COVID-19 Medicare Telehealth FAQ

This FAQ communication is designed to provide general guidance for questions related to Medicare telehealth services during the Coronavirus (COVID-19) Public Health Emergency (PHE). The PHE is ongoing and ever-evolving; therefore, Amerigroup wants to support accurate and up-to-date information around legal and regulatory changes that may impact health care.

This FAQ is for informational purposes only and intended to provide guidance regarding the changing landscape of Medicare telehealth. This guidance is not all-inclusive; it is intended to address frequently asked questions and common Medicare telehealth topics. The content included herein is not intended to be a substitute for the provisions of applicable statutes or regulations or other relevant guidance issued by CMS, as those items are subject to change from time-to-time.

I. General

Q: What virtual services are categorized as telehealth?
A: According to CMS, there are three main types of virtual services physicians and other qualified health care providers can render to Medicare beneficiaries: (i) Medicare telehealth visit; (ii) virtual check-ins; and (iii) e-visits. Medicare telehealth visits are those facilitated by telecommunication system between a provider and a patient. Virtual check-ins, which may or may not be face-to-face, are brief (5 to 10 minutes) interactions with an established patient and provider via telephone or other telecommunications platform and are used to determine whether an office visit or other service is needed. E-visits are non-face-to-face, patient-initiated communications between an established patient and their provider through an online patient portal. Please refer to the ***CMS Telemedicine Fact Sheet*** for additional information.

Medicare telehealth services				
Virtual service	Description of virtual service	Medicare covered	Eligible for risk adjustment	Place of service (POS)
Telehealth visits with real-time, interactive audio **and** video	Medicare telehealth is treated the same as an in-person visit and can be billed using the code for that service, POS 02 or other applicable POS, **and** telehealth CPT modifier 95 to indicate the services were performed via audio-visual telehealth	✓	✓	Any applicable POS **and** telehealth CPT modifier 95

Telehealth visits with audio only	Certain Medicare telehealth services may be conducted via an audio-only telecommunications system[1] ***See CMS List of Telehealth Services***	✓	✗	Any applicable POS
Virtual/brief check-ins	5 to 10 minute communication with an established patient to determine the need for an in-person visit	✓	✗	Any applicable POS
E-visit	Communication between an established patient and their provider through an online patient portal	✓	✗	Any applicable POS

Q: According to CMS, what types of services may be offered via telehealth?
A: As a result of the COVID-19 public health emergency (PHE), the Centers for Medicare & Medicaid Services (CMS) has expanded the types of services that may be offered via telehealth. A complete list of Medicare telehealth services payable under the *Medicare Physician Fee Schedule* can be found here: **https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes**.

Q: Who may perform telehealth services?
A: In accordance with the *Social Security Act* and CMS guidance health care professionals such as physicians, nurse practitioners, physician assistants, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, and registered dietitians may perform and bill for acceptable telehealth services within their scope of practice and consistent with federal and state requirements. For more information please view the ***Social Security Act*** and the ***CMS List of Telehealth Services***.

Q: Can telehealth services be rendered using FaceTime?
A: Yes. CMS has eased some *Health Insurance Portability and Accountability Act* (*HIPPA*) privacy rules and currently permits the use of telecommunications systems that have audio and video capabilities that allow for real-time, interactive communication between a health care provider and a patient. During the COVID-19 PHE, the Department of Health & Human Services (HHS) has waived penalties for *HIPAA* violations, allowing health care providers to serve patients using communications technologies, like FaceTime or Skype when used in good faith. The HHS addresses telehealth remote communications in the **OCR Announces Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency, March 17, 2020**.

Q: Can any of the services on the Medicare telehealth list be furnished and billed when rendered using audio-only technology, such as a telephone?
A: Currently, and throughout the duration of the PHE, eligible providers may furnish certain limited services using audio-only technology. These services are included on the ***Medicare Telehealth List.*** Unless this list indicates that a service is acceptable for delivery through audio-only interaction, the Medicare telehealth service must be furnished using, at a minimum, an interactive audio and video telecommunications system that permits real-time communication between the provider and patient.

Telephonic-only (in other words, telephone) evaluation and management (E/M) service provided by a physician or other qualified health care professional to an established patient, parent, or guardian (not originating from a related E/M services provided within the last seven days nor leading to an E/M service or procedure within the next 24 hours) should be billed with 99441 to 99443.

