



Medicare Telehealth Changes During the Public Health Emergency For Services Provided Beginning March 1, 2020

Expansion of Telehealth Services

In a March 30th rule, the Centers for Medicare and Medicaid Services (CMS) expanded the list of Evaluation and Management (E/M) services that can be provided using audio and video components such as Skype or FaceTime. Medicare will pay for telehealth services to patients located anywhere in the country, including in his/her place of residence. CMS instructs providers who bill for Medicare telehealth services to report the place of service (POS) code as if the service were furnished in person and to apply the CPT telehealth modifier 95 to claims. CMS also will maintain the facility payment rate for services billed using the general telehealth POS code 02 if practitioners choose to maintain their current billing practices for Medicare telehealth during the emergency period.

The rule also adds numerous codes to Medicare telehealth list of services. Level 1 – 5 office and outpatient E/M services for new and established patients will be reimbursed at the same rate regardless if the services is provided by telehealth or face-to-face (see chart below). CMS allows physicians to report these services using the medical decision making criteria or by time and expects providers to use the E/M code that best describes the nature of the care they are providing, regardless of the physical location or status of the patient.

Payment for Audio-Only Telephone Evaluation and Management Services

In an April 30th rule, CMS established new RVUs for the telephone-only E/M services (CPT codes 99441-99443) to align them to the comparable level 2, 3, and 4 office/outpatient E/M codes for established patients. Specifically, CMS is cross-walking the physician work RVUs and practice expense inputs for CPT codes 99212, 99213, and 99214 to the telephone-only CPT codes 99441, 99442, and 99443, respectively. See chart below for the relative values and national average payments and relative value units for the telephone-only services.

Payment Rates for Medicare Physician Services – Telehealth/Evaluation and Management and Phone Calls					
CPT Code	Descriptor	NON-FACILITY (OFFICE)		FACILITY (HOSPITAL)	
		RVUs	Payment CF=\$36.0896	RVUs	Payment CF=\$36.0896
99201	Office/outpatient visit new	1.29	\$46.56	0.75	\$27.07
99202	Office/outpatient visit new	2.14	\$77.23	1.43	\$51.61
99203	Office/outpatient visit new	3.03	\$109.35	2.14	\$77.23
99204	Office/outpatient visit new	4.63	\$167.09	3.66	\$132.09
99205	Office/outpatient visit new	5.85	\$211.12	4.78	\$172.51
99211	Office/outpatient visit est	0.65	\$23.46	0.26	\$9.38
99212	Office/outpatient visit est	1.28	\$46.19	0.73	\$26.35
99213	Office/outpatient visit est	2.11	\$76.15	1.45	\$52.33
99214	Office/outpatient visit est	3.06	\$110.43	2.23	\$80.48
99215	Office/outpatient visit est	4.11	\$148.33	3.15	\$113.68
99221	Initial hospital care	NA	NA	2.88	\$103.94
99222	Initial hospital care	NA	NA	3.89	\$140.39
99223	Initial hospital care	NA	NA	5.71	\$206.07
99441	phone call, 5-10 mins of medical discussion	1.28	\$46.19	1.28	\$46.19
99442	phone call, 11-20 mins of medical discussion	2.11	\$76.15	2.11	\$76.15
99443	phone call, 21-30 mins of medical discussion	3.06	\$110.43	3.06	\$110.43

Claims Processing

In the April 30th rule CMS announced that it would increase payment and reimburse for the audio-only telephone visit codes at rates equivalent to the level 2 -4 office visit codes retroactive to March 1, 2020. CMS announced that the Medicare Administrative Contractors (MACs) are expected to automatically adjust retroactive changes to claims payment and physicians will not need to resubmit claims, though it will take time to implement these changes. CMS recommends that physicians give the MACs some time to catch up and then check with their MAC if they have questions.