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# Insights

## CMS Publishes New Medicare Changes to Address the COVID-19 Pandemic

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On April 30, 2020, the Centers for Medicare and Medicaid Services ("CMS") announced a second round of changes to requirements designed to expand COVID-19 testing, to increase and support hospital capacity and workforce, and to expand Medicare coverage for telehealth services. Some of these changes apply only to Medicare coverage so providers should carefully review them and follow State Medicaid publications for additional detail. Healthcare providers can begin taking advantage of the new requirements immediately. These changes include:

### Diagnostic Testing for Medicare and Medicaid Beneficiaries

Making COVID-19 testing easier and more accessible to Medicare and Medicaid beneficiaries.

- Medicare no longer requires a written order for a COVID-19 test for Medicare reimbursement purposes.
- Medicare beneficiaries can be tested by pharmacists at "parking lot" test sites operated by pharmacies consistent with State law.
- CMS will pay hospitals a separate payment when the patient only receives COVID-19 testing.

### Hospital Capacity

Allowing hospitals to provide services in other healthcare facilities that are not part of the existing hospital and set up temporary expansion sites for patient needs in furtherance of its Hospitals Without Walls Initiative, including permitting:

- Providers to increase the number for COVID-19 patients without affecting Medicare payments.
- Payment for outpatient hospital services performed in temporary expansion locations when temporarily designated as part of a hospital.
- Certain provider-based hospital outpatient departments that relocate off-campus to temporarily be paid under the Outpatient Prospective Payment System.

### Healthcare Workforce

Clearing restrictions to maximize health care staff, including:

- Allowing nurse practitioners, clinical nurse specialists, and physician assistants to order and certify home health services and establish a care plan for Medicare and Medicaid beneficiaries.
- Not reducing Medicare payments for teaching hospitals that shift residents to other hospitals to meet COVID-19 demand.
- Allowing occupational and physical therapists to delegate maintenance therapy services to physical and occupational therapy assistants in outpatient settings.

**Telehealth**

Waiving restrictions for telehealth applicable to provider types and locations, including:

- Allowing other providers, including physical therapists, occupational therapists, and speech pathologists to provide Medicare telehealth services.
- Allowing a hospital to bill under the Physician Fee Schedule for the originating site facility fee associated with the telehealth service if the beneficiary's home or temporary expansion site is considered a provider-based department of the hospital, and the beneficiary is registered as an outpatient of the hospital for receiving telehealth services billed by the practitioner.
- Expanding the list of Medicare services that may be conducted by audio-only and increasing Medicare payments for such encounters.

Notwithstanding these permitted changes, providers continue to be subject to State laws, requiring a state-by-state analysis to determine whether these permitted changes can be fully utilized in the State in which the provider is operating. Contact Brandon W. Shirley or Meghan M. Linvill McNab if you have questions about how these new changes apply to your practice.