

2021 Medicare Coverage and Payment for Audio Only Services (Telephone E/M)

KEY TAKEAWAYS

- Before the public health emergency (PHE), audio-only technology (phone calls without two-way synchronous video) did not qualify for payment under Medicare.
- During the PHE, to minimize exposure to the COVID-19 virus and address broadband limitations, Medicare allowed payment for audio-only technology on a temporary basis.
- After the PHE, CMS will not pay for telephone E/M services.
- The AAMC strongly supports permanently extending payment for all audio-only services to allow greater access to care for underserved communities, including the elder population, ethnic and racial minorities, and those who do have access to quality broadband.

I. Background

Prior to the COVID-19 pandemic, the Medicare program paid for telehealth on a limited basis: when the patient is located in a rural area and receives the telehealth service in a clinic, hospital, or certain other types of medical facilities. In addition, Medicare required that for payment purposes telehealth services involve the use of an interactive audio and video communications system for communication between the medical professional and the Medicare beneficiary.

During the PHE, CMS established waivers and flexibilities that allow Medicare payment for telehealth services in all geographic regions, and locations, including the patient's place of residence. Additionally, Medicare will pay for audio-only (i.e. telephone services) for specific services (telephone evaluation and management, behavioral health counseling, or educational services). A list of these audio-only services is included in the Appendix at the end of this document. The audio-only services are reimbursed at the same rates as in person services.

These waivers and flexibilities have facilitated the widespread use of telehealth and other communication-based technologies. Teaching hospitals, teaching physicians and other health care providers have responded by rapidly implementing telehealth in their practices in order to provide continued access to medical care for their patients.

CMS stated in its final 2021 physician fee schedule rule that when the PHE ends, there will be no separate Medicare payment for telephone only E/M visits (CPT codes 99411-99443).

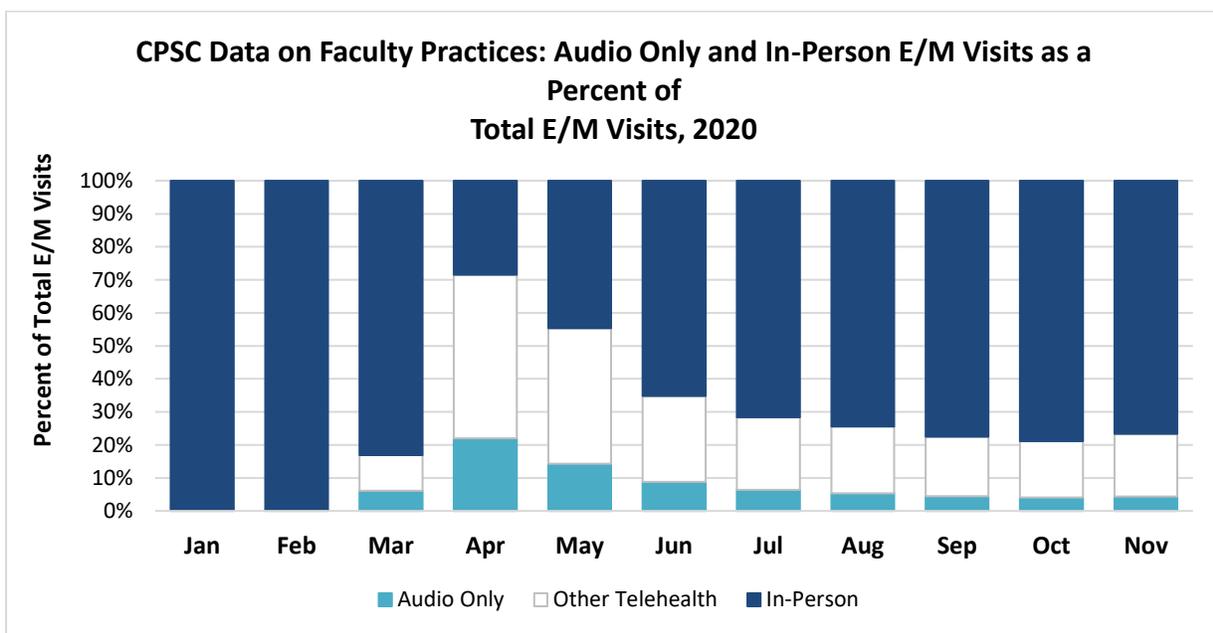
II. Use of Audio Only Services During the PHE

Audio-only services improve access to virtual care for patients who do not have access to the devices or broadband for audiovisual calls, are not comfortable with digital technology, or do not

have a caregiver available to assist them. During the PHE, coverage and payment for audio-only calls has been critical to ensure access to care for some patients. Physicians have been able to provide a wide array of services efficiently, effectively, and safely to patients using the telephone. Examples of services include taking medical histories, ordering or following up on lab and imaging tests, monitoring symptoms, and starting medications. Through the use of telephone calls, providers have been able to triage many patients with respiratory symptoms who are suspected of having COVID-19.

