

Review Article

Telehealth Visits during the COVID-19 Pandemic

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*This article focuses on how to maneuver through billing and documentation of telehealth services during the current COVID-19 pandemic. The information discussed is based on the **temporary** guidelines and changes made by CMS¹ and HHS².*

Traditional telehealth guidelines have gone through enormous changes over the past few weeks in response to the current public health emergency for COVID-19. [Read CMS Changes to Telehealth here.](#) Geographic site restrictions along with privacy concerns kept telehealth from being widely used prior to the recent changes with the Coronavirus Preparedness and Response Supplemental Appropriations Act (March 6, 2020)³ and the Coronavirus Aid, Relief, and Economic Security (CARES) Act (March 31, 2020)⁴. However, during this unprecedented time of social distancing, the focus has shifted from meeting the needs of those in rural areas to enhancing patient access to care for all.

There is a lot of confusion regarding telehealth services and the criteria needed for billing. For up to date [KZA FAQs click here.](#) For this article, the definition of a telemedicine visit is a real-time audio with video office visit that can be used in place of a face-to-face office visit. It is important to note that CMS refers to telemedicine visits as telehealth visits and does not place other telehealth services under the category of telehealth services. Adding to the confusion, guidelines and updates are changing rapidly which makes it difficult for providers to focus on patient care while navigating integration telehealth into the clinic setting. To better explain the recent changes [watch our webinar here.](#)

Here are a few highlights of the major changes that are impacting telehealth billing¹:

- CMS will now cover telephone calls (99441-99443) during the COVID-19 pandemic

- No site restrictions - the patient's home can now be used for telemedicine visits
- Telehealth visits are not exclusive to HIPAA compliant software - can use FaceTime, Skype or similar non-public facing software **NOT** Facebook Live or TikTok
- Newly added 80+ codes for use during the COVID-19 crisis – [click here for the complete listing from CMS](#)
- Office/outpatient E/M code (99201-99215) may be chosen based on **either** Medical Decision Making **OR** total Time for telemedicine visits
- Updated definition of direct supervision to accommodate virtual supervision
- Medicare will now waive the patient's cost-share for all COVID-19 testing and visits where COVID-19 testing is ordered or performed for claims on or after March 18, 2020
- For an in-depth look at recent changes- [read CMS Changes to Telehealth here.](#)

Aside from these telemedicine visit changes, Medicare covers Virtual Check Ins (G2010-G2012) and Digital Online Evisits (99421-99423). Although CMS does not classify these as telehealth services, these codes use the telephone, patient portal, and email as a source of patient communication. For more information on these services [watch our webinar here.](#)

While all of these changes focus on Medicare billing and reimbursement, commercial payors are individually adjusting their payment policies in response to the CMS changes. For an overview of major payor policies in place during the pandemic, see the "Payor Telehealth Policies" link at [KZA Telehealth and COVID-19](#).

For comprehensive up to date information regarding telehealth coding and documentation visit the KarenZupko & Associates, Inc., webpage [KZA Telehealth and COVID-19](#). For practice management telehealth issues visit [KZA Practice Management COVID-19](#).

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Jennifer Bell (Jen) has over 30 years of experience in all areas of the revenue cycle with a focus on prospective and retrospective auditing, coding abstraction, and telehealth billing compliance. She has delivered both coding and auditing services and education for a wide range of medical and surgical specialties. Jen's extensive knowledge and skills in successful appeals and payment recovery processes involving major payors generates positive returns for clients.

[Conflicts of Interest Statement for this author](#)



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She has a passion for organizing and creating common-sense workflows for revenue cycle within a clinic. Her wide-ranging experience working in practices of all sizes and structures—from solo practices to large healthcare systems with complex governance structures—means she customizes her recommendations to the client's circumstances. She has worked in all areas of clinics, including all positions within the revenue cycle. Jen understands how organizational structures and staff roles impact operational and functional workflows, which ultimately affect the bottom line.

Most recently, Jen worked for a multispecialty healthcare system in Dallas where she served as Director of Coding and Compliance. While there, she developed the Compliance department and created auditing/monitoring schedules, metrics, policies, and provider education for two divisions within the professional clinic setting. Jen is passionate about maintaining compliant coding and billing while also achieving optimal allowable reimbursement.

Jen holds a C.H.C. from the Health Care Compliance Association and a C.P.C. and C.P.M.A. from the American Academy of Professional Coders. She also obtained an Epic Professional Billing Charge Capture Lead certification.

Jen holds a Master of Science in Organizational Leadership and Ethics degree from St. Edward's University and a Bachelor of Arts degree in Business from Concordia University Texas.

Jen enjoys documentaries, going to the movies, and board games. She and her husband love to spend time at home with their two dogs, Abigail and Franklin.

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RESOURCES

¹ CMS. *Medicare and Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency*. Retrieved on April 13, 2020 at <https://www.federalregister.gov/d/2020-06990>.

² [HHS.gov](https://www.hhs.gov). *Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency*. Retrieved on April 13, 2020 at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>.

³ [Congress.gov](https://www.congress.gov). *H.R.6074 - Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020*. Retrieved on April 13, 2020 at <https://www.congress.gov/bill/116th-congress/house-bill/6074>.

⁴ [Congress.gov](https://www.congress.gov). *H.R.748 - CARES Act*. Retrieved on April 13, 2020 at <https://www.congress.gov/bill/116th-congress/house-bill/748/text>.



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