CMS FLEXIBILITIES: COVID-19
TELEHEALTH SERVICES

Patient Eligibility
New and established patients are eligible for telehealth services; prior doctor/patient relationship is waived.

Site of Service
All originating site requirements are waived. Beneficiaries may receive telehealth services from any location, including their home, inpatient setting, nursing facilities.

Geography
Geographic restrictions are waived. Beneficiary does not have to be in a rural area.

Communication Platforms
HIPAA requirement waived (not enforced, meaning the platform does not have to be HIPAA compliant). Platforms allowed include:
Apple FaceTime, Facebook Messenger Video Chat, Google Hangouts, Skype, Zoom
Communication platforms must not be public facing. Examples of platforms not allowed include:
Facebook Live, Twitch, TikTok, Instagram Live

Beneficiary Cost Sharing
Cost sharing may be waived or reduced without penalty.

Claims Submission
Use CPT® Modifier 95 per claim line to indicate the service was provided using telehealth technology.
Report the Place of Service (POS) that would have been reported had the service been provided in person.

Code Level Selection
Level selection should be based on time or medical decision making (MDM). Requirements for documentation in the medical record of history and physical exam waived. Current definition of MDM still in effect.

Payment
Payment for telehealth services is the same as what otherwise would have been paid if the service were provided in-person.

Working from Home
Physicians and other practitioners may render telehealth services from their home without changing Medicare enrollment location.