eHI Explains

Medicare Telehealth
Reimbursement During COVID-19



Background: Through Congressional action, the Secretary of Health and Human Services (HHS) was granted the authority to waive underlying statutory restrictions on Medicare reimbursement of telehealth services during the COVID-19 public health emergency period. The Centers for Medicare and Medicaid Services (CMS) has implemented this flexibility through the issuance of waivers, as well as an interim final rule.

As health care facilities and provider practices look to protect their providers and

patients from COVID-19, telehealth provides a safe and effective option for providers to continue to treat patients from a distance. eHI has put together this FAQ document to help those who are implementing telehealth during this period.*



FAQs:

- 1. What services can be offered via telehealth and what is the reimbursement rate?
- a. You can find a full list of Medicare telehealth services <u>here</u>. Those services are reimbursed at the non-facility rate to ensure reimbursement is the same as if the service had been delivered in-person.
- 2. How long does the waiver last?
- a. All Sec. 1135 waivers expire when either the Department of Health and Human Services public health emergency period ends or when the president's national emergency declaration ends. At that point, the underlying statute goes back into effect meaning that, save for a few exceptions, Medicare telehealth services can only be reimbursed if a patient is located in a medical facility in a rural area. Congress would have to pass a law to allow for expanded telehealth reimbursement after the COVID-19 pandemic.
- 3. What providers can bill Medicare for telehealth services?
- a. During the COVID-19 emergency period, CMS is waiving limitations on the types of providers who can bill for telehealth services.¹

4. What if my patient doesn't have a device with audio and visual capabilities – or doesn't have enough broadband to support video?

a. CMS has allowed for the reimbursement of some telehealth codes using audio-only devices. For a list of these codes, click here. Unless otherwise indicated, Medicare telehealth services must be delivered using devices with both audio and visual capabilities. Further, CMS has provided some digital codes that do not require use of both audio and video. These include virtual check-ins, e-visits, and telephone evaluation and management codes.

5. As a physician, can I treat a patient in another state using telehealth?

a. It depends. CMS has waived the requirement that providers be licensed in the state where their patient is located for the purposes of Medicare reimbursement. The practice of medicine is still regulated at the state level, which means states individually had to act to waive licensing requirements. As a provider, you will need to look at the rules of the state where your patient is located. Even in states that have issued emergency licensure waivers, many have restrictions – like only for free service providers (i.e., the Red Cross).

6. What technology platforms can be used to offer telehealth services?

a. HHS' Office of Civil Rights issued enforcement discretion for the COVID-19 pandemic which allows providers to use remote communications technologies to offer telehealth services, even if those services may not fully comply with the HIPAA rules. ²

7. As a provider, do I have to charge a co-pay for telehealth services?

a. Similarly to OCR, HHS' Office of the Inspector General issued a notice of enforcement discretion stating that it would not subject providers to any OIG administrative sanctions – including civil monetary penalties and violations of anti-kickback or Stark statutes – for waiving patient co-pays for telehealth services. ³

8. Can providers only see patients that they've treated previously in an in-person setting?

a. No. During the COVID-19 period, CMS has waived requirements for existing patient/provider relationships.

9. Do patients have to consent prior to receiving telehealth services?

a. No. CMS has stated that beneficiary consent should not stand in the way of providing telehealth services. Annual consent may be obtained when a service is provided, not necessarily before.⁴

10. Can physical, occupational, or speech-language therapists bill for telehealth services?

a. Yes. On April 30th, CMS announced they would waive limitations on the types of providers who can bill for telehealth services – with a retroactive effective date of March 1. This allows for PTs/OTs/SLTs to bill for telehealth services.

11. Do providers have to be located in a facility or can they also be located in their home to provide telehealth services?

a. There are no restrictions on where a provider must be located to provide telehealth services.

*The answers contained in this FAQ document were compiled by eHI staff based off HHS guidance documents and regulations. For specific questions, please contact CMS.

- ${\tt 1\,https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html}$
- $2\ https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html$
- $\underline{3.\ https://oig.hhs.gov/fraud/docs/alerts and bulletins/2020/policy-telehealth-2020.pdf}$
- 4. https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

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