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Telehealth visit coding requirements clarified by CMS

Medicare has clarified its prior guidance regarding the proper way to bill for telehealth services during the COVID-19 pandemic. Previous guidance indicated that place of service (POS) code 02 should be used for telehealth visits with patients; **the new guidance instead says to bill these visits with POS code 11 and modifier 95.**

Medicare says this change is intended to pay for visits that would have taken place in-person if not for the pandemic at the same rate as if they had been furnished in person.

Visits billed using POS code 02, as indicated in the previous guidance, will be paid at a lower, facility rate.

Medicare's prior guidance also indicated that only established patients could be seen for telehealth visits; now **any Medicare patient may be seen via telehealth** and have the visit reimbursed at the normal E/M rate by billing as described above.

Finally, Medicare is now allowing the reporting of telehealth services rendered via telephone only when provided to Medicare beneficiaries (CPT codes 99441 – 99443).

The [AAD website](#) has been updated to reflect this new guidance, and new [Derm Coding Consult](#) articles offer detail on how to code for these visits.

Additional changes

Relaxation of other telehealth rules has also taken place as a result of the passage of the CARES Act.

- A Medicare telehealth waiver for services provided at Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) during the COVID-19 emergency period allows them to furnish telehealth services to beneficiaries in their homes.
- Coverage for telehealth under Health Savings Accounts (HSAs) is expanded by allowing high deductible health plans (HDHP) to provide telehealth and remote care services without a deductible for 2020 and 2021. The bill also allows an HDHP with an HSA to cover telehealth services prior to a patient reaching the deductible.
- Health Resources and Services Administration (HRSA) grant programs that promote the use of telehealth technologies for health care delivery, education, and health information services will receive additional funding; the CARES Act provides \$275 million for HRSA, including \$185 million to support rural critical access hospitals, rural tribal health and telehealth programs, and poison control centers.

The AAD will continue to track COVID-19 developments and provide updates on telehealth, small business relief, clinical guidance, and more via email and at www.aad.org/coronavirus.

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