

## Telehealth Waiver Update

HHAU has been seeking further clarification to the information that went out earlier this afternoon, and trying to confirm whether telehealth home health and hospice visits are billable.

Calls to CMS for clarification have not resulted in additional direction (simply a reading of the information that was included in the bulletin and Q&A released earlier). CGS, NHPCO and NAHC are also seeking additional clarification from CMS.

Our last phone call was with leadership from the National Homecare & Hospice Association (NAHC), led by their CEO, Bill Dombi. Mr. Dombi is still taking a conservative approach to the information until CMS offers more information becomes available. NAHC believes that it is clear that telehealth visits performed by physicians for face-to-face and re-certification visits are billable – though he and NHPCO are waiting on confirmation re: hospice.

Additionally, it appears to most parties that the relaxation on HIPAA rules pertaining to telehealth apply to home health and hospice, as well as any healthcare provider:

“OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.”

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Some caution is being exercised due to the term “covered” to describe health care providers. There is also concern re: the ambiguity of terms utilized by CMS and the inability to readily clarify questions.

In the Q&A release following the bulletin, it specifically addresses home health:

13. Q: Can hospitals, nursing homes, home health agencies or other healthcare facilities bill for telehealth services?

A: Billing for Medicare telehealth services is limited to professionals. (Like other professional services, Critical Access Hospitals can report their telehealth services under CAH Method II). If a beneficiary is in a health care facility (even if the facility is not in a rural area or not in a health professional shortage area) and receives a service via telehealth, the health care facility would only be eligible to bill for the originating site facility fee, which is reported under HCPCS code Q3014. But the professional services can be paid for.

<file:///C:/Users/TEMP/Desktop/Medicare%20Telehealth%20FAQ.pdf>

Although the question is not answered with a “yes” or “no”, it initially appears to concede that home health agencies may bill for “professionals” using telehealth services (e.g. nursing, therapy, social work). However, it was brought to our attention by HHAU members, Kris Carter

and Peggy Hutson, from Aspire Home Health and Hospice - thank you Kris and Peggy- that the term “professional” may be referring to billers of professional services under HCFA 1500 claim forms versus institutional billers under UB-04 forms. This being the case, NAHC agrees that home health and hospice services would then not be covered.

So . . . we can still take away a couple of big wins from today, but more clarification is needed re: whether or not we can bill for telehealth and whether the HIPAA relaxations definitely apply to home health and hospice.

My personal thoughts (HHAU’s Board has not had time to take an official position) would be to use a conservative approach while waiting for further direction, and to base any telehealth visits on CMS’ use of the term “good faith.” I would still try and provide all visits in-person where reasonable and possible. However, if a patient is in a facility or in quarantine and not otherwise accessible or receiving care from another healthcare provider, I would utilize telehealth to provide medically necessary care, regardless of knowing if I would be paid for it later, but to be sure to document the circumstances and the reason for providing telehealth vs. an in-person visit.

CMS wants us to care for care for the patients/clients in our service, even though the delays and muddled direction we receive may sometimes seem like home health and the frontline is a priority. I’m confident that we will get clarification soon. Today's release makes it retroactive to 03/06/20, so if it was not intended to include home health or hospice, but later is expanded to cover our industries, we may be able to obtain retroactive application to billing as well.

Updated: 03/17/2020 4:20 p.m.

Limited PPE equipment and use of regular surgical masks