Q: Is occupational therapy considered a covered Medicare telehealth service?
A: Historically, therapy services, such as occupational therapy, have not been included on the list of approved Medicare telehealth services. However, in light of the PHE associated with the COVID-19 pandemic, CMS offered additional clarification in the interim final rule and **March 17, 2020** ***Medicare Provider FAQ***. There, CMS acknowledged the need to mitigate exposure risks during the PHE by adding therapy services to the telehealth list as of March 1, 2020. Importantly, only eligible health care providers may render such services.

While practitioners such as physical therapists, occupational therapists, and speech-language pathologists are not among those identified under section 1842(b)(18)(C) of the ***Social Security Act*** as eligible to furnish and bill for Medicare telehealth services, such providers are permitted to offer virtual check-ins (G2010 and G2012) and remote evaluations (in other words, e-visits G2061-G2063), and telephone E/M services (98966-98968), where appropriate.

Q: Does a health care provider have to be licensed in the state in which the patient is located at the time of service?
A: As a result of the COVID-19 PHE, many states have relaxed licensing requirements to support continuity of care and prevent impediments to accessing care during these unprecedented times. Further, on March 13, 2020, pursuant to the 1135-based waivers, CMS temporarily waived requirements that out-of-state health care providers must be licensed in the state in which they are providing services as well as the state in which they practice. More specifically, CMS will waive this licensing requirement when the following criteria is met 2: (i) provider is enrolled in the Medicare program; (ii) provider has a valid license to practice in the state associated with their Medicare enrollment; (iii) state in which provider is practicing – in addition to that associated with their Medicare enrollment — is affected by the COVID-19 PHE; and (iv) provider is not affirmatively barred from practice in the state in which they seek to render services or any other state that is part of the 1135 emergency area. Therefore, if the above criteria is met, providers may practice in states other than that in which they are licensed to practice if the state in which the provider wishes to practice via telehealth has — like CMS —

waived its licensure requirements. Because licensure and scope of practice laws vary from state to state, it is important to check the applicable state-specific requirements and a member's benefit agreement. For additional information on the 1135 Waiver, please consult the Waiver or Modification of Requirements under Section 1135 of the *Social Security Act* from the HHS.

II. Billing and Documentation Guidance

Q: What place of service (POS) code should be used for telehealth services rendered during the PHE?
A: To report telehealth E/M services to Amerigroup for an audio and video encounter, the applicable E/M CPT® code, CPT telehealth modifier 95, and any applicable POS should be used. During the PHE for the COVID-19 pandemic, CMS has instructed health care providers who render and bill for Medicare telehealth services to report the POS code that would have been reported had the service been conducted in person. However, providers may also use the general telehealth POS code 02.
Importantly, CPT telehealth modifier 95 must be used to indicate the encounter as an audio and video,
real-time, interactive interaction between a provider and a patient.

Q: Is the originating site restriction still in place for Medicare telehealth visits?
A: No. Under section 1834(m)(4)(C) of the *Social Security Act*, Medicare telehealth visits must meet strict originating site requirements (both geographic and site of service restrictions). Statutory originating sites include locations such as physician or practitioner office, hospital, skilled nursing facility, among other health care facilities. However, in the interim final rule, CMS lifted these restrictions for services starting
March 6, 2020, and for the duration of the COVID-19 PHE. There, CMS authorized qualified health care providers to render telehealth services to patients wherever they are located, including the patient's home.

Q: Are there specific documentation requirements for telehealth services during the PHE?
A: Health care providers should document services furnished via telehealth the same way a face-to-face encounter would be documented, except for the elements that require the presence of the patient, in other words, physical examination. Additionally, providers should document that the service was rendered via telehealth to accurately and completely reflect details of the encounter. *See above regarding Q&A as to coding guidance, for example, E/M, POS and CPT telehealth modifier.*

Q: Can an annual wellness visit (AWV) be conducted and billed for when rendered via telehealth even when vitals cannot be captured?
A: Yes. As of April 30, 2020, CMS expanded the list of acceptable Medicare telehealth services to include the AWV (G0438, initial AWV and G0439, subsequent AWV). Though several of the required elements of an AWV look and feel the same when completed via telehealth, some, like recording a patient's vitals, necessitate adaptation. Health care providers should continue to accurately and completely document all information they are able to collect during a telehealth encounter. Therefore, the provider can ask the patient if they have the ability to measure their height, weight, temperature, blood pressure and/or heart rate. If so, the patient may be able to

do so during the telehealth encounter. Alternatively, the patient may be able to self-report such information; self-reported information should be documented as such.

