



Federal Telehealth Policies During COVID-19 Pandemic: April 1, 2020

U.S. Federal Government flexibilities and allowances for the administration of telehealth services during the COVID-19 pandemic national health emergency are rapidly shifting as government agencies work to respond to the crisis. Below are the current requirements for utilizing telehealth services in your practice as administered by the U.S. Department of Health and Human Services (HHS) and other agencies, as well as the corresponding COVID-19 coding.

I. Currently Enacted Flexibilities

Centers for Medicare and Medicaid Services (CMS): Medicare

- CMS has expanded access to telehealth services for people with Medicare, meaning they can receive care where they are: at home or in a nursing or assisted living facility.
- Providers are eligible to bill – and CMS will reimburse clinicians – for telehealth at the same rate as in-person visits for over 80 different services.
 - Including: emergency department visits, initial nursing facility and discharge visits, home visits, and therapy services.
- Telehealth may be delivered by both audio only and audio/video systems
- Providers do not need to have a prior relationship with the patient to provide telehealth services.
 - There are no limitations related to where the patient is located.
- Providers may provide remote monitoring services for patients with acute and chronic conditions, and can be provided for patients with only one chronic disease.
- CMS released a [toolkit](#) to assist long-term care nursing homes.

Read more: [CMS COVID-19 Interim Final Rule](#)

CMS: Medicaid

- Waivers for the use of telehealth in State Medicaid programs are awarded on a state-by-state basis. See the [Medicaid Disaster Response Toolkit](#) for more information.

CMS: Medicare Advantage (MA)

- MA Organizations may waive or reduce enrollee cost-sharing for beneficiaries enrolled in their MA plans impacted by the outbreak and cost-sharing for COVID-19 laboratory tests and for telehealth benefits. MA Organizations may also provide enrollees access to Medicare Part B services via telehealth.

Read more: [MA Bulletin](#)



HHS Office of Civil Rights (OCR)

- Penalty enforcement is suspended for those taking advantage of telehealth services.
- Providers are allowed to utilize “non-public facing remote communication” for audio and visual communication to conduct telehealth visits.

Read more: [OCR Guidance](#)

HHS Office of the Inspector General (OIG)

- Providers are allowed to reduce or waive cost-sharing for visits paid for by Federal healthcare programs.

Read more: [OIG Guidance](#)

Health Resources and Services Administration (HRSA)

- Health centers are allowed to provide in-scope telehealth services to patients that were not previously patients of the health center. Health centers are still encouraged to focus on individuals within their service area.

Read more: [HRSA FAQ](#)

Drug Enforcement Agency (DEA)

- The DEA is not requiring DEA-registered practitioners to obtain additional registrations for additional states where they prescribe controlled substances for the duration of the emergency.

Read more: [DEA Guidance](#)

II. Coding for COVID-19

Ambulatory Procedure Codes

- Medicare:
 - CDC Tests: U0001
 - Commercial Tests: U0002
 - [Pricing](#)
- CPT:
 - COVID-19: 87635
 - [Guidance](#)

Inpatient Procedure Codes

- Centers for Disease Control and Prevention (CDC) [guidance](#).

Diagnosis codes (inpatient and ambulatory):

- Confirmed Cases (Including Presumptive Positive): U07.1
- [Guidance](#) (Including for suspected cases)