COVID-19 Medicare Telehealth Waiver

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Agenda

1. **Medicare Telehealth Services** (20 minutes)
   a. Before the Waiver
   b. COVID-19 Emergency Waiver
2. **Medicare Virtual Services** (10 minutes)
   a. Virtual Check-ins
   b. eVisits
   c. Teleconsultations
   d. Remote Patient Monitoring
3. **Medicaid & Commercial Payers** (5 minutes)
4. **Engaging Seniors** (10 minutes)
5. **QUESTIONS** (and answers, hopefully) (15 minutes)

Medicare Reimbursement
Telehealth Services

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Before the Waiver

Section 1834(m)

1. **Geographic** - Patient must reside in rural area
2. **Location** - Patient must be physically present at healthcare facility when service is provided (facility fee)
3. **Service** – Coverage limited to CMS' list of approved telehealth services (CPT and HCPCS codes)
4. **Technology** - Must utilize telecommunications technology with audio and video capabilities that permits real-time interactive communication.

With Some Exceptions

- **Telestroke**
  - Effective 01/01/2019, geographic and location requirements do not apply to services furnished to diagnose, evaluate, or treat symptoms of acute stroke
- **Substance Use Disorder**
  - Effective 07/01/2019, geographic and location requirements do not apply to services relating to SUD and co-occurring behavioral health conditions
- **ESRD**
  - Effective 01/01/2019, geographic and location requirements do not apply to ESRD services relating to home dialysis
- **Medicare Advantage**
  - For 2020 plan year, MA plan may eliminate geographic and location requirements
- **Medicare Shared Savings Program**
  - Waiver of geographic and location requirements for ACO participants in risk models
- **CMMI Initiatives**

Coronavirus Preparedness and Response Supplemental Appropriations Act (03/06/2020)

- $8.3 billion in emergency funding for federal agencies to respond to COVID-19
- Expanded Secretary's authority under Section 1135 to waive telehealth geographic and location restrictions
- No authority to waive services and technology restrictions
  - Clarified telephone communication permitted, BUT ONLY IF it has audio and video capabilities that are used for two-way, real-time interactive communication.

