POWER OF RURAL: FORWARD TOGETHER

Telehealth and Virtual Services

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Martie Ross, JD
mross@pyapc.com

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Telehealth vs. Virtual Services (Medicare)

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Telehealth

- Takes the place of what would otherwise be a face-to-face encounter

Virtual Services

- No equivalent face-to-face service; use of technology key component of service
- Care management; remote monitoring; virtual (telephonic) check-ins and e-visits (no related E/M service)

Medicare Telehealth Coverage Pre-COVID-19

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. **Provider –** Service must be provided by physician, non-physician practitioner, clinical psychologist, clinical social worker, registered dietician, or nutrition professional
5. **Technology** - Must utilize telecommunications technology with audio ***and*** video capabilities that permits real-time interactive communication**.**

Medicare Coverage Pre-COVID-19

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**
  - Beginning in 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**

Medicare Telehealth Coverage Expansion

1. **Legislative Action**
   - Authorized Secretary to waive Section 1834(m) requirements for duration of PHE
2. **CMS Interim Final Rules**
   - Suspends certain *service* restrictions for duration of PHE
     - Expands list of covered services
     - Eliminates frequency requirements
     - Permits use of telehealth for required face-to-face visits, direct supervision for incident-to billing, teaching physician presence
   - Suspends certain *provider* restrictions for duration of COVID-19 PHE
     - Waives Medicare state licensure requirement (but not state law requirements)
     - Permits therapists and S/L pathologists to provide covered services via telehealth
     - Permits FQHCs and RHCs to bill for telehealth services under HCPCS G2025
     - Permits billing for hospital outpatient department and critical access hospital (Method 1 billing) services furnished via telehealth
   - Authorizes payment for certain audio-only E/M services (CPT 98966-68, 99441-43)
   - Provides reimbursement for telehealth services at higher non-facility rates to compensate practices for telehealth-associated costs

Medicare Telehealth Coverage Expansion

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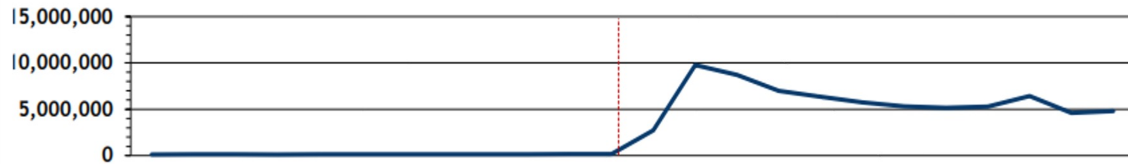
3. Other Agencies' Actions

- Office of Civil Rights Notice of Enforcement Discretion - Will not impose penalties if, in good faith, use any non-public remote audio/visual communication product
- Office of Inspector General Notice of Enforcement Discretion– Permits waiver of co-insurance
- Drug Enforcement Administration – Use of telehealth for in-person medical evaluation prior to prescribing scheduled II – V controlled substances

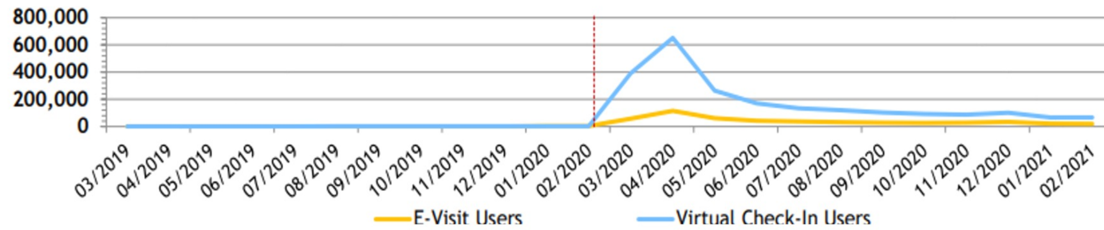
Utilization

Telemedicine Users: Pre-Pandemic and Pandemic Period				
	Total	Telehealth	E-visit[1]	Virtual Check-In
Pre-pandemic (March 1, 2019 - Feb 29, 2020)	**910,490**	892,121	5,220	14,088
Pandemic (March 1, 2020 - Feb 28, 2021)	**28,255,180**	27,691,878	367,467	1,601,033

