



CMS Telehealth Updates

TexLa Crossroads Presentation

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Background

- Specified by Section 1834 (m) of the Social Security Act and related regulations, Medicare telehealth services are services ordinarily furnished in person that are instead furnished via a telecommunications system and are subject to geographic, site of service, practitioner, and technological restrictions.
- In response to the PHE for the COVID 19 pandemic, CMS temporarily waived a number of these restrictions and adopted regulatory changes to **expand** access to Medicare telehealth.
- Before the COVID-19 public health emergency (PHE), only 15,000 **fee-for-service** beneficiaries each week received a Medicare telemedicine service
- Between mid-March and mid-October 2020, over 24.5 million out of 63 million beneficiaries and enrollees have received a Medicare telemedicine service during the PHE

Current Telehealth Flexibilities Under the PHE

- **Eligible Practitioners:** All health care practitioners who are authorized to bill Medicare for their professional services may also furnish and bill for telehealth services. This allows health care professionals who were not previously authorized under the statute to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth services.
- **Audio-Only Telehealth For Certain Services:** CMS has used its waiver authority to allow, beginning on March 1, 2020, telephone evaluation and management codes and certain behavioral health care and educational services to be furnished via telehealth using audio-only telephones.

Coronavirus Aid, Relief and Economic Security Act (CARES Act)

- On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) was signed into law
- Section 3704 of the CARES Act authorizes RHCs and FQHCs to furnish distant site telehealth services to Medicare beneficiaries during the COVID-19 PHE
- [New and Expanded Flexibilities for Rural Health Clinics \(RHCs\) During the COVID-19 Public Health Emergency \(PHE\) SE 20016](#)
- [COVID 19 Frequently Asked Questions \(FAQs\)](#)

Telemedicine Services Expansion

- Purpose:
 - 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
 - Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread
- Virtual services physicians and other health care professionals can provide:
 - Telehealth visits
 - Virtual check-in
 - Telephone visits

Telemedicine Services Defined

- Telehealth Visits:
 - A visit with a provider that uses telecommunication systems that has audio and video capabilities between a provider and a patient:
 - ✓ During the COVID-19 PHE CMS now allows audio only effective March 1, 2020
- Virtual Check-Ins:
 - A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by a new or established patient
- Telephone Services:
 - Non-face-to-face E&M services provided using telephone audio

2022 PFS Proposed Rule (Released 07/13/2021)

In the PFS proposed rule, CMS is reinforcing its commitment to expanding access to behavioral health care and reducing barriers to treatment. CMS is proposing to implement recently enacted legislation that removes certain statutory restrictions to allow patients in any geographic location and in their homes access to telehealth services for diagnosis, evaluation and treatment of mental health disorders. Along with this change, CMS is proposing to expand access to mental health services for rural and vulnerable populations by allowing, for the first time, Medicare to pay for mental health visits when they are provided by Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) to include visits furnished through interactive telecommunications technology. To further expand access to care, CMS is proposing to allow payment to eligible practitioners when they provide certain mental and behavioral health services via audio-only telephone calls from their homes when certain conditions are met. This includes counseling and therapy services provided through Opioid Treatment Programs.

CMS Newsroom Press Release

<https://www.cms.gov/newsroom/press-releases/cms-proposes-physician-payment-rule-improve-health-equity-patient-access>

CMS Newsroom Fact Sheet

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-proposed-rule>

Unpublished Final

<https://public-inspection.federalregister.gov/2021-14973.pdf>

Telehealth Resources

- <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>
- <https://www.cms.gov/files/document/se20016.pdf>
- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>



Thank you!

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