



Medicare Telehealth Services During COVID- 19

May 4, 2020

On April 30, 2020, CMS released the COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers. Included in this waiver is the temporary expansion of qualified healthcare providers, now making audiologists (and speech language pathologists) eligible to provide telehealth services to Medicare Part B beneficiaries. The waiver is retroactive to March 1, 2020 and will be effective for the duration of the public health emergency.

How does this emergency provision impact audiologists?

For the duration of the public health emergency, audiologists may provide telehealth services to Medicare Part B beneficiaries within a limited scope. For any services provided outside of those identified, audiologists may consider entering into a private pay agreement with patients.

Any Medicare providers who delivered now covered services with a private pay agreement will need to return funds collected and submit claim(s) to Medicare for payment. This includes any covered services provided since March 1, 2020.

What audiology services are covered under the temporary waiver?

These specific services and codes represent those now covered under the Medicare telehealth benefit. Audiologists may consider providing any services not included in this list under a private pay agreement.

92601: Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming

92602: Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming; subsequent programming

92603: Diagnostic analysis of cochlear implant, age 7 years or older; with programming

92604: Diagnostic analysis of cochlear implant, age 7 years or older; with programming; subsequent programming

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

How do audiologists report remote programming services to Medicare?

CMS billing guidance for telehealth services is specific to POS and Modifiers. Providers should report the same CPT code(s) and follow the same guidance as they would for in-person services. Telehealth services are reimbursed at the same rate as in-person services according to the current Medicare fee schedule.



- CMS instructs providers who bill Medicare for telehealth services to report the place of service (POS) code that would have been reported had the service been furnished in person.

Example: For office settings, providers will bill with POS 11.

- Providers should append Modifier 95 to each CPT code provided via telehealth. CPT telehealth modifier 95 represents synchronous telemedicine services.

What communication platforms may providers use to perform Medicare telehealth services?

Medicare telehealth services must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. However, certain equipment and HIPAA requirements have been waived allowing providers to utilize nonpublic facing platforms during this time. These may include but are not limited to Apple Face Time, Skype, Zoom, Facebook Messenger video chat.

Does the expansion include services provided to patients with Medicaid or commercial health insurance?

This temporary waiver does not extend to health insurance outside of Medicare Part B or Medicare Advantage plans. Reimbursement for audiology services will vary by payer and by state. Providers should seek guidance on telehealth coverage as they verify benefits and consider private pay contracts where benefits are not available.

Medicaid

- States have broad flexibility to cover telehealth through Medicaid, including the methods of communication (such as telephonic, video technology commonly available on smart phones and other devices) to use.
 - See ASHA website for Medicaid state tracking document under resources.
 - POS and Modifier guidance may vary – check with payer.
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Commercial

- Providers should seek guidance on telehealth coverage as they verify benefits and consider private pay contracts where benefits are not available. Providers should follow payer specific guidelines for informing patients and potential shifting of financial liability to patients where applicable.
- See ASHA website for commercial insurance plan tracking document under resources.
- POS and Modifier guidance may vary – check with payer.



How long will this be effective?

This waiver is valid through the duration of the public health emergency. Providers should monitor updates from CMS for additional information. Additional details will be communicated as they become available. Meanwhile, please contact OMS or your Regional Reimbursement Manager as needed for assistance.

Providers are also encouraged to work with professional societies on continued advocacy efforts regarding telehealth and permanent provider consideration.

RESOURCES:

AAA

<https://www.audiology.org/advocacy/cms-expands-list-medicare-eligible-telehealth-providers-include-audiologists>

ACIA

COVID- 19 updates and resources available to providers, including template to request a Medicaid Waiver for providing speech language and audiology services via telehealth. <https://www.acialliance.org/page/covid-19updates>

ASHA

Telehealth coverage tracking by state:

<https://www.asha.org/uploadedFiles/State-Telepractice-Policy-COVID-Tracking.pdf>

Telehealth coverage tracking by commercial insurance plan:

<https://www.asha.org/uploadedFiles/COVID-19-Commercial-Insurance-Telepractice-Policy-Tracking.pdf>

Telehealth coverage tracking of Medicaid by state:

<https://www.asha.org/uploadedFiles/COVID-19-State-Medicaid-Telepractice-Policy-Tracking.pdf>

CMS

COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

<https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

Covered telehealth services during COVID 19 PHE

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

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