

Regulatory Changes in Telehealth Policy 2021

Overview

The Covid-19 pandemic expedited the expansion of reimbursement for telehealth over the last year and a half. With ongoing changes to policy and an increase in access to care, what is currently a temporary expansion in reimbursement policy, will likely see a more permanent shift. Prior to the pandemic, telehealth reimbursement was available to a limited number of eligible practitioners who could receive Medicare payment for a specific set of services and who could only service patients that had been treated in the last 3 years. The expansion of telehealth has led to evolutionary policy changes that no longer restrict health care providers or Medicare beneficiaries from receiving care anywhere in the country. Similarly, rural health clinics and federally qualified health centers are now able to provide telehealth services and receive reimbursement through Medicare. The increase in access to telehealth services and reimbursement eligibility has dramatically changed the landscape for patients and providers everywhere, but it is still unclear how much of this will remain once the health crisis is over.

Reimbursement Codes

Medicare Telehealth Visits Codes	Virtual Check-In Codes
99201-99215 G0425-G0427 G0406-G0408	G2012 G2010

	Practitioners who may bill independently	Practitioners who may not bill independently
Evisit Codes	99421 99422 99423	G2061 G2062 G2063
Audio Only Codes	99441 99442 99443	98966 98967 98968

Additional Resources

- [Medicare Telemedicine Health Care Provider Fact Sheet](#)
- [Telehealth Codes](#)
- [List of Telehealth Services](#)
- [Billing for Telehealth During COVID-19](#)
- [Commonalities for State Medicaid](#)

Please note that policy changes are ongoing and information provided here could change at any time. Please refer to the list of resources for updated information.