

## Report on Medicare Compliance Volume 29, Number 11. March 23, 2020 With Waivers the Catalyst for Telehealth Use in COVID-19 Response, Some Hospitals Act Fast

## By Nina Youngstrom

Almost overnight, the virulent coronavirus has turned telehealth from a limited Medicare benefit to a potential powerhouse for screening and treatment. A series of actions by the federal government, kicked off by legislation that Congress passed March 6, allows providers to bill Medicare for services delivered by telehealth to patients anywhere in the country, unshackled during the pandemic from core regulatory and law enforcement restrictions in the interest of containing infections. In announcements from HHS and the Drug Enforcement Administration March 17 and 18, providers found out they may use more technology products, including FaceTime and Skype, without fear of penalties for HIPAA noncompliance; waive patient copays for telehealth services without the risk of fraud and abuse allegations; and prescribe controlled substances by telemedicine without an in-person visit.

Hospitals are moving fast to respond to COVID-19, the illness caused by the new coronavirus, and telehealth is part of it. "These are unprecedented events," said Alex Laham, chief risk officer at Lawrence General Hospital in Massachusetts. One of its moves is setting up telehealth services. "That means we have to start looking at how we are coding and billing for these new types of encounters and that we have the proper documentation to support the visit was via telehealth." He also has his eye on a good tracking system "to make sure we are capturing all the correct data going forward because there are a lot of expenses associated with this crisis, and we want to make sure we mitigate financial loss as much as possible." In addition to Medicare coverage for virtual check-ins and certain evaluation and management (E/M) services delivered by telehealth, Laham said MassHealth, the Medicaid and Children's Health Insurance Program (CHIP) in Massachusetts, just decreed that telehealth visits must be paid at the same rate as in-person visits during the pandemic.

For now, Lawrence General Hospital has been updating its electronic medical record systems to activate "native" telehealth services that exist in the EMR, and "many vendors are providing these features for free for a limited time if you didn't already have them," Laham said. For his hospital, the biggest impact of the telehealth waivers will be the use of technologies like FaceTime and Skype to enable telehealth without having to worry so much about HIPAA privacy and security regulations. But these products will be a backup plan to manage high patient volumes because he still favors HIPAA-compliant telehealth technologies, Laham said.

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