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## To fight coronavirus, CMS unshackles telemedicine services in one stroke

In a single sweeping declaration, CMS is greatly expanding access to telehealth services as part of a government-wide effort to mitigate the growing coronavirus pandemic in the United States. As a result of the new policy, Medicare will pay for office and hospital visits rendered via telehealth across the country and in patients' homes, eliminating the requirement for specific originating sites. The agency will also allow a wider range of provider types to offer telehealth services, including clinical psychologists and licensed clinical social workers.

"There is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need," the agency states in a public fact sheet announcing the new policy. "Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread."

In an even more striking move, the HHS Office of Civil Rights (OCR) will waive penalties for any potential HIPAA violations by healthcare providers who use "everyday communications technologies such as FaceTime or Skype" during the coronavirus crisis.

Below is a bullet list of the changes, which ease a significant array of telehealth requirements that industry stakeholders had long considered overly onerous and a major obstacle to the widespread adoption of telehealth services.

- **Expanded sites include any healthcare facility and patient homes.** Previously, telehealth services were limited to certain types of "originating sites" such as a physician's office or hospital. Now Medicare will pay for professional services furnished via telehealth to patients "in all areas of the country in all settings," including in patients' homes.
- **Patients do not need to be established.** Telehealth services are normally limited to patients who are established to the rendering provider, but during the coronavirus public emergency, HHS "will not conduct audits to ensure that such a prior relationship existed."
- **Telehealth payment.** CMS will consider telehealth visits the same as regular, face-to-face visits and will pay them at the same rate. Medicare coinsurance and deductible amounts will apply to these services, however the HHS Office of Inspector General (OIG) will allow providers to reduce or waive cost-sharing for beneficiaries.
- **HIPAA penalties waived.** The HHS OCR will use its powers of discretionary enforcement to waive penalties for HIPAA violations against providers using non-secure communications platforms (including FaceTime and Skype) if they are serving patients "in good faith" during the nationwide health emergency posed by the coronavirus pandemic.

CMS also encourages providers to take advantage of two previously existing types of telehealth services, “virtual check-ins” and “e-visits” with the same goal of expanding patient access and to help relieve the pressure of in-person patient visits on providers and facilities.

**Virtual check-ins** are brief visits lasting 5-10 minutes that providers can conduct remotely using telecommunications or even a simple phone call. The check-in is intended to help determine whether an office visit or other service is needed. These services can only be applied to established patients and for medical issues that are not related to a visit within the previous 7 days and do not result in a medical visit within the next 24 hours. These services are billed using HCPCS codes G2012 for an interactive session and G2010 for a remote evaluation of patient-submitted images or video.

**Online e-visits** are for established patients who must initiate an inquiry with the provider using patient portals. E-visits can be billed for an inquiry and communications that occur over a single 7-day period. For Medicare patients, physicians would bill for these services using CPT codes 99421-99423 (time-based codes) while non-physician providers would bill using HCPCS codes G2061-G2063 (also time-based).

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