



# CMS Approves the Use of ED - E/M Codes for Telehealth

March 31, 2020

On Monday, March 30, 2020, CMS issued a sweeping array of new rules and waivers of federal requirements to ensure that local hospitals and health systems have the capacity to absorb and effectively manage potential surges of COVID-19 patients. The actions are aimed to provide regulatory flexibility to health care practitioners during the public health emergency (PHE).

Through the unwavering advocacy of the American College of Emergency Physicians (ACEP) many of these policy changes are advantageous for Emergency Medicine. Although Zotec Partners is currently familiarizing ourselves with these important regulations, we felt it was paramount to highlight the revisions to telehealth services.

## Telehealth

CMS had previously expanded the ability to perform telehealth services but had not allowed emergency physicians to use the Emergency Department E/M codes-which most accurately reflect the intensity and value of emergency services. Considering the PHE for the COVID-19 pandemic, CMS expects physicians and other practitioners to use the E/M code that best describes the nature of the care they are providing, regardless of the physical location or status of the patient. CMS has now recognized that ED-E/M codes are indeed the most appropriate codes to use when delivering emergency telehealth services and have added the following codes to the existing list of telehealth services on a Category 2 basis for the PHE for the COVID-19 pandemic:

- Emergency Department Visits: CPT codes **99281-99285**
- Initial and Subsequent Observation, and Observation Discharge Day Management: CPT codes **99217-99220, 99224-99226** and **99234-99236**
- Critical Care Services: CPT codes **99291-99292**

These CPT codes are applicable for telehealth services with dates of service beginning March 1, 2020 through the end of the declared PHE including any subsequent renewals.

- CMS is instructing physicians and practitioners who bill for Medicare telehealth services to report the POS code that would have been reported had the service been furnished in person. This will allow the systems to make appropriate payment for services furnished via Medicare telehealth, at the same rate they would, if the service were furnished in person.
- Services provided in the Emergency Department would be reported with **POS 23 – Emergency Room.**
- CMS is finalizing the use of the CPT telehealth **modifier 95**, which should be applied to claim lines that describe services furnished via telehealth on an interim basis.

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