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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Descriptor</th>
<th>Facility RVUs</th>
<th>Facility Payment CF=$36.0896</th>
<th>Non-Facility RVUs</th>
<th>Non-Facility Payment CF=$36.0896</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Office/outpatient visit new</td>
<td>0.75</td>
<td>$27.07</td>
<td>1.29</td>
<td>$46.56</td>
</tr>
<tr>
<td>99202</td>
<td>Office/outpatient visit new</td>
<td>1.43</td>
<td>$51.61</td>
<td>2.14</td>
<td>$77.23</td>
</tr>
<tr>
<td>99203</td>
<td>Office/outpatient visit new</td>
<td>2.14</td>
<td>$77.23</td>
<td>3.03</td>
<td>$109.35</td>
</tr>
<tr>
<td>99204</td>
<td>Office/outpatient visit new</td>
<td>3.66</td>
<td>$132.09</td>
<td>4.63</td>
<td>$167.09</td>
</tr>
<tr>
<td>99205</td>
<td>Office/outpatient visit new</td>
<td>4.78</td>
<td>$172.51</td>
<td>5.85</td>
<td>$211.12</td>
</tr>
<tr>
<td>99211</td>
<td>Office/outpatient visit est</td>
<td>0.26</td>
<td>$9.38</td>
<td>0.65</td>
<td>$23.46</td>
</tr>
<tr>
<td>99212</td>
<td>Office/outpatient visit est</td>
<td>0.73</td>
<td>$26.35</td>
<td>1.28</td>
<td>$46.19</td>
</tr>
<tr>
<td>99213</td>
<td>Office/outpatient visit est</td>
<td>1.45</td>
<td>$52.33</td>
<td>2.11</td>
<td>$76.15</td>
</tr>
<tr>
<td>99214</td>
<td>Office/outpatient visit est</td>
<td>2.23</td>
<td>$80.48</td>
<td>3.06</td>
<td>$110.43</td>
</tr>
<tr>
<td>99215</td>
<td>Office/outpatient visit est</td>
<td>3.15</td>
<td>$113.68</td>
<td>4.11</td>
<td>$148.33</td>
</tr>
<tr>
<td>99221</td>
<td>Initial hospital care</td>
<td>2.88</td>
<td>$103.94</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>99222</td>
<td>Initial hospital care</td>
<td>3.89</td>
<td>$140.39</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>99223</td>
<td>Initial hospital care</td>
<td>5.71</td>
<td>$206.07</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>99441</td>
<td>Phone call, 5-10 mins of medical discussion</td>
<td>1.28</td>
<td>$46.19</td>
<td>1.28</td>
<td>$46.19</td>
</tr>
<tr>
<td>99442</td>
<td>Phone call, 11-20 mins of medical discussion</td>
<td>2.11</td>
<td>$76.15</td>
<td>2.11</td>
<td>$76.15</td>
</tr>
<tr>
<td>99443</td>
<td>Phone call, 21-30 mins of medical discussion</td>
<td>3.06</td>
<td>$110.43</td>
<td>3.06</td>
<td>$110.43</td>
</tr>
</tbody>
</table>

**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.