

New CMS Changes to Billing for Audio Only - Retroactive to March 1, 2020 - Updated 5/11/20

* On April 30, 2020, CMS issued a new ruling permitting audio only telephone care for the following psychiatry codes: 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90853. The psychotherapy add-on codes are to be used with the E/M telephone codes, 99441, 99442, and 99443. CMS also announced they will increase payments for these E/M codes to match payments for similarly timed office and outpatient visits. Payments for these services have increased from the current range of about \$14-\$41 to the higher range of about \$46-\$110, and these payments are retroactive to March 1, 2020.

* When billing these services in addition to a psychotherapy service (90833, 90836, 90838), divide the time spent between the two codes according to the work performed, taking care not to count the same minute twice. And be sure to document the time spent on each service accordingly.

* Anyone providing care via audio AND video will continue to bill as they have been using the traditional E/M codes (see below - clarification on billing Medicare telehealth) with the 95 modifier.

* Clarification on billing Medicare for telehealth: When conducting a telemedicine encounter:

* By audio and video: use the same CPT codes as if the encounter were in-person

* By audio only: use any of the psychiatric services identified in the following list: 90785, 90791, 90792, 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90853. E/M services should be reported using the telephone E/M codes (99441-99443).

* For all telehealth services use the Place of Service (POS) that aligns with where your encounter would have occurred

* For new telepsychiatry encounters (both audio and video as well as audio only) provided to patients under the waiver that would have been office visits, psychiatrists should consider their office as the place of service (POS) and use the place of service code 11, just as you did when you were seeing your patients in person. If you are providing inpatient care, you should use the place of service you would ordinarily use for that place even though you are not actually there. You should use the same CPT codes you would use for an in-person encounter, and on the 1500 Claim Form you should add the modifier 95 after each CPT code to indicate the care was provided as telemedicine. These same directions should be applicable for most commercial payers as well. Please let APA know if your experience is different.

* Those psychiatrists who were previously providing telepsychiatry under Medicare's pre-waiver rules should continue to report this care as they always have with POS 02.

* For more information on telepsychiatry during COVID, see our Telepsychiatry blog <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-resources-on-telepsychiatry-and-covid-19?utm_source=Internal-Link&utm_medium=COVID-HUB&utm_campaign=Covid-19>.