



Delivering Telehealth Services during the Public Health Emergency

The Centers for Medicare & Medicaid Services (CMS) has implemented a number of flexibilities to expand the use of telehealth during the public health emergency (PHE). All of the following policies are retroactive to March 1, 2020:

- Telehealth services now can be delivered to patients in their home using technology that allows for a simultaneous audio and visual connection. A full list of services that can be billed using telehealth is available [here](#).
- CMS is providing coverage for the telephone E/M services (CPT codes 99441-99443) to allow providers to bill for care delivered when simultaneous audio and visual connections cannot be established and is reimbursing for these services at the same rate as level 2 through 4 outpatient E/M services.
- The Office of Civil Rights has also provided HIPAA flexibilities that allow providers to deliver these services to patients using apps like FaceTime and Skype.
- CMS has implemented a policy to reimburse telehealth services at the same rate (facility or non-facility) as if it had been performed in person. Typically, telehealth services are reimbursed at the facility rate only.
- Providers can deliver most telehealth services to both new and established patients, including 99201-99215 and 99441-99443. CMS recently increased the reimbursed for CPT codes 99441-99443 and the enhanced values are retroactive to March 1.
- Providers can select an E/M visit level using medical decision making or time, and CMS has temporarily removed any requirements regarding documentation of medical history and/or physical exam in the medical record during the COVID-19 crisis.
- Standard co-pays and deductibles still apply to telehealth visits, but providers will be able to waive or reduce cost sharing for these visits if they choose.

Payment Rates for Commonly Billed Telehealth Services During the Public Health Emergency					
CPT Code	Descriptor	Facility RVUs	Facility Payment CF=\$36.0896	Non-Facility RVUs	Non-Facility Payment CF=\$36.0896
99201	Office/outpatient visit new	0.75	\$27.07	1.29	\$46.56
99202	Office/outpatient visit new	1.43	\$51.61	2.14	\$77.23
99203	Office/outpatient visit new	2.14	\$77.23	3.03	\$109.35
99204	Office/outpatient visit new	3.66	\$132.09	4.63	\$167.09
99205	Office/outpatient visit new	4.78	\$172.51	5.85	\$211.12
99211	Office/outpatient visit est	0.26	\$9.38	0.65	\$23.46
99212	Office/outpatient visit est	0.73	\$26.35	1.28	\$46.19
99213	Office/outpatient visit est	1.45	\$52.33	2.11	\$76.15
99214	Office/outpatient visit est	2.23	\$80.48	3.06	\$110.43
99215	Office/outpatient visit est	3.15	\$113.68	4.11	\$148.33
99221	Initial hospital care	2.88	\$103.94	NA	NA
99222	Initial hospital care	3.89	\$140.39	NA	NA
99223	Initial hospital care	5.71	\$206.07	NA	NA
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

BILLING INSTRUCTIONS: All services must be billed with modifier 95, the telemedicine modifier, and the POS service code where the visit would have occurred prior to the public health emergency.