

2019 Telehealth Expansion Under Medicare

Medicare provides [coverage](#) for a limited amount of telehealth services. In order to bill Medicare for telehealth services, the following conditions apply:

Originating Sites: The location of a Medicare-covered patient at the time of service. Patients can only receive telehealth services in:

- The offices of physicians or practitioners
- Hospitals
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)
- Hospital-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)

In addition, the originating site must be located in:

- A county outside of a Metropolitan Statistical Area (MSA) or
- A rural Health Professional Shortage Area (HPSA) located in a rural census tract

A helpful tool for verifying Medicare payment eligibility can be found at data.hrsa.gov. Facilities are eligible for a \$26.15 originating site facility fee.

Eligible Practitioners: Telehealth services can only be provided by the following types of providers:

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists
- Clinical social workers
- Registered dietitians or nutrition professionals



Telehealth Updates and New Opportunities for 2019

New Codes

- HCPCS code G0513 - Prolonged preventive service(s) beyond the typical service time of the primary procedure in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes
- HCPCS code G0514 - Prolonged preventive service(s) beyond the typical service time of the primary procedure in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes

Telehealth and the Treatment of Substance Use Disorder (SUD)

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment ([SUPPORT](#)) for Patients and Communities Act expanded the use of telehealth to treat SUD or co-occurring mental health disorders.

On July 1, 2019, the Medicare geographic restrictions on providing telehealth services to patients with SUD or a co-occurring mental health disorder have been removed. This allows for the use of telehealth in rural and urban areas. Additionally, telehealth services for these conditions may be provided to a patient while a patient is in their home.



2019 “Communication Technology” Payments

Medicare has *established* new codes for calendar year 2019 to pay for physicians’ services that are routinely furnished via “communication technology”. For these services, the traditional Medicare rules governing telehealth **DO NOT** apply. There are NO geographic restrictions or place-based restrictions for these new payments.

BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN

(HCPCS CODE G2012)

Virtual check-in by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous seven 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.

- Must include verbal consent from patient
- Only for established patients
- Telephone interactions or video-based interactions that occur between patient and provider

REMOTE EVALUATION OF PRE-RECORDED PATIENT INFORMATION *(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 seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

- Must include verbal or written consent
- Used to determine if an office visit is warranted
- Only for established patients
- Follow-up with the patient could take place via phone call, audio/video communication, secure text messaging, email or patient portal communication

INTERPROFESSIONAL INTERNET CONSULTATION *(CPT CODES 99451, 99452, 99446, 99447, 99448, AND 99449)*

- Must include patient’s consent
- Assessment and management services conducted through telephone, internet or electronic health record consultations
- Provider to provider
- May be billed only by practitioners that can bill Medicare independently for evaluation and management services

The [Bipartisan Budget Act](#) of 2018 included provisions that expand the use of telehealth to treat Medicare beneficiaries

Telehealth and Home Dialysis

An individual with end-stage renal disease (ESRD) receiving home dialysis can receive certain monthly ESRD-related clinical assessments via telehealth on or after January 1, 2019.

Medicare requires individuals to receive an in-person visit at least monthly in the case of the initial three months of home dialysis and at least once every three consecutive months after the initial three months.

The Medicare geographic restrictions on providing telehealth services do not apply for these

assessments. This allows for the use of telehealth in rural and urban areas. Additionally, these assessments may be provided to a patient while a patient is in their home.

Telehealth and Acute Stroke

The Medicare geographic restrictions on providing telehealth services do not apply for the treatment of acute stroke. Additionally, mobile stroke units are now included as allowable locations for the delivery of acute stroke services via telehealth.

To implement these requirements, Medicare has created a *new modifier* that is to be used to identify acute stroke services delivered via telehealth.