

COVID-19 Telehealth Service Changes

During the COVID-19 Pandemic the availability of telehealth services was expanded in order to further facilitate the provision of care beyond diagnosis and treatment for COVID-19. See the [Centers for Medicare & Medicaid Services \(CMS\) Telehealth changes video](#) and the [CMS Telemedicine Toolkit](#).

Below please find an overview of the key changes:

Topic	Telehealth Policy before COVID-19	Telehealth Policy after COVID-19
<i>Restrictions on Telehealth</i>	Under normal circumstances Medicare could only pay for telehealth on a limited basis: when the person receiving the service is in a designated rural area and typically when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service.	The Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123) included a waiver removing restrictions on Medicare providers allowing them to offer telehealth services to beneficiaries regardless of whether the beneficiary is in a rural community.
<i>Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC)</i>	Under normal circumstances, healthcare services reimbursed by Medicare must be provided by the RHC and FQHC in a face-to-face encounter between the healthcare professional and the patient.	During the period of the COVID-19 pandemic RHCs and FQHCs can serve as “distant site” telehealth providers and provide services via telehealth where such services otherwise would have been required to be provided in person.
<i>Services Available via Telehealth</i>	Under normal circumstances, a limited set of services are available via telehealth (i.e., providers may only bill codes authorized on the list of telehealth services).	During the period of the COVID-19 pandemic CMS will now allow for more services to be delivered via Telehealth . You can find the list of services here .
<i>Established Relationship Requirement</i>	Under normal circumstances, Telehealth services are limited to qualified providers who have furnished Medicare services to the individual in the three years prior to the telehealth service.	As written, the CARES Act requires the patient and provider to have an existing relationship for the waiver authority to apply. The U.S. Department of Health and Human Services has announced that it will use its enforcement discretion to not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
<i>Use of Everyday Communication Technology</i>	Under normal circumstances, when serving Medicare patients the provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.	The U.S Department of Health and Human Services waived potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies during the COVID-19 nationwide public health emergency. This exercise of discretion applies to widely available communications apps with two-way audio and video capabilities, such as FaceTime or Skype.

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<i>Flexibilities for Cost Sharing</i>	Under normal circumstances, practitioners are subject to administrative sanctions for reducing or waiving any cost-sharing obligations.	The <u>Office of Inspector General's (OIG)</u> in response to the COVID-19 pandemic notified physicians and other practitioners that they will not be subject to sanctions for reducing or waiving any cost-sharing obligations beneficiaries may owe for telehealth during the pandemic.
<i>Location of the Patient and Site Limitations</i>	Under normal conditions, a beneficiary must travel to an actual site of care – the originating site -- to receive telehealth services.	The Secretary has waived the geographical site restrictions on Medicare telehealth services to <u>allow beneficiaries to receive services wherever they are</u> during the emergency patients in their homes will be eligible for telehealth services.
<i>Services by Phone</i>	Under normal circumstances, telehealth can only be provided in rural areas with specific audio-visual equipment.	The waiver allows <u>telehealth services to be provided to Medicare beneficiaries by phone</u> , but only if the phone allows for audio-video interaction between the qualified provider and the beneficiary. For example, using the phone or smartphone with a shared link to enable video.
<i>Direct Supervision of Staff</i>	Under normal circumstances, direct supervision requires a physician to be present in the office suite and immediately available to furnish assistance and direction to supervised clinical staff.	During the period of the COVID-19 pandemic CMS is allowing physicians to <u>supervise their clinical staff using virtual technologies</u> when appropriate, instead of requiring an in-person presence.
<i>Remote Patient Monitoring (RPM)</i>	Under normal circumstances, Medicare coverage of RPM services is limited to patients with one or more chronic conditions.	<u>According to CMS Guidelines</u> RPM can be used for patients with both acute and/or chronic conditions, not just limited to patients with only chronic conditions. Additionally, RPM could be provided to new patients as well as established patients. <u>The FDA, on March 20, issued updated guidance</u> that allows for quicker entry into the market for digital remote monitoring equipment.
<i>Hospice Providers face-to-face</i>	Under normal circumstances, Hospice providers have to deliver services in person.	<u>Hospice providers</u> can provide services to a Medicare patient receiving routine home care through an expanded range of telehealth services for the duration of the pandemic.
<i>Home Health Agencies</i>	Under normal circumstances, Home Health Agencies can deliver some services in person.	<u>Home Health Agencies</u> can provide more services to beneficiaries using telehealth.