

# Medicare Expands Telehealth Services for Beneficiaries

CMS, the oversight body for Medicare, has announced that it will now reimburse for telehealth services for psychologists. This announcement covers traditional fee-for-service patients and Medicare Advantage Plans. Although many Medicare Advantage Plans had previously covered telehealth, this policy change requires that they all must now cover telehealth. The coverage will continue until the Secretary of Health and Human Services declares an end to the national emergency.

Previously Medicare paid for telehealth services only in limited circumstances such as when a patient was in a hospital or other approved facility. But, as of March 5, 2020, “these services may now be provided to patients regardless of the patient location” (Medicare Telehealth Frequently Asked Questions, p. 1). Some of the descriptors refer to services in the patient’s home while others, such as cited above, refer to “the patient location.” At this point we know that services will be covered when the patient is in their home and we are seeking clarification if the services can be provided when the patient is in the home of another person. The CMS directive included no requirement that the provider must be in an office while the service is taking place.

The current rules for telehealth require that the Medicare beneficiary have a prior relationship with the treating professional. However, during this time, “HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency” (Medicare Telehealth Frequently Asked Questions, p. 2). This is known as *enforcement discretion*.

According to CMS, “The provider must use an interactive audio and video telecommunication system that permits real-time communication between the distant site and the patient at home” (Medicare Telehealth Frequently Asked Questions, p. 2). However, during this emergency HHS will once again use enforcement discretion and will not prosecute professionals who use “everyday communication technologies” such as FaceTime or Skype. At this time, we do not know if Medicare will cover telephone therapy (audio alone).

Payment will be the same as for regular, in-person visits and payment will be the same as for face to face services. The usual deductibles and copayments will apply.

**Psychologists should bill using the regular procedure code and use 02 for place of service.** This covers CPT codes 90792, 90832, 90834, 90837, 90845, 90846, 90847, 96116 (neurobehavioral status exam) and the health and behavior codes: 96150, 96152, 96153, 96154. It will be effective for services starting March 6, 2020 (See Covered Telehealth Services, 2020).

Nothing in these rules changes how Medicare will implement “incident to” services.

## References

Covered Telehealth Services. (2020). Retrieved from <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

Medicare Telemedicine Health Care Provider Information Factor Sheet. (March 17, 2020). Retrieved from <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Medicare Telehealth Frequently Asked Questions (March 17, 2020). Retrieved from <https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

*March 19, 2020*