



Delaware Valley ACO Telehealth Toolkit

COVID-19 Public Health Emergency: Telehealth Services

On March 17, 2020, CMS stated that it will immediately expand coverage for telemedicine nationwide. Under Section 1135 of the Social Security Act, CMS temporarily waives certain Medicare, Medicaid, SCHIP, HIPAA requirements. The waiver temporarily eliminates the requirement that the originating site must be a physician's office or other authorized healthcare facility and allows Medicare to pay for telehealth services for patients that are in their homes or any setting of care. The waiver is expected to expire when the underlying emergency/disaster declaration terminates.

What Practices Need to Know

Items that are temporarily waived/suspended through the blanket waiver

- Prior authorization requirements for fee-for-service programs
- Requirements that out-of-state providers be licensed in the state where they are providing services when they are licensed in another state (this applies to Medicare and Medicaid)
- Certain provider enrollment and revalidation requirements to increase access to care
- Requirements for certain pre-admission and annual screenings for nursing home residents

Telehealth Services Provided Under the Current Emergency Declaration

Telehealth services are paid under the Physician Fee Schedule (PFS) at the same amount as in-person services and the claim should reflect the designated Place of Service (POS) code 02-Telehealth. Medicare coinsurance and deductibles still apply for these services; however, the Health and Human Services (HHS) Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.



Delaware Valley ACO Telehealth Toolkit

Type of Medicare Service	What Does the Service Entail?	Billing (HCPCS/CPT Codes) Dates of service starting March 6, 2020	Who Can Provide Services	Patient Relationship with Provider
Telehealth Visits	<ul style="list-style-type: none"> • A visit/appointment between provider and patient via telecommunication systems <ul style="list-style-type: none"> ○ CMS allows for use of telecommunications technology that have audio and video capabilities that are used for two-way, real-time interactive communication • Examples: <ul style="list-style-type: none"> ○ Evaluation and Management Visits ○ Mental Health Counseling ○ Preventive Health Screenings ○ Prescription Refills ○ Chronic Care Management (e.g.- Diabetes Management) • CMS recommends the patient verbally consent to receive this service 	<p>Common Codes:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other Outpatient Visits) • G0425-G0427 (Telehealth Consultations, Emergency Department or Initial Inpatient) • G0406-G0408 (Follow-up Inpatient Telehealth consultation to patients in hospitals or SNFs) • Complete List of Codes: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes • Medicare coinsurance and deductible apply 	<ul style="list-style-type: none"> • Physicians • Qualified Health Care Professionals who can report evaluation and management services (Examples: Nurse Practitioners, Physician Assistants, etc.) 	<ul style="list-style-type: none"> • Established patients • New patients* <p>*HHS will not conduct audits to ensure a prior relationship between patient and provider existed for claims submitted during public health emergencies</p>
Virtual Check-Ins	<ul style="list-style-type: none"> • A brief (5-10 minutes) check-in with the provider via telephone or other telecommunication devices, such as video or images to decide whether an office visit or other visit is needed • The check-in is not related to a medical visit provided within the previous 7 days nor leading to a visit or procedure within the next 24 hours, or next available appointment • The patient must verbally consent to receive this service 	<ul style="list-style-type: none"> • HCPCS Code G2012 • HCPCS Code G2010 • Medicare coinsurance and deductible apply 	<ul style="list-style-type: none"> • Physicians • Qualified Health Care Professionals who can report evaluation and management services (Examples: Nurse Practitioners, Physician Assistants, etc.) 	<ul style="list-style-type: none"> • Established patients
E-Visits	<ul style="list-style-type: none"> • A communication between a patient and their provider through an online patient portal • The patient must generate the initial inquiry and communications can occur over a 7-day period • The patient must verbally consent to receive this service 	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 • Medicare coinsurance and deductible apply 	<ul style="list-style-type: none"> • Physicians • Qualified Health Care Professionals who can report evaluation and management services (Examples: Nurse Practitioners, Physician Assistants, etc.) • Qualified Non-Physician Health Care Professionals (Examples: Physical Therapists, Occupational Therapists, Speech Language Pathologists, Clinical Psychologists) 	<ul style="list-style-type: none"> • Established patients

