



# LUGPA Special Announcement

## IMPORTANT UPDATE

As you may recall, CMS expanded the availability of telemedicine services in its March Interim Final Rule. Although audio visual services were reimbursed at a higher rate, audio only continued to be paid much less. LUGPA’s advocacy team has been working diligently with other stakeholders to correct this imbalance, which is particularly relevant to our typically older population.

I’m very pleased to inform you that these efforts have been successful. Today, CMS issued new changes to its previously released Interim Final Rule which increased reimbursement for audio only services. Specifically, CMS states:

“Specifically, we are crosswalking CPT codes 99212, 99213, and 99214 to 99441, 99442, and 99443 respectively. We are finalizing, on an interim basis and for the duration of the COVID-19 PHE the following work RVUs: 0.48 for CPT code 99441; 0.97 for CPT code 99442; and 1.50 for CPT code 99443. We are also finalizing the direct PE inputs associated with CPT code 99212 for CPT code 99441, the direct PE inputs associated with CPT code 99213 for CPT code 99442, and the direct PE inputs associated with CPT code 99214 for CPT code 99443.”

Note that these services are not exempt from beneficiary cost sharing.

There are a number of other changes present in the rule; although at first glance these do not appear to be as relevant to LUGPA member practices, a more detailed read of the 256 page rule is underway.

LUGPA will continue to monitor legislative and regulatory developments and apprise you of changes as they occur.

Respectfully submitted,

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