

# 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