Data from the Clinical Practice Solutions Center (CPSC)¹, which contains claims data from 90 physician faculty practices, shows that approximately 30% of telehealth services were provided using audio-only telephone technology in April and May 2020. The proportion of telephone/audio-only visits increased with the age of the patient, with 17% of visits delivered via audio-only interaction for patients 41-60 years of age, 30% for patients 61-80 years of age, and 47% of visits for patients over 81.

The graph below, which shows claims from 70 physician practices in the CPSC database shows a comparison of the telephone E/M codes (99441-443) (which are audio only) to in person E/M services and to E/M services provided using audio/video technology. This table does not include all audio only services that were provided since the focus is on E/M only.



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² AAMC analysis of physician and non-physician claims billed by Faculty Practice Plan members of the Clinical Practice Solutions Center. The Clinical Practice Solutions Center (CPSC) is a jointly owned product of the Association of American Medical Colleges (AAMC) and Vizient that collects billing data from member practice plans to provide benchmarks and help them improve performance. 70 CPSC members had shared their claims data through November at the time of this analysis (March 2021). Claims were analyzed across all applicable places of

CMS also released data showing that nearly 1/3 of Medicare beneficiaries received telehealth by audio only telephone technology from March through June 2020.³ Patients in rural areas and those with lower socio-economic status are more likely to have limited broadband access or may not have access to the technology needed for two-way audio-visual communication. One-quarter of Medicare beneficiaries have neither a smartphone nor a highspeed Internet connection. The Pew Research Center found that about a third of adults with household incomes below \$30,000 per year do not own a smartphone, and about 44% do not have home broadband services.⁴ For these patients, their only option to receive services remotely is through a phone. Without coverage and payment for these audio-only services, there will be inequities in access to services for these specific populations.

III. After the PHE: CMS Will Not Cover Telephone E/M after PHE But Establishes New Virtual Check In Visit

CMS states that it does not have the statutory authority to allow coverage for the telephone E/M services under the telehealth benefit because section 1834(m) of the Social Security Act requires Medicare telehealth services to use video technology outside of the PHE. CMS believes that during the PHE it has temporary authority to issue a waiver of the requirements of section 1834 (M) (including the video requirement) under section 1135(b)(8) of the Act as amended by section 3703 of the CARES Act.

Nonetheless, in the final 2021 final Medicare Physician Fee Schedule rule CMS recognizes outside the PHE there may be a continued need for coding and payment to reflect lengthier audio-only services to determine if an in-person visit is needed. Therefore, the Agency established coding and payment for a virtual check in with the physician or health care professional that would describe 11-20 minutes of medical discussion (HCPCS code G2252). It also provided “guardrails” as described in the code descriptor:

HCPCS code G2252, Brief communication technology-based service, virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.

IV. Audio-Only Legislation Introduced in Congress

service, specialties, and payers. “In-Person” includes all in-person claims with CPT codes 99201-5 or 99211-5. “Audio Only” includes CPT codes 99441-3. “Other Telehealth” includes all claims with CPT codes 99201-5 or 99211-5 plus a telehealth indicator, i.e. place of service equal to 02 and/or modifiers 95, GT, GQ, G0 on the claim.

³ ASPE Issue brief: Medicare beneficiary use of telehealth visits: Early Data from the Start of the COVID-19 Pandemic (7/18/2020); Health Affairs Blog; Early Impact Of CMS Expansion Of Medicare *Telehealth* During COVID-19. *Seema Verma*. July 15, 2020 (<https://www.healthaffairs.org/doi/10.1377/hblog20200715.454789/abs>)

⁴ Pew Research Center, Digital divide persists even as lower-income Americans makes gains in tech adoption (May 7, 2019) [Lower-income Americans still lag in tech adoption | Pew Research Center](#)

On December 18, 2020, Congressmen Jason Smith (R-Mo) and Tony Cardenas (D-Calif) introduced the Permanency for Audio-Only Telehealth Act [HR 9035](#), which would give CMS the authority to reimburse Medicare providers for evaluation and management services and mental and behavioral health services when provided using an audio-only platform for the telehealth visit. The Act would grant the Secretary of HHS the authority to add medical services for audio-only telehealth coverage. In addition to removing the technological restrictions, this legislation would also remove other barriers, including the geographic restrictions for telehealth. It would also allow telehealth to be provided to the patient while they are at home.

