

COVID-19: Medicare Coverage and Payment for Virtual Care

The need for social distancing and managing the risks of spreading COVID-19 have created unprecedented demand for telehealth services. This has sparked a sharp rise in the number of questions being asked about the Medicare telehealth services benefit and the temporary expansion of this benefit by the Centers for Medicare & Medicaid Services (CMS).

A new CMS video “[Medicare Coverage and Payment of Virtual Services](#)” answers many frequently asked questions about Medicare virtual services, including details on what types of virtual services Medicare covers, who can provide these services and how these services are billed. This report provides an executive summary of the CMS video.

In response to the COVID-19 pandemic, CMS is temporarily expanding its telehealth services benefit. This is on an emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act, building on prior action to expand reimbursement for telehealth services to people with Medicare, retroactive to March 1.

COVERAGE

Who Can Provide Virtual Services?

Certain health care professionals can provide telehealth services to Medicare patients, including:

- Physicians.
- Physician assistants.
- Nurse midwives.
- Certified nurse anesthetists.
- Nurse practitioners.
- Clinical psychologists.
- Clinical social workers.
- Registered dietitians.
- Nutrition professionals.

In addition, in some instances, CMS allows for some physicians to oversee clinical staff using virtual technologies.

Types of Services

New and established Medicare patients now may receive care by telehealth. Clinicians also can provide remote physiological monitoring services to patients with acute and chronic conditions and to patients with only one disease.

Medicare will cover many telehealth services under appropriate circumstances, including:

- Common office visits.
- Mental health counseling.
- Home visits.
- Inpatient rehabilitation.
- Therapy services.
- Hospice.
- [More than 80 additional services.](#)

The types of virtual services fall into four main categories:

- 1 | Medicare telehealth visits:** Medicare patients may use telecommunication for office and hospital visits, as well as other services involving real-time communication.
- 2 | Virtual check-ins:** Medicare patients initiate brief communication with practitioners using synchronous telephone calls or the exchange of video or images.
- 3 | E-visits:** Medicare patients initiate non-face-to-face communication using an online portal.
- 4 | Telephone services:** A physician or qualified health care professional provides evaluation and management or assessment and management services via a telephone call or online app.

PAYMENT FOR VIRTUAL SERVICES

Medicare pays the same amount for telehealth services as it would if the service were furnished in person, and CMS is not requiring the catastrophe/disaster-related modifier for these services. However, during the public health emergency for COVID-19, Medicare telehealth services claims should reflect the designated place-of-service code for the location where the service would have occurred in person and include Modifier 95. Some cases require additional modifiers. Note that billing for Medicare telehealth services is limited to professionals, with some exceptions.

- **Telehealth visits:** These visits are considered the same and paid at the same rate as in-person visits, and Medicare will pay for visits in all areas of the country and in all settings. The Department of Health & Human Services Office of Inspector General allows providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs. Use Current Procedural Terminology (CPT) codes 99201-99215, Healthcare Common Procedure Coding System (HCPCS) G0425-G0427 and G0406-G0408.
- **Virtual check-ins:** The Medicare co-insurance and deductible generally apply to these services. Standard Part B cost-sharing applies to telephone, text messaging, email, patient portal and video. Use HCPCS codes G2012 and G2010.
- **E-visits:** Medicare co-insurance and deductible apply to these services, and Medicare Part B pays for these visits. Use CPT codes 99421, 99422, 99423 and HCPCS codes G2061, G2062 and G2063.
- **Telephone services:** Use CPT codes 99441 to 99443 and 98966 to 98968.
- **Other services that occur remotely:** Medicare pays separately for these services, such as physician interpretation of diagnostic tests, care management services and virtual check-ins, without certain restrictions that apply to telehealth.

A [CMS fact sheet](#) provides additional details about these issues. And, remember, for the latest updates and resources to help you navigate the pandemic, visit the [AHA COVID-19 website](#).