



# Telehealth information for home health and hospice services

## Billing implications for telehealth visits

The 1135 Waiver and recent legislative action has opened up many opportunities for home health and hospice providers to use telehealth services in place of in-person visits; however, there are still limitations to reimbursement of these visits as well as how these visits are reflected on a claim and application to visit thresholds. This is a very fluid situation right now as CMS has been directed by legislation to find ways for homecare providers to be able to provide telehealth visits during a Public Health Event (PHE).

### **CMS has indicated a guidance document for telehealth services is in process and hopes to have it available as soon as possible.**

Even with guidance, there may still be additional scenarios which are contradictory and need further clarification.

Billable visits are required for RAP and claim submissions as well as starting episodes of care. Be sure you are providing the necessary care for your patients and bill for the services that you are providing.

## Additional telehealth rules

- Physicians, nurse practitioners, physician assistants and clinical nurse specialists are permitted to bill telehealth visits as in-person visits (performing with the state's scope of practice laws). These visits are allowable to establish the face-to-face visit required for certification and establish the plan of care.
  - These visits must be performed with a two-way audio-visual connection
- Telehealth, remote monitoring and telephone visits are the types of homecare virtual visits that may be performed during the PHE.
- Telehealth visits must be included on the patient's plan of care with an indication of how the use of technology will help achieve the goals. There are no requirements detailing the structure of the telehealth visit.
- HIPAA enforcement of the security using a non-secure connection (such as FaceTime or Zoom) has been waived during the PHE

## A list of rules we know today

- Billing rules remain in place and have not changed
- All telehealth visits for Medicare beneficiaries receiving home health and hospice services are considered non-billable and cannot be included on a claim
  - Telehealth visits are not counted for LUPA thresholds for home health benefits
  - Telehealth visits are allowed only for hospice routine home care level of care, as a part of the per diem rate
- Initial assessments for home health and hospice services are permitted to be performed via telehealth

- Some states offer telehealth coverage under the Medicaid program. You can find more information on the [Medicaid.gov](https://www.Medicaid.gov) telehealth website and in the Medicaid FAQs for the COVID-19 PHE.
- Costs of telehealth technology for telehealth visits can be reported on the annual cost report.

### Other home health impacts

- Expands the definition of “physician” to include nurse practitioner or clinical nurse specialist or physician assistants, working in accordance with the State law and at the top of their license to practice. These clinicians can:
  - Order home health services
  - Establish and review the plan of care
  - Certify and re-certify Medicare home health eligibility
- Medicare Administrative Contractors (MACs) can extend the auto-cancellation date for RAPs.
  - Please check with your MAC for further information
- CMS will not conduct audits during the PHE
  - Audits currently underway will be halted and claims will be released
- Initial assessments to determine the homebound status can be done remotely or by record review.
- OASIS completion requirement has been extended to 30 days and the 30-day submission time frame has been waived.
  - The OASIS assessment must be transmitted before the final claim can be submitted
  - The abbreviated OASIS assessment is not an option during this PHE
- 2% Sequestration reduction has been waived from May 1, 2020 – December 31, 2020
- The Review Claims Demonstration (RCD) project has been paused for dates of service on or after March 29, 2020. The Unique Tracking Number (UTN) does not have to be submitted.
  - Pre-claim review requests are still accepted if the agency wants to continue; otherwise,

- Claims without a UTN during the pause are subject to a post claim review after the pause
- North Carolina and Florida demonstrations have been paused
- Homebound status has been relaxed to include Medicare beneficiaries who have been advised by their clinician to not leave the home because of a confirmed or suspected COVID-19 diagnosis or if the patient has a condition that makes them more susceptible
- Waives the onsite home health aide supervision visits. Virtual supervision is encouraged during the waiver.
- Cost reporting deadlines have been extended
  - Providers with a Fiscal Year End (FYE) of October 31, 2019 or November 30, 2019 are due June 30, 2020
  - The Providers with an FYE of December 31, 2019 are due July 31, 2020

### Other hospice impacts

- Expands the definition of “physician” to include nurse practitioner or clinical nurse specialist, physician assistants, clinical psychologists, and licensed clinical social workers working in accordance with the State law and at the top of their license to practice. These clinicians can:
  - Order hospice services
  - Establish and review the plan of care
  - Certify and re-certify Medicare hospice eligibility
- Requirement to use volunteers has been waived
- Comprehensive assessment is still required, but time frame to complete is extended to 21 days
- Requirement to provide non-core services for PT, OT and SLP have been waived
- Waives aide supervision visits. Virtual supervision is encouraged during the waiver.

## Sources

- ◉ CMS Coronavirus COVID-19 Stakeholder Calls: <https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/PodcastAndTranscripts>
- ◉ CMS COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>
- ◉ CMS Current Emergencies page: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- ◉ COVID 19 FAQs: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>
- ◉ Medicare Telehealth FAQs: <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>