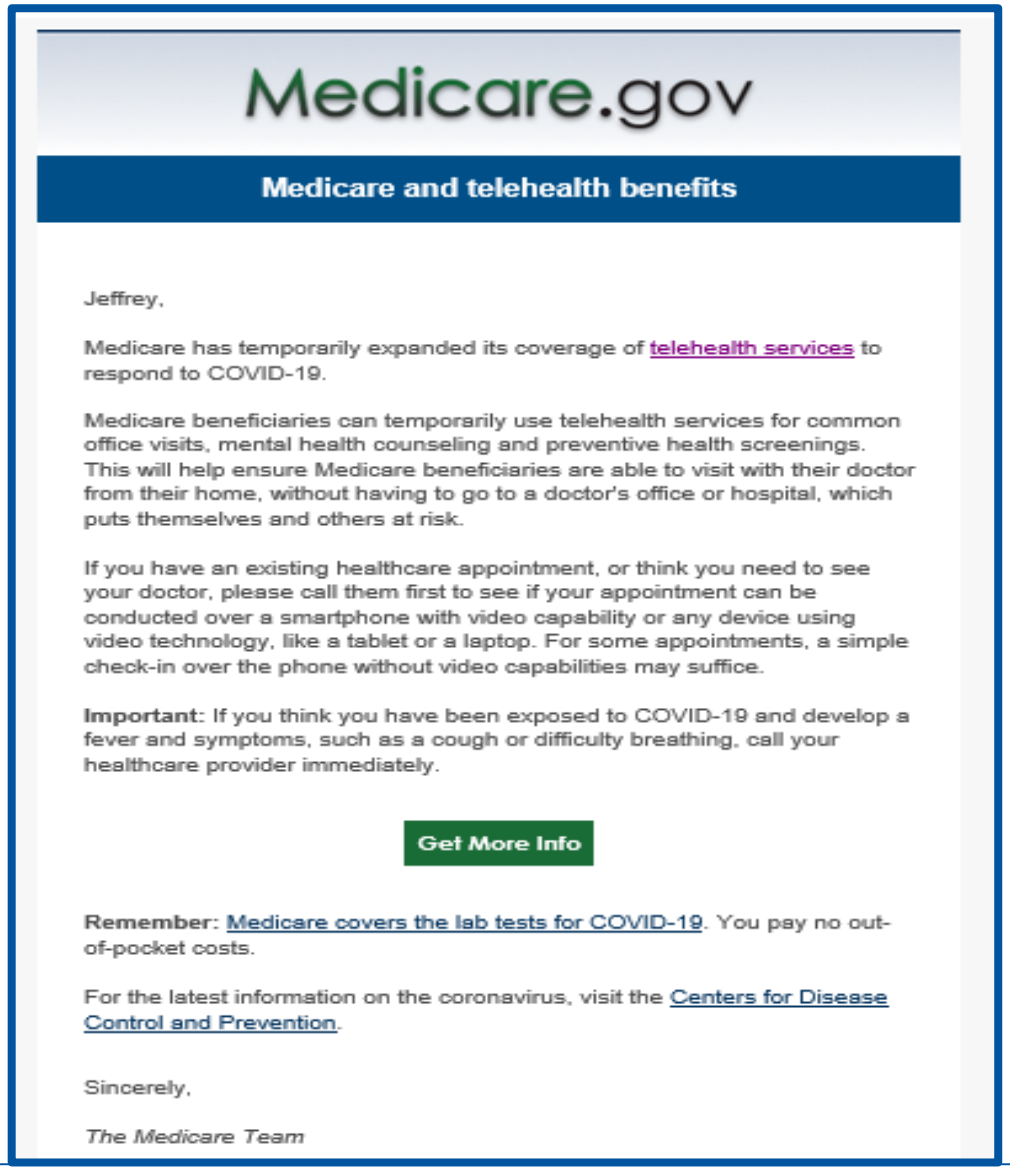
Telehealth Waiver – Key Documents

Key Documents To Date

- March 17 CMS Press Release
- March 17 CMS Fact Sheet
- March 17 CMS Frequently Asked Questions
- March 18 MLN Matters Special Edition Article
- March 20 CMS General Practitioner and ESRD Provider Telehealth and Telemedicine Tool Kits
- CMS CY20 Covered Telehealth Services
- OCR Notification of Enforcement Discretion (HIPAA)
- DEA Diversion Control Division – Telemedicine

Links to documents at **https://www.pyapc.com/covid-19-hub/**

March 18 - MyMedicare.gov e-mail



Medicare.gov

Medicare and telehealth benefits

Jeffrey,

Medicare has temporarily expanded its coverage of telehealth services to respond to COVID-19.

Medicare beneficiaries can temporarily use telehealth services for common office visits, mental health counseling and preventive health screenings. This will help ensure Medicare beneficiaries are able to visit with their doctor from their home, without having to go to a doctor's office or hospital, which puts themselves and others at risk.

If you have an existing healthcare appointment, or think you need to see your doctor, please call them first to see if your appointment can be conducted over a smartphone with video capability or any device using video technology, like a tablet or a laptop. For some appointments, a simple check-in over the phone without video capabilities may suffice.

Important: If you think you have been exposed to COVID-19 and develop a fever and symptoms, such as a cough or difficulty breathing, call your healthcare provider immediately.

Get More Info

Remember: Medicare covers the lab tests for COVID-19. You pay no out-of-pocket costs.

For the latest information on the coronavirus, visit the Centers for Disease Control and Prevention.

Sincerely,

The Medicare Team

Covered Services

- Services for established patients only
  - "HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency"
  - CARES Act would eliminate established patient requirement
- Services do not need to relate to COVID-19
- Services limited to CPT/HCPCS codes included on CY20 Covered Telehealth Services list
  - 99201-99215 (office or other outpatient visits); G0425-G0427 (ER & initial inpatient consults); G0406-G0408 (follow-up inpatient)
  - Also psychotherapy, preventive services
  - List does not include home visits (CPT codes 99341-99350); bill as outpatient office visit?