Two Year Trend - Telehealth



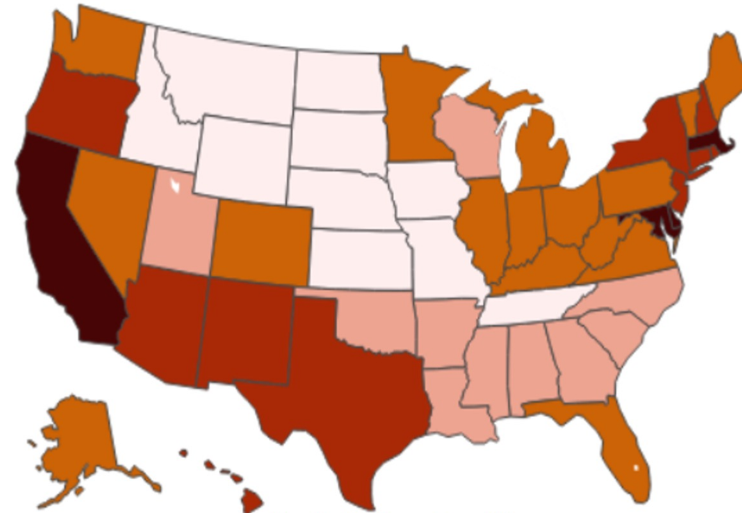
Two Year Trend - E-Visits and Virtual Check-Ins



28,255,180 Unique Telemedicine Users

53% of Medicare Users

Percentage of Medicare Users with a Telemedicine Service[1] by Geography



Rural Areas: **44%**

Urban Areas: **55%**

Map Scale: Percentage (%)

www.cms.gov/files/document/medicare-telemedicine-snapshot.pdf

Impact

- Telehealth follow-up was associated with lower 30- day readmissions than no timely post-discharge follow-up, but was associated with slightly higher 30-day readmissions than in-person follow-up.
  - CMS Data Highlight (January 2022) www.cms.gov/files/document/omh-data-highlight-2022-1.pdf

- Data suggests that telehealth expansions improved access to medication treatment and contributed to lower use of inpatient and/or emergency department visits among beneficiaries with OUD.
  - CMS Data Highlight (January 2022) www.cms.gov/files/document/data-highlight-jan-2022.pdf

The End is Near, But How Close Is It?

- Renewed through July 16
- HHS promises 60 days' advance notice (but probably not more)
- Legislative attempts to end PHE
- State and local PHEs
  - Some federal waivers tied to state pandemic plan
- Over before it's over
  - Discontinuation of certain waivers for skilled nursing facilities

Tele-Behavioral Health

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- Consolidated Appropriations Act, 2021 – eliminate geographic and location restrictions for diagnosis, evaluation, and treatment of mental health disorder
- Must have in-person, non-telehealth service by practitioner in same practice as billing practitioner within 6 months prior to initial telehealth service + each 12 months thereafter
  - Exceptions to the in-person visit requirement may be made based on beneficiary circumstances (with reason documented in beneficiary's medical record)
- May use audio-only communication technology (vs. audio/video required for other telehealth services) but only if -
  - Practitioner has audio/video capability + beneficiary lacks capacity or refuses to use video connection
    - Documented in medical record + include service-level modifier on claim

Telehealth Flexibility Extensions

Enacted March 15, 2022

- For 151 days post-PHE –
  - ✓ Continuation of waiver of geographic and location requirements
  - ✓ Continuation of reimbursement for therapist and S/L pathologist telehealth services
  - ✓ Continuation of reimbursement for audio-only services
  - ✓ Continuation of FQHCs and RHCs for telehealth services
  - ✓ Continuation of use of telehealth to recertify eligibility for hospice case
  - ✓ Delay in in-person requirement for initiation of tele-behavioral health services

Not Extended Post-PHE

- Billing for hospital outpatient department and critical access hospital (Method I billing) services furnished via telehealth*
- Waiver of requirement to be licensed in state in which patient receiving telehealth services is located*
- Use of telehealth to perform –
  - Required in-person visits (ESRD/home dialysis, nursing facility, home health)*
  - In-person medical evaluation for prescription of controlled substances*
  - Direct supervision for incident-to billing for in-person services (now extended thru 12/31/22)
  - For residency training sites within MSA, teaching physician presence for key portions of service
- Reimbursement at non-facility rate (return to use of POS 02; addition of POS 10)
  - Update Medicare enrollment to list practitioner's home?

