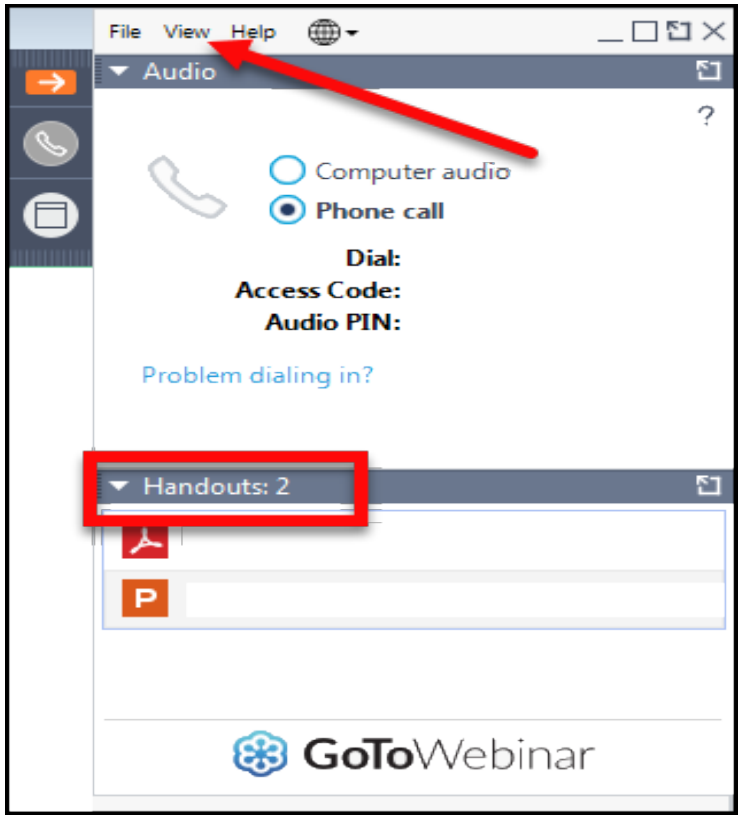
Welcome to Telehealth and Virtual Services
Starts promptly at 3 p.m. CT / 1 p.m. PT

- Presentation & CEU PDF
  - Select View > Handouts
  - Adobe Acrobat required
- Technical Difficulty
  - Due to increased internet traffic, we have been experiencing audio and video issues
  - If you experience audio issues, try switching to computer or phone audio
  - Please notify us of issues in the questions/chat sections and be patient – will notify if unable to continue



CEU and handouts also emailed within one day

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Telehealth and Virtual Services

Part A/B Provider Outreach and Education

February 2021

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Webinar Protocol

- Attendee lines muted upon entry
- Handouts/CEUs
  - Handouts: Print from “Handouts” section
    - On GoTo panel > View > Handouts
  - CEU: Print or will be emailed within 1 day of event
- Webinar questions
  - Keep questions to previous/current slide
  - Verbal questions are encouraged at conclusion of presentation
  - Contact applicable jurisdiction call center
- Scenarios
  - Will not be addressed

Helpful Acronyms

https://www.cms.gov/apps/acronyms/

Acronym	Definition
CAH	Critical Access Hospital
CMHC	Community Mental Health Centers
CMS	Centers for Medicare & Medicaid Services
CNS	Certified Nurse Specialist
COVID-19	Coronavirus Disease 2019
CP	Clinical Psychologist
CRNA	Certified Registered Nurse Anesthetists
CSW	Clinical Social Worker
CTBS	Communication Technology Based Services

Acronyms 2

Acronym	Definition
ESRD	End Stage Renal Disease
HIBC	High-Intensity Behavioral Counseling
FQHC	Federally Qualified Health Center
HHS	Health and Human Services
IBT	Interventional Behavioral Therapy
MLN	Medicare Learning Network
MSA	Metropolitan Statistical Area
NPP	Nonphysician Practitioner
NP	Nurse Practitioner

Acronyms 3

Acronym	Definition
OIG	Office of Inspector General
PA	Physician Assistant
PFS	Physician Fee Schedule
PHE	Public Health Emergency
POS	Place of Service
RHC	Rural Health Clinic
SNF	Skilled Nursing Facility
TOB	Type of Bill

