Telehealth Policy and Coverage During COVID-19 and Beyond

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Value of Telehealth

- During COVID-19
  - Allow patients to continue accessing care safely while minimizing contact with others
  - Help physicians care for patients while adhering to stay-at-home orders. Also help them keep practices open and maintain their staff.
- Ongoing
  - Address longstanding health inequities
  - Improve access to specialists in rural or underserved areas
  - Provide patients flexibility in how they receive care
  - Integrating high quality telehealth into physician practice (hybrid care) can improve overall quality of care.

Kevin McKinney, MD
Member since 1989

Medicare and State-Level Telehealth Policy During COVID-19

Medicare Telehealth Expansion During COVID-19

- March 6, 2020 coronavirus supplemental appropriations bill gave HHS Secretary authority to waive key restrictions on Medicare telehealth coverage if President declares Stafford Act emergency and HHS Secretary declares public health emergency (PHE)
- Secretary Azar declared the COVID-19 PHE exists Jan. 27, 2020, renewed every 90 days, most recent declaration effective Jan. 21, 2021 for 90 days
- March 13, 2020 the President declared COVID-19 emergency under the Stafford Act

Medicare Telehealth Expansion During COVID-19

- During PHE, physicians can provide telehealth to Medicare patients nationwide, not just in rural areas
- Originating site requirement waived so patients can receive telehealth services at home; do not need to go to medical facility
- Medicare payment rates increased to in-person office rates; previously telehealth paid ~ 30% less than office rate
- Telehealth and Remote Physiologic Monitoring (RPM) are covered for new and established patients
- RPM covered for acute and chronic conditions

Medicare Telehealth Expansion During COVID-19

- Telehealth services can be provided to new & established patients
- Frequency limits lifted for telehealth services provided to SNF and hospital patients
- 3/2020 law allowed any equipment with 2-way, real-time interactive communication to be used for telehealth, enabling use of smart phones
- Medicare Diabetes Prevention services able to be provided virtually, once-per-lifetime limit relaxed

Medicare Started Covering Audio-Only Visits

- CMS changed CPT codes for telephone evaluation and management services from non-covered to active, for new or established patients
- Helps patients who cannot engage in 2-way, real-time audio-video communication due to lack of connectivity, or not having, knowing how to use, or being comfortable with audio-video devices
- Payments for the three CPT codes for audio-only visits of 5-10, 11-20, or 21-30 minutes are equivalent to in-person established patient office visit codes

CMS Added Many Services to Medicare Telehealth List

- Emergency Department Visits
- Observation Care
- Hospital Admission & Discharge
- Nursing Facility Admission & Discharge
- Critical Care Visits
- Many Therapy Services
- Home Care
- Ventilator Management
- Ophthalmological Services
- ESRD Monthly Care
- Group Psychotherapy
- Radiation Treatment Management

Complete List of CPT and CMS Telehealth Services

CPT Coding Scenarios

DEA & SAMHSA: Telehealth and Other Flexibilities During COVID-19 PHE

- Controlled substance prescriptions may be based on telehealth visit, including audio-only telephone visit
- Physicians with X-waiver to prescribe buprenorphine for opioid use disorder can initiate or continue treatment with telehealth or phone visits
- Opioid treatment programs (OTPs) can initiate new patients and treat existing patients on buprenorphine using telehealth or phone visits; existing patients on methadone can be treated via telehealth or phone
- OTPs can provide stable patients with take-home medication
- Alternate satellite locations (such as temporary surge hospitals) do not need to apply for their own DEA number

State Telehealth Actions During COVID-19

State legislative sessions adjourned, postponed or suspended due to COVID-19

- In mid-March only 9 states (plus DC) remained in session, 18 states had already adjourned or had not yet convened and 23 states (plus Guam and U.S. Virgin Islands) adjourned, postponed or suspended their session during COVID

State action to amend or modify existing laws during PHE

- Gubernatorial Executive Orders
- Insurance Directives
- Medicaid bulletins
- Combination

- All 50 states took some action related to telehealth
  - State regulated plans
  - Medicaid

State Telehealth Actions During COVID-19, cont.

Activity for Medicaid and State-Regulated Plans

- Expanding coverage
  - Coverage parity to services provided in-person
  - Eliminating originating site restrictions
  - Eliminating geographic restrictions
- Expanding payment
  - Payment parity with in-person service
- Establishing patient physician relationship via telemedicine
- Expanding modalities to include audio only
- Temporarily suspending copayments, deductibles or other cost-sharing
- Access to all in-network physicians – not select telehealth network or platform

Where do we go from here?