* *Most likely requires legislative action*

Not Extended Post-PHE, Con't

- Telehealth frequency limits for subsequent inpatient visits (once/3 days), subsequent SNF visits (once/14 days), critical care consults (once/day)
- OCR/OIG enforcement discretion + DEA controlled substances waiver
- Reimbursement for the following as telehealth services

- Initial Nursing Facility Visits, All Levels (Low, Moderate, and High Complexity) (CPT 99304-99306)
- Initial hospital care (CPT 99221-99223)
- Radiation Treatment Management Services (CPT 77427)
- Domiciliary, Rest Home, or Custodial Care services, New (CPT 99324- 99328)
- Home Visits, New Patient, all levels (CPT 99341- 99345)
- Inpatient Neonatal and Pediatric Critical Care, Initial (CPT 99468, 99471, 99475, 99477)
- Initial Neonatal Intensive Care Services (CPT 99477)
- Initial Observation and Observation Discharge Day Management (CPT 99218 – 99220; CPT 99234- 99236)
- Medical Nutrition Therapy (CPT G0271)

  - Reimbursement for Category 3 telehealth services expires 12/31/23 (www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes)

Virtual Services

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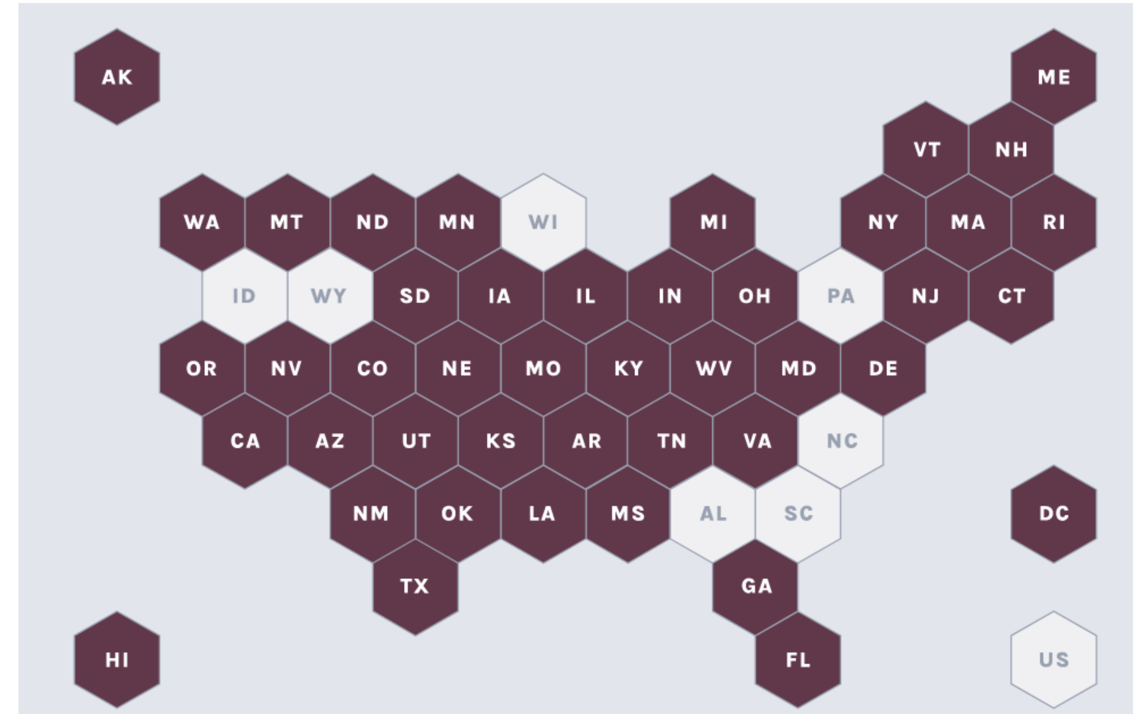
- Scope
  - Care management (CCM, Complex CCM, PCM)
  - Remote monitoring (RPM and RTM)
  - Virtual (telephonic) check-ins
  - e-visits
- For duration of PHE -
  - May provide services for new and established patients
    - Still must obtain consent at initiation of services
  - May waive co-insurance (CMP enforcement discretion extends to these services)
  - For remote physiologic monitoring, only 2 days of data collection required for COVID-19 patients (vs. 16 days)

Wyoming

- Medicaid coverage through the PHE
  - Limited post-pandemic coverage
- One of 7 states with no state parity law (coverage or payment)



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