Telehealth Questions and Answers

During Declared Emergency Effective 3/1/20

We prepared this education as a tool to assist the provider community. Medicare rules change often and are contained in the relevant laws, regulations and rulings which can be found on the Centers for Medicare & Medicaid Services (CMS) website at www.cms.gov. This document has the latest information available as of 4/10/20.

Audio Only Services

Question: We are providing audio only services as the patient does not have audio/video capability. Can we submit the procedure codes on the telehealth list?

Answer: No. Telehealth services are interactive audio/video communication between the patient and the practitioner. Providers cannot submit audio only services under the list of procedure codes CMS allows as telehealth.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Question: If the patient does not have video capability, what services can we submit?

Answer: Medicare is allowing codes 99441 - 99443 and the 98966 - 98968 when the patient does not have audio/video capability.

https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Question: What other service we can submit if we are not using audio/video communication?

Answer: There are many codes.

- Remote evaluation of patient recorded information, G2010

- Virtual check-in, G2012
- On-line digital evaluation and management, (E/M) 99421- 99423
- On-line digital E/M by other qualified healthcare professional, G0261-G2063
- Telephone calls by Medical Doctor, Doctor of Osteopathy, Non-Physician Practitioner (MD/DO/NPP), 99441 – 99443
- Telephone calls by other qualified healthcare professionals, 98966 – 98968

Question: What are the rules for virtual services?

Answer: Virtual services G2010, G2012, 99421 - 99423, G2061 - G2063 are patient initiated services. These services must not be within 7 days of a previous E/M service. These services cannot be within 24 hours of the next E/M service. Report 99421 - 99423 for qualified healthcare professionals that can submit an (E/M) service. Report G2061 - G2063 for other qualified healthcare professionals that cannot submit an E/M, but can submit other services.

https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-24086.pdf

Question: The physician/NPP provides telehealth through audio/video communication. Can our nurse perform the intake over the phone prior to the physician/NPP service?

Answer: Telehealth services are audio/video communication. Medicare would expect the nursing staff to perform services through audio/video communication.

Question: The patient spends time with the medical assistant and the physician. Can we count time from both as part of the virtual codes?

Answer: No. Medical assistants and other ancillary staff's time would not count toward the time for the procedure code. The codes are for time spent with the physician/NPP or other qualified health professional. These are providers who are able to submit charges to Medicare.

Question: The practitioner is treating the patient from outside the patient's room. The practitioner discusses patient care with the patient via telephone. Is this a telehealth service?

Answer: No. When the patient and practitioner are in the same location, the services submitted would reflect the service performed. These services are not telehealth or telephone services.

Question: Some of the procedure codes included in the virtual services mention established patients. Will CMS allow these for new patients?

Answer: CMS has stated they will not review for use of these codes for new patients. https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Question: The practitioner is providing a service over the phone. The documentation supports a level 99215 E/M service. Can we submit this using Modifier 95?

Answer: No. Services provided over the phone use codes 99441 - 99443 or 98966 - 98968. The office or other outpatient service procedure codes are not available for audio services.

Question: We are providing mental health treatment via audio only. Can we use the mental health services as listed?

Answer: No. The procedure codes listed as telehealth services, including mental health, are appropriate when provided through audio/video communication. Services provided over the phone use codes 99441 - 99443 or 98966 - 98968.

Question: Who is able to submit the 99441 – 99443 procedure codes?

Answer: Procedure codes 99441 – 99443 are for telephone calls to patients by qualified health care professionals. These providers can submit E/M services.

Question: Who can submit the procedure codes 98966 – 98968 procedure codes?

Answer: Procedure codes 98966- 98968 are for telephone calls to patients by qualified health care professionals. These providers cannot submit E/M services. This includes providers who can enroll with Medicare and submit charges for other types of services. This could include:

- Physical Therapists (PT)
- Occupational Therapists (OT)
- Speech Language Pathologists (SLP)
- Licensed Clinical Social Workers (LCSWs) or
- Clinical Psychologists (CP), just as an example.

https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Question: Our facility has respiratory technicians contacting the patients. Can we submit the telephone only codes?

Answer: These codes are only for practitioners who have a provider number. They can submit services to Medicare.

Question: Can our ancillary staff or registered nurses (RNs) provide the virtual services under the incident to guidelines?

Answer: No. CMS allows these services when provided by the physician or NPP. These codes are not available for ancillary or clinical staff.

Question: Can dieticians submit the 98966 - 98968 procedure codes?