Nicole Plenty, MD
Member since 2008

Telehealth Opportunities

Positive patient experience

- "The overall customer satisfaction score for telehealth services is 860 (on a 1,000-point scale), which is among the highest of all healthcare, insurance and financial services industry studies conducted by J.D. Power" J.D. Power 2020 U.S. Telehealth Satisfaction Study,SM

Positive physician experience

- COVID-19 Healthcare Coalition, Survey of physicians and other qualified health care professionals conducted between July 13 and August 15, 2020
  - 68% reported they are motivated to increase telehealth use in their practices
  - 60% reported telehealth has improved the health of their patients
  - 55% said telehealth has improved the satisfaction of their work
  - More than 80% said telehealth improved the timeliness of care for their patients.
  - More than 80% said patients have reacted favorably to using telehealth

Telehealth Challenges

Maintaining appropriate reimbursement

- 73.3% indicated no or low reimbursement for telehealth will be a major challenge post COVID.*

Access to technology & digital literacy

- 64% said technology challenges for patients were barrier to sustainable use of telehealth, including lack of access to technology, and/or internet/broadband and low digital literacy.*
- 52% of telehealth users said they encountered at least one barrier that made it difficult to access telehealth.**

*COVID-19 Healthcare Coalition, Survey of physicians and other qualified health care professionals conducted between July 13 and August 15, 2020

**JD Power 2020 U.S. Telehealth Satisfaction SurveySM

Telehealth Beyond COVID-19: Medicare

Geographic and Originating Site Waivers

- CMS does not believe it has authority to extend these waivers beyond COVID-19 Public Health Emergency
- Current PHE declaration goes into late April 2021, could be extended for additional 90-day periods
- AMA and stakeholders need to work with the new Congress to seek permanent changes
- AMA is also advocating for this with Biden-Harris transition
- What is at stake:
    - Delivery of telehealth throughout the country, not just in rural areas
    - Delivery of telehealth to patients in their homes

2021 Medicare Payment Final Rule: Permanent Additions to Telehealth List

- Group Psychotherapy (CPT 90853)
- Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT 99334-99335)
- Home Visits, Established Patient (CPT 99347- 99348)
- Cognitive Assessment and Care Planning Services (CPT 99483)
- Prolonged Services (HCPCS G2212)
- Psychological and Neuropsychological Testing (CPT 96121)

2021 Medicare Payment Final Rule: Interim Additions to Telehealth List

- Many services were finalized to remain on the Medicare Telehealth Services List on an interim basis
  - 74 services on the list for duration of the PHE only
  - 82 services on the list at least through the year in which the PHE ends (new Category 3)
  - Potential further extension of coverage for Category 3 services or more permanent additions subject to future rulemaking
  - Category 3 services include higher level home visits, all 5 emergency department visits, critical care, monthly ESRD care, hospital and SNF discharge management, many therapy services

Telehealth Policies in Final Rule

- Telehealth rules do not apply when the beneficiary and the practitioner are in the same location, even if audio/visual technology assists in furnishing a service
- CMS finalized its proposal to allow direct supervision to be provided using real-time, interactive audio and video technology through the later of the end of the calendar year in which the PHE for COVID-19 ends or December 31, 2021
- Nursing facility visits may be provided once every 14 days via telehealth instead of once every 30 days as before the PHE

Telephone & Audio-only Services

- Clarifies permanently that definition of “multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication” includes smart phones
- CMS recognizes that it is important to have longer audio-only services available than what it previously covered but does not believe it has statutory authority to continue covering the CPT codes for telephone visits beyond the PHE
- Final rule seeks comments on addition of a second code, G2252, for “virtual check-in” of 11-20 minutes, with 60-day comment period (due 2/1)

