

Telehealth Skilled Nursing Patient Visits

Background

During the Public Health Emergency (PHE), CMS expanded the use and coverage of telehealth and telemedicine services including those used to visit skilled patients in a nursing facility:

- ✓ CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.
- ✓ Additional information can be found at: <https://www.cms.gov/files/document/covid-19-nursing-home-telehealth-toolkit.pdf>

The Interim Final Rule (IFR) released on April 30, 2020 moved audio-only telephone calls reported with 99441-99443 by eligible providers to the current list of telehealth services.

However, there appears to have been some confusion as to whether these codes could be used to “visit” a skilled nursing patient so CMS published in a Special Edition MLN article on July 31, 2020 the following information.

“The current COVID-19 Public Health Emergency (PHE) does not waive any requirements related to Skilled Nursing Facility (SNF) Consolidated Billing (CB); however, CMS added CPT codes 99441, 99442, and 99443, to the list of telehealth codes coverable under the waiver during the COVID-19 PHE. These codes designate three different time increments of telephone evaluation and management service provided by a physician. You can bill for these physician services separately under Part B when furnished to a SNF’s Part A resident.”

In this bulletin CMS indicated that Medicare Administrative Contractors (MACs) will reprocess claims for CPT codes 99441, 99442 and 99443 with dates of service on or after March 1, 2020, that were denied due to SNF CB edits. Providers do not have to do anything unless they have already received payment from the SNF for these physician services. In this instance the provider will need to refund that payment to the SNF once the MAC reprocesses their claim.

Guidance

1. Determine whether payment has been received from the SNF and facilitate refund of the payment once the MAC has reprocessed the claim.
2. Monitor denied claims that should be reprocessed to ensure payment is received.



Sources

1. <https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf> ■