

**COVID-19 FAQs – 3-9-20**

<https://www.cms.gov/files/document/03062020-covid-19-faqs.pdf>

Question: Does Medicare pay for a doctor, NPP [non-physician practitioner/LCSW], or nurse to call or use other technology to communicate with a patient?

Answer: Medicare pays for several services that are brief communications with practitioners for specific purposes. These services can be furnished via a number of communication technology modalities. For example, HCPCS code G2012 (virtual check-in) can be furnished using synchronous technology such as a telephone call. HCPCS code G2010 (Remote evaluation of recorded video and/or images submitted by an established patient) can be furnished using as asynchronous technology such as e-mail. And CPT codes 99421-99423 (patient-initiated digital communication) and HCPCS codes G2061-G2063 (online assessment) can be furnished using an online patient portal. We expect that these services will be initiated by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient initiation.

Question: Would Medicare pay for a doctor, NPP, or nurse to furnish visits to a patient at home via telehealth? What are the limitations?

Answer: The Medicare statute currently limits payment for telehealth visits to services furnished to beneficiaries in certain types of healthcare facilities located in rural areas (originating sites). A beneficiary in a rural area cannot receive telehealth visits from their home except under certain exceptions those exceptions area for the treatment of a substance use disorder or co-occurring mental health disorder (as authorized by Section 2001 of the SUPPORT Act) and for the monthly ESRD-related clinical assessments (as authorized by section 50302(b)(1) of the Bipartisan Budget Act of 2018).