Under the COVID-19 Public Health Emergency, the Center for Medicare and Medicaid Services (CMS) is allowing Medicare billing for telehealth and telephone encounters. The below is a summary of CMS guidance. Please confirm with your organization’s compliance officer to ensure local adherence.

Billing Telehealth Encounters

When **both audio and visual** are used, the following encounter types can be billed. Documentation should proceed as normally, with the **Place of Service as 02 Telehealth**. (Applicable G-codes and modifiers may be included, but are not necessary during this emergency.) Documentation must include patient consent to telehealth visit.

Patient must be included in the encounter.

- Evaluation and Management, Office (CPT codes 99201-99215)
- Advance Care Planning (CPT codes 99497-99498) – in this case, surrogate/ proxy encounter allowable
- Emergency Department Visits (CPT codes 99281-99285)
- Initial hospital care and hospital discharge day management (CPT codes 99221-99223; CPT codes 99238-99239)
- Initial nursing facility visits, All levels (Low, Moderate, and High Complexity) and nursing facility discharge day management (CPT codes 99304-99306; CPT codes 99315-99316)
- Critical Care Services (CPT codes 99291-99292)
- Domiciliary, Rest Home, or Custodial Care services, New and Established patients (CPT codes 99327-99328; CPT codes 99334-99337)
- Home Visits, New and Established Patient, All levels (CPT codes 99341-99345; 99347-99350)
- Initial and Continuing Intensive Care Services (CPT code 99477-994780)
- Care Planning for Patients with Cognitive Impairment (CPT code 99483)

The full list of allowable codes is available [here](#).

Billing Telephone Encounters

CMS has recognized that video encounters are not always feasible. Therefore, Medicare will cover telephone assessments and management, but not within 7 days of a previous E&M code (above).

- Physician Telephone E&M (CPT codes 99441-99443)
- Non-Physician Telephone E&M (CPT codes 98966-98966)