

Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak

March 18, 2020

Yesterday, the White House announced expanded Medicare telehealth coverage that will enable a wider range of health care services without a patient appearing at a health care facility in person. Medicare will now temporarily pay clinicians to provide telehealth services for beneficiaries residing across the entire country.

Under President Trump's emergency declaration, the Centers for Medicare and Medicaid Services (CMS) is expanding Medicare's telehealth benefits to allow a range of health care providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, to provide telehealth to Medicare beneficiaries. Beneficiaries will now be able to receive telehealth services in any health care facility, including a physician's office, hospital, nursing home, or rural health clinic, as well as from their homes.

No specific location requirement:

CMS maintains a list of services that are normally furnished in person that may be furnished via Medicare telehealth. However, under the emergency declaration, and waivers, these services may now be provided to patients by professionals regardless of patient location.

No established relationship requirement:

The U.S. Department of Health and Human Services (HHS) will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.

No specialized equipment needed to furnish Medicare telehealth services under the emergency declaration:

Under the waiver, the HHS Office for Civil Rights will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

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