Prescriptions

- Controlled Substances Act prohibits practitioner from prescribing controlled substance absent in-person medical evaluation
- DEA waived this requirement during national emergency, provided:
  - Prescription is issued for legitimate purpose
  - Practitioner communicates with patient via telehealth using audio-visual, real-time, two-way interactive communication system
  - Act in accordance with applicable federal and state laws
    - May require waiver of state law

Providers

- If provider can bill on the MPFS for face-to-face service under own NPI, can bill for same service delivered by telehealth
  - Physicians
  - Non-physician practitioners
  - Clinical psychologists, licensed clinical social workers
  - Registered dieticians, nutrition professionals
- Incident to billing?
  - Non-institutional setting?
- Rural Health Clinics & Federally Qualified Health Centers cannot bill for telehealth services
  - Arrangement similar to RHC/FQHC physician furnishing ER services
  - CARES Act includes new RHC/FQHC telehealth reimbursement

Technology

- Real-time, interactive audio-visual communication technology
  - Audio-only (telephone) does not qualify
- OCR Notification of Enforcement Discretion
  - Will not impose penalties if, in good faith, use any ***non-public*** remote communication product
    - Yes: Apple Face-Time, Facebook Messenger video chat, Google Hangouts Video, Skype – enable all available encryption and privacy modes
    - No: Facebook Live, Twitch, TikTok
  - Encourage providers to notify patients applications potentially introduce privacy risks

Billing and Payment

- Place of Service Code 02
  - Use on *all* telehealth claims, regardless of provider or patient location
  - No modifier required (except those previously in effect)
    - Do not include CR (catastrophe/disaster related) modifier
- Submit claim to MAC serving practitioner's location (regardless of beneficiary location)
- Beneficiary cost-sharing applies; however, OIG permitting waiver
- Reimburse at facility rate for corresponding face-to-face service (but no corresponding facility fee)
- MA plan coverage

Licensure – Medicare Requirements

- Pre-waiver rule: practitioner must be licensed at originating site
- CMS issued Section 1135 blanket waiver regarding licensure requirement
  - March 2019 guidance requires practitioner to come to the state for purposes of providing emergency services

Licensure – State Law

- Most states require licensure to treat individuals in the state via telehealth
- Interstate Medical Licensure Compact (29 states)
  - Offers streamlined application process for eligible practitioners
  - Subject to applicable rules in each state in which physician elects to treat patients + rules adopted by Interstate Medical Licensure Commission
- COVID-19 state law waivers
  - Center for Connected Health Policy
  - Terms of waiver vary (*e.g.*, Kansas requires written notice to the State Board of Medicine, only applies to physicians)

Medicare Reimbursement
Virtual Services

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What's a Virtual Service?

- CMS interprets 1834(m) as applying only to services typically provided face-to-face
- Now creating new reimbursement for technology-based provider-patient interactions

Virtual Check-Ins (Telephonic)

- New reimbursement effective 01/01/2019
- HCPCS G2012/G0071 (FQHC/RHC) (~$13.00)
  - Brief communication technology-based service by physician or other qualified healthcare professional provided to established patient, not originating from related E/M service provided within previous 7 days nor leading to E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- Challenges
  - Established patient only
  - Must document patient consent
  - No waiver copayment/deductible

NOTE: No Medicare reimbursement for telephone E/M (CPT 99441 to 99443)

eVisits

- New reimbursement effective 01/01/2020
  - Minimal CMS guidance
- Patient-initiated communication via HIPAA-compliant platform (patient portal, secure messaging)
- Must document verbal consent
- No waiver of copayment or deductible

CPT Code	Cumulative Time (over 7-day period)	2020 National Payment Rate (non-facility)
CPT 99421	5-10 minutes	$15.52
CPT 99422	11-20	$31.04
CPT 99423	21 or more	$50.16

