

## Specialty Practice

### Reimbursement Requirements for Telehealth Services

- Policy:** It is the policy of [Organization name here] to ensure billing and coding requirements for telehealth services are accurate, timely, and auditable.
- Purpose:** To explain the reimbursement requirements for the provision of telehealth services, from a Medicare Rules and Regulations perspective.
- Scope:** This document is applicable for specialty practices, in accordance with the rules and regulations of the Centers for Medicare & Medicaid Services (CMS). Each organization should check their state regulations for further requirements and opportunities.

#### *Temporary PHE Guidance\**

*-Determination of the PHE renewal*

For further reading: <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-07Jan2021.aspx>

*“CMS has issued temporary measures to make it easier for people enrolled in Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) to receive medical care through telehealth services during the COVID-19 Public Health Emergency.*

*Some of these changes allow providers to:*

*-Conduct telehealth with patients located in their homes and outside of designated rural areas*

*-Proactive remote care, even across state lines, through telehealth*

*-Deliver care to both established and new patients through telehealth*

*-Bill for telehealth services (both video and audio-only) as if they were provided in person”*

For further reading: <https://www.hhs.gov/coronavirus/telehealth/index.html>

\*Temporary guidance related to Public Health Emergency (PHE)

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*Temporary PHE Guidance\**

*“Medicare beneficiaries will be able to receive a specific set of services through telehealth including evaluation and management visits (common office visits), mental health 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 from their home, without having to go to a doctor’s office or hospital which puts themselves and others at risk.”*

*For further reading: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>*

*“Building on prior action to expand reimbursement for telehealth services to Medicare beneficiaries, CMS will now allow for more than 80 additional services to be furnished via telehealth. During the public health emergencies, individuals can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. Providers also can evaluate beneficiaries who have audio phones only. These temporary changes will ensure that patients have access to physicians and other providers while remaining safely at home.”*

*“Providers can bill for telehealth visits at the same rate as in-person visits. Telehealth visits include emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services, which must be provided by a clinician that is allowed to provide telehealth. New as well as established patients now may stay at home and have a telehealth visit with their provider.”*

*“CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health.”*

*“CMS is making it clear that clinicians can provide remote patient monitoring services to patients with acute and chronic conditions and for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient’s oxygen saturation levels using pulse oximetry.”*

*“In addition, CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence.”*

*For further reading: <https://www.cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf>*

**Procedures:**

**I. Covered Telehealth Services.**

- A. The telehealth service must use an interactive audio and video telecommunications system that permits real-time communication between the distant site provider and the patient at the originating site.

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- B. Each year the list of covered telehealth services is reviewed and revised by the Centers for Medicare & Medicaid Services (CMS).
  - 1. Only services on the list are eligible for reimbursement.
  - 2. Prior to establishing a telehealth visit, the provider must ensure the service is included on the list.
  - 3. The list categorizes the services by HCPCS or CPT code.
- C. The requirements to bill the specific codes are the same whether done in person or via telehealth. **(Refer to SPC Documentation policy)**  
<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

#### *Temporary PHE Guidance\**

*-See PHE exceptions to the originating site and see the telehealth covered list for services that may be performed using audio only.*

*For further reading: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>*

## II. Telehealth Services Billing and Payment.

- A. Telehealth services must be provided by a **healthcare practitioner who is authorized to bill Medicare for their professional services**. Distant site practitioners include **(subject to state law)**:
  - 1. Physicians
  - 2. Nurse practitioners (NPs)
  - 3. Physician assistants (PAs)
  - 4. Nurse-midwives
  - 5. Clinical nurse specialists (CNSs)
  - 6. Certified registered nurse anesthetists
  - 7. Clinical psychologists (CPs)
  - 8. Clinical social workers (CSWs)

**“CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.” (p. 6)**

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9. Registered dietitians or nutrition professional

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

- B. Once an approved telehealth service has been provided, the corresponding HCPCS or CPT code will be assigned, to include the appropriate place of service code as telehealth (02).

*Temporary PHE Guidance\**

*-See PHE exception to POS code: "The IFC directs physicians and practitioners who bill for Medicare telehealth services to report the place of service (POS) code that would have been reported had the service been furnished in person. This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the PHE for the COVID-19 pandemic, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person." (p. 68)*

For further reading: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

**Tips:**

- Review the list of services you provide that are on the covered telehealth list and establish the workflow that mirrors how these services are provided when the patient is seen in person as much as possible.