<table>
<thead>
<tr>
<th>Policy Prior to COVID-19 Emergency</th>
<th>Temporary Change During COVID-19 Public Health Emergency</th>
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<tbody>
<tr>
<td><strong>What services are eligible for telehealth?</strong></td>
<td>The list of services has been expanded to home visits, inpatient visits, radiation treatment management, and others. See Medicare Telehealth Services for the complete list of eligible services</td>
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<td><strong>Which patients are eligible?</strong></td>
<td>New or established patients; not limited to patients with or suspected of having COVID-19; HHS will not audit for prior patient/physician relationship</td>
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<td><strong>What are the geographic restrictions?</strong></td>
<td>All Medicare beneficiaries are eligible regardless of where they live</td>
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<td><strong>Where can the patient be located?</strong></td>
<td>May receive services at home or in a facility; originating site requirements are waived</td>
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<td><strong>How are levels of service selected?</strong></td>
<td>The level of service may be selected based on medical decision-making or total time spent on the E&amp;M service. A medically appropriate history and patient-assisted examination should be performed</td>
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<td><strong>What is the cost sharing for the patient?</strong></td>
<td>The HHS Office of the Inspector General (OIG) provides physicians the flexibility to waive or reduce cost-sharing for telehealth services; OIG will not subject physicians and other practitioners to OIG administrative sanctions when cost-sharing is reduced or waived. An OIG policy statement with further details is available <a href="#">here</a></td>
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<td><strong>Which communication platforms can be used for telehealth visits?</strong></td>
<td>Must be a real-time, audio-visual communication platform. HIPAA requirements are waived temporarily; however, communication must NOT be public facing. Examples of what currently is and is not allowed below:</td>
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<td><strong>What is the payment for telehealth visits?</strong></td>
<td>During the public health emergency, providers are instructed to bill Medicare based on their typical place of service, i.e. where the service would have been otherwise performed (office, outpatient hospital). The resulting payment will be equal to what you would have otherwise been paid</td>
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<td><strong>How do I report these visits?</strong></td>
<td>Place of service code: <em>(during the public health emergency, bill using your typical place of service code, with modifier 95 to signify a telehealth service)</em> Other Modifiers: GQ for services through an asynchronous telecommunications system</td>
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<tr>
<td><strong>Who is a Qualified Provider for this service?</strong></td>
<td>Physicians, nurse practitioners, physician assistants, certified nurse midwives, certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals within their scope of practice and consistent with Medicare benefit rules that apply to all services</td>
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Answers given within this document are based on Medicare & Medicaid rule [CMS-1744-IFC](#) as well as the [Coronavirus Waivers & Flexibilities](#) and were last updated on March 30, 2020.
Other Electronic Services Allowed by Medicare

In recent years, Medicare has expanded the scope of electronic services eligible for reimbursement. Note that these services differ from “Telehealth Services” in how they are billed and paid by Medicare. Please refer to the following FAQs for Medicare beneficiaries. Check with your Medicaid, Medicare Advantage, and commercial plans for their billing requirements.

Virtual Check-ins

What services are paid for as Virtual Check-ins?

- G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified HCP who can report E&M, provided to a 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
- G2010: Remote evaluation of recorded video and/or images submitted by a 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 provide within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment

How are virtual check-ins different from telehealth visits?

- Virtual check-ins are brief services that may not necessarily qualify for an E&M visit code
- Virtual check-ins do not require real-time, audio-visual communication, but include a broader range of methods, such as telephone
- NEW: Virtual check-ins may now be billed for new patients during the public health emergency

How do I report virtual check-ins?

- Virtual check-ins are billed with G2012 (real-time) or G2010 (store and forward, with follow-up)
- Virtual check-ins are billed based on the location from which the provider is located (e.g. 11-office) and do not include the telehealth modifier
- Verbal consent from the patient must be obtained and documented for billing

E-Visits

What services are paid for as E-Visits?

- 99421: Online digital evaluation and management service, for a patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes
- 99422: 11–20 minutes
- 99423: 21 or more minutes

What if the provider is not a physician, NP, PA, or CNS (e.g. physical therapist, clinical psychologist)?

- G2061-G2063 is billed in place of 99421-99423

How are E-visits different from telehealth visits?

- E-visits must be initiated by the patient
- E-visits may be performed through patient portals, secure e-mail, telephone, and/or other digital applications
- E-visits are billed based on the length of the service within 7 days

How do I report E-visits?

- E-visits are billed based on the location from which the provider is located (e.g. 11-office) and do not include the telehealth modifier
- Verbal consent from the patient must be obtained and documented for billing

Telephone Evaluation & Management Services

What services are paid for as telephone calls during the public health emergency?

- 99441: Telephone E&M service by a physician or other qualified HCP who may report E&M 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
- 99442: 11-20 minutes of medical discussion
- 99443: 21-30 minutes of medical discussion

What patients qualify for telephone E&M services?

- During the public health emergency, telephone call services may be provided to new or established patients
- Patients do not require video capabilities; audio-only community qualifies as a telephone E&M service

What if the provider is not a physician, NP, PA, or CNS (e.g. physical therapist, clinical psychologist)?

- 98966-98968 is billed in place of 99441-99443