

Telehealth Waiver Priorities

The following items were suggested by multiple systems.

Reimbursable and Covered Telehealth Delivery Methods:

- Asynchronous (Store and Forward/Online Digital Evaluation)
- Remote patient monitoring
- Audio only
- Waiver of requirements under 42 CFR 410.78(a)(3) to allow audio-only equipment for telephone E/M services and behavioral health counseling and educational services.
- Medicare Wellness visits audio only (no exam is required, risk assessment only, form completion)
- Payment parity for audio only

1. Geographic and Originating sites:

- Home
- Eliminate geographic restriction
- New and established patients

2. Eligible Telehealth Service Providers:

- Speech Language Pathologists
- Exercise Physiologists
- Audiologists
- Pharmacists and Pharm-D
- PT/OT
- Waive requirements of 42 CFR 410.78(b)(2) and allow all eligible practitioners eligible to bill Medicare to furnish distant site telehealth services.
- Allow OTs, PTs and SLPs to perform initial and comprehensive assessment for all patients; waiver of requirements in 42 CFR 484.55(a)(2) and 484.55(b)(3) that rehabilitation skilled professionals may only perform the initial and comprehensive assessment when only therapy services are ordered.

3. Telehealth Approved Services and Codes:

- OP Hospital Based Services (billable on the Professional/PB/1500 and/or Facility/HB/UB-04 Claim Form) - PT/OT/ST/MNT
- Cardiac Rehabilitation
- Group Sessions

- Care giver training
- Continued reimbursement for the 180+ services allowed via telehealth with Medicare reimbursement
- Payment parity

4. HIPAA Compliance

- Eliminate current flexibilities and return to HIPAA compliance requirements and provide recommended list of telehealth vendors

5. Anti-Kickback Statute

- Allow waiver of cost-sharing obligations for non-face to face services furnished through various modalities, including RPM, remote monthly care management, virtual check-ins, and telehealth visits.

6. Waivers for Practicing Telehealth Across State Lines

No more than one system raised each of the following items.

Maintenance of RPM reimbursement/support

- Removal of state line limitations
- Ability for physicians to continue to see established patients from other states.
- Allow physicians to continue to treat telehealth patients from the physician's home.
- Physician visits in SNFs/Nursing Facilities – waiver of the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.
- Allow remote telehealth consults for specialists to do facility to facility consult for patients.
- Allow remote inpatient visits for highly infectious diseases like COVID-19 which allow us to conserve PPE.
- Medicare Advantage telehealth encounters for risk adjustment.
- Remove HPSA/MSA areas – available to all locations regardless of patient or provider location.
- Remove the geographic requirements – 5-mile radius.
- Allow RHCs to continue to be distant sites and address reimbursement.
- Continue with the change in documentation requirements for E/M services using medical decision making (MDM) or time.
- Standardize guidelines: POS, modifiers

- Maintain provider-based reimbursement for telehealth services for excepted locations.
- All waivers made permanent should also apply to MA plans.