

HEALTH LAW

Forward Thinking Healthcare Solutions

It's What We Do

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CMS Issues Telemedicine Toolkit

As previously reported at https://www.shipmangoodwin.com/expansion-of-medicaretelehealth-benefits-and-co-pay-waivers-during-the-covid-19-outbreak, CMS has expanded Medicare coverage for telemedicine services provided in the office, hospital, and other visits furnished via telehealth including in patients' places of residence starting March 6, 2020. This expanded benefit applies to a range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers. To assist providers in implementation of these relaxed coverage rules, CMS issued what it is referring to as a "Telemedicine Toolkit" [https://www.cms.gov/files/document/general-telemedicine-toolkit. pdf] and a "Telemedicine Toolkit for End Stage Renal Dialysis Providers" [https://www.cms. gov/files/document/esrd-provider-telehealth-telemedicine-toolkit.pdf]. These links provide a variety of resources to help providers with the implementation of the telemedicine service modality. Of particular interest to many of our provider clients is the appropriate billing codes for these services.

The following CMS Medicare chart describes the three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries as set forth below:

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider	
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	 Common telehealth services include: 99201-99215 (Office or other outpatient visits) G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare- General- Information/Telehealth/Telehealth-Codes 	For new* or established patients. *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-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	HCPCS code G2012HCPCS code G2010	For established patients.	
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TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
E-VISITS	A communication between a patient and their provider through an online patient portal.	 99421 99422 99423 G2061 G2062 G2063 	For established patients.

Source: Reproduced from CMS General Medicine Toolkit https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

See, https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf. See, also https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet. Please note that CMS is also encouraging all nephrologists and dialysis facilities to share with patients these new abilities to provide healthcare through telemedicine. Many of the resources provided in this document are generalized to all providers.

Questions or Assistance

We expect to see additional changes as this outbreak continues, stay tuned and refer to our Coronavirus (COVID-19) Resource Center for ongoing guidance at: https://shipmangoodwin. com/Coronavirus-COVID-19-Guidance. If you have any questions regarding appropriate responses to COVID-19, please do not hesitate to contact any member of our Health Law Practice Group listed on page 1.

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