On May 20, 2021 Representative Jason Smith (R-MO) introduced [H.R.3447](#) to amend title XVIII of the Social Security Act to expand accessibility to certain telehealth services under the Medicare program. This bill will expand accessibility to certain telehealth services under the Medicare program including coverage of audio-only telehealth services after the COVID-19 public health emergency.

V. Moving Forward

To ensure access to medically necessary services, it will be important to allow separate payment for the telephone evaluation and management codes (99441-99443) and some of the audio only psychological and educational codes under Medicare in the future. While the establishment of HCPCS code G2252 to allow for longer virtual check-in visits is helpful, it does not adequately replace the level of services that could be reported using the telephone /E/M codes.

Initial reports suggest that lack of video services or discomfort regarding the use of video may particularly affect vulnerable populations, including the elderly, those with low socioeconomic status, and certain races and ethnicities. Eliminating coverage for these important audio-only services will result in inequities in access to services for these specific populations. Many services can be clinically appropriate when provided via an audio-only interaction, and that option should exist for these patients.

CMS has expressed concerns with fraud and abuse associated with the use of audio only services. To address these concerns, CMS could establish guidelines for the provision of these services, a framework to measure quality, privacy protections, and monitoring utilization. Going forward, further analysis should also be done to determine the resources that are involved in furnishing audio-only services outside of the PHE to identify appropriate payment rates for the future.

As an alternative to adding these services to the Medicare telehealth list, which has statutory requirements on the use of audio-video technology and originating site limitations, CMS should cover these telephone E/M services under the same authority it has used to pay for other communications technology-based services, such as virtual check-ins and remote technology. As part of its annual rulemaking for physician payments in the past, CMS has created payments for a number of telecommunications-based E/M services to patients in their homes, and in its first interim final rule on COVID flexibilities, CMS authorized payment for telephone-based E/M services using this authority.

Appendix

CPT codes For Audio Only Services Covered and Paid by CMS During PHE

Telephone E/M Services (99411-99443): CMS stated that telephone E/M visits would be reported using CPT codes 99411-99443 while the PHE is in effect. Given CMS's understanding that these services are furnished primarily as a replacement for care that would have been person or telehealth visit, payment for these codes is cross-walked to the CPT codes 99212, 99213, and 99214, respectively. Payment for these codes ranges from \$46-\$110.

Telephone Assessment and Management (Codes 98966-98968). In addition to telephone E/M services, CMS allows payment for codes that describe audio-only assessment and management services furnished by practitioners who cannot independently bill for E/M services (e.g. LCSWs, clinical psychologists, physical therapists, occupational therapists, speech language pathologists).

Behavioral Health CPT codes Audio-Only. There are a large group of behavioral medicine codes that may be provided via phone only, including developmental/behavioral screening, psychological/neuropsychological testing, testing evaluation services, test administration and scoring, and health behavioral assessment and intervention. A list is included below.

- Diagnostic Interview (90791, 90792)
- Psychotherapy (90832, 90833, 90834, 90836, 90837, 90838)
- Psychoanalysis (90845)
- Group Psychotherapy (90853)
- Family Psychotherapy (90846, 90847)
- Crisis Intervention and Interactive Complexity (90839, 90840, 90785)
- Neurobehavioral Status Exam (96116, 96121)
- Psychological Evaluation (96130, 96131)
- Neuropsychological Evaluation (96132, 96133)
- Psychological and Neuropsychological Test Administration and Scoring (96136, 96137, 96138, 96139)
- Health Behavior Assessment (96156)
- Health Behavior Intervention, Individual (96158, 96159)
- Health Behavior Intervention, Group (96164, 96165)
- Health Behavior Intervention, Family with patient (96167, 96178)
- Behavioral Screening (96127)
- Screening, Brief Intervention, and Referral to Treatment (G0396, G0397)

A complete list of the telehealth services that are covered during the pandemic, including audio-only services, is available on CMS's website at <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>. CMS provides information on which services will continue to be covered after the PHE ends.

Resources:

2021 Physician Fee Schedule Final Rule (December 28, 2020)

<https://www.govinfo.gov/content/pkg/FR-2020-12-28/pdf/2020-26815.pdf>

COVID Interim Final Rule (March 31, 2020)

https://s3.amazonaws.com/public-inspection.federalregister.gov/2020-06990.pdf?utm_campaign=pi+subscription+mailing+list&utm_source=federalregister.gov&utm_medium=email

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