Answer: If the dietician has a Medicare provider number, they can use these procedure codes.

Question: Our facility employs the physician, He/she is providing a telephone service to the patient. Can our facility submit the G2063 or the Q3014 procedure code?

Answer: No. A clinic visit or originating site fee is not valid for a telephone visit. A clinic visit or originating site fee is not valid when the patient is not in your location.

Question: Would the newly allowed telephone visits be subject to the global surgery guidelines?

Answer: As professional encounters, the services would be subject to the global surgery guidelines.

Originating Site/Facility Charges

Question: Can our facility submit an originating site fee when a specialist provides a telehealth service? The specialist will submit the telehealth procedure code.

Answer: The telehealth fact sheet includes the approved locations for an originating site. You can submit the originating site fee when your facility is on the list. The patient must be in your location.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Question: What are the requirements for the originating site?

Answer: CMS provides a toolkit for providers to get ready for providing an originating site for telehealth. This toolkit informs on how to set up your facility to be an originating site. There is a section on the type of equipment needed. There is a section on choosing vendors. While the document addresses nursing home, the data is valid for any entity wanting to become an originating site.

https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf

Question: Can a Rural Health Clinic/Federally Qualified Health Center (RHC/FQHC) submit originating site fees?

Answer: Yes, this is permissible when the patient is in your location.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Question: Can a Critical Access Hospital (CAH) submit originating site fees?

Answer: Yes, this is permissible when the patient is in your location.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Question: The physician provided a telehealth services to a patient at our facility. Can we submit an outpatient facility fee?

Answer: You can submit the originating site procedure code Q3014.
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Question: The physician provided a telehealth service to the patient in their home. Can we submit an outpatient facility fee?

Answer: No. The facility would not have an originating site as the patient is not at your location.

Question: Can we submit the G0463 service when acting as an originating site for a telehealth service?

Answer: No. The appropriate procedure code is Q3014 when acting as an originating site.

Question: Can we submit an originating site fee when the physician provides an audio service?

Answer: No. An originating site fee is not billable for virtual services. This code is the originating site fee for telehealth services.

Question: As a Skilled Nursing Facility (SNF) submitting the Q3014, do we use the 99 Condition code?

Answer: No. Medicare does not require a condition code when submitting a SNF claim for telehealth services.

Question: The physician is working out of his/her home. The patient is in his/her home. Can we submit charges for a clinic visit or an originating site fee?

Answer: No. If the patient is not in your location, you would not have a charge.

Question: What can a SNF submit when the physical therapist provided services via telephone or telehealth?

Answer: Skilled nursing facilities cannot bill for PT services provided via telehealth or the telephone.

Question: How do we submit the charges when our employed diabetic and nutritional therapists provide services via telehealth?

Answer: Hospitals can submit the code Q3014 using TOB 12X or 13X with revenue code 78X. Hospitals may only submit distant site charges for Medical Nutrition Therapy (MNT) services. You must meet the requirements for these services. The nutritionists or registered dieticians must reassigned benefits to the hospital. Medicare Physician Fee Schedule (MPFS) payment is for the individual procedure code

Question: Our physician is in the office providing telehealth services to the patients. Can we submit both the originating site procedure code, Q3014, along with the telehealth service provided?

Answer: No. A physician/NPP providing telehealth would not submit the originating site fee. They would submit the telehealth service provided.

Question: Our physician is providing telehealth services from their home to the patient. The patient is in the office. Can we submit an originating site fee?

Answer: If the patient is in your office, you can submit the originating site fee.

Question: Our SNF is not in a rural area. We have not submitted the Q3014 originating site fee previously. Can we now when the patient is in our location?

Answer: Yes. The changes allow telehealth services in rural and non-rural areas.

Provider Enrollment and Practitioner Home

Question: Can a provider perform services from his/her home?

Answer: A provider may provide telehealth services from his/her home. Medicare does not require you to add this as a practice location during the emergency. Item 32 of the CMS 1500 form can show the physician/NPP home or office address.

https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

Question: The practitioner is in his/her home providing services to a patient in an assisted living facility. What place of service (POS) code and procedure code do we use?

Answer: CMS updated the list of covered telehealth services to include assisted living facility codes. The practitioner would choose codes and the POS that most accurately reflect the service. This could be the assisted living facility codes and POS 13. It could also be the office or other outpatient procedures codes and POS 11.

Question: Do we have to enroll with another contractor if we go to another state to help?

