



# CMS Waives Medicare Telehealth Reimbursement Restrictions Due to Coronavirus

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On Tuesday, March 17, CMS issued a waiver expanding reimbursement for telehealth services for Medicare beneficiaries during the COVID-19 epidemic. This waiver was granted as a result of new flexibility permitted under the Coronavirus Preparedness and Response Supplemental Appropriations Act.

Crucially, this waiver lifts the restrictive originating site requirements and geographical restrictions that have generally limited Medicare Part B reimbursement for telehealth services to patients who were a) in defined rural areas and b) receiving treatment at a specified originating site of service such as a hospital or physician's office.

Under the waiver, these limitations will be removed. In particular, Medicare beneficiaries outside of rural areas, and patients in their homes will be eligible for telehealth services,

effective for services starting March 6, 2020. The waiver will remain in effect until the Public Health Emergency declared by the Secretary related to COVID-19 ends.

Importantly, this waiver is not limited to services related to patients with COVID-19. The waiver broadens telehealth access without regard to the diagnosis of the patient.

This added flexibility is extraordinarily welcome news. This waiver will help Florida physicians to treat Medicare patients during this time of crisis and will make it easier for vulnerable beneficiaries to follow social distancing guidelines.

## Key Facts Regarding the Waiver:

- Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.



# Telemedicine

- These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings. In particular, patients outside of rural areas, and patients in their homes will be eligible for telehealth services, effective for services starting March 6, 2020.
- While they must generally travel to or be located in certain types of originating sites such as a physician’s office, skilled nursing facility or hospital for the visit, effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to beneficiaries in any healthcare facility and in their home.
- To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

For more detailed information, including billing and reimbursement information, please see [Frequently Asked Questions](#).

For more general information about the waiver, please [see the CMS Fact Sheet](#).

**Interim Final Rule with Comment Period (IFC):** Medicare and Medicaid COVID-19 Policy and Regulatory Changes

### Additional CMS Guidance Regarding HIPAA:

In addition to expanding telehealth benefits, the Office for Civil Rights at the Department of Health and Human Services announced that it was “empowering medical providers to serve patients wherever they are” by not enforcing HIPAA privacy rules against covered healthcare providers who in good faith provide telehealth services during the COVID-19 nationwide public health emergency.

This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

A covered healthcare provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.

Non-public remote communication products include Apple Face Time, Facebook Messenger video chat, Google Hangouts video, and Skype, but not public facing video communication apps such as Facebook Live, Twitch and TikTok. Providers are encouraged to notify patients that the non-public facing third-party applications potentially introduce privacy risks, and they should enable all available encryption and privacy modes.

Unlike the expansion of telehealth benefits, the non-enforcement of HIPAA privacy rules in the telehealth context applies to all covered healthcare providers in all instances and is not limited just to Medicare patients.

For more information, please see the [HHS Notification of Enforcement Discretion](#).

