



Medicare to Reimburse for Telephone-Telehealth Visits



Yesterday the Centers for Medicare & Medicaid Services (CMS) announced a number of new policies to help physicians and hospitals during the COVID-19 pandemic which include Medicare coverage for telephone services, significant additions to the list of covered telehealth services such as emergency visits, and greater clarity on the use of remote patient monitoring for acute conditions like the novel coronavirus.

[See the CMS fact sheet on the new policies here.](#)

The Medical Association has been urging the Alabama Congressional Delegation to push CMS to make this policy change and we applaud CMS for these actions; however, while BCBS and Alabama Medicaid and some other payers are allowing the office visit codes for phone calls, **CMS is still mandating that regular office visit codes require audio AND video connection.**

For telephone for Fee for Service Medicare, you will need to use the following codes:

- 99441 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 5-10 minutes of medical discussion
- 99442 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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
- 99443 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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; 21-30 minutes of medical discussion

The Medical Association is still waiting on guidance for documentation, but it is recommended that medical decision-making and time be documented.

[Read the Full Alert from CMS](#)

Charting During the Coronavirus COVID-19 Pandemic

At the request of the Medical Association,
this article was provided by: Starnes, Davis, Florie, LLP



The world's memory of this virus will be different when lawsuits are filed two years from now and juries try the cases two to three years after that. The acuteness of the issues, the confusion, the limited resources and the changing daily directives will not be remembered in any meaningful detail. Accordingly, the Risk Management dogma that has always emphasized charting is more important now than usual. If the standard of care is judged as care "under the same or similar circumstances", and those circumstances are "delivering care in a COVID-19 pandemic", how will we show those circumstances in a 2025 jury trial? We recommend vigilant documentation.

Note: The language set forth herein is not a one size fits all. However, it does cover many situations that doctors are currently facing and will face in the future. This language in a chart will likely make a case easier to defend if the limitation of a resource arguably impacted a decision that led to a bad result.

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[Read the Full Story on NewsCenter](#)

Alternative Testing Methods for SARS-CoV2 (COVID-19)



The Alabama Department of Public Health (ADPH) has received numerous inquiries of late regarding the validity of some newly marketed diagnostic tests for COVID-19, in particular, serological tests, to detect the presence of antibodies to the COVID-19 virus. As a whole, these tests, although approved by the Federal Drug Administration (FDA) for distribution by commercial manufacturers, or development and use by laboratories, are not reviewed or validated by the FDA, nor do they have Emergency Use Authorization (EUA) before being made available for use.

[See the Full Alert Here](#)

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Understanding and Addressing the Global Spread of the COVID-19 Infection: A Clinician's Guide



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Updated Testing Sites and More Physician Resources

The Medical Association of the State of Alabama has compiled a variety of resources for physicians and health care providers on the latest news, research and developments, including COVID-19 testing sites and more.

[Visit the website here.](#)



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