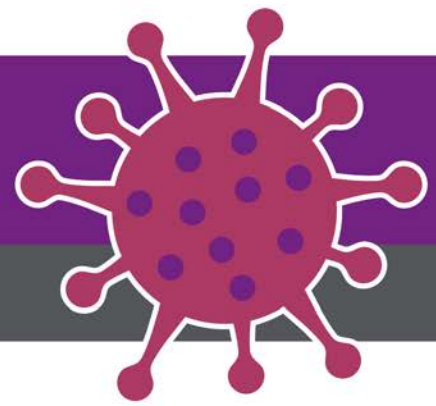


CORONAVIRUS DISEASE 2019 (COVID-19)

Expanded Medicare Telehealth Services



Audience: Ministry Leadership, MGPS and Revenue Excellence Colleagues

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Expanded Medicare Coverage and Payment for Telehealth Services

On March 17, the Centers for Medicare and Medicaid Services (CMS) announced broadened access to telehealth/telemedicine services for Medicare beneficiaries in response to the Coronavirus COVID-19 outbreak. The details of the expanded coverage can be found in the following documents issued by CMS:

Medicare Telemedicine Health Care Provider Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Medicare Telehealth Frequently Asked Questions: <https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

Health and Human Services (HHS) Office of Civil Rights (OCR), which enforces the HIPAA privacy laws, also announced on March 17 that, effectively immediately, it will waive potential HIPAA penalties for good faith use of telehealth during the nationwide public health emergency due to COVID-19. HHS OCR's announcement is located at:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Key Points to Note

- **Temporary waiver:** CMS is temporarily waiving certain Medicare telehealth coverage requirements during Public Health Emergency declared by the Secretary of Health and Human Services (HHS) on January 31, 2020. **The waiver will end once the COVID-19 Public Health Emergency ends.**
- **Medicare Payment:** Starting March 6, the waiver temporarily removes the originating site and geographic requirements (e.g. rural areas) for telehealth services. Under the waiver, **Medicare will pay for telehealth services** provided to all Medicare beneficiaries **in all areas of the country**, in any health care facility (physician office, hospital, nursing home, etc.), **and in the patient's home.**
- **All types of services:** Telehealth services are not limited to the diagnosis and treatment of medical conditions related to COVID-19, but also include common office visits, mental health counseling, and preventive health screenings. The intent of the waiver is to help ensure Medicare beneficiaries, at higher risk for COVID-19, can visit their providers from their home, without putting them or others at risk.

- **Technology:** HHS OCR's announcement allows providers to use any non-public facing remote communication product that is available to communicate with patients during the health emergency. Examples include video chat applications such as Face Time, Messenger and Skype that connect a provider or patient's phone or desktop computer. Public facing video communication applications such as Facebook Live, Twitch, and TikTok are prohibited for use of telehealth services.
- **Three types of services:** There are 3 main types of virtual services that physicians and other professionals can provide to Medicare beneficiaries as described in the table below. Trinity Health providers should bill in accordance with the type of service rendered. Refer to the CMS Fact Sheet for further details.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPSCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 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) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPSCS code G2012 • HCPSCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99431 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

- **New Patients:** As noted in the table above, to the extent Medicare requires that a patient have a prior established relationship with a provider to provide a Telehealth Visit (as defined), HHS announced it will not conduct audits to enforce such requirements during the COVID-19 Public Health Emergency.
- **Cost Sharing Waivers:** HHS Office of Inspector General also announced on March 17 that it will allow health care providers the flexibility to reduce or waive cost-sharing for telehealth visits paid by federal health care programs during the Public Health Emergency without risking administrative sanctions.

Medicaid and Commercial Payers

- The CMS waiver expanding telehealth coverage applies to Medicare. However, CMS also issued guidance on March 17 encouraging state Medicaid programs and commercial insurers to expand and clarify policies for telehealth. Please watch for additional announcements from your state Medicaid plans and commercial payers in the coming days.