

Health Care Futures Direct: Telehealth Expansion During the COVID-19 Public Health Emergency – March 2020

On Tuesday, the Trump administration and the Department of Health and Human Services announced an expansion of Medicare telehealth services, in an effort to reduce exposure and transmission of COVID-19 in clinical settings. While telehealth coverage under Medicare had been relatively limited in the past, from March 6, 2020 through the duration of the COVID-19 Public Health Emergency, CMS will expand Medicare's telehealth benefits on a temporary and emergency basis. Providers should be aware of the following key aspects of telehealth service expansion:

- CMS will pay for professional services in all parts of the U.S. and in all settings, including the patient's residence. Telehealth patients are no longer required to live in a rural area or receive telehealth services in a healthcare facility.
- A broader range of professionals will be permitted to deliver telehealth services to Medicare beneficiaries, including doctors, nurse practitioners, clinical psychologists and licensed clinical social workers.
- Telehealth may be used to manage new or existing patients remotely. An established, prior relationship with a patient is not required.
- CMS telehealth services are billed as if the service had been furnished in-person. The claim should reflect the designated Place of Service (POS) code 02-Telehealth, to indicate that the billed service was furnished from a distant site via telehealth.
- Telehealth services are paid by CMS pursuant to the Physician Fee Schedule at the same rate as in-person visits.
- Standard Medicare co-pays and deductibles apply to telehealth visits; however, providers have flexibility to reduce or waive co-pays and other out-of-pocket expenses.
- Telehealth services are not limited to patients with COVID-19 symptoms, and may also include preventive health screenings, common office visits and mental health counseling, among other services.
- The Department of Health and Human Services will waive HIPAA penalties for provider communication with patients through everyday technologies, such as FaceTime and Skype, provided there is a good faith effort to serve patients. While CMS currently requires providers to use interactive audio and visual telecommunication in conducting telehealth visits, this appears to be evolving rapidly, with many providers expanding their approaches to meet patient needs.
- Commonly used HCPCS/CPT Codes for telehealth services include:
 - 99201 – 99215: Office or other outpatient visits
 - G0425 – G0427: Telehealth consultations, emergency department or initial inpatient
 - G0406 – G0408: Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs
- Providers should also be aware of other options to rapidly advance initiatives during a national emergency, including the option of requesting an 1135 waiver (e.g. to exceed bed limits).

Telehealth adoption has expanded in recent years and has significantly improved access to healthcare services in rural communities. Health Care Futures believes that the COVID-19 emergency has the potential to lead to permanent changes that could increase access to telehealth services for seniors nationwide.

For more information please contact: Info@healthcarefutures.com

