

Impact of COVID-19 & Telehealth Flexibilities During the PHE

Providing rehabilitation therapy services using telehealth and Remote Patient Monitoring (RPM) technology is a 21st Century approach to healthcare, which is patient-centered and increases beneficiaries' access to care. Prior to the COVID-19 Public Health Emergency (PHE), rehabilitation services delivered via telehealth were not reimbursable under Medicare. In 2020, the Centers for Medicare & Medicaid Services (CMS) waived certain Medicare restrictions to allow providers to be reimbursed for services delivered via telehealth, to ensure access to therapy for patients who otherwise may have gone without the rehab therapy they need during the PHE. Therapists' ability to evaluate patients, supervise and provide therapy via telehealth prevented declines in patient function. Remote Patient Monitoring (RPM), a key aspect of digital health, also is important to patient care quality.

Reimbursement for telehealth services is equivalent to those services delivered in-person; however, many of the therapy services delivered in skilled nursing facilities via telehealth are provided using a facilitator to help support usage of the technology and/or support the clinical intervention from a safety perspective. The labor cost for the facilitator is in addition to the labor cost of the clinician providing the service. The additional resources that are needed can increase the cost of providing the services via telehealth beyond what is currently being reimbursed and should be considered when setting reimbursement policy for telehealth on a permanent basis.

Background

Pre-COVID Medicare statute permits a limited number of Part B services to be furnished by certain physicians and other practitioners to an eligible beneficiary through HIPAA-compliant telecommunications systems. Medicare's statutory list of practitioners that can deliver services using telehealth does not include rehabilitation therapists. Other pre-COVID Medicare restrictions include an "originating site" requirement that precludes eligible Medicare beneficiary from receiving such services when the patient is not located at an approved setting (such as a Skilled Nursing Facility or SNF) in either a rural Health Professional Shortage Area (HPSA) located either outside of a Metropolitan Statistical Area (MSA) or in a rural census tract; or a county outside of a MSA. This existing Medicare policy significantly restricts who and where services can be delivered via telehealth. Thus, precluding rehab therapists and their nursing facility patients from benefiting from utilizing telehealth technologies.

Temporary Telehealth Expansion under the CARES Act

In 2020, the *Coronavirus Aid, Relief & Economic Security Act (CARES) Act* granted CMS the authority to waive Medicare coverage and payment rules for telehealth services. This much-needed relief expanded healthcare practitioners' ability to reach patients through telehealth, which proved to be an important tool for addressing patient needs while reducing in-person contact to slow the spread of COVID-19 in the long-term care setting. This new law also gave CMS authority to allow rehabilitation therapists to provide therapy services via telehealth.

Ask Congress

To make permanent CMS' flexibilities on telehealth and Remote Patient Monitoring (RPM), which were granted for the PHE that allow rehabilitation therapists in post-acute care settings to furnish services via telehealth

To consider telehealth utilization as continuing or expanding access to care, not necessarily as a way to deliver less costly care, and to pay for telehealth services similarly to what would be paid for in-person services.

Key Facts

Under current law, outside the two-year extension of flexibilities provided in the *Consolidated Appropriations Act, 2023*, Medicare only pays for a limited number of Part B services furnished by a physician or practitioner to an eligible beneficiary via telehealth.

Beginning January 1, 2025, Medicare will not pay for services delivered via telehealth by rehab therapists to Medicare beneficiaries in nursing facilities.

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Temporary Telehealth Expansion under the CARES Act, Cont'd

On April 6, 2020, CMS expanded the types of covered telehealth services, which included 21 CPT codes for services that are furnished by rehabilitation therapists. This CPT code list again would be expanded nearly a year later when CMS added 24 more audiology and SLP codes. On April 30, 2020, CMS authorized physical therapists (PTs), occupational therapists (OTs) and speech language pathologists (SLPs) to utilize telehealth, but only for the duration of the PHE for COVID-19 (retroactive to March 1, 2020). On May 27, 2020, CMS issued a Frequently Asked Questions (FAQ) document that clarified that rehabilitation therapists in the institutional setting (*i.e.*, SNFs) can utilize telehealth.

Payment Parity

While some may think that services provided via telehealth are less expensive for the provider because the provider may have not borne as much cost compared to an in-person service – that is not necessarily true. For instance, depending on the service provided, the patient and other factors, delivering therapy via telehealth can involve costs in addition to the clinician providing the service. The additional cost is a person assisting the patient with the technology, such as helping hold the iPad or is present for safety of the patient. The necessity of two staff members needed for this service increases costs because the billing provider is only able to bill one code as if they are in-person with the patient. The provision of telehealth is not a one size fits all policy and policies that would cut reimbursement should take this into consideration. While in-person services are always preferable, ADVION encourages Congress to consider telehealth utilization as continuing or expanding access to care, not necessarily as a way to deliver less costly care. And as such, ADVION encourages Congress to pay for telehealth services similarly to what would be paid for in-person services.

Congressional Activity

ADVION endorsed the ***Advancing Telehealth Beyond COVID-19 Act of 2022 (H.R.4040)***, which was introduced during last Congress. Language from H.R.4040 was included in the *Consolidated Appropriations Act of 2023*, which President Biden signed into law in December 2022. This language allowed for many of the critical telehealth flexibilities, including those that allowed rehabilitation therapists to furnish services via telehealth to Medicare beneficiaries in the institutional setting, to temporarily remain through 2024. ADVION has historically endorsed the CONNECT for Health Act, but the current version does not directly authorize rehab therapists to utilize telehealth.

As Long-Term Telehealth Reform is Contemplated, ADVION Asks Congress to:

- Permanently expand telehealth authority to allow rehabilitation therapists to provide and receive reimbursement for services furnished via telehealth to patients in nursing facilities.
- Allow flexibilities so that emerging models can combine technologies such as Remote Patient Monitoring (RPM) and telehealth to monitor, treat and follow the patient from one setting to another.
- Consider telehealth utilization as continuing or expanding access to care, not necessarily as a way to deliver less costly care, and to pay for telehealth services similarly to what would be paid for in-person services.