



Telehealth & Telemedicine by PAs During the COVID-19 Pandemic

PAs, if authorized by State law, institutional policy, and scope of practice, may provide and be reimbursed for nearly all telehealth and telemedicine under Medicare and most Medicaid and commercial payers.

Telehealth

Telehealth services are synchronous (real-time) audiovisual services.

In response to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) has granted leniencies in telehealth and telemedicine requirements and coverable services for the duration of the nationwide public health emergency. PAs are fully included in this expansion program.

Medicare changes to telehealth requirements during the COVID-19 pandemic		
Element	Usual Requirement	Exemption during Pandemic
Qualified Providers	Physicians, PAs , APRNs, Clinical Psychologists, Clinical Social Workers, Registered Dieticians	No Change
Eligible Beneficiaries (aka Relationship Requirement)	Limited to beneficiaries with an established relationship with a provider	HHS will not enforce the requirement that a patient be established with the provider
Originating Site (location where a Medicare beneficiary is receiving telehealth services)	Rural areas and in a medical facility. A patient's home is not usually an allowable originating site.	Telehealth services may be performed in all locations and settings, including a patient's home.
Distant Site (location of the provider)	No restrictions but location(s) must be enrolled through PECOS.	Practitioners may "render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location."
Equipment	Secure telecommunication technology with audio AND visual, two-way, real-time interaction.	HHS has authorized the use of telephones and devices that have audio/video capabilities. Video requirement has not been waived. Office for Civil Rights will waive penalties for HIPAA violations for providers serving patients in good faith through available communication methods, such as FaceTime or Skype.
Cost	Medicare beneficiaries are liable for deductible and coinsurance.	Providers may reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.
Approved Services	Covered telehealth services	Expanded

A list of telehealth services payable by Medicare are listed in the [MLN Booklet: Telehealth Services](#).

Partial List of Existing Services Covered as Telehealth

- Office/outpatient visit new (CPT codes 99201-99205) and established (CPT codes 99211-99215)
- Subsequent observation care (CPT codes 99224-99226)
- Subsequent hospital care (CPT codes 99224-99226)

List of Expanded Services Covered as Telehealth

To enable services to continue while lowering exposure risk, clinicians can now provide the [following additional services](#) by telehealth:

- Emergency Department Visits, Levels 1-5 (CPT codes 99281-99285)
- Initial and Subsequent Observation and Observation Discharge Day Management (CPT codes 99217- 99220; CPT codes 99224- 99226; CPT codes 99234- 99236)
- 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; CPT codes 99347- 99350)
- Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent (CPT codes 99468- 99473; CPT codes 99475- 99476)

Telemedicine

Any service involving asynchronous (store-and-forward) or telephone-only interaction are forms of telemedicine. Examples of telemedicine services are E-Visits (CPT codes 99421-99423), Virtual Check-Ins (CPT codes G2010 & G2012), Telephone Visits (CPT codes 99441-99443), Virtual Consults (CPT codes 99446-99449, 99451), and Remote Patient Monitoring (CPT codes 99453, 99454, & 99457). *Note: there may be exceptions in AK, HI and other demonstration projects.*

License and Practice Considerations

CMS has temporarily waived requirements for Medicare payment that out-of-state providers be licensed in the state where they are rendering services, provided they are licensed in another state. Most states require the provider be licensed in the State in which they are practicing and the State where the patient is located; however, many states are granting exemptions, license reciprocity, or expedited licensing. Check with local Departments of State or Departments of Health. PAs should also ensure they are practicing in accordance with practice agreements (if applicable), institutional policies, and that their malpractice insurance covers interstate and intrastate telehealth/telemedicine.

Additional Resources

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

<https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>