TELEHEALTH CODING AND BILLING

During the COVID-19 public health emergency (PHE), the Centers for Medicare and Medicaid Services (CMS) and private payers have changed the way telehealth/telemedicine/digital/remote services can be billed. This page provides resources to help navigate telehealth coding and billing.

CMS has changed the way they pay for telehealth visits as of March 2020:
• CMS now covers and pays for telehealth visits (audio and video) regardless of location.
  − These services include office visits, outpatient visits, inpatient visits, ER visits, critical care, and nursing home visits to name a few. For the full list of services see Medicare Telehealth Services
• CMS also now covers telephone (audio-only) communications between a clinician and a patient, which they did not cover prior to the PHE.
• CMS is covering virtual check-ins, e-visits and remote monitoring
• These services can now be performed on either a new or established patient.

Catch up on your telehealth knowledge with the following resources:

ACC’s COVID-19 Hub
• Telehealth coding best practices and more
• Coding updates for COVID-19
• Payer resources

ACC MedAxiom resources:
• COVID-19 Resources for CV Organizations

CMS has various coding and billing materials:
• General Provider Telehealth and Telemedicine Tool Kit
• YouTube video on virtual payments
• Coronavirus Waivers & Flexibilities

American Medical Association (AMA) resources:
• Special coding advice during COVID-19 public health emergency

CDC ICD-10 resources:
• ICD-10 coding and reporting guidelines for COVID-19