

Practice Management Alert

Telehealth Services: Understand These Special Telehealth Regs for PHE

Pay attention to COVID-19-specific encounter and billing guidance.

You may have seen that meme making the rounds: "We're finally figuring out which meetings could have been emails after all." Telehealth has long been an increasingly attractive service mired in red tape and regulations. The COVID-19 pandemic and the consequent declared public health emergency (PHE) have made telehealth the go-to means of interacting with patients safely.

In a flurry of updates, the Centers for Medicare & Medicaid Services (CMS) has issued a series of press releases (March 17 and March 30), in addition to an interim final rule published in the Federal Register on April 6 (www.cms.gov/files/document/covid-final-ifc.pdf) that cuts the red tape, at least temporarily.

Background: Site locations used to be a major limiting factor. "Traditionally, under the Medicare program, professional telehealth services are restricted by statute to originating site locations, defined generally as healthcare facilities and physician offices, that are located in rural areas or outside of Metropolitan Statistical Areas (MSAs)," explain attorneys **Jacob J. Harper, Eric J. Knickrehm, and Scott A. Memmott** with international law firm Morgan, Lewis & Bockius LLP in the Health Law Scan blog. "Medicare beneficiaries generally would not be allowed to receive telehealth services in their home[s]." However, the Coronavirus Preparedness and Response Supplemental Appropriations Act (CPRSAA) "waived both of these requirements, enabling Medicare beneficiaries across the country, regardless of urban or rural location, to receive telehealth services, including in their home, from a doctor in a remote location directly through their smartphone or computer."

Important: Although the words sound similar and some payers or organizations may define each slightly differently, note these general definitions: "telehealth" is any health service provided through telecommunications and "telemedicine" is any clinical service provided through telecommunications.

Understand These Different Categories

Telehealth, telemedicine, and patient portal interactions between practitioner and patient via a virtual means of communication can be divided into four forms of service as defined by Medicare Part B:

- Medicare telehealth visits,
- Virtual check-ins,
- E-visits, and
- Remote monitoring.

Patients may communicate with a practitioner from a healthcare facility or now, under the COVID-19 exceptions, from within their own home, and the rural/urban restrictions no longer apply. However, in order for a visit to qualify as a Medicare telehealth visit, the patient must use "an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home," according to CMS in the March 17 press release (www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet).

Luckily, smartphones and applications provide viable technology for conducting encounters during the PHE. There are HIPAA-compliant apps that are integral to many electronic health record (EHR) systems, in addition to standalone apps, such as Doxy.me and Chiron. The COVID-19 expansions of services and HIPAA waivers now allow providers to use more common interactive applications such as Facetime and Skype. These services will be reimbursed at the same rate as an in-person visit. (See story, page 35, for PHE-current HHS guidance on currently acceptable apps.)

The following practitioners are eligible to perform and receive reimbursement for Medicare telehealth visits:

- Physicians,
- Nurse practitioners (NPs), and
- Physician assistants (PAs).

Services that require direct supervision by the physician may also be provided virtually, using real-time audio/video technology.

Note: Initially, when the COVID-19 exceptions came out, CMS indicated that the patient must have an established relationship with the provider for a telehealth encounter. But the March 30 press release and subsequent interim final rule indicate that practitioners may provide telehealth services to new patients, in addition to established patients. Find a general summary of the changes in an April 6 Dear Clinician letter:

www.cms.gov/files/document/covid-dear-clinician-letter.pdf.