Telemedicine During the COVID-19 Public Health Emergency

On March 17, in response to the COVID-19 crisis, CMS announced that it would temporarily ease the rules on telehealth, making it feasible for patients across the country to seek health care without traveling to the physician's office. The goal was to reduce the exposure risk for patients, for physicians and their staff, and for the community at large.

Use the online resources. The American Academy of Ophthalmic Executives (AAOE), working closely with the Academy's regulatory experts, has been tracking how CMS is implementing the new rules. They have been keeping members up to date on this with a robust series of webinars, tip sheets, articles, and discussions on the AAOE's eTalk listserv (aao.org/practice-management/listserv).

Bookmark this URL. Government regulations can change quickly. For the latest information on telehealth reimbursement, go to aao.org/practice-management/telehealth.

What questions has the AAOE been fielding? Here is a small sample of frequently asked questions (FAQs).

Telemedicine FAQs

Q. How long will physicians be able to bill using the new flexibilities of telehealth?

A. The telehealth waivers will be effective until the Secretary of Health and Human Services declares that the COVID-19 Public Health Emergency (PHE) has ended.

Q. What about those patients who worry that they'll be out of pocket because Medicare and other payers won't cover telehealth?

A. During the PHE, you should tell patients that services are available by phone, email, or virtual communication in new locations, including homes.

Q. Some emergency visits involve the patient coming to our clinic and others are conducted virtually. How do we code for these different types of visit using the 99201-99215 family of Evaluation & Management (E/M) codes?

A. Modifier –95 flags that a visit involved telehealth. So if the visit was done virtually, append modifier –95 to the relevant E&M code. If you don't use that modifier, the payer will assume that the physician and patient were both physically in the office.

During the PHE, what place of service (POS) code should you use? Even if the visit was conducted via telehealth, use 11 (which is the POS code for the office) when submitting CPT codes for services that would normally only be billable when you performed them in the office.

Q. Have there been any changes to the supervision rules for testing services?

A. Yes. Tests that had previously required direct supervision can be done under general supervision during the COVID-19 PHE.

Q. Previously, Medicare paid for services billed by teaching physicians when the services have been furnished by residents, provided the residents were under direct supervision of a teaching physician. Does that apply to telehealth?

A. During the PHE, yes. Because physical proximity can result in unnecessary exposure risks, CMS is allowing residents to perform services via telehealth, and it is temporarily redefining the direct supervision requirement to include virtual supervision. The teaching physician doesn't have to be physically present. Instead, he or she can have a virtual presence "through audio/video real-time communications technology when use of such technology is indicated to reduce exposure risks for the beneficiary or health care provider." The regulations describe this as "direct supervision by interactive telecommunications technology."

Q. In telemedicine, can the history be taken by phone prior to exam by a staff member and documented into the medical record?

A. Yes. However, staff time can't be included when you determine whether the practice can bill for a phone call, an e-visit, or a telemedicine exam.

Note: If you are billing a commercial payer, make sure you check the individual payer's policies.

MORE ONLINE. See this article at aao.org/eyenet for FAQs on Eye visit codes and on nursing homes.

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