However, if vitals are cannot be captured during a telehealth AWV, an AWV may still be conducted and billed for when rendered in accordance with state and federal guidelines. In the **interim final rule**, CMS provided additional flexibility to providers during the COVID-19 PHE: on an interim basis, CMS removed requirements regarding documentation of history and/or physical exam in the medical record for office/outpatient E/M encounters provided via telehealth.

III. Medicare Risk Adjustment

Q: Is a diagnosis reportable for risk adjustment purposes if diagnosed during a telehealth encounter?
A: CMS, as of its April 10, 2020, memo, authorizes Medicare Advantage organizations (MAOs) to submit diagnoses for risk adjustment from telehealth encounters, only when those encounters meet **all** criteria for risk adjustment data submission. More specifically, diagnoses submitted for risk adjustment purposes from a telehealth encounter must meet the following requirements:

- Encounter must be a face-to-face, using an interactive audio **and** video telecommunications system that permits real-time communication between the provider and the patient.
- Provider must use CPT telehealth modifier **95**.
- Services rendered must be those which are allowable by CMS, included within the Amerigroup plan benefit package, and clinically appropriate to furnish via a face-to-face telehealth encounter.
- Provider must be an **acceptable physician specialty/provider type**, for example, physician (MD or DO), physician assistant (PA), or nurse practitioner (NP)[3].
- Encounter must meet all other criteria for risk adjustment eligibility, which include, but are not limited to, being from an allowable inpatient, outpatient, or professional service.

Q: How can the risk adjustment face-to-face requirement be met for services rendered via telehealth?
A: As a result of the COVID-19 PHE, CMS expanded the definition of face-to-face with regard to risk adjustment data submission criteria. Formerly, this requirement was met only when an in-person encounter between a patient and an acceptable provider type/physician specialty occurred. Under its April 10, 2020 guidance, CMS authorized satisfaction of this required element in a virtual setting via telehealth: to meet the risk adjustment face-to-face requirement for telehealth encounters, CMS requires the provider to use an interactive audio **and** video telecommunications system that permits real-time communication between the provider and patient.

Q: Are telephone (audio-only) encounters between a provider and patient eligible for risk adjustment data submission?
A: No. An audio-only encounter — such as that facilitated using telephone audio-only — does not satisfy the criteria for risk adjustment data eligibility. To satisfy the criteria for risk

adjustment data submission, diagnoses submitted based on a telehealth encounter must be derived from an eligible face-to-face interaction between a provider and patient. More specifically, the interaction must be real-time using an interactive audio **and** video telecommunications system.

Q: How should an interactive audio and video telehealth encounter be reported?
A: To report telehealth E/M services to Amerigroup for an audio and video encounter, please use applicable E/M CPT code, CPT telehealth modifier **95**, **and** any applicable place of service (POS) code (including, but not restricted to, POS 02). CPT telehealth modifier **95 in addition to** the applicable POS must be used so Amerigroup can identify the encounter as an eligible face-to-face telehealth encounter, for example, one that took place via real-time, interactive audio **and** video telecommunications system. Providers should also document that the service was rendered via telehealth to accurately and completely reflect details of the encounter.

Q: Would an encounter using Skype meet the CMS face-to-face requirement for risk adjustment data submission?
A: Yes. CMS currently permits the use of telecommunications systems with audio **and** video capabilities that allow for real-time, interactive communication between a health care provider and a patient. During the COVID-19 PHE, penalties for *HIPAA* violations have been waived. This waiver allows providers to serve patients using communications technologies like, Skype or FaceTime when used in good faith. The HHS addresses telehealth remote communications in the ***OCR Announces Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID-19 Nationwide Public Health Emergency*, March 17, 2020.**

Q: To what dates of service (DOS) is the CMS guidance applicable with regard to eligible interactive audio and video telehealth encounters for risk adjustment payment?
A: During an April 29, 2020 stakeholder call, CMS clarified to what DOS its **April 10, 2020 guidance** regarding the applicability of diagnoses from telehealth services for risk adjustment data submission and payment applied. There, CMS stated that such guidance is applicable to eligible face-to-face telehealth encounters (for example, those using real-time, interactive audio **and** video) within open data submission periods, which include 2019 and 2020 DOS.