Chart: COVID-19 Telehealth Flexibilities

May 14, 2020

Telehealth Flexibility	Description	Expiration Date	Links *(Policy text*, FAQs, guidance, resources, etc.)*
Legislative Changes			
The Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (Phase 1)	Authorized the Centers for Medicare and Medicaid Services (CMS) to temporarily lift the existing geographic and originating site restrictions for furnishing telehealth services to Medicare beneficiaries.	N/A	P.L. 116-123
The Families First Coronavirus Response Act (Phase 2)	Made clarifying changes to the first package to ensure all Medicare beneficiaries have access.	N/A	P.L. 116-127
The Coronavirus Aid, Relief, and Economic Security (CARES) Act (Phase 3)	Temporarily removed the requirement that a beneficiary have a preexisting relationship with a provider to be eligible for services. It also allows HHS to waive the requirement that providers furnish telehealth services through audiovisual platforms. This allows beneficiaries to access providers solely through their telephones. Last, it adds broad authority for CMS to waive additional statutory telehealth restrictions during this and future public health emergencies (PHEs).	N/A	P.L. 116-136
Waiver of Geographic and Originating Sites (*WHG summary here*)			
Waiver of Geographic and Originating Site Restrictions	Under normal circumstances, Medicare providers may only bill for telehealth services if they are furnished within a limited number of approved sites of care (e.g., a physician's office, skilled nursing facility, or hospital), and if the recipient beneficiary is in an approved geographic region (i.e., in a rural area). Now, however, CMS will pay for Medicare telehealth services furnished to beneficiaries outside of rural areas, and in any facility (including in a beneficiary's home).	End of the Public Health Emergency (PHE)	CMS released an FAQ sheet accompanying the announcement of these new flexibilities.

Waiver of HIPAA-Compliance Regulations	HHS is applying enforcement discretion to now allow providers to provide telehealth communications remotely through common video communication applications (i.e., via non-public facing, two-way communication platforms that are not HIPAA-compliant). Examples of **temporarily permitted platforms** include technologies such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, and Skype. Examples of platforms that are **not permitted** under these temporary changes (i.e., public facing technologies) are Facebook Live, Twitch, and TikTok.	End of PHE	HHS OCR Announcement
Insurer Flexibilities			
Telehealth flexibilities for Medicare Advantage Plans	In guidance originally issued March 10 and updated on April 21, CMS outlined certain "permissive actions" plans may take during an emergency situation, including that Medicare Advantage (MA) plans may waive cost sharing for telehealth services, and expand coverage of telehealth services beyond those in the MA plan's CMS-approved benefit package.	End of PHE	Guidance for MA Organizations, Part D Sponsors, and Medicare-Medicaid Plans
Telehealth & HHS-operated Risk Adjustment Program for Individual/Small Group Plans	CMS clarified for health plan issuers in the individual and small group markets which telehealth services are valid for data submissions to the HHS-operated risk adjustment program.		CMS Guidance here.
Telehealth and MA Risk Adjustment	CMS is allowing Medicare Advantage Organizations to include telehealth diagnoses for risk adjustment payment.		CMS guidance here.
CMS First Interim Final Rule with Comment Period (IFC) **(*Issued March 31, 2020; WHG summary here*)**			
New Medicare Telehealth Services	CMS temporarily added several new services to the Medicare telehealth list, including services for emergency department visits, observation services, using facility visits, inpatient neonatal and pediatric critical care, and end-stage renal disease, among others.	End of PHE	A listing of all services temporarily added to the telehealth list is available here. CMS released a video answering common questions about the recent Medicare telehealth expansions.
Payment Parity	CMS adjusted payment for telehealth services to now match payment for in-person services. Under these temporary changes, providers can now report the Place of Service (POS) code they would normally report when billing for an in-person services when furnishing care via telehealth. This will incorporate the facility fee costs into the payment based on the facility in which the provider would have furnished the service.	End of PHE	

Audio-only Coverage for Certain Evaluation & Monitoring (E/M) Codes	CMS temporarily waived the requirement that certain evaluation and monitoring (E/M) services be provided through synchronous audio/visual platforms, meaning these services can now be provided via telephone-only platforms (CPT codes 98966-98968 and CPT codes 99441-99443).	End of PHE	
Virtual Check-ins for New Patients	CMS waived the requirement that a provider must have a pre-existing relationship to furnish virtual check-in services (HCPCS codes G2010, G2012) to a patient, meaning that providers can now furnish virtual check-ins to new patients.	End of PHE	
New Provider Types Eligible to Provide Telehealth Services & Beneficiary Consent	CMS is temporarily allowing licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists to provide certain communication technology-based services (HCPCS codes G2061-G2063), as well as certain remote evaluation and check-ins (G2010 and G2012). CMS also clarifies that auxiliary staff under general supervision can document consent to receive these services. While consent must be obtained annually, it may be obtained at the same time that a CTBS service is furnished.	End of PHE	
Remote Physiologic Monitoring for New and Established Patients	CMS will temporarily allow remote physiologic monitoring (RPM) services to be furnished to both new patients as well as to existing patients. In addition, CMS will allow verbal consent for RPM services to be obtained once annually, including at the time services are furnished, for the COVID-19 PHE, instead of requiring consent each time services are furnished. Last, CMS states that RPM codes can be used to monitor patients with acute and/or chronic conditions, including "a patient with an acute respiratory virus" (i.e., COVID-19).	End of PHE	
Frequency Limitations Lifted	CMS is removing the frequency restrictions that would otherwise exist for services on the Medicare telehealth list. The codes for which this applies are for subsequent inpatient visits and nursing facility visits. CMS also states it is lifting the once-per-day restriction on critical care consultations delivered via telehealth.	End of PHE	
ESRD "hands-on" requirement lifted	CMS is allowing the clinical examination of the vascular access site for end-stage renal disease (ESRD)-related services to be delivered via telehealth, temporarily lifting the face-to-face "hands on" requirement generally in place.	End of PHE	CMS released a toolkit for providers treating end-stage renal disease (here) collating key resources in answering telehealth-related questions. Dialysis facility fact sheet.
Physician Supervision Requirements	CMS is temporarily revising the definition of "direct supervision" to allow it to be provided using real-time interactive audio and video technology. CMS is also adopting similar changes for direct supervision of diagnostic services furnished directly or "under arrangement in the hospital or in an on-campus or off-campus outpatient hospital department."	End of PHE	

