On-Demand Webinar: "COVID-19 Telehealth Waiver Made Simple"

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Additional Questions & Answers:

Disclaimer: To the best of our knowledge, these answers were correct at the time of publication. Given the fluid situation, and with rapidly changing new guidance issued daily, be aware that these answers may no longer apply. Please visit our COVID-19 hub frequently for the latest information, as we are working diligently to put forth the most relevant helpful guidance as it becomes available.

UPDATE 03-26-20: We had several questions regarding whether a provider could furnish services from his/her home. Today, CMS directly addressed this issue in an FAQ regarding provider enrollment. Here is a link to their FAQ.

Q: I am still confused. Is Rural Health Clinics (RHC) included in the waiver for the telehealth visits?
A: At present, RHCs and FQHCs cannot bill for telehealth services. Pending legislation would permit such billing.

Q: Are there any restrictions on treating teens/minors via telemedicine that the expanded coverage of COVID-19 does not address?
A: State laws regarding the legal age to consent to treatment vary significantly. We are not aware of any state law that would apply a different standard to telehealth services as compared to face-to-face services.

Q: Are providers permitted to provide telehealth services from their homes, for instance, if they are self-quarantining themselves?
A: Yes.

Q: Will the assisted living codes be covered? They are not on the approved telehealth list but will there be any additional waivers for those services?
A: CMS' authority under the telehealth waiver is limited to the geographic and location requirements; it does not include the services or the technology requirement. CMS must go through the formal rulemaking process to include additional service on the approved telehealth list.

Q: Just for clarification - is telehealth approved for Home Health and Hospice visits due to the COVID19 emergency status?
A: Section 1834(m) only provides coverage for services reimbursed on the Medicare Physician Fee Schedule; it does not include home health or hospice services. The associated physician services - care plan oversight - are not included on CMS' list of approved telehealth services.

Q: Do you think CMS will ever cover 99441-99443, Telephone calls?
A: This is certainly an appropriate subject for comment for the 2021 Medicare Physician Fee Schedule proposed rule, given present circumstances.

Q: My understanding is that there is not relief for a RHC to be able to be a "distant" site for telemedicine (Medicare Benefit Policy Manual Chapter 13)
A: At present, RHCs and FQHCs cannot bill for telehealth services. Pending legislation would permit such billing.

Q: Can hospitals bill for telehealth services? I know we can claim originating site fee but other than that, can hospitals bill for E&M and other OP codes? thanks
A: If a physician or non-physician practitioner has re-assigned his or her billing rights to the hospital, the hospital may bill for telehealth services furnished by that individual under the hospital's TIN. Keep in mind the services must be billed with POS 02, not as hospital outpatient department services. With regard to originating site, a hospital may submit a claim only if the patient is present at the hospital facility at the time the service is provided (i.e., not originating site fee if the patient is present at his or her home when the service is provided).

Q: Can telehealth be provided from a provider's personal home. If so, does the personal home address need to be on the claim as the location of service?
A: Yes. The address on the claim would be the location at which the provider routinely performs face-to-face services (e.g., clinic).

Q: My understanding is that FQHCs and RHCs are still not allowed to bill as a distant site. Is this correct? Also, will FHQC or RHC providers be able to bill for telehealth services if provided from their home?
A: At present, RHCs and FQHCs cannot bill for telehealth services. Services furnished by a physician or non-physician practitioner who practices at an RHC or FQHC may be billed as Part B services in the same manner as services furnished by such an individual in a hospital ED. Pending legislation would permit RHCs and FQHCs to bill for telehealth services

Q: Question for Q&A session - can providers perform telehealth services from their home, car or other location since we have closed our clinics, or do they need to perform these services in a current CMS 855 registered location of our organization?
A: There is no restriction on the provider's location (provided it is in the United States).

Q: Where is documentation to support providers can be anywhere performing and utilize the 02 POS?
A: CMS guidance on telehealth services

Q: Did Medicare waive cost sharing for covid-19 related telehealth visits or all telehealth video visits?
A: The waiver permits a provider to waive cost sharing for any telehealth service furnished during the COVID-19 national emergency, regardless of the specific reason for the service.

