



The American Society of Echocardiography (ASE) has developed this guide to help our members stay informed and navigate new rules related to telehealth services during the Coronavirus Disease 2019 (COVID-19) public health emergency (PHE) as they are released.

# Top Five Things Echocardiographers Should Know About the New Telehealth Rule

## What Has Changed with Telehealth Services?

As of March 30, CMS further expanded access to telemedicine services for all Medicare beneficiaries, not just those that have novel coronavirus, for the duration of the COVID-19 PHE from its original March 17 order. During the COVID-19 public health emergency, Medicare expanded payments for telehealth services to a variety of settings in addition to existing coverage for originating sites including physician offices, skilled nursing facilities and hospitals and allowed reporting for new patients as well as existing patients. Additionally, Medicare allowed telehealth services to be paid under the Medicare Physician Fee Schedule at the same amount as in-person services.

New in Medicare's March 30 interim final rule with comment period (IRC):

- Audio only telephones can be used for telehealth.
- E/M level selection for telehealth can be based on 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.
- Most telehealth services can be provided to both new and established patients.

- CMS will now allow for more than 80 additional services to be furnished via telehealth – see list [here](#).
- Clinicians can provide remote patient monitoring services to patients with acute and chronic conditions and can be provided for patients with only one disease.
- CMS is allowing physicians to supervise their clinical staff using virtual technologies when appropriate, instead of requiring in-person presence.

## Who Can Provide Telehealth Services?

Hospitals and a range of clinicians, including doctors, nurse practitioners, clinical psychologists, nutrition professionals, and licensed social workers may now provide telehealth. As part of COVID-19 emergency declarations, many governors have relaxed licensure and other state telehealth requirements so please contact your state board of medicine or department of health for up-to-the minute information.

## What Communication Medium is Required?

New in the IRC, Medicare will allow audio-only telephones to be reported as telehealth. Previously, telehealth was more narrowly defined as an interactive audio and video telecommunications system that permits real-time communication to provide telehealth to patients during the COVID-19 PHE. This includes telehealth software, but FaceTime and Skype are also examples of acceptable platforms. The new rule adds audio-only telephone communication as telehealth services. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19. Penalties will not be imposed on physicians using telehealth in the event of noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA).

## Impacts on Patient Copay

Standard Medicare copays and deductibles still apply to telemedicine visits, but there's flexibility. During the coronavirus emergency, health providers will be allowed to waive or reduce cost-sharing for telehealth visits.

## How Do I Bill for Telehealth and Other eVisit Services?

Below is a listing of common CPT codes and Medicare coverage for telemedicine services.

## Telehealth Visits

When billing professional claims for non-traditional telehealth services with dates of services on or after March 1, 2020, and for the duration of the PHE, bill with the Place of Service (POS) equal to what it would have been in the absence of a PHE, along with a modifier 95, indicating that the service rendered was actually performed via telehealth. As a reminder, CMS is not requiring the “CR” modifier on telehealth services. However, consistent with current rules for traditional telehealth services, Medicare telehealth services include office visits and consultations, among other services, provided by an eligible provider who is not at the patient’s location using an interactive two-way telecommunications system with real-time audio and video or audio-only telephone. Clinicians can report telehealth visits for both new and established patients on any real-time, non-public communication platform, such as FaceTime and Skype, and sets payment the same as in-person E/M visits during the COVID-19 PHE (see FAQs above).

Traditional Medicare telehealth services professional claims should reflect the designated POS code 02-Telehealth, to indicate the billed service was furnished as a professional telehealth service from a distant site. There is no change to the facility/non-facility payment differential applied based on POS. Claims submitted with POS code 02 will continue to pay at the “facility” rate.

## E/M Values and National Payments

Below are a list of codes and their physician work Medicare relative value units (RVUs) and approximate National office-based payment. E/M code levels must be assigned based on current Medicare E/M coding guidelines and rules.