Agenda

- Telehealth
  - Waiver changes
  - Eligible providers
  - Acceptable equipment
  - Coding and billing requirements
- Virtual visit
- E-visit
- Phone calls
- CMS resources

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Telehealth Services

Telehealth

- Telehealth is the use of interactive audio and video telecommunications system that allows real-time communication between the originating (patient location) and distant site (provider's location)
  - Statutorily allowed services
  - Medicare restricts procedure codes providers can submit as telehealth
  - Patient geographic location restrictions

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Originating Sites

Where the beneficiary is located

Telehealth

- Telehealth originating site fee increase
  - Q3014 allows $27.02
- Added new codes to telehealth list on permanent basis
- Adding new codes on temporary basis until end of Public Health Emergency (PHE) or December 31, 2021
- View list of codes
  - https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Location of Originating Sites

- Location of Medicare beneficiary at time of service
- No reimbursement for place of service (POS) patient's home
- No facility fee for hospitals, clinics or other eligible locations outside of rural designation
- Eligible originating site criteria eligible for Q3014

Originating Site Regulations

- Payment to physicians, practitioners, and originating sites made only on assignment-related basis
- Telepresenter not required as condition of payment unless telepresenter is medically necessary as determined by physician or practitioner at distant site

Telehealth Demonstration

- Alaska and Hawaii federal telemedicine demonstration projects
  - Serve as originating site
  - Use store and forward
  - Modifier GQ
- Reference
  - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf

Question on Originating Site

- **What does it mean that geographic and originating site restrictions have been waived?**
  - A. The originating site is where a patient is located when they receive telehealth services. These normally include a clinical settings, such as physician offices and hospitals. Additionally, the originating site's geographic location normally must be in a county located outside of a Metropolitan Statistical Area (MSA) or a rural Health Professional Shortage Area (HPSA) located in a rural census tract to be eligible for telehealth services.
  - For the duration of the public health emergency, CMS is waiving the geographic and originating site restrictions. Patients may receive telehealth services in any setting, including their homes.

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Distant Site

Where the practitioner providing the service is located

Eligible Distant Site Medical Services

- Distant site service must be:
  - Furnished via interactive two-way audio/video telecommunications system
  - Furnished by physician or authorized practitioner
  - Furnished to eligible telehealth individual
  - Located in telehealth originating site
  - An eligible telehealth service

Telehealth Services List

- Complete list of Telehealth Services (1/14/2021)
- https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes
- Includes additions

Medicare Telehealth Category 2021

- Category 1 Codes similar or already on the Telehealth List permanent codes
- Category 2 codes not already on the Telehealth list.
- Category 3 codes only allowed during the PHE

Additions for 2021

- Telehealth services permanently added to the list include the following:
  - Group Psychotherapy (CPT 90853)
  - Domiciliary, Rest Home, or Custodial Care services, established patients (CPT 99334-99335)
  - Home Visits, Established Patient (CPT 99347-99348)
  - Cognitive Assessment and Care Planning Services (CPT 99483)
  - Visit Complexity Inherent to Certain Office/Outpatient E&Ms (HCPCS G2211)
  - Prolonged Services (HCPCS G2212)
  - Neuropsychological Testing (CPT 96130-96133 and 96136-96139)

2021 Telehealth Expansion

- CMS has developed a classification system for telehealth services
- Category 1 are services that will be permanent even after the public health emergency.
- Represents 45 percent of the telehealth services (112 services) covered by CMS as of January 1 and includes standard E/M visits, group psychotherapy, neurobehavioral status exams, and short home visits
- 99437-99438, patient's home can still serve as a qualifying originating site when the patient is being treated for a substance use disorder or a co-occurring mental health disorder, as permitted by the SUPPORT Act
- https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Category 2

- CMS covered via telehealth on temporary basis until December 31,represents 57 services of all telehealth services covered on January 1 and includes services such as emergency department visits (all levels), physical therapy, occupational therapy, and speech pathology.
- Under review for possible permanent status for 2022

Category 3

- Category 3 services remain on list through the calendar year in which the PHE ends
- Includes 82 services of all telehealth services covered on 1/1/2021 and includes services such as audio-only telehealth visit codes, initial hospital and nursing home visits and home visits for new patients
- Coverage for this group of services will end with the expiration of the PHE

