

COVID-19 FAQ

10. Can ambulance services be reimbursed by Medicare for telehealth services? Can we bill practitioners for telehealth services we help them provide to our patients?

Date added: 4/1/20

<u>Answer</u>: As of the date of this FAQ, Medicare will <u>not</u> reimburse ambulance services directly for providing telehealth services. Right now, only licensed practitioners who provide **telehealth visits**, **virtual check-ins**, or **e-visits** bill Medicare for the telehealth service. But, during the Public Health Emergency, the Centers for Medicare & Medicaid Services (CMS) is allowing licensed practitioners to contract other providers, including EMS providers, for staff time during telehealth transactions. Ambulance services can bill the *practitioner* (NOT Medicare) for the EMT's or paramedic's services associated with the telehealth transaction.

What Should we Charge?

Below is chart from CMS of the types of telehealth services that practitioners can bill for, and the associated HCPCS/CPD Codes used to bill Medicare. EMS agencies would be best served to look at the amounts that practitioners can receive for telehealth services in setting their rates to charge to practitioners.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	systems between - CO406 CO409 (Follow up inpatient telebealth	
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	HCPCS code G2012 HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	 99421 99422 99423 G2061 G2062 G2063 	For established patients.