Medicare Telehealth Coverage During
the COVID-19 National Emergency

Under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act, CMS has expanded access to Medicare telehealth services for beneficiaries. This response is in an effort to ensure that all beneficiaries, particularly those at high-risk of complications, can maintain access to the care they need.

Key Takeaways

- Effective March 6, 2020
- Medicare can pay for office, hospital, and other visits furnished by telehealth, including in a patient's place of residence
- Qualified providers include:
  - Physicians, nurse practitioners, physician assistants and certified nurse midwives
  - Other practitioners, such as nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals as long as it is within their scope of practice and consistent with Medicare benefit rules Effective March 6, 2020
- Healthcare providers have the flexibility to waive cost-sharing for telehealth visits

Virtual Services

Virtual Check-Ins

- Brief communication service, by either phone or exchange of video or image, for patients to communicate with their provider and avoid unnecessary trips to their provider's office
- Must have an existing relationship with the patient
- Cannot originate from a visit within the previous 7 days nor lead to a procedure or visit within 24 hours
- HCPCS code G2012: Brief communication technology-based service, of 5-10 minutes of medical discussion, by a physician or other qualified health professional who can report e/m services
- HCPCS code G2010: Remote evaluation of recorded video and/or images, including interpretation with follow-up with the patient within 24 business hours

E-Visits

- Non face-to-face patient-initiates communication with a provider via online patient portals
- Must have an existing relationship with the patient
- Services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable

Telehealth Visits
- The use of interactive audio and video telecommunications system that permits real-time communication between a provider and patient
- Services can be furnished to beneficiaries in any healthcare facility and in their home
- Established prior relationship does not need to exist
- Service should be billed as if it was furnished in-person, but should reflect the designated Place of Service (POS) code 02-Telehealth

Additional Considerations
- Document in the health record that this is a telehealth visit
- Confirm and document the patient is physically in the state of Kentucky during the visit
- Encouraged to send consent to treat and HIPAA forms via email or patient portal

Health Insurance Portability and Accountability Act (HIPAA)

- Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communication technologies during the COVID-19 nationwide public health emergency.
- Covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype.
- Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.
- Covered health care providers that seek additional privacy protections should seek vendors that represent that they provide HIPAA-compliant products and will enter into a HIPAA BAA such as Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me, and Google G Suite Hangouts Meet. (This is not an exhaustive list; further, OCR and KY REC have not reviewed the BAAs offered and this list does not constitute an endorsement, certification, or recommendation.)

Additional Resources

CMS Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

CMS Frequently Asked Questions: https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

CMS Telehealth Toolkit for General Practitioners: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf