

Insights

CMS Revises the MLN Telehealth Services Booklet

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In February 2018, the Center for Medicare and Medicaid Services (“CMS”) revised its MLN Booklet on Telehealth Services (the “Telehealth Booklet”).[1] Medicare continues to be fairly restrictive in terms of reimbursing telehealth services. While the Telehealth Booklet does not announce any substantive changes to Medicare telehealth reimbursement, it provides helpful resources and explanations for the following telehealth service topics:

1. Originating sites: The originating site means the location where the Medicare beneficiary is located at the time of the telehealth services.[2] The Medicare beneficiary is eligible for reimbursable telehealth services only if the originating site is a county outside of a Metropolitan Statistical Area or a rural Health Professional Shortage Area.[3] In addition, there may be other originating site exceptions, such as those entities participating in a Federal telemedicine demonstration project.[4] In addition, only certain originating sites qualify for telehealth reimbursement, such as hospitals, critical access hospitals and federally qualified health centers. [5] The Telehealth Booklet provides helpful resources for providers to determine whether a particular location is an originating site.

2. Distant practitioners: Medicare will only reimburse telehealth services provided by certain practitioners including, but not limited to, physicians, nurse practitioners and physician assistants.[6] These providers in addition to the other listed in the Telehealth Booklet must also abide by state law and scope of practice restrictions in addition to Medicare requirements when providing telehealth services.

3. Telehealth services: The Telehealth Booklet also generally discusses that for telehealth services to be reimbursable there must be interactive telecommunications services[7] as opposed to store-and-forward (sending patient vitals or other medical information), with limited exceptions[8]. In addition, the Telehealth Booklet also details a number of particular services and the HCPCS/CPT Codes that are reimbursable under Medicare Part B, such as individual and group health and behavior assessment and intervention as well as individual psychotherapy.

4. Billing and payment for professional services and facility fees: Telehealth services are covered under Medicare Part B.[9] Telehealth Booklet covers how to generally submit claims for telehealth services as well as new update effective January 1, 2018 that some providers may need to be aware of. In addition, the Telehealth Booklet notes that when a community mental health center serves as an originating site, the facility fee does not count toward the number of services used to determine payment for partial hospitalization services.

The Telehealth Booklet should be reviewed by all providers that seek Medicare reimbursement for telehealth services. In addition, providers should have specific policies and procedures that govern the provision of

telehealth services and ensure that such policies and procedures incorporate any requirements that will maximize Medicare and Medicaid reimbursement as well as ensure compliance with state specific laws governing telehealth. If you have questions regarding telehealth services, including Medicare reimbursement of telehealth services, please contact Stephanie T. Eckerle at seckerle@kdlegal.com, Brandon W. Shirley at bshirley@kdlegal.com or your regular Krieg DeVault attorney.

[1] See CMS MLN Booklet, Telehealth Services, February 2018, <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>

[2] 42 C.F.R. § 410.78(a)(4)

[3] *Id.* at (b)(4)

[4] *Id.* at (d)

[5] *Id.* at (b)(3)

[6] *Id.* at (b)(2)

[7] *Id.* at (b)

[8] *Id.* at (d)

[9] *Id.* at (b)