Answer: You will need to enroll in the state in which you are practicing. CMS has made changes to expedite the enrollment process.

https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf

Documentation

Question: We are providing telehealth office or other outpatient services (99201 – 99215). Do we submit based on time only or medical decision-making (MDM)?

Answer: CMS allows providers to bill based on time using the guidelines identified for 2021 services. This means the time does not have to be for counseling/coordination of care only. You can include non-face-to-face time provided on the same day. This is retroactive to 3/1/20. You can submit based on MDM in the 1995 or 1997 Documentation Guidelines.

https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Question: Would the use of the 2021 guidelines for office or other outpatient services be retroactive to 3/1/20?

Answer: CMS allows use of the 2021 guidelines for office or other outpatient codes using time to choose the procedure code. This is retroactive to 3/1/20.

Question: Would we use the time associated with the CPT 2020 codes? Or would we use the time associated with the office or other outpatient procedure codes in 2021?

Answer: CMS is allowing for the times as listed in the 2020 Final Rule. Don't round time when using the 2021 guidelines. Use the time as listed for the procedure codes.

https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Question: Can we use time to choose other categories of E/M such as inpatient hospital services?

Answer: You can use time when more than 50% of the face-to-face (telehealth acceptable) is spent in counseling/coordination of care.

Question: How do we document the exam portion of an E/M service when providing the exam through telehealth?

Answer: Your documentation would not change. The exam is what you see, hear, touch, etc. Document what you are doing. For example, if you ask a patient to demonstrate a range of motion, you documentation would show the range.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/eval-mgmt-serv-guide-ICN006764.pdf

Question: Do we have to indicate we provided the service via telehealth?

Answer: Medicare does not require it, but this would be a best practice.

Question: What ramifications will we have when Medicare audits services long after the declared emergency is over?

Answer: Medicare will review based on the rules and regulations at the time of the service. CMS has also indicated treatment of patients is the provider's main focus at this time.

https://www.cms.gov/files/document/provider-burden-relief-faqs.pdf

Question: What documentation do you expect when providing an e-visit or audio only visit?

Answer: The documentation would reflect the service. The medical record will show

- the nature of the service,
- any correspondence or communication with the patient, if available, and
- the physician/practitioner's exam and or medical decision-making.

Question: We are unable to upload the video into our electronic medical record. Can we still submit telehealth services?

Answer: Yes. Your medical record will reflect the service provided to the patient. You are not required to upload the video.

Question: Do we have to document why we are seeing the patient via telehealth or through virtual communication?

Answer: Medicare does not require this.

Procedure Codes

Question: Under the 1135 waiver, can we submit telehealth services for new patient services?

Answer: Yes. This is part of CMS relaxing the requirements during the emergency. https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Question: Has Medicare waived the frequency limitations for telehealth services?

Answer: Yes, when medically necessary. You may provide subsequent hospital visits more than every three days. You may provide skilled nursing visits more than once every 30 days.

Question: How do we choose between a home visit and an office visit for a telehealth service?

Answer: Base your choice of procedure code on the service provided to the patient. Home visits are appropriate telehealth services. Look to your documentation to determine the appropriate code.

Question: Can our dietician provider services via telehealth?

Answer: Yes. There are dietician services on the list of approved telehealth services. This include diabetic management (G0108 and G0109) and medical nutritional therapy (G0270).

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Question: Procedure codes G2061 – G0263 are the e-visits. Procedure codes 98966 – 98968 are the telephone calls. Can we submit when provided by ancillary staff or the RN?

Answer: No. These codes are provided by qualified healthcare professionals that cannot submit E/M services, but can submit other services to Medicare.

Question: We have questions on multiple procedure codes and whether Medicare will reimburse as telehealth. Where do we find more information?

Answer: Access the list of appropriate telehealth services on the CMS website. https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Question: Can we submit the 99354 and 99355 prolonged services in the office when providing an appropriate telehealth service?

Answer: Yes. These codes are on the list of approved services. https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Question: Can we submit the 99356 and 99357 prolonged services in an inpatient setting when providing appropriate telehealth services?

Answer: Yes. These codes are on the list of approved services. https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Question: Can we use the 99358 or 99359 prolonged non-face-to-face services during the declared emergency?

Answer: These services are payable by Medicare. They should be related to a service provided to the patient. The service does not have to be on the same day. The related service does not have to be an E/M service. See the CMS Internet-Only Manual (IOM), Publication 100-04, Medicare Claims Processing, Chapter 12, Section 30.6.15.2.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

Question: Can the NPP submit the 99421 - 99423 and the 99441 - 99433 procedure codes?