2021 Evaluation and Management (E/M)

- Changes only apply to office or outpatient codes 99202-99215
- History and exam elements no longer code selection requirement
- Components code selection
  - Medical Decision-Making (MDM) or total time
- MDM and Table of Risk revised
- Noridian E/M webinars provide details

Prolonged Add-on Code G2212

- G2212 -Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact
- Only submit with 99205 or 99215
- Do not report G2212 on same date of service as 99354, 99355, 99358, 99359, 99415, 99416
- Do not report G2212 for time less than 15 minutes

HCPCS +G2211

- HCPCS add on +G2211 = bundled service
  - Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition
  - Separate in addition to office or outpatient E/M, new or established
- Not separately paid until January 1, 2024
- If allowed, Noridian auto reprocessing/recouping
- Medicare denying separate payment for G2211
- https://med.noridianmedicare.com/web/jeb/article-detail/-/view/10525/hcpcs-code-g2211-is-a-bundled-service-and-not-separately-paid

Billing Distant Site Services

- Distant site practitioners bill Part B Medicare for professional services furnished via telehealth
  - Submit appropriate CPT/HCPCS code
    - Covered list of telehealth services
  - Bill face-to-face services
    - POS if you saw the patient (11 example)
    - POS 02 (traditional telehealth)
  - Reimbursement same fee when patient visited office
  - Payment is under MPFS

Modifiers

- Under 1135 waiver physicians and practitioners who bill for Medicare telehealth services
- 95 modifier should be applied to services on the telehealth listing

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Waiver Changes

Telehealth Changes

PRE-WAIVER	WITH THE WAIVER
Geographic Limitations (rural and HSRA area)	All geographic locations now qualify - temporarily waived
Specific list of types of eligible originating health sites (excluded home in most cases)	Other locations can now act as originating site, such as home - temporarily waived
Eligible providers (specific listing)	All health care practitioners authorized to bill Medicare
Services (specific listing)	Addition of 80 new codes to existing list of services that can be provided and delivered via telehealth not restricted to patients with COVID-19

Telehealth Changes 2

PRE-WAIVER	WITH THE WAIVER
Critical Care consults limited to once per day	Frequency limit removed
Provider location must be on enrollment application and bill within jurisdiction servicing that location	Providers may bill usual location where they would see patient if it was in-person or in traditional telehealth situation
Verbal consent required and documented before service is performed	Required beneficiary consent should not interfere with provision of telehealth services- annual consent obtained at same time, and not necessarily before services are furnished

Telehealth Changes 3

PRE-WAIVER	WITH THE WAIVER
Facility Site Fee – Q3014 National set fee of 27.02	Any sites that come in under waiver (such as hospitals urban areas) not eligible for facility fee
FQHCs and RHC are eligible originating sites	Eligible providers expanded to include designate site services – temporarily waived
Limitation on frequency of Hospital and SNF visits	Frequency limitation of visits removed as in person requirement

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Eligible Providers

Distant Site

Eligible Practitioners

- Physician MD, DO
- Nurse Practitioners
- Physician Assistant
- Clinical Nurse Specialist
- Nurse Midwives
- Certified Registered Nurse Anesthetists
- Registered Dieticians
- Nutritional Professional
- Independent Psychologists
- Clinical Social Workers

Note: CP and CSWs can receive payment for individual psychotherapy but cannot bill for medical E/M or medical services (90792, 90833, 90836,90838)

Genetic Counselors

- 96040 genetic counseling services
- Genetic counselors are not allowed to bill Medicare directly for their professional services
- Not eligible distant site practitioners for telehealth

Eligible Provider

- Payment equal to current fee schedule amount for service provided
  - Same amount as without telecommunication system
- Service must be within practitioner's scope of practice under State law

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Telehealth Equipment

Types of Equipment

- Provider must use interactive audio and video telecommunications system that permits real-time communication between distant site
  - Including beneficiary's home
- Currently allowed under waiver
- Example
  - FaceTime
  - SKYPE
  - ZOOM

HIPAA Compliant

- Health and Human Services (HHS) Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for Health Insurance Portability and Accountability Act (HIPAA) violations against health care providers
  - https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

