



3/18/2020

On March 17, 2020, The Trump Administration announced expanded Medicare telemedicine (non-face to face visits) coverage that will enable beneficiaries to receive a wider range of healthcare services from their doctors without having to travel to a healthcare facility. Beginning on March 6, 2020, Medicare—administered by the Centers for Medicare & Medicaid Services (CMS)—will temporarily pay clinicians to provide telemedicine services for beneficiaries residing across the entire country.

Prior to this announcement, Medicare was only allowed to pay clinicians for non-face to face services in certain circumstances. For example, under normal circumstances, the beneficiary receiving the services must live in a rural area and travel to a local medical facility to get telemedicine services from a doctor in a remote location. In addition, the beneficiary would generally not be allowed to receive telemedicine services in their home. Under CMS's announcement in response to the COVID 19 National Emergency, many of these restrictions have been lifted.

CMS has provided a fact sheet and frequently asked questions document that will help with the billing of these non-face to face services at <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>. <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>. The AOA also held a webinar on 3/17/2020. A recording of that webinar, along with the slides; will be available for members at [www.aoa.org/advocacy/webinars](http://www.aoa.org/advocacy/webinars).

Under 1135 waiver, providers can bill for virtual check ins, E-visits, and telehealth services. At this time Medicare will still not cover telephone services. 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. Virtual check ins and E-visits can be performed on Established patients only. Telehealth services can be performed on both established and new patients.

The waiver lifting telemedicine restrictions is specific to Medicare. Coverage when billing these services to commercial/private payers should be confirmed by those payers individually. This waiver is in place during the National Emergency and the changes allow all Optometrists to bill for Non-Face to Face Visits in all states if they are already credentialed/contracted with Medicare.

**The following Non-face to face visits and codes are included in the waiver:**

**Virtual Check Ins (1 of the 4 types of Non-Face to Face Visits)**

Billed using G2012 or G2010

Used primarily as a follow up for a visit that happened more than 7 days ago (i.e. to check on red eye, etc)

**E-Visits or Medicare On-Line Digital Evaluations (1 of the 4 types of Non-Face to Face Visits)**

Billed using 99421-99423

Must be initiated by the patient and is typically through the patient portal (although a text or email or permitted during the National Emergency); written communication can take place over the course of 7 days but must be unrelated to a visit that happened in the prior 7 days or next 24 hours; A record of the communication should be stored when possible but is not required during the National Emergency.



**Telephone Services (1 of the 4 types of Non-Face to Face Visits)**

Billed using 99441-99443

**NOT RECOGNIZED BY MEDICARE**- some commercial payer may allow but you MUST check for guidelines.

**Telehealth (1 of the 4 types of Non-Face to Face Visits)**

Billed using 99201-99215 (some additional service codes can be found in CMS Appendix P)

Paid at the same reimbursement as in office visits

Must use modifier 95

Must be filed using Place of Service 02-Telehealth

Please know that during this difficult time, RevCycle Partners continues to work diligently in your account. Our unique work from home work environment will allow us to continue business as usual. If you have any questions or concerns, please feel free to reach out.

**\*\*While RevCycle Partners is providing this information in the attempt to ensure that all our customers know about the expansion of the telemedicine resulting from CMS's 1135 waiver, we want to be clear that the billing of these services are new and could change. We will revert any coding or billing specific questions to either the AOA (for members) at,**

**<https://www.aoa.org/ask-the-coding-experts> or to CMS via email at [1135waiver@cms.hhs.gov](mailto:1135waiver@cms.hhs.gov)**

Sincerely,  
RevCycle Partners