



CMS Issues Second Round of COVID-19 Regulatory Relief

Rule will increase reimbursement for telephone E/M visits

On April 30, the Centers for Medicare and Medicaid Services (CMS) issued a second interim final rule to help the American healthcare system respond effectively to the spread of the 2019 Novel Coronavirus (COVID-19). The rule includes changes to further expand telehealth in Medicare, improve COVID-19 diagnostic testing, increase hospital capacity, bolster the healthcare workforce, and decrease administrative burden. Policies in the interim final rule are applicable beginning on March 1, 2020, or January 27, 2020. CMS will be accepting comments on the final interim rule for 60 days after the rule is published.

Here is a high-level summary of the telehealth provisions:

CMS previously announced that Medicare would pay for certain services conducted by audio-only telephone between beneficiaries and their doctors and other clinicians. In response to provider feedback that these audio-only services are being furnished primarily as a replacement for care that would otherwise be reported as an in-person or telehealth visit using the office/outpatient E/M, CMS is establishing new RVUs for the telephone E/M services based on crosswalks to the most analogous office/outpatient E/M codes, based on the time requirements for the telephone codes and the times assumed for valuation for purposes of the office/outpatient E/M codes. The payments are retroactive to March 1, 2020.

Since some Medicare beneficiaries don't have access to interactive audio-video technology that is required for Medicare telehealth services or choose not to use it even if offered by their practitioner, CMS is also waiving the video requirement for certain telephone E/M services and adding them to the list of Medicare telehealth services. As a result, Medicare beneficiaries will be able to use an audio-only telephone to get these services.

CMS also notes that previously, it only added new services to the list of Medicare services that may be furnished via telehealth using its rulemaking process. CMS is now changing its process during the emergency and will add new telehealth services on a sub-regulatory basis, speeding up the process of adding services.

Thursday's announcement comes in addition to previous action taken by CMS to advance telehealth capabilities in response to the COVID-19 pandemic. Earlier this year, CMS removed geographic restrictions on telehealth eligibility and began paying for more than 80 additional telehealth services, including telephone E/M visits and radiation treatment management.

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

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