Health Information Compliance Alert

Virtual Care: Understand the Basics of the COVID-19 Telehealth Expansion

Familiarize yourself with the 4 options.

If you're treading the COVID-19 waters with ramped up telehealth services, you may want to pocket this breakdown of the fundamentals of Medicare's telehealth expansion.

Details: Over the last few weeks, the **Centers for Medicare & Medicaid Services** (CMS) has issued a series of press releases and fact sheets (March 17 and March 30), in addition to an interim final rule published in the April 6 Federal Register to address the rapid spread of the COVID-19 virus. Many of the coverage and coding updates promote "flattening the curve" of the pandemic with telehealth expansions that safeguard vulnerable beneficiaries and boost providers' care options.

"These changes allow seniors to communicate with their doctors without having to travel to a healthcare facility so that they can limit risk of exposure and spread of this virus," explains CMS administrator **Seema Verma**. "Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries," Verma adds.

Read on for a review of four virtual service options available during this public health emergency (PHE).

See What CMS Considers 'Virtual Care' Under COVID-19

Medicare Part B breaks down virtual communications between beneficiaries and providers into four categories that CMS outlines in its initial March 17 fact sheet. The categories are:

- Medicare telehealth visits
- Virtual check-ins
- E-visits
- Remote monitoring

Because the four options are similar, it's easy to confuse or overlap the services. That's why it's critical you understand the nuances and what tools you'll need to implement the various options.

For example, you'll want to understand what's necessary to code a virtual service as a Medicare Part B telehealth visit. These visits are designated for patient encounters that would typically occur in-person. This would include an office visit, hospital visit, home visit for a homebound patient, or another form of face-to-face interaction with the provider.

Review the initial March 17 fact sheet at www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet.

Reminder: Semantics are important in distinguishing forms of communication between patient and provider. The term "telemedicine," as opposed to "telehealth," refers to communication using audio-only methodology.

Who Is Eligible Under the New Guidelines?

According to CMS guidance, the following Part B practitioners can perform and receive Medicare reimbursement for telehealth visits:

- Physicians,
- Nurse practitioners (NPs)

- Physician assistants (PAs)

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

Note: When CMS began expanding telehealth services to thwart the spread of COVID-19, the agency announced that patients must have an established relationship with their providers for telehealth encounters. However a March 30 press release and subsequent interim final rule published in the Federal Register on April 6 mention that clinicians may provide telehealth services to new patients, in addition to established patients.

Be Aware of These Important Telehealth Billing Updates

Report a typical Medicare telehealth visit, which simulates an E/M office/outpatient encounter, using the E/M office/ outpatient visit code range 99201-99215. However, the March 30 press release outlines more than 80 services that will qualify for Medicare telehealth billing.

- Some of these services include:
- Critical care
- Domiciliary, rest home, or custodial care
- Emergency department
- Home visits
- Initial nursing facility and discharge
- Inpatient neonatal and pediatric critical care

You can download the entire code list of covered telehealth services from CMS at www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

Resources Scope out the March 30 fact sheet at www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient and see the CMS interim final rule in the Federal Register at www.cms.gov/files/document/covid-final-ifc.pdf.

Disclaimer: Information related to COVID-19 is changing rapidly. This information was accurate at the time of writing. Be sure to stay tuned to future issues of Health Information Compliance Alert for more information. You can also refer to payer websites, CMS ([cms.gov](cms.gov)), CDC ([cdc.gov](cdc.gov)), and AAPC's blog (www.aapc.com/blog) for the most up-to-date information.