



FAQ ABOUT TELEHEALTH BILLING UNDER COVID-19

As a result of the COVID-19 public health emergency, the Centers for Medicare and Medicaid Services (CMS) expanded the provisions for coverage of telehealth (TH) visits for Medicare beneficiaries. Below are some frequently asked questions we have received from clients regarding the billing of TH services. If you have a question that is not included below, please feel free to call the office or email us at info@askCCG.com.

What providers (provider types & specialties) are eligible to provide TH visits?

The providers listed may furnish TH services within their scope of practice and consistent with Medicare benefit rules.

- Physicians
- Nurse practitioners
- Physician assistants
- Certified nurse midwives
- Certified nurse anesthetists
- Licensed clinical social workers
- Clinical psychologists
- Registered dietitians or nutrition professionals

What is a telehealth visit?

Medicare defines a TH visit as one in which the services are those that would normally be provided in person but are instead conducted via telecommunications technology.

Telecommunications technology includes video chat (such as with Skype, Zoom or FaceTime) and telephonic-only communication. Telehealth does not include communication solely via e-mail.

Which patients/appts can be seen via TH?

Established patients may be seen via TH.

New patients may also be seen but it should be noted that the waiver specifies TH is for established patients, but the Department of Health & Human Services will not audit claims to ensure a prior relationship exists between the patient and the provider.

What has to be documented on a TH visit?

The documentation should be the same as the provider would do for an in-person visit, but should state that this is a telehealth visit. We suggest you specify how the visit was conducted (e.g., video chat, telephone, etc.). The location of the patient and the provider must be documented, and do mention the people (and their roles) involved in the visit (e.g, Henry the

patient's husband, Sally the physician's medical assistant, etc.). It is advisable for the provider to document that the patient provides consent to the TH visit, although this is not a requirement.

Is there any limit on the number of TH visits a patient may receive?

No, but consider that, similar to the in-person visit, medical necessity is key. For very frequent TH visits, we suggest clearly documenting the necessity of the visit.

For how long will providers be able to bill for TH visits?

The waiver that allows billing for TH services specifies that the flexibility ends when the public health emergency declaration is revoked by the President.

What HCPCS/CPT codes may be billed?

- 99201 – 99215 (Office or other outpatient visits)
- G0425 – G0427 (Telehealth consultations, emergency department or initial inpatient)

For a complete list, click [here](#).

What payment can be expected for a TH visit?

Payment for TH services will be at the full in person rate for [your locality](#).

Do we need an Advance Beneficiary Notice (ABN) in case Medicare doesn't pay the visit?

No. if the provider follows the guidelines established by CMS, the visit will be paid.

What other virtual visits are covered by CMS?

Virtual check-ins are brief consultations with an established patient via telephone or other telecommunications device to decide whether an office visit or other service is needed. The code for this remote visit is G2012.

E-visits entail communication between the established patient and provider through an online portal. The codes for these services are 99421-99423 and G2061-G2063. These services must meet a time requirement so we suggest the provider document the services provided and the total time devoted to them.

[Here are some billing tips from CMS.](#)

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