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Part A and B Billing

CS Modifier

- Effective: on or after 3/18/2020
  - Description updated 7/6/2020
- COVID-19 evaluative services
- CS-Cost-sharing for specified COVID-19 testing-related services that result in an order for or administration of COVID-19 test **and/or** used for cost-sharing waived preventative services via telehealth

CS Modifier 2

- For dates of service on or after 1/1/2021, through the end of the PHE
- Codes with the CS modifier:
- HCPCS codes G2250, G2251, and G2252
- CPT codes 98970, 98971, and 98972
  - (These replace 2020 HCPCS codes G2061–G2063

CS Modifier 3

- Definitive list of HCPCS- updated August 26
- Physicians and non-physician practitioners
  - https://www.cms.gov/files/zip/cs-modifier-hcpcs-codes-physicians-non-physician-practitioners.zip
- Outpatient Prospective Payment System (OPPS) – CAHs should use this list
  - https://www.cms.gov/files/document/cs-waiver-opps-codes.pdf
- RHCs/FQHCs
  - https://www.cms.gov/files/zip/cs-codes-rhc-fqhc.zip

CR Modifier and DR Condition Code

- CMS SE20011- Revised 11/20/2020
  - https://www.cms.gov/files/document/se20011.pdf
  - CR modifier or DR condition code
    - Not required for RHCs and FQHCs

Hospital Billing Remote Services

- Meet conditions of participation (CoP)
- Register beneficiary's home serving provider-based department of hospital
  - Temporary expansion during COVID-19
  - Example of services: behavioral health and nutrition counseling
    - Incident to physician's or NPPs service
- List of outpatient hospital services
  - https://www.cms.gov/files/zip/covid-ifc-2-list-hospital-outpatient-services.zip

Part A Payment and Billing Guidelines

Originating Site	Payment Methodology	Bill Type	Rev Code
Outpatient Hospital	Outside of OPPS	13X	078X
Inpatient Hospital	Outside DRG	12X	078X
CAH	Separate from cost based (80% of originating site facility fee)	12X	078X
FQHC or RHC	Separate from Prospective Payment System (PPS) or All-Inclusive Rate (AIR)	77X or 71X	078X
Hospital-Based or CAH-Based Renal Dialysis Center	In addition to ESRD PPS or Monthly Capitation payment	72X	078X
SNF	Outside of SNF PPS (not subject to consolidated billing)	22X or 23X	078X
CMHC	Not a partial hospitalization service (or used to determine payment for partial hospitalization). Not bundled in per diem.	76X	078X

Distant-site Telehealth Hospital Services

- Patient at home, telehealth service “is” or “would be” furnished in hospital outpatient department
  - Practitioner billed services on CMS-1500
  - Hospital bills originating site facility fee $26.65
  - Use appropriate type of bill
  - 078X revenue code
  - Q3014 telehealth code
  - No modifier 95
  - CS modifier if applicable

Outpatient Hospital

- Use of telecommunication technology to patients at home, registered outpatient department of hospital
  - Do not use modifier 95, not telehealth service
  - Append “DR” modifier
  - Use of “PN” modifier paid PFS-equivalent rate
  - Use of “PO” modifier paid OPPS
    - Must meet all requirements of extraordinary circumstances relocation

Telehealth Outpatient Therapy Services

- UB-04 outpatient therapy services:
  - Appropriate Bill Type
  - Rev code 42X, 43X, 44X
  - CPT/HCPC
    - Must amend appropriate therapy modifier
      - GP, GO, or GN
    - Use 95 modifier for services on telehealth list
    - KX when applicable
- Hospital cannot bill originating site fee

Telehealth Outpatient Therapy Services (Independent)

- CMS 1500 claims outpatient therapy services
- Must include following:
  - Eligible telehealth CPT/HCPC code
  - POS location of provider
    - Must amend appropriate therapy modifier
    - GP, GO, or GN (addition 95)
    - KX when applicable

2021 Annual Update Therapy Code List

- CR 12126 Effective January 1, 2021
- New codes
  - HCPCS G2250-G2251
    - Replacing HCPCS G2010, G2012
  - CPT 98970-98972
    - Replacing HCPCS G2061-G2063
  - CPT 98966-98968
- Codes removed from therapy code list
  - HCPCS codes G2010, G2012, G2061-G2063

