Use of Telehealth/Telemedicine Under the COVID-19 Pandemic
Guide to Links in Cindy Moon's Presentation (recording on mē® site)

Links on Slide 4 – Coverage of Telehealth

- Medicare Telehealth Services List

- See this link for more information on standard Medicare telehealth coverage policies under non-emergency conditions.

Links on Slide 5 – New Medicare Telehealth Flexibilities for COVID-19

- On March 17, CMS announced it was waiving geographic and place of service restrictions for use of telehealth under Medicare. See the press release, fact sheet, and FAQs. (changes effective March 6)

- On March 30, CMS issued an Interim Final Rule with Comment Period ("March 30 IFC") providing additional flexibility for use of telehealth and other services using communications technology. See the press release, fact sheet, and fact sheet outlining telehealth and other flexibilities for physicians and other clinicians. (changes effective March 1)

Links on Slide 6 – New Medicare Telehealth Flexibilities for COVID-19

- CMS COVID-19 Medicare Provider Enrollment Relief Frequently Asked Questions (question 13 referenced)

Links on Slide 7 – Licensure to Provide Telehealth Across State Lines

- CMS COVID-19 Medicare Provider Enrollment Relief Frequently Asked Questions (question 11 referenced)

Links on Slide 8 – Licensure to Provide Telehealth Across State Lines

- The Federation of State Medical Boards (FSMB) has posted the following resources:

    - A chart identifying states' policies regarding licensure requirements and renewals in response to COVID-19.

    - A chart identifying states waiving in-state licensing requirements for telehealth.

    - A chart identifying steps states are taking to expedite licensure for inactive or retired licenses in response to COVID-19.

- To address licensing issues that have long existed, the Interstate Medical Licensure Compact (IMLC) allows for a voluntary expedited pathway to licensure across multiple states.

Links on Slide 9 – Additional Federal Flexibilities for COVID-19 (non-CMS)

- The HHS OIG announced that it will not enforce requirements to collect cost-sharing for telehealth visits. Providers may reduce or waive cost-sharing. (Additional guidance here.)

- The HHS Office of Civil Rights announced enforcement discretion related to HIPAA requirements in connection with the good faith provision of telehealth during the COVID-19 emergency.

    - Everyday communications technologies like FaceTime or Skype will be allowed, but "public facing" platforms such as Facebook Live, Twitch, and TikTok will not. (see FAQs)

    - Does not apply to the confidentiality of substance use disorder records, given that SAMHSA has issued its own separate enforcement discretion.

Links on Slide 10 – Additional Federal Flexibilities for COVID-19 (non-CMS)

- The Drug Enforcement Agency (DEA) also announced that DEA-registered practitioners may use telehealth during the public health emergency to issue prescriptions for controlled substances

- On March 25, the DEA granted an exception to the requirement that a DEA registrant must be registered in each state in which the practitioner dispenses controlled substances

- On March 27, the DEA announced exceptions to requirements regarding paper delivery of a prescription of an emergency oral prescription.

- On March 31, 2020, the DEA announced that it is providing flexibility to provide buprenorphine to new and existing patients with OUD via telephone

Links on Slide 11 – Billing, Coding and Reimbursement

- Medicare Telehealth Services List (also linked in slide 4)

Links on Slide 14 - Level Selection for Office/ Outpatient E/M Services Furnished via Telehealth

- File with typical times Time is defined as all of the time associated with the E/M on the day of the encounter. Typical times must be met. (See this link to download the "Physician Time" file with typical times)

Links on Slide 16 – Additional Considerations

- Center for Connected Health Policy – COVID-19 Related State actions