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## Third Party News: COVID-19 Update

1 message

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Tue, Mar 17, 2020 at 3:37 PM

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Be sure to join AOA's webinar on billing for telehealth and virtual care services during COVID-19 and find the latest at [AOA's COVID-19 resource page](#).

**What:** [COVID-19 & Medicare Telehealth Services](#)

**When:** Tuesday, March 17th at 9:00 PM ET

The NCOS is working closely with NC DHHS to ensure optometry has a voice. We have put in the request to expand telehealth services to include those services provided by optometrists in North Carolina. Currently NC Medicaid does NOT allow ODs to use these codes.

Today, CMS has broadened the telehealth rules to allow providers to utilize this technology and provide a larger range of services without physically going to an office. Using a 1135 waiver, CMS is expanding this benefit on a temporary and emergency basis.

Medicare can now pay for office, hospital, and other visits furnished via telehealth across the country and includes the patients' place of residence retroactive to March 6, 2020. The Office of Inspector General is also allowing flexibility for healthcare providers to reduce or waive cost-sharing (co-payments and deductibles) for telehealth visits paid by federal healthcare programs.

To utilize telehealth services, providers have to use an interactive audio and video telecommunications system that permits real-time communication between the physician and the patient.

Normally, the rules require that there is an existing relationship between the provider and the patient; however, during this public health emergency, HHS will not conduct audits to ensure the prior relationship existed for claims submitted during this public health emergency.

The Office for Civil Rights also has enforcement discretion and will waive penalties for

HIPAA violations against providers that serve patients in good faith through everyday communication technologies, such as FaceTime or Skype, but only during the COVID-19 nationwide public health emergency.

Summary of Medicare Telemedicine Services:

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> <li>• 99201-99215 (Office or other outpatient visits)</li> <li>• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> For a complete list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>	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
<b>VIRTUAL CHECK-IN</b>	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.	<ul style="list-style-type: none"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99431</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

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