Answer: Yes, NPPs who can submit E/M services can use these codes.

Virtual Services

Question: When utilizing the virtual services, does the contact have to be patient initiated?

Answer: Procedure codes G2010, G2012, 99421 - 99423, and G2061 - G0263 must be patient initiated. You can notify your patients that you have this service available. The codes 99441 - 99443 and 98966- 98968 do not have to be patient initiated.

Question: Can we submit multiple units of G2012 to reflect the total time on the date of service?

Answer: No. This service is for the total service provided on that date of service. This code does not have the 7-day restriction as some of the other virtual services.

Question: What POS code do we use for the virtual services?

Answer: Providers will generally use POS 11 for office. However, you can also use an outpatient setting.

Question: What is the difference between a G2012 and 99421?

Answer: The G2012 is a patient initiated call between the physician and the patient. The 99421 is a patient initiated on-line digital E/M performed by the physician.

Question: Do we use Modifier 95 for virtual services?

Answer: No, this modifier is not for virtual services. This modifier is for telehealth services.

Question: Can Medicare reimburse for multiple virtual codes in a 7-day period?

Answer: No, time would be cumulative during the 7-day period. Submit the code at the end of a 7-day period. You can also submit when completing the time for the higher level code. Medicare would not allow again until the 8th day from the billed date.

Question: Are the codes 99421 - 99423 for patient portal inquiries only?

Answer: These codes are for on-line digital E/M services. Generally, these patient initiated services would come through your patient portal.

Question: Will CMS move the procedure codes 99441 - 99443 and 98966 - 98968 to an "A" status back to 3/1/20?

Answer: We believe these services will be available for reimbursement as of 3/1/20. WPS GHA has pricing available on the web site.

https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf
https://www.wpsgha.com/wps/portal/mac/site/fees-and-reimbursements/guides-and-resources/mpfs-update-for-april-2020/

Question: Will virtual services provided by NPPs be allowed at 85% of the MPFS?

Answer: CMS has not indicated any changes to this payment differential.

Question: Can we submit the virtual services procedure codes on a UB-04 form?

Answer: These are professional services. If you normally submit your professional services on the UB-04, you may continue to do so.

Question: Our physician evaluates the patient's medical record and makes recommendations on treatment. How do we submit charges for this service?

Answer: These services could be interprofessional consultations. These are procedure codes 99446 – 99451. The requesting practitioner could submit 99452. Evaluate the description of the codes are your service to determine if appropriate.

PT/OT/SLP

Question: Can a PT, OT, or SLP provide services via telehealth?

Answer: No. The CMS approved telehealth services are not available to these specialties. The CMS Telehealth Fact sheet has the list of appropriate providers.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Question: The new list of procedure codes include many therapy services. Can a PT/OT/SLP provide these services via telehealth?

Answer: No. PT/OT/SLP are not on the approved telehealth provider list. Physicians or NPPs can provide these services

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Question: Can PT/OT/SLP provide the virtual services?

Answer: Yes. PT/OT/SLP can provide the G2061 - G2063 and the 98966 - 98968 services.

Question: Can the facility submit the e-visits or telephone services when provided by PT/OT/SLP or an LCSW or CP?

Answer: Yes, these services are payable by Medicare. A facility would submit as usual for these services.

Question: Can we submit the G2061-G0263 and 98966 - 98968 when provided by the ancillary or nursing staff?

Answer: No. These codes are for qualified healthcare professionals that can submit claims, but cannot submit an E/M service.

Modifiers

Question: How do we use the "DR", "CR" and "95" Modifiers?

Answer: The DR is a condition code, not a modifier. The CR Modifier is used for services related to COVID 19. Physician use the 95 Modifier when billing the acceptable telehealth procedure codes and not using POS 02. Medicare does not require the CR Modifier.

https://www.cms.gov/files/document/se20011.pdf

Question: Do we have to use the Modifier 95 when billing POS 02?

Answer: No, you would not need Modifier 95. The POS 02 indicates you performed the service through telehealth.

Question: When is it appropriate to use Modifier CR?

Answer: Modifier CR is to indicate services that are catastrophic/disaster related. Physicians billing for telehealth does not use this modifier.

https://www.cms.gov/files/document/se20011.pdf

Question: When it is appropriate to use Modifier DR?

Answer: DR is a condition code, not a modifier. Use this when services are catastrophic/disaster related.

https://www.cms.gov/files/document/se20011.pdf

Question: Is Modifier 95 considered a payment modifier?

