

### **Alert: CMS to Reimburse for Audio-Only Telephone E/M Services Using Codes 99441-99443**

On March 30, 2020, CMS released a 221 page interim final rule providing new regulatory relief and policy changes related to COVID-19.

While the FMA is still reviewing the regulation and its implications, it includes several developments worth sharing:

First, Medicare will begin reimbursing for audio-only telephone E/M services using codes CPT codes 99441-99443. It should be noted that these telephone-specific E/M CPT codes have actually existed for years, but were previously considered non-covered services.

For these codes, for the duration of the PHE for the COVID-19 pandemic, CMS will pay for these services using the RVU values previously recommended by the RUC. In line with these recommendations, CMS has finalized a work RVU of 0.25 for CPT code 99441, 0.50 for CPT code 99442, and 0.75 for CPT code 99443. In addition, CMS is finalizing the RUC-recommended direct PE input of 3 minutes of post-service RN/LPN/MTA clinical labor time for each code. As a reminder, the Medicare conversion factor is established at \$36.09.

Information on how to bill for these codes, provided by the AMA is available at the following URL under the “policy, coding and payment” tab: <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

Note: Other E/M service codes (e.g. 99211-99215) continue to require both audio and video capabilities.

#### **Additional High-Level Telehealth Highlights of the CMS Announcement and Fact Sheet:**

-CMS is allowing telehealth to fulfill many face-to-face visit requirements for clinicians to see their patients in inpatient rehabilitation facilities, hospice and home health. During the pandemic, individuals can use commonly available interactive apps with audio and video capabilities to visit with their clinician.

-Home Health Agencies can provide more services to beneficiaries using telehealth, so long as it is part of the patient’s plan of care and does not replace needed in-person visits as ordered on the plan of care.

-Hospice providers can also provide services to a Medicare patient receiving routine home care through telehealth, if it is feasible and appropriate to do so.

-If a physician determines that a Medicare beneficiary should not leave home because of a medical contraindication or due to suspected or confirmed COVID-19, and the beneficiary needs skilled services, he or she will be considered homebound and qualify for the Medicare Home Health Benefit. As a result, the beneficiary can receive services at home.

-Virtual Check-In services, or brief check-ins between a patient and their doctor by audio or video device, could previously only be offered to patients that had an established relationship with their doctor. Now, doctors can provide these services to both new and established patients.

-Clinicians can provide remote patient monitoring services for patients, no matter if it is for the COVID-19 disease or a chronic condition. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry.

**More Information:**

The full announcement from CMS is available here: <https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient>

We will share more information as we continue to analyze these polices. Please visit the COVID-19 resource center on our website or contact us if you have questions or need additional information.