

Medicare Telehealth Coverage Expansion During COVID-19 Public Health Emergency

The Centers for Medicare & Medicaid Services (CMS) has announced major temporary expansions to existing telehealth policies under Medicare to eliminate major regulatory barriers around telehealth and enable patients to communicate with their doctors remotely during this national emergency. Further CMS has also revised Emergency Medical Treatment and Labor Act (EMTALA) guidelines to address telehealth. Found below are the major changes, which are now in effect.

Original Policy	Temporary Flexibilities Provided
<p>Geographic and “Originating Site” Restrictions:</p> <p>Medicare has only allowed telehealth services to be performed in rural areas of the country. Further, Medicare beneficiaries must travel to certain health care facilities such as a physician’s office, skilled nursing facility or hospital for the visit.</p>	<p>Geographic and “Originating Site” Restrictions:</p> <p>Telehealth services can be provided in all areas (not just rural), and any Medicare beneficiaries can receive these services from any location, including their homes.</p> <p>This applies to both new patients and those with whom the furnishing physician has a pre-established relationship.</p>
<p>Technology Requirements:</p> <p>Telehealth services were required to be delivered via a two-way, real-time interactive communication, with only a few exceptions.</p>	<p>Technology Requirements:</p> <p>Telehealth services can be delivered through the use of telephones that have audio and video capabilities.</p> <p>HHS is waiving penalties for Health Insurance Portability and Accountability Act (HIPAA) violations against health care professionals that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype.</p> <p>CMS will also reimburse for audio-only telephone calls. However, these are not considered telehealth services and have separate codes: (CPT codes 98966-98968 and CPT codes 99441-99443).</p>
<p>Beneficiary Cost Sharing:</p> <p>Cost-sharing by Medicare beneficiaries for telehealth services was the same as if they were performed in-person.</p> <p>Physicians were not permitted to waive cost-sharing for specific beneficiaries, as it is a potential violation of the Federal anti-kickback statute.</p>	<p>Beneficiary Cost Sharing:</p> <p>HHS is providing flexibility for health care professionals to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.</p>

Original Policy	Temporary Flexibilities Provided
<p>EMTALA: Medical screening exams (MSEs) must be conducted in-person</p>	<p>EMTALA: MSEs can be conducted via telehealth. Qualified health care practitioners providing the telehealth service may be on the hospital's campus or offsite (due to staffing shortages). The use of telehealth to provide screening of individuals who have not physically presented to the hospital for treatment does not create an EMTALA liability.</p>
<p>Telehealth Services List: The Medicare-approved list of telehealth services (codes) are mostly cognitive services delivered in the office and outpatient settings. Emergency department (ED) evaluation and management (E/M) codes (CPT codes 99281-99285) are NOT on the list of approved Medicare telehealth services. Under Medicare rules, services provided in the ED must have the place of service code (POS) 23, which limits the E/M codes emergency physicians can bill to these codes</p>	<p>Telehealth Services List: Emergency physicians can perform telehealth services from any location, including the ED. CMS added the ED E/M codes (CPT codes 99281 to 99285), the critical care codes (CPT codes 99291 and 99292), and the observation codes (CPT codes 99217-99220, 99224-99226, and 99234-99226) to the list of approved Medicare telehealth services for the duration of the COVID-19 national emergency. The place of service code for emergency telehealth services is the same as what would be used if the services were delivered in-person (for the ED codes, the place of service is 23). Include modifier 95 to each claim.</p>
<p>Licensing and Credentialing: Currently there are regulatory barriers that restrict the ability for physicians to get licensed and credentialed in multiple states so that they can provide telehealth services to patients across state lines</p>	<p>Licensing and Credentialing: CMS has issued a temporary waiver to allow physicians who are licensed in one state to provide services to a patient another state. This applies to Medicare and Medicaid, and certain conditions apply. Further, in order for the waiver to be effective, the state where the physician is performing the telehealth service must also waive its licensure requirements. CMS has not addressed the issue of credentialing with respect to telehealth and has pointed out that this is within the jurisdiction of the states to address.</p>