Answer: No. This is an informational modifier. It does not have to be in the first modifier field.

Question: If we use POS 02, will reimbursement be at the facility rate if one is available?

Answer: Yes. POS 02 reimburses at the facility rate.

Question: We can now use the appropriate POS for the category of service rather than the POS 02. Is that correct?

Answer: Yes, you can use the appropriate POS. Medicare will reimburse at the facility or non-facility rate based on the category of service.

Question: How are we to use Modifier CS?

Answer: Modifier CS is used when you are ordering and/or performing the laboratory test for COVID 19.

https://www.cms.gov/files/document/se20011.pdf

RHC/FQHC Billing

Question: The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provides for the RHC/FQHC to submit both the originating site and the distant site service. As of 4/3/20 CMS has not published any information. When can we begin submitting?

Answer: Please watch the CMS web site for more information.

https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

Question: How would an RHC/FQHC provider submit for a physician initiated telephone call to the patient?

Answer: The codes are 99441 – 99443 for physicians/NPPs that can also submit an E/M service. Codes 98966 – 98968 are for qualified health care professionals that can submit charges to Medicare, but cannot submit E/M services.

Question: Would an RHC/FQHC submit charges for the virtual services on the UB-04 or the CMS 1500 form?

Answer: CMS has not published information on RHC/FQHC submit telehealth services. We anticipate RHC/FQHCs would continue to submit on a UB-04 form.

Question: How will Medicare reimburse a telehealth service by an RHC/FQHC? Under the All-Inclusive Rate (AIR) or the Prospective Payment System (PPS) rate?

Answer: CMS published the reimbursement would be under the MPFS for the service.

https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Question: RHC/FQHC use procedure code G0071 for virtual or on-line services. We would also use this code for telephone visits?

Answer: RHC/FQHCs can submit the 99441 - 99443 and 98966 - 98966 separately from the G0071 services.

Question: Would the RHC/FQHC submit the G0071 on the UB-04 or the CMS 1500 form?

Answer: The claim form is the UB-04.

Question: Can an RHC/FQHC submit telephone services under the procedure code G0071?

Answer: The CARES Act does not address this. The Interim Final Rule does not include the telephone procedure codes in the description of procedure code G0071.

https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Question: Can an RHC/FQHC submit procedure code G0071 when provided by an RN?

Answer: No. The virtual services are services by the qualified healthcare professional (physician or NPP).

Question: Is the G0071 paid under the AIR or PPS for an RHC/FQHC?

Answer: The information in the interim final rule shows there is specific payment for this service. https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Other

Question: Can we provide services via telehealth to a patient located in another state?

Answer: Yes. Submit to the Medicare Administrative Contractor (MAC) based on your location. Contact the state to determine rules and regulations.

Question: The physician is outside the patient's room, but separated by glass or in different location in the same building. Can we submit E/M services via telehealth?

Answer: No. The patient and practitioner must be in separate locations to qualify for a telehealth service.

Question: Is the expansion of telehealth services available nationwide?

Answer: Yes, the Medicare rules apply to all states.

Question: What POS do we use for services provided through interactive audio/video communication systems?

Answer: Providers can use Place of Service 02 for codes on the telehealth list prior to the declared emergency. During the declared emergency, providers can

- continue to use POS 02 or
- use the POS code that corresponds to the category of service with Modifier 95.

Question: What is the effective date of the changes?

Answer: The Interim Final Rule provides an implementation date of 3/1/20.

https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Question: We are a CAH Method II. We provide diabetic management and medical nutrition therapy from the dietician's home. How does our billing change?

Answer: CAHs Method II can bill services as telehealth (audio/video communication) when the patient and practitioner are in separate locations. If the patient is in your location, you can submit the originating site fee and the service. If the patient is not in your location, you can submit the telehealth service provided.

Question: Will Medicare now allow an initial and subsequent hospital visit on the same day?

Answer: Medicare has not changed the per diem nature of E/M. Medicare pays once per day unless meeting one of the exceptions. You can find more information in the CMS IOM, Publication 100-04, Chapter 12, Section 30.6.7.B and 30.6.9.B.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

Question: Where can we find instructions on telehealth services?

Answer: This is in the CMS IOM, Publication 100-04, Medicare Claims Processing, Chapter 12, Section 190. You can also find information in the Telehealth Fact Sheet

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243327

Question: How long will these emergency instructions be in place?

Answer: Until the declared emergency is over. CMS and the Trump Administration will make this determination.

Question: When is the GT Modifier appropriate?

