

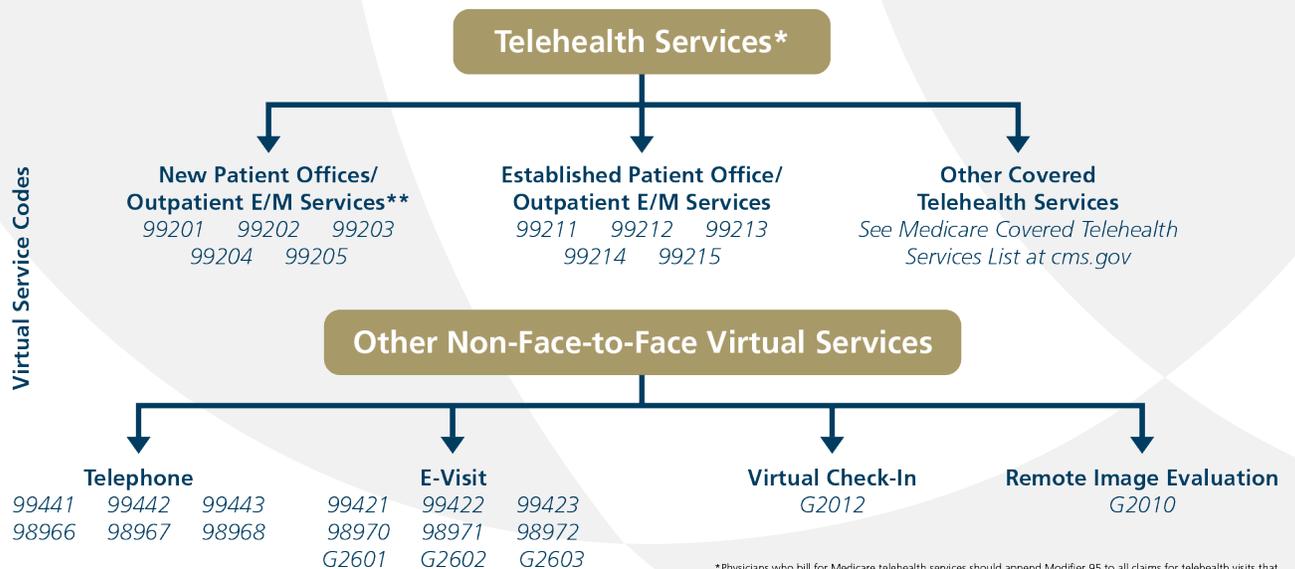
Telehealth 101 for Providers

By using telehealth and other virtual services, surgeons can reduce potential exposure to COVID-19 while ensuring continuity of care for patients. This document will help you navigate and integrate virtual services into your practice and enhance your ability to safely care for patients during the pandemic. In addition to virtual office visits, you might also consider calling patients directly. Personal touches like that can go a long way toward building patient trust and confidence.

Here are a few practical tips and some important items to note regarding Medicare telehealth rules during the Public Health Emergency (PHE) caused by COVID-19:

1. Treat a telehealth visit just as you would an in-office visit. Also, if you have a Zoom background with **your institution's logo**, put it up.
2. **Start the call on time.** If you have a nurse or other staff member joining, you can treat it like an office visit and have them enter the room virtually.
3. If you have a **tip sheet** about the particular technology (i.e. Zoom, FaceTime, Skype) your facility uses, be sure to send that to the patient ahead of time.
4. Refer to the U.S. Department of Health & Human Services website regarding HIPAA requirements around the delivery of care via telehealth during COVID-19.
5. During the PHE, Centers for Medicare & Medicaid Services (CMS) **expanded its list of services eligible for telehealth coverage** to include emergency department visits, initial nursing facility and discharge visits, home visits, therapy services, and others. Note: Subject to change. We recommend you review the CMS guidance periodically during the PHE.

What Virtual Services are Covered by Medicare?



6. **Both new and established patients are eligible** for telehealth services. CMS will not conduct audits to ensure that a prior physician/patient relationship existed for claims submitted during the PHE.
7. During the PHE, **all Medicare beneficiaries are eligible to receive telehealth services** regardless of where they live or the site at which the services are furnished.
8. In all claims, include the POS code that would have been reported had the service been furnished in person. Add "**Modifier 95**" to claim lines that describe services furnished via telehealth. Add "**Modifier 95**" and "**Modifier CS**" when you provide COVID-19 testing-related services via a telehealth visit. The CS modifier is used to identify the service as subject to the cost-sharing for COVID-19 testing-related services and indicates that the claim should be reimbursed at 100%, including the amount that would have been paid by the patient.
9. Medicare beneficiary cost-sharing obligations still apply.

How is the Type of Service Determined?

