

Temporary Provider Telehealth Guidance

RE: CMS EXPANDS MEDICARE-COVERED TELEHEALTH CODES FOR THE DURATION OF THE COVID-19 PUBLIC HEALTH EMERGENCY (PHE) RETROACTIVE TO 3/1/20

April 10, 2020

Dear Valued Provider and Staff,

Due to the dynamic nature of our current environment, we want to update you on new Beacon telehealth policy in accordance with CMS's Medicare Interim Rule for the COVID-19 public health emergency ("COVID-19 PHE"). Additional guidance is located on the CMS website <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>.

Recognizing that many providers are suddenly transitioning a significant portion of their services from in-person to telehealth visits, CMS is changing Medicare payment rules during the COVID-19 PHE so that providers have broader flexibilities to furnish services using remote communications technology to avoid exposure risks to providers, patients and the community. Building on prior expansion of telehealth services to Medicare beneficiaries, **CMS will now allow more than 80 additional services via telehealth**. This means that during the COVID-19 PHE, Medicare patients can use interactive apps with audio and video capabilities to visit with their clinician for an even broader range of services. Additionally, **Medicare will be covering codes for providers to evaluate or assess beneficiaries who have audio phones only**.

All remote communications may be used for established patients and for new patients (prior relationship requirements are waived).

Contract Amendments and Attestations

- No contract amendments or signed attestations are required to provide these expanded services to Medicare members.

Medicare Telehealth

- Telehealth **must be provided using equipment that includes both audio and video** for two-way, real-time interactive communication between the patient and provider.
- Beacon is adding >40 codes from the expanded list of Medicare- covered telehealth services.
- Please report the Place of Service (POS) code that would have been reported if the service was provided in person and use the 95 modifier.

LIST OF MEDICARE TELEHEALTH SERVICES			
Temporary Addition for the PHE for the COVID-19 Pandemic			
Code	Short Descriptor	Code	Short Descriptor
90853	Group psychotherapy	99283	Emergency dept visit
96130	Psycl tst eval phys/qhp 1st	99284	Emergency dept visit
96131	Psycl tst eval phys/qhp ea	99285	Emergency dept visit
96132	Nrpsyc tst eval phys/qhp 1st	99304	Nursing facility care init
96133	Nrpsyc tst eval phys/qhp ea	99305	Nursing facility care init
96136	Psycl/nrpsyc tst phy/qhp 1s	99306	Nursing facility care init
96137	Psycl/nrpsyc tst phy/qhp ea	99315	Nursing fac discharge day
96138	Psycl/nrpsyc tech 1st	99316	Nursing fac discharge day
96139	Psycl/nrpsyc tst tech ea	99327	Domicil/r-home visit new pa
99217	Observation care discharge	99328	Domicil/r-home visit new pa
99218	Initial observation care	99334	Domicil/r-home visit est pa
99219	Initial observation care	99335	Domicil/r-home visit est pa
99220	Initial observation care	99336	Domicil/r-home visit est pa
99221	Initial hospital care	99337	Domicil/r-home visit est pa
99222	Initial hospital care	99341	Home visit new patient
99223	Initial hospital care	99342	Home visit new patient
99234	Obser/hosp same date	99343	Home visit new patient
99235	Obser/hosp same date	99344	Home visit new patient
99236	Obser/hosp same date	99345	Home visit new patient
99238	Hospital discharge day	99347	Home visit est patient
99239	Hospital discharge day	99348	Home visit est patient
99281	Emergency dept visit	99349	Home visit est patient

NEW Telephone E/M Codes

- Medicare will temporarily cover **telephone (audio-only) E/M codes** when a practitioner spends more than a brief amount of time in direct communication with a patient (or parent or guardian).
- These services would not be separately billable if they originate from a related E/M service (including one furnished as a telehealth service) provided within the previous 7 days or lead to an E/M service within the next 24 hours.

Temporary Addition for the PHE for the COVID-19 Pandemic	
Code	Descriptor
99441	Telephone evaluation and management service, for new or established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99442	Telephone E/M service; 11-20 minutes
99443	Telephone E/M service; 21+ minutes
98966	Telephone assessment and management service provided by a qualified non-physician health care professional to a new or established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	Telephone assessment and management service with 11-20 minutes of medical discussion
98968	Telephone assessment and management service with 21-30 minutes of medical discussion

Other Remote Communications Technology

- In the context of the COVID-19 PHE, providers might use **brief virtual check-ins, e-visits or remote evaluations** instead of other in-person services to facilitate appropriate care while mitigating exposure risks (e.g., to decide whether an office visit or other service is needed).
- Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.
- Patient consent must be documented at or before service delivery and is valid for one year.
- These services would not be separately billable if they originate from a related E/M service (including one furnished as a telehealth service) provided within the previous 7 days or lead to an E/M service within the next 24 hours.

Permanent Medicare-Covered Codes for Brief Communications with Temporary Waiver of Established Patient Requirement		
Code	Descriptor	Type(s) of Communication
G2010	Remote evaluation of recorded video and/or images submitted by patient	Recorded video and/or images submitted by patient
G2012	Brief communication (virtual check-in) by a physician or other qualified health care professional who can report E/M services	Use of phone, text or email to respond to patient
99421	Online digital evaluation and management service, cumulative time during a 7 day period; 5-10 minutes	Patient portal
99422	Online E/M in for up to seven days; 11-20 minutes	Patient portal
99423	Online E/M in for up to seven days; 21+ minutes	Patient portal
G2061	Qualified non-physician healthcare professional (e.g., LCSWs, Clinical Psychologists) online assessment and management service, cumulative time during 7 days; 5-10 minutes	Patient portal
G2062	Online assessment and management service, cumulative time during 7 days; 11-20 minutes	Patient portal
G2063	Online assessment and management service, cumulative time during 7 days; 21+ minutes	Patient portal

Documentation of Services

- Clinical documentation for telehealth services is the same as face-to-face documentation for services.

Thank you for your ongoing dedication to supporting our members as we navigate this situation. Contact the National Provider Service Line: 800-397-1630 (Monday through Friday, 8 a.m. to 8 p.m.) or your provider relations representative with questions regarding this updated guidance. Please continue to refer to the [Beacon Health COVID-19 Provider Resources](#) webpage for the latest information.