



CMS endorses telehealth for care anytime, anywhere

By Rod Moore | August 27, 2019

Telehealth is getting even more support from one of the most important payers – Medicare. Last November, the Centers for Medicare and Medicaid Services (CMS) announced plans to significantly expand reimbursement rules for telemedicine while removing some geographic restrictions.

With the additional reimbursements going into effect in 2020, organizations that haven't yet launched telehealth programs or services are likely focused on how to make use of telehealth and virtual visits under the new rules, while providers who are already invested in telehealth welcome an opportunity to finally be reimbursed for services they've been offering.

Is your health system ready to turn up the volume on telehealth? Here are details on the four proposed telehealth service reimbursements for Medicare and Medicare Advantage.

1. Virtual check-ins

A new concept from Medicare, the virtual check-in (using asynchronous technology) allows patients to have a 5- to

10-minute real-time consultation to determine whether their symptoms require an in-person visit. If this check-in replaces an in-person visit, Medicare will cover it as a standalone service. If the patient does need an office visit, the virtual check-in will be considered "bundled" with that visit and will not be reimbursed separately.

For systems already offering virtual check-ins without reimbursement, the announcement would seem to be good news. However, CMS has proposed base reimbursement rates for brief virtual check-ins of only \$14.

Philadelphia-based Jefferson Health is one of the only health systems nationwide to have completed more than 100,000 synchronous audio-video calls between providers and patients, says Judd Hollander, M.D., senior vice president of healthcare delivery innovation at Thomas Jefferson University and head of Jefferson Health's virtual healthcare initiative, JeffConnect. He welcomes the prospect of reimbursement for virtual check-ins, but expressed concern over the rate.

"By the time you're done with all of the logistics to get a payment that is barely over \$10, it's a lot of work logistically to make this happen," Hollander says. "As we look at the adoption of telemedicine, which is going up year-over-year by a lot, it has also been totally stifled by the lack of [CMS] reimbursement."

While the dollar figure may be low, CMS's signaling of broader acceptance of telehealth can spur innovation. James Lewis, strategy and innovation consultant at Privia Health, a national physicians organization meeting patients and providers where they are through its proprietary virtual health platform, says Medicare's telehealth expansion may accelerate plans to start a remote patient-monitoring program as well as other potential applications in the future.

"CMS reimbursement helps guide our analysis of applications we're interested in pursuing," Lewis says. "This is a resource-intensive process, so reimbursement helps give more comfort around those investments. CMS's support of virtual check-ins, asynchronous evaluation, peer-to-peer consults, remote patient monitoring, and so on gives us more avenues to pursue, and we look forward to taking advantage of those opportunities."

2. Prolonged preventive services

CMS will now reimburse for the telehealth portion of preventive care services that require additional time beyond the usual in-person preventive care visit, although the expansion is modest, given the amount of screenings and tests already included under preventive care.

Providers who already offer telehealth or virtual visits might find it an attractive way to be reimbursed for visits requiring additional time, although the changes might not be sufficient to motivate health systems that haven't yet dipped their toes in the telehealth waters.

Nevertheless, the change has potentially broad reach for patients. Elaine Reale, M.D., a pediatrician with Privia's Marshak Medical Group in Rockville, Maryland, says the expanded CMS reimbursement plan is appropriate since telemedicine has a definite place in healthcare moving forward. "[Telehealth] does so much more with preventative healthcare and just making sure that things are staying on track, which will then serve us well as

patients get older and move down the line because then they won't potentially have as many health issues going on," Reale says.

3. New remote patient monitoring (RPM) codes

Medicare began covering certain RPM services this year. Under the new rules, CMS is expanding the RPM codes that it covers, including a code for the initial setup and patient education associated with an RPM device.

Jefferson Health, which has had remote patient monitoring in place for a few years, welcomes the expansion since it now covers initial setup and patient education, says Hollander.

At Privia, Lewis says CMS's reimbursement is a key consideration as part of its process of integrating RPM further into Privia's virtual health platform. "It's great to see CMS continuing to push reimbursement of new technologies forward, and we are supportive of those efforts," Lewis says. "[RPM] is part of our future plans, but we have yet to put significant resources into the development of it today."

4. Internet-based inter-professional consultations

Under this rule, new reimbursement is provided for provider-to-provider consultations via online messaging applications or portals. Both the initiating physician and the consulting physician would be eligible for reimbursement.

In most cases, the reimbursement does not require the use of interactive or synchronous audio-video technology, which would seem to increase the feasibility of implementation for some providers.

Allen Gee, M.D., a neurologist at Frontier NeuroHealth in Cody, Wyoming, said this particular proposed rule would seem to be ready-made for remote places like Wyoming where internet-based inter-professional consultations might be more necessary.

Telemedicine consultations thus far have been a small part of his practice, Gee says, but in the past six

months he has escalated the amount of virtual care he offers across the state. "Virtual care would certainly be beneficial for patients anywhere," Gee said, "more so in rural areas. But some of the current Medicare restrictions to telehealth in some ways still prevent access to care."

The additional reimbursement models for telehealth will likely be beneficial for both providers and patients, Gee says. "Being able to work with other trained professionals will be quite beneficial, and being able to connect the expertise with the patient no matter where they reside is what we need in the future," Gee says.

Taken together, this combination of reimbursement for telehealth services could pave the way for integrating more technology that assists physicians and benefits patients.

Rod Moore is a frequent contributor to athenainsight.

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