

Report on Medicare Compliance Volume 29, Number 12. March 30, 2020 \$2 Trillion Stimulus Bill, Other COVID-19 Measures Unleash Telehealth; Codes May Confuse

By Nina Youngstrom

The floodgates of Medicare coverage for telehealth services were opened by the \$2 trillion coronavirus economic stimulus bill^[1] approved by the Senate March 25 and the March 6 telehealth legislation and CMS waivers.^[2] The House passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act on March 27, and President Trump signed it the same day. The path to sweeping telehealth adoption may not be entirely smooth, however, because hospitals and other providers must adapt their billing systems and technology to expansively deliver services by telehealth, communicate their capacity to patients and address state licensing restrictions.

“From a benefit category standpoint, this is a major expansion of telehealth,” said attorney Jacob Harper, with Morgan Lewis in Washington, D.C. The CARES Act “is extremely far reaching in scope and touches basically every provider type.” Unless patients require a service that can only be provided in person, such as certain lab tests, ventilator or infusion treatments, or non-elective surgeries, they probably can have their Medicare services delivered by telehealth until the COVID-19 public emergency is over.

The hope is that providing more services via remote communication technology will help contain the coronavirus. It will require moving fast under challenging circumstances. “There are a lot of logistics when you are expanding telehealth overnight,” said Richelle Marting, an attorney in Overland Park, Kansas.

Congress took a big step toward relaxing requirements for telehealth with its first COVID-19 law, the Telehealth Services During Certain Emergency Periods Act of 2020,^[3] which was part of the Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020. The law gave HHS the authority to waive restrictions on telehealth services covered by Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP) during the pandemic. In one fell swoop, Medicare services can now be delivered by telehealth to patients in their homes or at provider sites everywhere in the country. They’re not restricted anymore to “originating sites”—hospitals, physician offices and other qualified providers in rural areas (counties outside of metropolitan statistical areas or in health professional shortage areas).

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