Comment Solicitation on Virtual Check-in

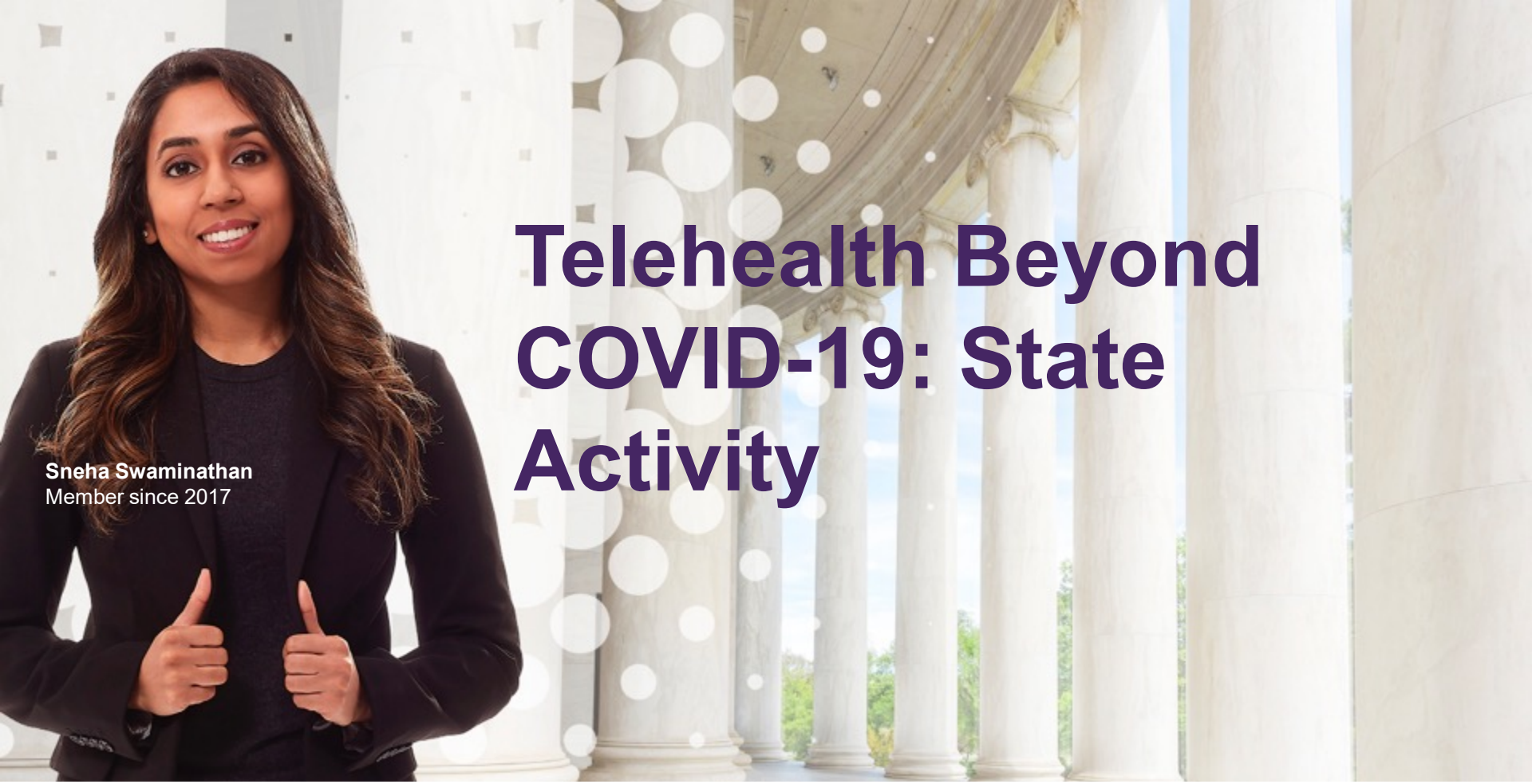
- CMS states that this is for patients "…who may be reluctant to return to in-person visits unless absolutely necessary, and allow us to consider whether this policy should be adopted on a permanent basis."
  - G2252 *Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion*
- CMS says that this service is not a substitute for an in-person visit rather an assessment to determine the need for an in person visit

Remote Physiologic Monitoring

- Clarified that RPM codes will continue to be covered for patients with acute as well as chronic conditions
- Clarified, as AMA recommended, that 20 minutes of time required for 99457 and 99458 can include time furnishing care management as well as interactive communication
- RPM for new and established patients only allowed for the PHE; afterwards only covered for established patients
- At the end of COVID-19 PHE, current RPM flexibilities end, so RPM services will need to include at least 16 days data collection in 30-day period

Medicare Diabetes Prevention Program

- Finalized plans to allow provision of entire set of MDPP services virtually during any section 1135 declared PHE
  - Note that these are not always nationwide but may affect certain states only, due to a localized outbreak or natural disaster
- Only DPP suppliers who are qualified to provide in-person services may serve as MDPP suppliers – no virtual-only suppliers may enroll
- Allows patients receiving MDPP services virtually due to PHE event to continue virtual services, even after the emergency event has concluded
- Permits certain MDPP patients to be exempt for once-per-lifetime limit and allow patients to restart MDPP services despite a break in service
- Adds virtual weight measurement methods that do not require in-person attendance



Telehealth Beyond COVID-19: State Activity

Moving forward – state policy

Coverage of services provided via telehealth should be on the same basis as comparable in-person services.

