-9) and 42 CFR 485.616(c)
  - Makes it easier for telemedicine services to be furnished to hospital’s patients via an agreement with an off-site hospital.

Additional information regarding waivers and rule changes:

<https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>

# Teaching Hospital Update March 29, 2020

## Teaching Hospitals, Teaching Physicians and Medical Residents: CMS Flexibilities: COVID-19

### Workforce Updates:

- **Application of Teaching Physician (TP) Regulations:**
  - TP can provide services with medical residents virtually through audio/video real-time communications technology
  - Does **not** apply in the following cases:
    - Surgical, high risk, interventional or complex procedures via endoscope and anesthesia services
- **Counting Resident Time at Alternate Locations**
  - Now allows medical residents to perform their duties in alternate location, including their home or a patient’s home so long as it meets appropriate physician supervision requirements
- **Traditional Medicare telehealth services**
  - Professional claims should use place of service (POS) 02, to indicate the billed service was furnished as a professional telehealth service from distant site
  - No change to facility/non-facility payment differential applied based on POS
  - Claims submitted with POS 02 will continue to pay at the facility rate
- **No billing changes for institutional claims**
  - Critical access hospital method II claims continue to bill with GT modifier

### Per Medicare Telehealth FAQ released March 17, 2020:

**Q:** Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services?

- **A:** Services should only be reported as telehealth services when the individual physician or professional providing the telehealth service is not at the same location as the beneficiary