

CMS Regulation: 85 FR 66 – Published 4/6/2020

Impacts to Telemedicine

80 New CPT/HCPCS Codes Added to Approved Telehealth List

- Codes added cover the following treatment categories:
 - ED Visits
 - Initial and Subsequent Observation and Observation Day Discharge
 - Initial and Subsequent Hospital Care and Hospital Discharge Day Management
 - Initial and Subsequent Nursing Facility Visits and Nursing Facility Discharge Day Management
 - Critical Care Service and Consultation Services
 - Domiciliary, Rest Home, or Custodial Care Services
 - Home Visits
 - Inpatient Neonatal and Pediatric Critical Care
 - Initial and Continuing ICU Services
 - Care Planning for Patients with Cognitive Impairment
 - Group Psychotherapy
 - ESRD
 - Pysch and Neuropsych Testing
 - Therapy Services
 - Radiation Treatment Management Services
 - See Updated List of services: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Telehealth Visits Billed as Face to Face (F2F)

- In light of continued resource utilization by physician practices during the pandemic, CMS is now instructing to providers to bill telehealth services in the same manner as it would bill F2F services (where patients are located in their homes or other sites)
 - If physician practices in a private office, bill the non-facility rate
 - Physicians in HOPDs bill the facility rate
 - Place of Service (POS) is the location of billing practitioner
 - Requirement to enter Place of Service '02' for telehealth **is supplanted by requirement to append Modifier '95' to ALL claims billed using telehealth. All other aspects of the billing process should follow F2F Billing procedures.**

Direct Supervision Requirements Can Now Be Satisfied via Telehealth

- For certain procedures which require that supervising physician be located within the same physical premises of the clinical staff performing such procedures – this requirement can now be met with Audio-Visual Connectivity
- Directs utilization of this supervision modality to the “best judgement of billing practitioner”

RHCs and FQHCs

- These facilities can now bill visits as a distant site
- Audio Only visits are billed with HCPS G0071 and will be paid at \$24
- All other visits conducted via telehealth will be paid at a blended rate which is yet to be determined as of 4/6/2020
- ALL costs related to telehealth visits should be accounted for separately, as they will not be allowable costs (nor visits) for the Cost Reporting period(s) impacted

Telephone-Based Evaluation and Management Services

- Addition of certain CPT codes which can be provided via Audio ONLY
- Expanded list of practitioners to include clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists

Communication Based Technology Services (CBTS)

- These services include Virtual Check-Ins, On-line E/M and Remote Asynchronous Patient Communications (Store and Forward)
- Easing of restrictions include:
 - Removal of need for existing provider-patient relationships
 - Annual consent ONLY
 - Not required in advance and can be obtained by auxiliary staff under general supervision
 - Broadens the group of practitioners who can bill CBTS to include:
 - Clinical social workers, clinical psychologists, therapists and potentially others upon stakeholder requests

Waiver of Beneficiary Cost Sharing

- OIG has doubled down on its promise not to pursue audits nor fraud claims against entities for waiving part or ALL of beneficiary cost sharing during the pandemic when delivering the following services:
 - Services on the (revised) Medicare Telehealth List
 - Virtual Check-Ins
 - E-Visits
 - Monthly Remote Care Management
 - Monthly Remote Patient Monitoring

Remote Patient Monitoring (RPM)

- Can now be furnished to new AND established patients
- BOTH acute and chronic conditions are eligible for monitoring
- Only annual consent required

Increased Flexibility for Selecting Level of E/M

- Clinician can use EITHER Medical Decision Making or Time to determine level
- Only applies to Office/OP visits furnished via Telehealth

Expanded Use of Telehealth in LTC

- Home Health Agencies can now utilize remote patient monitoring and telehealth to provide services and may claim the costs as allowable A&G costs
- Hospice Care can be provided via telehealth to the extent practicable
 - Care Certification (Initial) Visit can be provided via telehealth

Expanded Use of Telehealth in Rehab

- 3 Face to Face (F2F) Visits per week requirement can be met via telehealth