



An official website of the United States government



Fact sheet

MEDICARE TELEMEDICINE HEALTH PROVIDER FACT SHEET

Mar 17, 2020 Telehealth

Medicare coverage and payment of virtual services

INTRODUCTION:

Under President Trump's leadership, the Centers for Medicare & Medicaid has broadened access to Medicare telehealth services so that beneficiaries wider range of services from their doctors without having to travel to a he These policy changes build on the regulatory flexibilities granted under th emergency declaration. CMS is expanding this benefit on a temporary an under the 1135 waiver authority and Coronavirus Preparedness and Resq Supplemental Appropriations Act. The benefits are part of the broader eff the White House Task Force to ensure that all Americans – particularly th complications from the virus that causes the disease COVID-19 – are aw use, accessible benefits that can help keep them healthy while helping to community spread of this virus.

Telehealth, telemedicine, and related terms generally refer to the exchang information from one site to another through electronic communication to

patient's health. Innovative uses of this kind of technology in the provision are increasing. And with the emergence of the virus causing the disease COVID-19, there is a great urgency to expand the use of technology to help people who need routine care, especially vulnerable beneficiaries and beneficiaries with mild symptoms in their homes, while maintaining access to the care they need. Limiting community spread of the virus, as limiting the exposure to other patients and staff members will slow virus transmission.

EXPANSION OF TELEHEALTH WITH 1135 WAIVER: Under this new waiver, Medicare will pay for office, hospital, and other visits furnished via telehealth across the country, including in patient's places of residence starting March 6, 2020. A range of healthcare providers, including doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive copayments and cost sharing for telehealth visits paid by federal healthcare programs.

Prior to this waiver Medicare could only pay for telehealth on a limited basis if the person receiving the service is in a designated rural area and when they live in a rural area and go to a clinic, hospital, or certain other types of medical facilities for treatment.

Even before the availability of this waiver authority, CMS made several changes to help improve access to virtual care. In 2019, Medicare started making payments for patient-initiated communications or **Virtual Check-Ins**, which are short patient-initiated communications with a healthcare practitioner. Medicare Part B separately pays for patient-initiated communications that are non-face-to-face patient-initiated communications through an online platform.

Under the 1135 waiver, Medicare beneficiaries will be able to receive a specific set of services through telehealth, including evaluation and management visits (common office visits), mental health services, counseling and preventive health screenings. This will help ensure Medicare beneficiaries who are at a higher risk for COVID-19, are able to visit with their doctor for routine care without having to go to a doctor's office or hospital which puts themselves at higher risk.

TYPES OF VIRTUAL SERVICES:

There are three main types of virtual services physicians and other professionals provide to Medicare beneficiaries summarized in this fact sheet: Medicare virtual check-ins and e-visits.

MEDICARE TELEHEALTH VISITS: Currently, Medicare patients may use telehealth technology for office, hospital visits and other services that generally occur in person.

- The provider must use an interactive audio and video telecommunication technology that permits real-time communication between the distant site and the patient. Distant site practitioners who can furnish and get payment for covered services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, social workers, registered dietitians, and nutrition professionals.
- It is imperative during this public health emergency that patients avoid, if possible, visits to physicians' offices, clinics, hospitals, or other health care facilities that could risk their own or others' exposure to further illness. Accordingly, the Department of Health and Human Services (HHS) is announcing a policy of enforcement for Medicare telehealth services furnished pursuant to the waiver under section 1135(g)(3) of the Act. To the extent the waiver (section 1135(g)(3)) requires that the patient have a prior established relationship with a particular practitioner, HHS will not ensure that such a prior relationship existed for claims submitted during the emergency.

KEY TAKEAWAYS:

- *Effective for services starting March 6, 2020 and for the duration of the Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.*

- *These visits are considered the same as in-person visits and are paid at a regular, in-person visit rate.*
- *Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all settings.*
- *While they must generally travel to or be located in certain types of originating sites, such as a physician's office, skilled nursing facility or hospital for the visit, effective starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished from any healthcare facility and in their home.*
- *The Medicare coinsurance and deductible would generally apply to telehealth visits. However, the HHS Office of Inspector General (OIG) is providing flexibility to providers to reduce or waive cost-sharing for telehealth visits paid by federal programs.*
- *To the extent the 1135 waiver requires an established relationship, HHS is conducting audits to ensure that such a prior relationship existed for claims submitted during the public health emergency.*

VIRTUAL CHECK-INS: In all areas (not just rural), established Medicare patients at home may have a brief communication service with practitioners via a number of communication technology modalities including synchronous discussion and asynchronous exchange of information through video or image. We expect that these visits will be initiated by the patient; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation.

Medicare pays for these “virtual check-ins” (or Brief communication technology service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor’s office. These virtual check-ins are for patients with an established relationship with a physician or certain practitioners where the communication is related to a medical visit within the previous 7 days and does not lead to

within the next 24 hours (or soonest appointment available). The patient must consent to receive virtual check-in services. The Medicare coinsurance and copayment would generally apply to these services.

Doctors and certain practitioners may bill for these virtual check-in services through several communication technology modalities, such as telephone (HCPCS code G2012). The practitioner may respond to the patient's concern by telephone, secure text messaging, email, or use of a patient portal. Standard Part B applies to both. In addition, separate from these virtual check-in services, images can be sent to a physician (HCPCS code G2010).

KEY TAKEAWAYS:

- *Virtual check-in services 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.*
- *Individual services need to be agreed to by the patient; however, practices should educate beneficiaries on the availability of the service prior to patient appointment.*
- *HCPCS code G2012: Brief communication technology-based service, e.g., by a physician or other qualified health care professional who can report management services, provided to an established patient, not originating from an e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; includes medical discussion.*
- *HCPCS code G2010: Remote evaluation of recorded video and/or images from an established patient (e.g., store and forward), including interpretation with the patient within 24 business hours, not originating from a related e/m service within the previous 7 days nor leading to an e/m service or procedure within 24 hours or soonest available appointment.*
- *Virtual check-ins can be conducted with a broader range of communication modalities unlike Medicare telehealth visits, which require audio and visual capabilities.*

communication.

E-VISITS: In all types of locations including the patient's home, and in all rural), established Medicare patients may have non-face-to-face patient-communications with their doctors without going to the doctor's office by patient portals. These services can only be reported when the billing practitioner has an established relationship with the patient. For these **E-Visits**, the patient may have an initial inquiry and communications can occur over a 7-day period. The services are billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, and the patient must verbally consent to receive virtual check-in services. The Medicare copay 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 (for instance, physicians and other practitioners) can bill the following codes:

- 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes
- 99423: 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 services (for example – physical therapists, occupational therapists, speech language pathologists, and clinical psychologists) can also provide these e-visits and bill the following:

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

KEY TAKEAWAYS:

- *These services can only be reported when the billing practice has an established relationship with the patient.*
- *This is not limited to only rural settings. There are no geographic or location restrictions for these visits.*
- *Patients communicate with their doctors without going to the doctor's office through online patient portals.*
- *Individual services need to be initiated by the patient; however, practitioners should inform beneficiaries on the availability of the service prior to patient initiation.*
- *The services may be billed using CPT codes 99421-99423 and HCPCS codes G206, as applicable.*
- *The Medicare coinsurance and deductible would generally apply to these services.*

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) enforcement. Immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion to waive penalties for HIPAA violations against health care providers that acted in good faith through everyday communications technologies, such as FaceTime, during the COVID-19 nationwide public health emergency. For more information, visit <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>

Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE
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
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
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063

###

A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid

7500 Security Boulevard, Baltimore, MD 21244