



## CMS Provides Regulatory Relief Amid Coronavirus Pandemic

*Rule expands telehealth flexibilities for telephone E/Ms and radiation oncology OTVs*

On March 30, the Centers for Medicare and Medicaid Services (CMS) issued an interim final rule to help the American health care system respond effectively to the spread of the 2019 Novel Coronavirus (COVID-19). While these regulations are applicable beginning on March 1, 2020, CMS will be accepting comments on the final interim rule for 60 days after the rule is published. Here are the highlights:

### **Expanded Access to Telehealth**

CMS will now pay for more than 80 additional services when furnished via telehealth, including telephone evaluation and management services (CPT codes 99441-99443) and radiation treatment management (77427).

### **Level Selection for Telehealth Office/Outpatient E/M Visits**

CMS is revising current policy to specify that office/outpatient E/M level selection for these services when furnished via telehealth can be based on medical decision-making or time, with time defined as all of the time associated with the E/M on the day of the encounter, and to remove any requirements regarding documentation of history and/or physical exam in the medical record. This policy only applies during the public health emergency (PHE) for the COVID-19 epidemic.

### **Direct Supervision**

Currently, many services paid under the physician fee schedule and provided in the physician office setting require the presence of a physician in the same location as the patient when the service is provided. Recognizing that physical proximity of a physician or practitioner may be presenting additional exposure risks, CMS is revising the definition of direct supervision to allow provision using real-time interactive audio and video technology for the duration of the PHE for the COVID-19 pandemic.

### **Clarification of Homebound Status under the Home Health Benefit**

CMS is clarifying that a cancer patient who is receiving chemotherapy treatment and whose physician states that it is medically contraindicated for the patient to leave the home because they are at risk of contracting an infectious disease due to the patient's immunocompromised state would be considered "confined to the home" in alignment with Medicare home health eligibility.

### **Increased Hospital Capacity**

CMS is giving hospitals broader flexibilities to furnish inpatient services outside the hospital.

### **Quality Payment Program**

CMS is extending the 2019 Merit-based Incentive Payment System (MIPS) data submission deadline from March 31 by 30 days to April 30, 2020 to provide relief to clinicians responding to the COVID-19 pandemic. In addition, the MIPS automatic extreme and uncontrollable circumstances policy will apply to MIPS eligible clinicians who do not submit their MIPS data by the April 30, 2020 deadline. For more details, [CLICK HERE](#).

- To view the CMS press release, [CLICK HERE](#).
- To view the CMS fact sheet, [CLICK HERE](#).
- To view the interim final rule in its entirety, [CLICK HERE](#)