2021 Therapy Per-Beneficiary Threshold Amounts

- CR 12014 Effective January 1, 2021
  - KX modifier thresholds referred to as "therapy caps" before Bipartisan Budget Act of 2018 signed into law repealing application of caps
- KX modifier threshold amounts:
  - $2,110 for Physical Therapy (PT) and Speech-Language Pathology (SLP) services combined, and
  - $2,110 for Occupational Therapy (OT) services

FQHC and RHC Billing

- Waiver expands FQHCs and RHCs services to include distant-site telehealth services
  - New or established patients not required
  - Consent obtained when service furnished acquired by staff under general supervision
  - Performed by qualified eligible healthcare provider
  - Revision of HHA shortage requirement for visiting nursing services

FQHC and RHC Distant-site Billing

- TOB 77X and 71X
- Revenue code 52X or 0900
  - Include other FQHC PPS qualifying payment code (i.e. 99214)
  - HCPCS G2025 new distant site telehealth code
- Append modifier 95 (optional)
- Payment rate $92.03

FQHC/RHC Virtual Communication

- G0071 – Virtual communication services
  - $24.76
  - Non-face-to-face visits
  - Replaces online digital evaluation and management codes 99421-99423; virtual communication services codes G2010 and G2012

CAH

- Critical Access Hospital (CAH) method II on institutional claims
  - Submit appropriate CPT/HCPCS code
    - Covered list of telehealth services
  - Submit GT modifier (still required)
  - TOB 85X
  - Revenue code 96X,97X,or 98X

Direct Supervision

- CMS finalized services provided incident-to may be provided via telehealth incident-to distant-site physician's service under direct supervision of the billing practitioner via virtual presence.
- Supervising physician is immediately available engaged via interactive audio-video
- Audio only is not sufficient to fulfil direct supervision requirements

Teaching Physicians

- Teaching physician may supervise either in-person or through interactive telecommunications technology during key portion(s) of service
- All levels of E/M in primary care centers may be provided under direct supervision or telecommunication

COVID Related Visit

- What is a COVID related visit?
- Items or services furnished to an individual through office visits (in person or telehealth), urgent care visits, and ER visits that result in an order for or administration of a COVID-19 test; items and services must be related to the furnishing or administration of the test or to the evaluation of the patient for the purposes of determining the need for a COVID-19 test.

HHS Office of the Inspector General (OIG)

- Beneficiary may be responsible for any applicable deductible and coinsurance unrelated to COVID -19
- OIG is allowing ability to reduce or waive cost sharing for telehealth visit
- OIG FAQs
- https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/telehealth-waiver-faq-2020.pdf

Documentation Requirements

- Telemedicine includes phone call, virtual visits, audio/video, email, portal
- Same as any face-to-face patient encounter
- Statement indicating service provided via telemedicine
  - Patient location
  - Provider location
  - Names of all persons participating in telemedicine service and their role in encounter

Documentation Requirements 2

- Include threshold amount of clinical staff or physician time for face-to-face patient encounter
  - Examples
    - Start and stop time
    - Total time
    - Discussion
    - Beneficiary response

Telehealth Consultations

- At request of another physician or appropriate source
  - Opinion, advice, recommendation, suggestion, direction or counsel

HCPCS	Description
G0425-G0427	Initial inpatient or emergency room consultation
G0406-G0408	Follow-up inpatient consultation

Telehealth Critical Care Consults

HCPCS	Description
G0508	Critical Care, initial, physicians typically spend 60 minutes communicating with patient and providers via telehealth
G0509	Critical Care, subsequent, physicians typically spend 50 minutes communicating with patient and other providers via telehealth

Hospital and Nursing Facility Services 1/1/2021

- Subsequent hospital care limited to one telehealth visit every 3 days (is without limit at this time)
- Subsequent nursing facility care limited to one telehealth visit every 14 days Frequency does not apply to consulting G-codes

CPT	Description
99231 – 99233	Subsequent Hospital Care
99307 – 99310	Subsequent Nursing Facility Care

