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Medicare Adds Telehealth Services Using New Process; Overlapping Policies Pose Risks

By Nina Youngstrom

Medicare will now pay for 11 more services delivered by telehealth until the end of the COVID-19 public health emergency (PHE), CMS said Oct. 14.[1] Various CPT codes for cardiac rehabilitation, pulmonary rehabilitation with exercise, interrogation of ventricular assist device and implanted neurostimulator pulse generators have been added to the list of services that providers can bill for anywhere in the country. These are services provided by physicians and other practitioners.

CMS has added 144 telehealth codes since the beginning of the PHE, bringing the total number of Medicare-covered telehealth services to about 250, said attorney Jacob Harper, with Morgan Lewis in Washington, D.C. The services were added using an expedited process that CMS established in the May 8 COVID-19 interim final rule.[2]

"Are these particular services that impactful? Perhaps only for a few select specialties," he said. For example, services like cardiac rehab with continuous ECG monitoring have historically been reimbursed by Medicare through remote patient monitoring. "But the larger piece of the puzzle is that this shows how CMS can quickly and more effectively add telehealth services as it gets requests from providers," Harper said.

As CMS explained in the interim final rule, "While we are not codifying a specific process to be in effect during the PHE for the COVID-19 pandemic, we note that we could add services to the Medicare telehealth list on a subregulatory basis by posting new services to the web listing of telehealth services when the agency receives a request to add (or identifies through internal review) a service that can be furnished in full, as described by the relevant code, by a distant site practitioner to a beneficiary in a manner that is similar to the in-person service."