- Eliminate all unnecessary barriers to accessing telehealth, including originating site and geographic restrictions
- Over 30 states have coverage parity laws in place for private payors

Support physicians who provide telehealth in their practices

- Require insurers to allow all contracted physicians to provide care via telehealth
- Support hybrid care – physicians utilizing both telehealth and in-person care for optimal care
- Eliminate separate telehealth networks
- Eliminate policies that incent care to select telehealth providers, thereby disrupting continuity of care
- Telehealth should not be used to meet network adequacy

Moving forward – state policy

Cost Sharing

- Cost-sharing should not be used to incent care away from certain providers. Reducing cost-sharing for select telehealth providers who do not also provide in-person services inappropriately steers patients away from their current physician, fragmenting the health care system and disrupting the continuity of care

Fair Payment

- Fair payments support advancement and investments in telehealth

Moving forward – state policy

Equitable access to telehealth

- Expand broadband (New AMA Policy)
- Expand acceptable modalities
- Digital literacy

Establishing patient-physician relationship

- A patient-physician relationship should ideally be established before the provision of services via telehealth. However, for new patients, a relationship can be established via telehealth if it meets the standard of care, including via real-time audio/video.

State licensure helps maintain patient protections

AMA State Advocacy – telehealth resources

COVID-19 state policy options

- Key policy considerations for states to immediately expand access, coverage and payment of telehealth in response to COVID-19

COVID-19 state policy guidance

- Diving deeper into policy options and providing links to state examples

Summary of state telehealth activity related to COVID-19 – executive orders, insurance directives, regulatory activity, Medicaid bulletins, and Medicaid waivers.

AMA Issue Brief – Telehealth Ensuring access to quality care during and after the COVID-19 pandemic

AMA State Laws Summary – 50 state summary of state telehealth laws

AMA Model Legislation

- Licensure
- Liability
- Patient physician relationship
- Coverage and Reimbursement
- Networks

Work with influential state policy organizations (NGA, NAIC, NCOIL, NAAG)

- April 10 letter to NGA, NAIC, NCOIL
- NAIC Committees
- CHI Webinar
- REACH MD podcast
- Uniform Laws Commission
- NAAG Webinar
- NGA Roundtable
- NCOIL model bill - ongoing

Telehealth Challenges

Hari Iyer
Member since 2017

Continued Need for Information on Telehealth Use Cases, Quality, and Costs

- Some policymakers have raised questions about overutilization and/or abuse of Medicare telehealth services
- Questions have arisen about whether telehealth services should continue to be paid the same as in-person services
- AMA is conducting research on how telehealth use impacts patients' health
- Important not to lose the many advantages of continuing coverage of telehealth services beyond COVID-19:
    - Huge advantage for patients with mobility problems, those who lack transportation access or live far from their physician's office—all barriers to timely care
    - Major advantage in situations in which travel is dangerous or infeasible – such as epidemic, severe weather, natural disaster
    - Telehealth is preferable in situations in which in-person visits carry health risks, e.g., communicable diseases, immunocompromised patients

Continued Need for Information on Telehealth Use Cases, Quality, and Costs

- Telehealth advantageous for patients who are reluctant to seek in-person care, such as mental health or addiction treatment
- Desirable for patients with sporadic symptoms as physician can see patient at the moment when symptoms are occurring
- For some conditions, physicians can better manage treatment by seeing patient's living environment
- Enables more coordinated care by including two or more physicians (e.g., a PCP and a specialist) located in different places in the patient visit
- Can enable a family member or caregiver to participate in a visit along with the patient without having to be physically present

The following additional AMA resources are available to support your physicians and staff during COVID-19:

- Caring for Caregivers during COVID-19
- AMA COVID-19 Resource Page for Physicians
- JAMA COVID-19 Collection

www.ama-assn.org

Upcoming 2021 Programming

January 19	**Vaccinations: Roadmap for success**
January 26	**Building well-being into culture**
January 27	**The scholars of wellness: A faculty development program to create wellness champions**

For questions, please email:
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Physicians' powerful ally in patient care