Q: For remote patient monitoring, reference was made-Practice Expense Only. Does this mean the practice must provide the equipment for monitoring such as a glucose meter? Or is it permissible if patient already have a BGM and the set up is to connect to a mobile application to receive the readings wirelessly.
A: In the example presented, the practice could not bill for CPT 99453, as it is not providing the monitoring equipment.

Q: If video is not available because of travel restrictions due to virus, lack of internet, can telephone only be used with a note indicating video was not available?

A: No. The service must be provided through a real-time audio-visual connection to be billed as a telehealth service

Q: Can you repeat the guidance on "incident to"?
A: CMS has not directly addressed the question whether telehealth services may be furnished "incident to." However, if the service is billed as an outpatient visit, one could argue the "incident to" rules apply

Q: Are there requirements associated with who communicates the change to Medicare patients?
A: Other than compliance with the HIPAA Privacy Rule, there are no restrictions on communication with patients regarding the availability of telehealth services, provided the information provided is accurate.

Q: If a Medicare patient cannot do audio/visual visit because they only have a landline, can provider do an office visit by telephone and bill office visit for appropriate service?
A: If the communication between the provider and the patient is limited to the telephone, that service cannot be billed as telehealth. At present, the only option for billing that service under Medicare is the virtual check-up code.

Q: Regarding commercial and Medicaid patients who require provider payer credentialing by service location: for providers who care for patients in a service location not previously payer credentialled will there be a modifier that can be used to show this was due to a critical need due to the COVID?
A: These requirements will vary from one State's Medicaid program to another, and from one commercial payer to another

Q: Is there a difference between telehealth and telemedicine?
A: None that is relevant to Medicare or other payer reimbursement; the terms are, for the most part; used interchangeably.

Q: Would we still use the code G0425 for ER if the patient was only communicated with for less than 30 minutes.
A: The description for G0425 uses the term "typically 30 minutes," implying one can bill for this service even if the communicated lasted less than 30 minutes. A brief interaction, of course, would not qualify.

Q: if providing the services from the patient's home, what is the address that needs to be on the Claim form showing the providers location?
A: For all telehealth claims, use POS 02. List the address at which the provider usually provides face-to-face services (e.g., clinic).

Q: Question for speaker; are providers allowed to work from and connect with the patient at home?
A: Yes. On the claim, list the address at which the provider usually performs face-to-face services (e.g., clinic).

Q: What is the exact date that the new reimbursement schedule goes into effect? our office had to begin telemedicine in early March.
A: The effective date of the Section 1135 telehealth waiver is March 6, 2020.

Q: For Medicaid patients may we offer home as originating site? must it also be offered via video conferencing platform?
A: The rules vary from one state Medicaid program to another.

Q: Just to clarify, can you do the telehealth in an RHC?
A: Presently, an RHC cannot bill for telehealth. However, the $2 trillion COVID-19 relief bill, the CARES Act, directs CMS to create new payment for RHCs and FQHCs for telehealth. Presently, there is no timetable for CMS to implement this mandate, however.

Q: Can providers perform telehealth services from their home, car or other location since we have closed our clinics, or do they need to perform these services in a current CMS 855 registered location of our organization?
A: CMS guidance indicates a provider may furnish telehealth services from other locations, but that the address listed on the claim should be the location at which the provider normally furnishes face-to-face services (e.g., clinic). However, it appears some MACs are advising otherwise, and expecting any location from which a provider delivers service to be an enrolled site.

Q: Can a hospital outpatient physical therapy department bill the Evisit G2063 code for the physical therapist on a UB 04?
A: Please refer to the APTA's Quick Reference Guide on billing e-Visits for PT services, available at http://www.apta.org/COVID-19/E-Visit/QuickReference/

How can you bill for a virtual visit in a hospital-based clinic (NOT an RHC/FQHC) when the provider is a PA or RD, for example, who is a hospital employee and billing only on a UB and the patient is at home? Is there a way to capture this?

A: Billing for Medicare telehealth services is limited to professionals. If a beneficiary is in a health care facility and receives a service via telehealth, the health care facility (even if the facility is not in a rural area or not in a health professional shortage area) would only be eligible to bill for the originating site facility fee, which is reported under HCPCS code Q3014. The professional providing the service would also bill. Note that Critical Access Hospitals can report their telehealth services under CAH Method II.