New Patient E/M Visits			Established Patient E/M		
	RVU	National Payment		RVU	National Payment
<b>99201</b>	0.48	\$47	<b>99211</b>	0.18	\$23
<b>99202</b>	0.93	\$77	<b>99212</b>	0.48	\$46
<b>99203</b>	1.42	\$109	<b>99213</b>	0.97	\$76
<b>99204</b>	2.43	\$167	<b>99214</b>	1.50	\$110
<b>99205</b>	3.17	\$211	<b>99215</b>	2.11	\$148

\*A list of all available codes for telehealth services can be found on the [CMS website](#).

## Telephone Evaluation and Management Service

CPT codes to describe telephone evaluation and management services have been available since 2008. Code selection is time-based. Relative values are assigned to these services. Medicare has updated its rules to allow audio-only telephone communication to meet the interactive requirements for Medicare telehealth. Check if your private payor pays for these services before reporting the codes for non-Medicare beneficiaries.

**CPT Code 99441** - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion [**0.25RVUs; \$15**]

**CPT Code 99442** - 11-20 minutes of medical discussion [**0.50RVUs; \$31**]

**CPT Code 99443** - 21-30 minutes of medical discussion [**0.75RVUs; \$39**]

## e-Consultations

e-Consultations are interprofessional telephone, internet or EHR provider-to-provider consultations. Code selection is time-based.

**CPT Code 99446** - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review [**0.35 RVUs; \$18**]

**CPT Code 99447** - 11-20 minutes of medical consultative discussion and review [**0.70 RUVs; \$37**]

**CPT Code 99448** - 21-30 minutes of medical consultative discussion and review [**1.05 RVUs; \$56**]

**CPT Code 99449** - 31 minutes or more of medical consultative discussion and review [**1.40 RVUs; \$74**]

**CPT Code 99451** - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time [**0.70 RVUs; \$37**]

**CPT Code 99452** - Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes **[0.70 RVUs; \$37]**

*Note – For commercial payors, check with your individual payer’s policies directly for more information on coverage for telemedicine services.*

CMS designed a CPT code selection grid located at the bottom of the [Medicare Telemedicine Health Care Provider Fact Sheet](#).

## New CPT Coding to report COVID-19 testing

The American Medical Association (AMA) has created a new category I Pathology and Laboratory code (87635) for severe acute respiratory syndrome coronavirus 2 (SARS-2-CoV-2) (Coronavirus disease [COVID-19]) accepted at the March 2020 CPT Editorial Panel meeting. This code is effective March 13, 2020 and will be published in the CY2021 AMA CPT Guide.

87635 - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

Source: <https://www.ama-assn.org/system/files/2020-03/coronavirus-long-descriptors.pdf>

## New ICD-10 Code to report suspected COVID-19

An emergency ICD-10 code of U07.1 - 2019-nCoV acute respiratory disease

- For suspected COVID-19, not confirmed or ruled out at the encounter, report codes for the presenting signs and symptoms.
- Do not report a code for coronavirus when this diagnosis is not stated in the medical record
- Possible associated diagnosis codes:
  - J12.89: Other viral pneumonia
  - B97.29: Other coronavirus as the cause of diseases classified elsewhere
  - Z20.828: Contact with and (suspected)exposure to other viral communicable disease

- Z03.818: Encounter for observation for suspected exposure to other biological agents ruled out
- Source - <https://www.cdc.gov/nchs/data/icd/Announcement-New-ICD-code-for-coronavirus-2-20-2020.pdf>

## Additional Resources

For the latest information on federal policy and payment changes related to telehealth in the midst of COVID-19, visit the [CMS Current Emergencies site](#).

Specific announcements expanding access to telehealth services include:

- [Medicare Overview of March 30 Interim Final Rule changes](#)
- [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)
- [FAQs on Catastrophic Plan Coverage and the Coronavirus Disease 2019 \(COVID-19\)](#)
- [CMS issues guidance help Medicare Advantage and Part D plans respond - Covid-19](#)
- [CMS Telehealth Services MLN Booklet](#)
- [Center for Connected Health Policy Quick Guide to Telemedicine in Practice](#)
- [CMS MLN Booklet: Telehealth Services \(includes billing and payment\)](#)