Preventive Services Provided via Telehealth

- Alcohol Misuse Screening and Counseling
- Annual Wellness Visit
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Self-Management Training
- Interventional BT for Cardiovascular Disease
- IBT for Obesity
- Lung Cancer Screening
- Medical Nutrition Therapy
- Prolonged Preventative Services
- Screening for STIs and HIBC to Prevent STIs

Opioid Treatment Programs (OTP)

- During PHE COVID-19 therapy and counseling portions of weekly bundles, as well as add-on code for additional counseling or therapy
- May be furnished using audio-only telephone calls rather than via two-way interactive audio-video communication technology
  - Allowed if beneficiaries do not have access to two-way audio/video communications technology, provided all other applicable requirements are met

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Other Telecommunication Services

Definitions

- Telecommunication:
  - Brief CTBS to allow patients to check in with practitioner via telephone or another telecommunication device
  - Remote evaluation of recorded video and/or images
- Telemedicine services are generally provided without patient present
  - Most common services are reading radiology reports and providing interpretation on laboratory and other test results

Virtual Check-In

Communicate by phone, or picture/video

- May be furnished through
  - Audio/video
  - Text messaging
  - Email
  - Telephone
  - Patient Portal
- Established patient
  - During COVID-19 PHE patient can be new or established
- Verbal consent
- Coinsurance and deductible apply

Virtual Check-In 2

Communicate by phone, or picture/video

- Qualified providers or qualified health care professionals may communicate with beneficiaries through “virtual modalities”
- Virtual check-in services
  - G2010 – remote evaluation of recorded video and/or images
  - G2012 – communication technology-based service (usually by phone); 5-10 minutes

E-Visits

Online patient portal communication

- Communication between patient and physician and certain other practitioners
  - Through online patient portal
- Established patient
  - During COVID-19 PHE patient can be new or established
- CPT and HCPCS codes
  - 99421-99423
  - G2061-G2063 replaced in 2021
- Coinsurance and deductible apply

E-Visits 2

CPT	DESCRIPTIONS
99421	Online digital evaluation and management service, for established patient, for up to 7 days, cumulative time during 7 days; 5–10 minutes
99422	Online digital evaluation and management service, for established patient, for up to 7 days cumulative time during 7 days; 11– 20 minutes
99423	Online digital evaluation and management service, for established patient, for up to 7 days, cumulative time during 7 days; 21 or more minutes

Non-Physician Virtual Check-In Codes

- Clinicians (physical therapists, occupational therapists, speech language pathologists, CPs) who may not independently bill for E&M can perform these e-visits and bill:

HCPCS	Description
G2250	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the CMS-1734-P 114 patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment.) replaced G0210
G2251	Brief communication technology-based service, e.g., virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion) Replaced G0212

Non-Physician E-Visit Code Replacement for G2061-G0263

CPT	Descriptions
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Telephone Services
Phone communication

- Audio only evaluation and assessment services
  - 98966-98968 – telephone assessment and management service; time based
  - 99441-99443 – telephone evaluation and management service; time based – **(for providers who can independently bill E/M** (99212-99214)
- Temporary 1135 waiver
  - Codes changed from non-covered to active
  - Effective for dates of service 3/1/2020
  - System available to process claims
- Place of service where provider call took place

Extended Audio–Only

- G2252 – crossed walked to 99442
- Not considered telehealth
- No restricted by locations
- PHE waiver
- Extended after PHE
- Subject to the same virtual check in code requirements

In Summary

- Telehealth visits must be provided through audio and video with one of approved listed codes
- Virtual check-in provided via telephone or other communication device using G2250-G2252
  - During COVID-19 PHE patient can be new or established
- E-visit communications provided through online portal
- Audio only billed with 98966-98968
- 99441-99443 for evaluation and assessment
  - Maybe performed audio only see telehealth list

