



Medicare Telehealth Visits for New* and Established Patients:

- + Effective for services starting March 6, 2020, and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.
- + These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- + Starting March 6, 2020, and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings.
- + While they must generally travel to or be located in certain types of originating sites such as a physician's office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020, and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any health care facility and in their home.
- + The Medicare coinsurance and deductible would generally apply to these services. However, the U.S. Health and Human Services (HHS) Office of Inspector General is providing flexibility for health care providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs.

**To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.*

Virtual Check-ins for Established Patients:

- + Virtual check-in services can only be reported when the billing practice has an established relationship with the patient.
- + This is not limited to only rural settings or certain locations.
- + Individual services need to be agreed to by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient agreement.
- + HCPCS code G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management

MEDICARE TELEHEALTH WAIVER GUIDANCE

services, provided to an established patient, 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.

- + HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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.
- + Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication.

E-Visits for Established Patients:

- + These services can only be reported when the billing practice has an established relationship with the patient.
- + This is not limited to only rural settings. There are no geographic or location restrictions for these visits.
- + Patients communicate with their doctors without going to the doctor's office by using online patient portals.
- + Individual services need to be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.
- + The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable.
- + The Medicare coinsurance and deductible would generally apply to these services.

Health Insurance Portability And Accountability Act (HIPAA):

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

The California Medical Association is reviewing whether any state laws would need to be waived for these forms of telehealth to be utilized for California patients insured through Medi-Cal and commercial payors.