



CMS Approves Increased Payments for Audio-Only Telephone Visits



In response to efforts by organized medicine, the Centers for Medicare & Medicaid Services (CMS) announced this afternoon that they will be increasing payments for audio-only telephone visits between Medicare beneficiaries and their physicians to match payments for similar office and outpatient visits. This would increase payments for these services from a range of about \$14-\$41 to about \$46-\$110, and the payments are retroactive to March 1, 2020.

This is a major victory for medicine that will enable physicians to care for their patients, especially their elderly patients with chronic conditions who may not have access to audio-visual technology or high speed Internet.

In addition to the efforts by organized medicine, the American Medical Association worked to spearhead the attached letter to HHS Secretary Azar and CMS Administrator Verma regarding increasing Medicare payment rates for telephone-based evaluation and management (E/M) codes. The letter sent on April 29 had 37 signers, including Alabama Senator Doug Jones and included the following requests:

- Increase Medicare payment rates for telephone-based evaluation and management (E/M) codes (99441-99443) to bring payments for these codes equal to Medicare's established in person visit codes (99212-99214) that will ensure that patients without advanced video-sharing capabilities are able to get care virtually, while helping to sustain physician practices.
- Immediately provide guidance to Medicare Administrative Contractors (MACs) to ensure that recent CMS guidance and rules are followed appropriately to enable the payment of telephone E/M claims.
- Provide Members of Congress with a briefing on CMS efforts to address this issue by May 8, 2020.

[See the Letter Here](#)

Summary for HRSA COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing and Treatment of the Uninsured

HRSA

COVID-19 Claims Reimbursement

to Health Care Providers and Facilities for Testing and Treatment of the Uninsured

As part of the FFCRA and **CARES Act**, the U.S. Department of Health and Human Services (HHS) will provide claims reimbursement to reimburse health care providers for testing uninsured individuals for COVID-19 and treating uninsured individuals with a COVID-19 diagnosis for dates of service or admittance on or after February 4, 2020.

HHS has contracted with UnitedHealth Group to administer the HRSA COVID-19 Uninsured Program on behalf of the Health Resources and Services Administration (HRSA), an agency of HHS. Providers can request claims reimbursement through the program electronically and will be reimbursed generally at Medicare rates, subject to available funding. To participate, providers must:

- Verify and attest that the patient does not have individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse them for COVID-19 testing and/or treatment for that patient
- Agree to not balance bill the patient
- Agree to program terms and conditions

Reimbursement will be made for qualifying testing for COVID-19 and treatment services with a primary COVID-19 diagnosis (except for pregnancy, when the COVID-19 code may be listed as

secondary), as determined by HRSA (subject to adjustment as may be necessary), including the following:

- Specimen collection, diagnostic and antibody testing.
- Testing-related visits including in the following settings: office, urgent care or emergency room or via telehealth.
- Treatment, including office visit (including via telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), acute inpatient rehab, home health, DME (e.g., oxygen, ventilator), emergency ground ambulance transportation, non-emergent patient transfers via ground ambulance, and FDA-approved drugs as they become available for COVID-19 treatment and administered as part of an inpatient stay.
- FDA-approved vaccine, when available.
- For inpatient claims, date of admittance must be on or after February 4, 2020.

Providers can begin signing up for the program on April 27, 2020. They can then begin submitting claims on May 6, 2020, and the earliest they will receive payment will be May 18.

[**Find More Information Here**](#)

COVID-19 QUESTIONS? GET ANSWERS & EARN CME.



As providers, physicians and members of the health care team want to do whatever they can to ensure the health and well-being of their patients. During the COVID-19 pandemic, the practice of medicine is facing challenges in delivering the best care amid government mandates and ever-changing public perceptions of the situation. At the Medical Association of the State of Alabama, we want to help by offering online COVID-19 CME courses (free for members).

Courses include:

- **PRIMARY CARE PHYSICIANS IN THE COVID-19 ERA**
- **PPE FOR PHYSICIANS: NEW, USED AND REFRESHED**
- **AN INFECTIOUS DISEASE DOCTOR'S SYMPTOMS OF COVID AND THOUGHTS ABOUT THE PANDEMIC**

Credits

The Medical Foundation of Alabama designates this enduring material for a maximum of .25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Association of the State of Alabama through the joint providership of the Medical Foundation of Alabama and the Medical Association of the State of Alabama. The Medical Foundation of Alabama is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

[HTTPS://WWW.ALAMEDICAL.ORG/COVID19](https://www.alamedical.org/covid19)

Advocacy Update



The Alabama Senate General Fund Committee this week met and approved a stripped-down

2021 budget that includes funding for the Maternal Mortality Review Committee. MMRC has been a Medical Association priority this session, and it applauds the chairman and committee for funding this much-needed program.

Just a few months ago, state leaders were optimistic the general fund budget for FY2021 would contain raises for various state employees and revenue increases for many agencies. But the coronavirus pandemic changed much of that.

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