Home Health Agencies	While CMS remains statutorily prohibited from allowing a telehealth visit to substitute for a home health in-person visit, the agency will now allow home health providers to furnish a more expansive set of telecommunication system-based services in conjunction with in-person visits. The use of such services must be in alignment with the beneficiary's home health plan of care.	End of PHE	Home Health Agencies fact sheet.
Hospice	CMS will permit hospice providers to furnish telehealth for beneficiaries receiving routine home care if it is feasible and appropriate to do so to ensure Medicare beneficiaries can continue receiving services that are reasonable and necessary. CMS specifies that the use of telehealth must be included in the plan of care and must be tied to patient specific needs.	End of PHE	Hospices fact sheet.
Nursing Homes	CMS is allowing physicians and practitioners to meet the requirements for in-person visits with nursing home residents by conducting visits via telehealth.	End of PHE	CMS released a telehealth toolkit for long-term care nursing homes. Long-term Care Facility fact sheet.
IRF Face-to-face Requirement	Typically, for payment of inpatient rehabilitation facility (IRF) claims, CMS requires patients to receive face-to-face visits with a rehabilitation physician at least 3 days a week throughout their stay. During the public health emergency for the COVID-19 pandemic, CMS is allowing the face-to face visit requirements to be met via telehealth to protect Medicare beneficiaries and the rehabilitation physicians treating them.	End of PHE	Inpatient Rehabilitation Facility (IRF) fact sheet.
CMS Second IFC (Interim Final Rule with Comment Period) **(*Issued April 30, 2020; WHG summary here*)**			
Approved Providers	CMS has expanded the list of providers authorized to furnish telehealth services under Medicare to all practitioners eligible to bill Medicare for professional services. This now includes physical therapists, occupational therapists, speech language pathologists, and others.	End of PHE	CMS released a Medicare Learning Network (MLN) video explaining recent changes to Medicare coverage and payment for telehealth services.
Audio-only Services	Pursuant to new CARES Act authorities, CMS is expanding the list of telehealth services that providers may furnish via audio-only technologies (i.e., telephones). The list now includes additional evaluation and management services, as well as behavioral health counseling and educational services.	End of PHE	The full list of codes eligible for audio-only communication is available and indicated here.
Payment Parity for Audio-only Services	CMS is adjusting the relative value units (RVUs) for services furnished through audio-only means. This will in turn increase the reimbursement rates for services furnished through this modality.	End of PHE	
Hospital & Hospital Outpatient Department (HOPD) Telehealth Expansion	Hospital and Community Mental Health Center (CMHC) staff can furnish certain outpatient therapy, counseling, and educational services to a beneficiary in their home or other temporary expansion location using telecommunications technology if the beneficiary is registered as a hospital outpatient.	End of PHE	

	Hospitals may bill the originating site facility fee for the delivery of a professional service via telehealth to a patient registered as an outpatient. This includes when a patient is receiving care in his or her home.		
Remote Patient Monitoring (RPM) Qualifying Duration	CMS is now allowing RPM services to be reported to Medicare for periods of time fewer than 16 days of 30 days (but no less than two days). This is in response to several stakeholders reporting that many patients with COVID-19 do not require monitoring for as many as 16 days. This only applies to cases where patients have suspected or confirmed cases of COVID-19. CMS further states it is not altering the payment for associated CPT codes (99454, 99453, 99091, 99457, and 99458).	End of PHE	
Medicare Shared Savings Program (MSSP)	CMS is expanding the definition of primary care services in the MSSP for purposes of determining beneficiary ACO assignment to now include telehealth codes for virtual check-ins, e-visits, and telephonic communication.	End of PHE	
Opioid Treatment Programs (OTPs)	CMS is allowing OTPs to furnish periodic assessments via two-way interactive audio-visual communication technology or audio-only telephone calls, if the beneficiary lacks access to audio-video community technology, during the PHE.	End of PHE	
Teaching Physician Regulations	A teaching physician may not only direct the care furnished by residents remotely, but now also review the services provided with the resident, during or immediately after the visit, remotely through virtual means via audio/video real time communications technology. Additionally, CMS is adding additional services to the primary care exception so that Medicare may make PFS payment to the teaching physician for such services when furnished by a resident. Last, CMS revises its policy to specify that office/outpatient E/M level selection for telehealth services can be based on medical decision making (MDM) or time, with time defined as all the time associated with the E/M on the day of the encounter. CMS further clarifies that the times to use for level selection are those listed in the CPT code descriptor.	End of PHE	
Adding Codes to the Medicare Telehealth Services List	CMS will now use a sub-regulatory process to modify the services included on the Medicare telehealth list. CMS states it is doing so to expedite the addition of approved services, as the current mechanism for adding new services currently employs the standard notice and comment rulemaking process.	End of PHE	