Acute Care Hospital
Reimbursement Requirements for Telehealth Services

Policy: It is the policy of [Organization name here] to ensure billing and coding requirements for telehealth services are accurate, timely, and auditable.

Purpose: To explain the reimbursement requirements for the provision of telehealth services, from a Medicare Rules and Regulations perspective.

Scope: This document is applicable for acute care hospitals (ACH), in accordance with the rules and regulations of the Centers for Medicare & Medicaid Services (CMS). Each organization should check their state regulations for further requirements and opportunities.

Temporary PHE Guidance*

-Determination of the PHE renewal

For further reading: *https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-07Jan2021.aspx*

"Medicare can pay for many types of office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence. Additionally, the HHS OIG is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs."

-Clinicians are allowed to provide telehealth services, to include: emergency department visits, initial and subsequent observation, initial hospital care and hospital discharge day management, initial nursing facility visits, critical care services, intensive care services, therapy services.

"CMS is waiving the enforcement of section 1867(a) of the Social Security Act (the Emergency Medical Treatment and Active Labor Act, or EMTALA). This will allow hospitals, psychiatric hospitals, and CAHs to screen patients at a location offsite from the hospital's campus to prevent the spread of COVID-19, so long as it is not inconsistent with the state emergency preparedness or pandemic plan."

For further reading: *https://www.cms.gov/files/document/omh-rural-crosswalk.pdf*

For further reading: *https://www.cms.gov/files/document/mln-connects-special-edition-3-31-2020.pdf*

This document is provided by gpTRAC as a sample/template only. This should be edited in order to meet your organization's specific needs and requirements.

*Temporary guidance related to Public Health Emergency (PHE)

*Temporary PHE Guidance**

"As part of the CMS Hospital Without Walls initiative, hospitals can provide hospital services in other healthcare facilities and sites that would not otherwise be considered to be part of a healthcare facility (such facilities would be re-enrolled as hospitals); or can set up temporary expansion sites to help address the urgent need to increase capacity to care for patients."

"Clinicians can provide virtual check-in, remote evaluation of patient-submitted video/images, and e-visit services to both new and established patients. These services were previously limited to established patients. Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits, virtual check-ins, and remote evaluations. A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients."

"CMS is making it clear that clinicians can provide remote patient monitoring services to patients with acute and chronic conditions and for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry."

"The following services no longer have limitations on the number of times they can be provided by Medicare telehealth:
-A subsequent inpatient visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days…"

"CMS will permit facility and non-facility space that is not normally used for patient care to be utilized for patient care or quarantine, provided the location is approved by the state (ensuring that safety and comfort for patients and staff are sufficiently addressed) and is consistent with the state's emergency preparedness or pandemic plan."

"CMS is waiving the provisions related to telemedicine for hospitals and CAHs at 42 CFR 482.12(a)(8)-(9) and 42 CFR 485.616(c), making it easier for telemedicine services to be furnished to the hospital's patients through an agreement with an offsite hospital. This allows for increased access to necessary care for hospital and CAH patients, including access to specialty care."

For further reading: https://www.cms.gov/files/document/omh-rural-crosswalk.pdf

For further reading: https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

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Procedures:

I. **Covered Telehealth Services.**
   A. The telehealth service must use an interactive audio and video telecommunications system that permits real-time communication between the distant site provider and the patient at the originating site.
   B. Each year the list of covered telehealth services is reviewed and revised by the Centers for Medicare & Medicaid Services (CMS).
      1. Only services on the list are eligible for reimbursement.
      2. Prior to establishing a telehealth visit, the provider must ensure the service is included on the list.
      3. The list categorizes the services by HCPCS or CPT code.
   C. The requirements to bill the specific codes are the same whether done in person or via telehealth. **(Refer to ACH Documentation policy)**
      https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

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-See PHE exceptions to the originating site and see the telehealth covered list for services that may be performed using audio only.

For further reading: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

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II. **Telehealth Services Billing and Payment.**
   A. Telehealth services must be provided by a **healthcare practitioner who is authorized to bill Medicare for their professional services**. Distant site practitioners include **(subject to state law)**:
      1. Physicians
      2. Nurse practitioners (NPs)
      3. Physician assistants (PAs)
      4. Nurse-midwives
      5. Clinical nurse specialists (CNSs)
      6. Certified registered nurse anesthetists

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7. Clinical psychologists (CPs)
8. Clinical social workers (CSWs)

   "CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838." (p. 6)
9. Registered dietitians or nutrition professional
   https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

B. Once an approved telehealth service has been provided, the corresponding HCPCS or CPT code will be assigned, to include the appropriate place of service code as telehealth (02).

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-See PHE exception to POS code: "The IFC directs physicians and practitioners who bill for Medicare telehealth services to report the place of service (POS) code that would have been reported had the service been furnished in person. This will allow our systems to make appropriate payment for services furnished via Medicare telehealth which, if not for the PHE for the COVID-19 pandemic, would have been furnished in person, at the same rate they would have been paid if the services were furnished in person." (p. 68)

For further reading: https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf

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III. **Telehealth Originating Site Billing and Payment.**
   A. The originating site may bill for a separately billable Part B originating site facility fee using the HCPCS code Q3014.
   B. Authorized originating sites include:
      1. Physician or practitioner office
      2. Hospitals
      3. Critical access hospitals (CAHs)
      4. Rural health clinic (RHCs)
      5. Federally qualified health center (FQHCs)
      6. Hospital-based or CAH-based renal dialysis centers (including satellites)
      7. Skilled nursing facilities (SNFs)
      8. Community mental health centers (CMHCs)
      9. Renal dialysis facilities
      10. Home of beneficiaries with end-stage renal disease (ESRD) receiving home dialysis
      11. Mobile stroke units

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> **"Note: Medicare does not apply originating site geographic conditions to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and beneficiary homes when practitioners furnish monthly home dialysis ESRD-related medical evaluations. Independent Renal Dialysis Facilities are not eligible originating sites." (p. 5)**

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf

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Tips:

- *The ACH will likely be utilizing telehealth services as an originating site for consultation. Therefore, establish the workflow that mirrors how these services are provided when the patient is seen in person as much as possible.*
- *As a distant site, review the list of services you provide that are on the covered telehealth list and establish the workflow that mirrors how these services are provided when the patient is seen in person as much as possible.*