Answer: CAHs use the GT Modifier when providing telehealth services. CAHs do not use Modifier 95.

Question: What services are available for LCSW and CP?

Answer: LCSWs and CPs are appropriate distant site practitioners for telehealth services. They can submit procedure codes that do not contain an E/M element.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Question: Can a CAH Method I provider submit the telehealth services?

Answer: A CAH Method I provider is not an approved telehealth provider.

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

Question: Do we have to waive cost-sharing on telehealth or virtual services?

Answer: No. You do not have to waive cost-sharing. The Office of Inspector General (OIG) has stated they will not penalize providers who waive cost-sharing.

https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf

Question: Do we have to have beneficiary consent before providing virtual or telehealth services?

Answer: You need to have patient consent. You can gather and document at the time of service.

Question: Can we provide genetic counseling via telehealth?

Answer: Look at the list of approved telehealth services to determine.

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Question: Can we provide chronic care management (CCM) via Telehealth?

Answer: No. The CCM codes are not on the list of covered telehealth service. However, CCM does not require a face-to-face service.

Question: Can we submit a new patient E/M service when we see the patient face-to-face following the declared emergency?

Answer: No. Medicare allows new patient E/M services when the practitioner has not submitted other services within the previous three years. New patient codes are the 99201 – 99215. You can find more information in the CMS IOM, Publication 100-04, Chapter 12, Section 30.6.7.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

Question: The emergency department physician is providing a telehealth service to a patient in the parking lot using FaceTime. Can we submit this as a telehealth emergency department procedure code?

Answer: Yes, the service, as described, is a telehealth service.

Question: Can you clarify the POS and Box 32 when the physician is practicing out of his/her home?

Answer: The POS is the two-digit code to identify the patient's location at the time of the service. In this declared emergency, physicians can use the POS code corresponding to the service provided. Box 32 is the location of the practitioner at the time of the service. This can be the physician's home address or the office address.

Question: The physician is in his/her office and admitting the patient to a nursing facility. They may also provide subsequent nursing facility services on another date. Which POS is appropriate?

Answer: The physician chooses the POS that best reflects the services provided. The POS corresponds to the category of service submitted. In this case, they can use POS 31 or 32 and the nursing facility procedure code.

Question: We completed the key/critical portions of the E/M through audio/video interactive communication and then the video failed. How do we submit this service?

Answer: When the key and critical portions of the service provided via telehealth, submit the service as a telehealth service.

Question Our physician conducted a telehealth service with the patient in the parking lot. He then examined the patient face-to-face. How do we submit this?

Answer: If completing the key and critical portions of the service face-to-face, submit as a face-to-face service. Do not use the 95 Modifier. If completing the key and critical portions via telehealth, submit as a telehealth service. Submit the 95 Modifier.

Question: What revenue code is appropriate for facilities submitting for electronic visits?

Answer: Use revenue code 980 with the CR modifier.

Question: Our physician performs a telehealth service with the patient and determines the patient needs a face-to-face service. How do we submit this?

Answer: Determine how your physician conducted the key and critical portion of the services. If face-to-face, do not use modifier 95. If through telehealth, append Modifier 95. If provided on separate days, submit the services separately.

Question: Our physician provided a service to the patient through reviewing the medical record and making a medical decision. The physician did not have contact with the patient by telephone, telehealth or "through the glass". How do we submit this service?

Answer: Without contact with the patient, you do not have a billable service.

Physician Supervision

Question: The physician is practicing out of their home. How does the physician provide supervision for incident to services?

Answer: The physician can provide the supervision through audio/video communication rather than being in the office.

Question: Can the teaching physician submit charges when the resident provides the service to the patient via telehealth?

Answer: The teaching physician rules have not changed. The teaching physician must be present during the service. The teaching physician's presence may be through audio/video telecommunication system.

https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-06990.pdf

Question: How did the supervision requirements for a primary care exception change?

Answer: Medicare is no longer restricting the level of service during the declared emergency. The teaching physician may provide the supervision via audio/video communication with the resident.

Question: Is CMS now allowing CCM under the primary care exception?

Answer: No. Medicare does not allow CCM under the primary care exception.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

Question: The nurse administers an injection. The physician is practicing out of their home. How does the physician/practitioner provide supervision?

Answer: The physician supervision is via audio/video communication at the time of the service.

Question: The RN is providing the Annual Wellness Visit (AWV). Do we have to have the physician on the audio/video communication with the patient?

An**swer:** No. The AWV requires general, not direct supervision.