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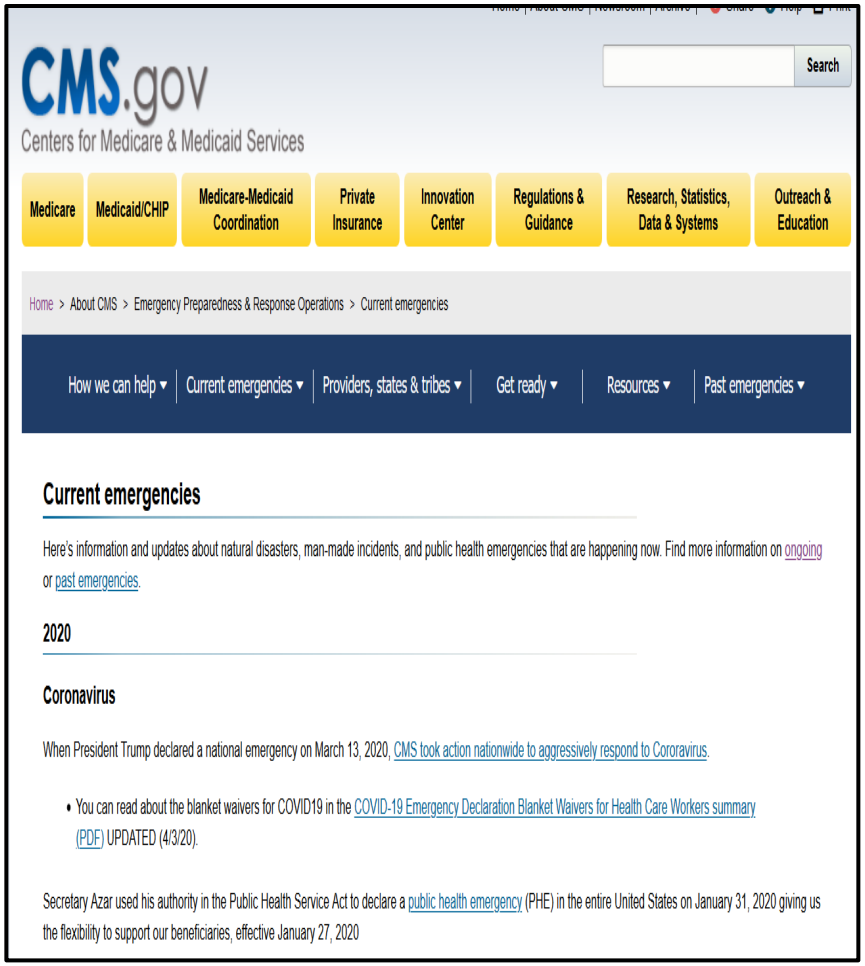
Resources

CMS Hot Topics

https://www.cms.gov

CMS Emergency Page

- https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page



Coronavirus Telehealth Benefits

Audio and Video Communication

- Tool Kits
  - General Provider Telehealth and Telemedicine
    - https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf
  - End-Stage Renal Disease (ESRD) Provider Telehealth and Telemedicine
    - https://www.cms.gov/files/document/esrd-provider-telehealth-telemedicine-toolkit.pdf
- Medicare Fee-for-Service (FFS) Public Health Emergency on Coronavirus
  - https://www.cms.gov/files/document/se20011.pdf

COVID-19 Telehealth

- Telehealth and virtual care importance
  - https://www.cms.gov/newsroom/press-releases/telehealth-benefits-medicare-are-lifeline-patients-during-coronavirus-outbreak
- Expanded Medicare Telehealth benefits
  - https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf
  - Expansion with 1135 Waiver
  - Effective March 6, 2020 in patient's home/any facility

