

TELEHEALTH FLEXIBILITY AND REIMBURSEMENT

With the outbreak of the novel coronavirus 2019 (COVID-19), many outpatient clinics and facilities find themselves needing to utilize telehealth visits to provide care to patients. Clinical decision making has helped to determine who is high-risk and needs to avoid exposure, as well as which at-risk patients need evaluation. In order to cope with these needs and vulnerabilities, more physicians are utilizing telehealth to see patients.

For the duration of the public health emergency for COVID-19, the Centers for Medicare & Medicaid Services (CMS) added an exception to the definition of “interactive telecommunications system” to allow for the use of mobile phones that have audio/video capability. CMS has also allowed additional flexibility for the use of audio-only communications to provide telehealth services.

Telehealth Flexibilities Include:

- **80 + additional services to be furnished via telehealth** including ED visits, initial nursing facility and discharge visits, and home visits.
- **An expansion of the types of qualified health care providers that can provide Medicare telehealth services** to include physical therapists, occupational therapists, and speech language pathologists.
- **Telehealth visits being considered to fulfill much of the face-to-face requirements for clinicians** to see patients at inpatient rehab facilities, hospice, and in-home health.
- **The creation of an electronic prior authorization program** including the electronic transmission of requests and responses and a real-time process for items and services that are routinely approved.

AAOS Believes:

The use of telehealth visits to see patients further increases patient access, particularly for those within vulnerable patient populations including mobility impaired patients, rural patients, elderly patients, and those with limited transportation. These visits and their Medicare coverage allow physicians to continue providing care to patients despite challenges, impediments and obstacles to in-person treatment.

What Congress Should Do:

We thank Congress for allowing these initial flexibilities in concert with CMS. Congress should pass extensions that would allow these flexibilities and reimbursements to continue past the expiration of the public health emergency.