Beginning March 2020 and continuing through the end of the current COVID-19 Public Health Emergency, the rules for providing telehealth services have been relaxed. CMS has approved the use of telehealth services for the Shared Decision Making visit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act.

What does this mean?
Ordering providers can provide the Shared Decision Making counseling via a telecommunication device rather than a face-to-face office visit. In centralized LCS programs in which an NP or other licensed provider performs the Shared Decision Making, the visit can be scheduled ahead of time and on a different day than the CT; this may improve efficiency in that the Shared Decision Making does not have to be scheduled with the CT.

How is the telehealth visit billed?
The telehealth visit for Shared Decision Making is billed as code G0296 along with the telehealth modifier 95. Specific documentation is required in the medical record such as:

**Telehealth Statement:** This visit was conducted with the use of an interactive audio and video telecommunication system that permits the real-time communication between patient and provider. The patient consent for this visit was obtained before the visit.

If the patient is not able, or has no access to a video platform, the visit can be conducted over the phone.

Who can provide Shared Decision Making via telehealth?
Only licensed independent providers can bill for the Shared Decision Making visit. This includes physicians, nurse practitioners and physician assistants.

Does Medicare pays the same amount for telehealth services?
Medicare pays the same amount for telehealth services as it would if the service were furnished in person.

Resources:
- [Medicare Telemedicine Health Care Provider Factsheet (March 17, 2020)]
- [HHS Telehealth Guidance & Information]
- [The Center for Connected Health Policy (CCHP)]