COVID-19 Resources

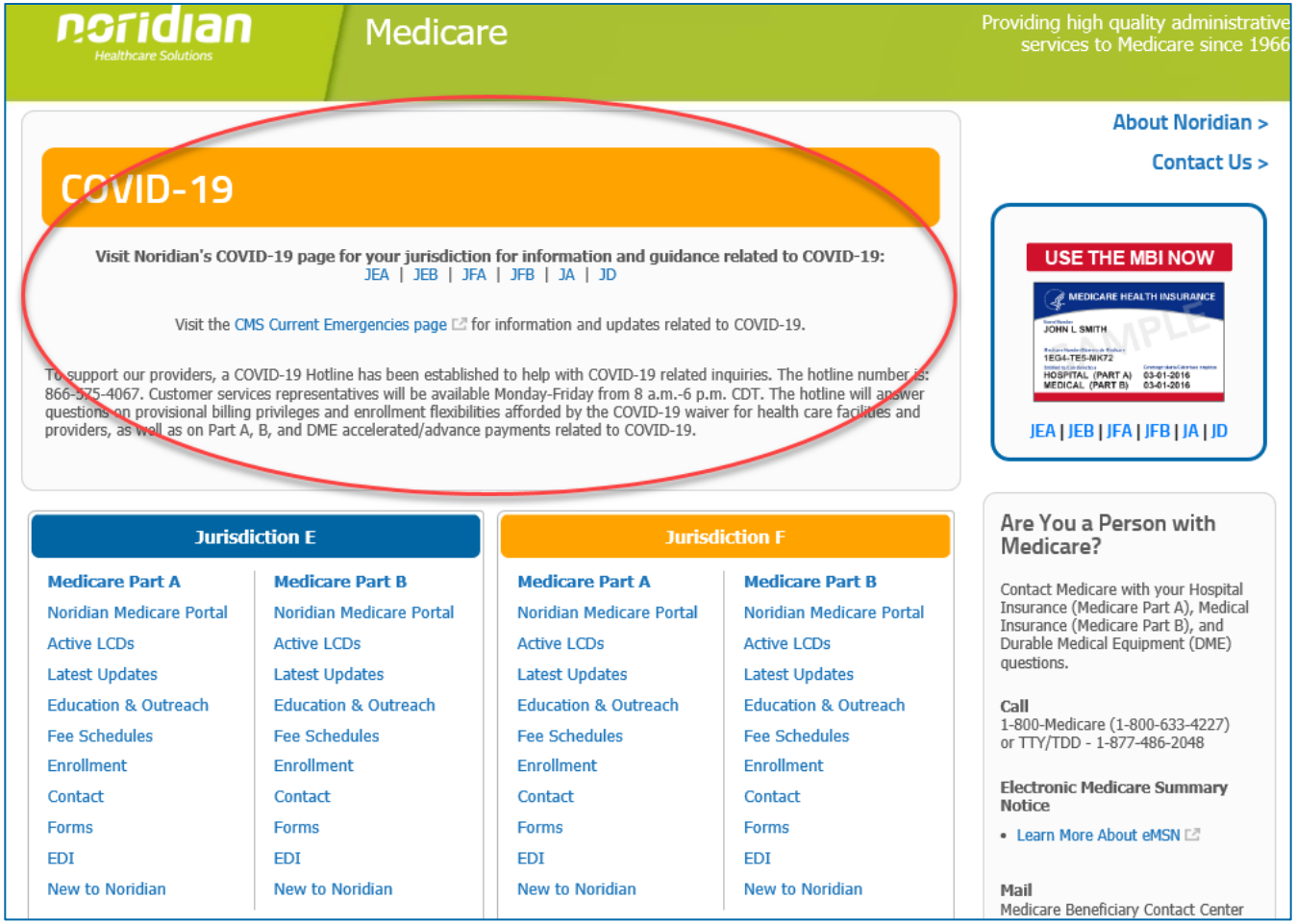
- Frequently Asked Questions to Assist Medicare Providers https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf (PDF) UPDATED (9/11/2020)
- VIDEO-MLN Medicare Coverage and Payment of Virtual Services Updated 7/28/2020

Noridian Healthcare Solutions Jurisdiction E and F Resources

- Website: https://med.noridianmedicare.com/web/jeb
- IVR, Supplier Contact Center, and Telephone Reopenings: 877-908-8431
- Noridian Medicare Portal: https://med.noridianmedicare.com/web/jeb/topics/nmp
- Website: https://med.noridianmedicare.com/web/jfb
- IVR, Supplier Contact Center and Telephone Reopenings: 877-908-8431
- Noridian Medicare Portal: https://med.noridianmedicare.com/web/jfb/topics/nmp

Noridian Website

https://med.noridianmedicare.com



Continuing Education Unit (CEU)

- CEU emailed to registered person
  - Posted to webinar during presentation
  - Will be emailed out after presentation
  - Earn 1.5 CEUs today
  - No password or index number needed to AAPC
- Sign up for upcoming webinars
  - Noridian website: Education & Outreach
- Take short survey
  - Pops up after closing out of webinar

noridian
Healthcare Solutions

Thank You For Attending

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