Delaware Valley ACO Telehealth Toolkit

Key Takeaways

1. Telehealth Visits

- All telecommunications technologies that have audio and video capabilities for two-way, real-time interactive communication will meet the telehealth service requirement
- Patients in all areas of the country can receive telehealth services, including at their home
- Telehealth services are not only limited to services related to patients with COVID-19
- Medicare will make payments effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency for any professional services to patients in any healthcare facility and in their homes
- Visits are considered the same as in-person office visits and are paid the same rate as in-person office visits
- Telehealth visit claims should reflect the designated Place of Service (POS) code 02-Telehealth
- Can be provided by a non-public facing remote communication product that is available to communicate with patients
- The Department of Health and Human Services (HHS) will not conduct audits to ensure a prior relationship between patient and provider existed for claims submitted during public health emergencies
- CMS recommends the patient verbally consent to receive this service
- Medicare coinsurance and deductible would apply to these services

2. Virtual Check-Ins

- Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication
- This service is not limited to only rural settings or certain locations
- Services can only be reported when the billing practice has an established relationship with the patient
- Patients must verbally consent to this service. Providers can educate patients on the availability of the service prior to consent
- Medicare coinsurance and deductible would apply to these services

3. E-Visits

- Patients communicate with their providers by using online patient portals
- Individual services need to be initiated by the patient and communications can occur over a 7-day period. Providers may educate patients on the availability of the service prior to patient initiation
- This service is not limited to only rural settings or certain locations
- Services can only be reported when the billing practice has an established relationship with the patient
- Patients must verbally consent to this service. Providers can educate patients on the availability of the service prior to consent
- Medicare coinsurance and deductible would apply to these services

Delaware Valley ACO Telehealth Toolkit

Telehealth Services Updates from Our Other Payers

*Sources: Letters from Payers and below References

1. Aetna

- Will waive all copays for telemedicine visits for any reason for the next 90 days; until June 4, 2020
- Will waive copays and member costs for all COVID-19 diagnostic testing (including test kits) in accordance with the CDC guidelines at approved laboratory locations for all Commercial, Medicare, and Medicaid plans
- Cost sharing will be waived for all video visits through the CVS MinuteClinic app, Aetna-covered Teladoc offerings, and in-network providers delivering synchronous virtual care (live video-conferencing) for all Commercial Plan designs
- Will extend its Medicare Advantage virtual evaluation and monitoring visit benefit to all Aetna Commercial members as a fully-covered benefit
- Will waive early refill limits on prescription maintenance medications for all members with pharmacy benefits administered through CVS Caremark and will offer free home delivery of prescriptions medications from CVS Pharmacy

2. Humana

- Will waive out-of-pocket costs for telemedicine for all urgent care needs for the next 90 days for all Medicare Advantage, Medicaid, and Commercial HSA plans
 - MDLive- Humana's Urgent Care telehealth provider for all Medicare Advantage plans
 - Doctor on Demand- Humana's Urgent Care telehealth provider for Commercial plans
 - Urgent Care telehealth services delivered by a participating Humana provider using synchronous virtual care (live video-conferencing)
- Will waive out-of-pocket costs associated with COVID-19 testing in accordance with the CDC guidelines at approved laboratory locations
- Will allow early prescription refills; an extra 30- or 90-day supply as appropriate
- A customer service concierge line for members with questions related to the coronavirus and their coverage has been established
 - Members can call Humana's customer support line listed on the back of their member ID card for any questions
- Will temporarily reimburse for telehealth visits with participating/in-network providers at the same rate as in-office visits
 - To qualify for reimbursement, visits must meet medical necessity criteria and all applicable coverage guidelines
- For providers or members who do not have access to secure video systems, Humana will temporarily accept telephone (audio-only) visits. These visits can be submitted and reimbursed as telehealth visits
- Waive member cost share for all telehealth services delivered by participating/in-network providers to include
 - All telehealth services delivered by participating/in-network providers, either through audio or video
 - All telehealth services delivered through MDLive to Medicare Advantage members
 - All telehealth services delivered through Doctor on Demand to Commercial members



Delaware Valley ACO Telehealth Toolkit

- Both participating/in-network primary care and specialty providers can provide services using telehealth services, as long as CMS and state-specific guidelines are followed

3. United Healthcare

- Will waive deductibles, copays, and coinsurance for telehealth visits through designated telehealth partners
- Will waive copays, coinsurance, and deductibles for visits associated with COVID-19 testing in accordance with the CDC guidelines at approved locations through June 18, 2020, whether the care is received in a health care provider's office, an urgent care center, or an emergency department for Medicare Advantage, Medicaid, and Commercial plans
- Will allow early prescription refills for eligible UnitedHealthcare and OptumRx members through home delivery and select retail pharmacies



Delaware Valley ACO Telehealth Toolkit

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