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# Report on Medicare Compliance Volume 29, Number 18. May 11, 2020 CMS Again Broadens Telehealth; Hospital Outpatient Services Don't Need 95 Modifier

By Nina Youngstrom

Before the coronavirus pandemic, telehealth services weren't commonplace at UofL Health in Louisville, Kentucky. Now it's providing 1,000 telehealth visits a day, a testament to how much has changed in health care delivery. That number probably will increase at the health system and everywhere, fueled by additional CMS waivers[1] and a revised interim final rule[2] published in the May 8 *Federal Register* that again broaden the telehealth horizon—beyond the expansion of telehealth coverage and waivers of regulatory requirements that Congress and CMS began in March.

"We used telehealth prior to COVID-19, but not on a very frequent basis. Now the strategy is pivoting," said Shelly Denham, senior vice president of compliance, risk & audit services at UofL Health. "The new conversations we are having" focus on how "we can grow these services."

UofL Health got up to speed very quickly.[3] It formed a telehealth team that created a guide for providers and held a physician town hall on Zoom to explain telehealth requirements and technology options. Having a physician champion—a psychiatrist—who had been delivering services by telehealth for years was indispensable, Denham said. The health system also had to buy more computers with webcams because not every computer had one. Now auditors at UofL Health are keeping an eye on compliance with documentation and billing requirements. One vulnerability: physician documentation of the patient's verbal consent to services, which is required for billing, Denham said. "We have built a macro in the electronic health records. It's an easy way to embed that verbal consent in your progress notes."

There will be new education in response to CMS's interim final rule and new waivers, which cleared the way for more delivery of services by telehealth in a number of areas, including services provided by hospital-based physicians, telephone-only services and incident-to billing.