Internet Consultations

- New reimbursement effective 01/01/2019 for treating physician – consultant interactions
- Requires documented patient consent
- CPT® 99452 – Treating Physician ($35.59)
  - Minimum of 16 minutes (no double-counting time spent on other billable service)
  - If spend more than 30 minutes, report non-face-to-face prolonged service codes (CPT 99358, 99359)
- CPT ® 99446 to 99449 & 99451 – Consulting Physician
  - Five codes ranging from minimum of 5 minutes to 30+ minutes; reimbursement from $18 - $73
- CPT prefatory language includes several conditions, restrictions

Remote Patient Monitoring

- CPT 99453 ($18.77) – initial set-up and patient education
  - One time, practice expense only
- CPT 99454 ($62.44) – monthly monitoring fee
  - Each month in which provide at least 20 minutes of monitoring; practice expense only
  - Requires transmission + interactive communication
- CPT 99457 ($51.61/$32.84) and CPT 99458 ($42.22/32.84) – management services
  - 20 minutes (initial and add-on code) clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with patient/caregiver during the month
  - Furnished under billing practitioner's general supervision

Medicaid & Commercial Payers
Telehealth & Virtual Services

State Medicaid Programs

- Wide variation in Medicaid telehealth coverage prior to COVID-19 national emergency
  - Only 4% of Medicaid beneficiaries have used telehealth
  - Center for Connected Health Policy – Current State Laws and Reimbursement Policies
- Trump Administration encourages states to provide telehealth coverage
  - No federal approval required for State Medicaid program to reimburse telehealth services in same manner or at the same rate that program pays for face-to-face services
  - Otherwise, State must file a Disaster State Plan Amendment using recently-released template

Commercial Payers

- 40 states + DC have telehealth parity laws
  - Most require coverage, but not equivalent reimbursement
  - ATA's 2019 State of the States Report: Coverage and Reimbursement
- No centralized repository of commercial payer telehealth coverage, growing use of third-party vendors
- State action requiring state-regulated plans to provide COVID-19 telehealth coverage – Massachusetts
- Some plans voluntarily expanding emergency coverage

Engaging Seniors

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Eligible Originating Site

- General rule: Patient must be physically present at health care facility when telehealth service is provided.
- Rule under the current waiver: Telehealth services may be delivered when the Medicare beneficiary is in their home.
- Additional pathway available now: Telehealth facilitated by congregate care provider.
  - E.G. Assisted living could set up a room where patients could privately converse with doctors via computer. AL staff could assist with patient with using the technology.

People on the other end

- 16% of Medicare population is < 65 years; total of 8 million
- 10% of Medicare population is older than 85
- More than 50% of people age 75+ have hearing loss
- Of older adults with hearing loss, only 1/3 use a hearing aid
- Prevalence of cognitive impairment increases with age, including people with Alzheimer's disease and people with typical age-related cognitive decline
- People with cognitive impairment live at home, some alone

The Best Approach

- Ask. Do not make assumptions about a Medicare patient's ability or inability to use technology to communicate
- Remember. Family caregivers are essential supports for older adults.
- The older person who brings a daughter to a physical appointment will also rely on that daughter for a telehealth appointment
- Telehealth may provide an opportunity to include physically distant caregivers in a way not possible with in-person appointments
- Many older people will need someone to facilitate communication
- Telephone check-ins could work, but caution to also include family

Make Patients Comfortable

- Univ. of Michigan study, 2019: Older adults are more comfortable visiting a doctor's office than using telehealth. However, nearly half of seniors surveyed were willing to try.
- A 2011 survey of older adults' perceptions found 7 key factors to make older people comfortable:
  - Perceived usefulness
  - Effort expectancy
  - Social influence
  - Perceived security
  - Computer anxiety
  - Facilitating conditions
  - Physicians' opinion

Final Considerations

- Mobile phone apps such as FaceTime offer real promise
- PCs and laptop the more likely technology for facilitated telehealth appointments
- Knowing the phone number is essential
  - We encourage seniors not to accept calls from unidentified numbers
- My favorite anecdote from last week:
  - A colleague in LA provides in-home services to older adults
  - Many of these older people do not have thermometers in the house
  - Ask specific questions if you rely on home self-monitoring