Guidelines on RPM and Telehealth Reimbursement during COVID-19

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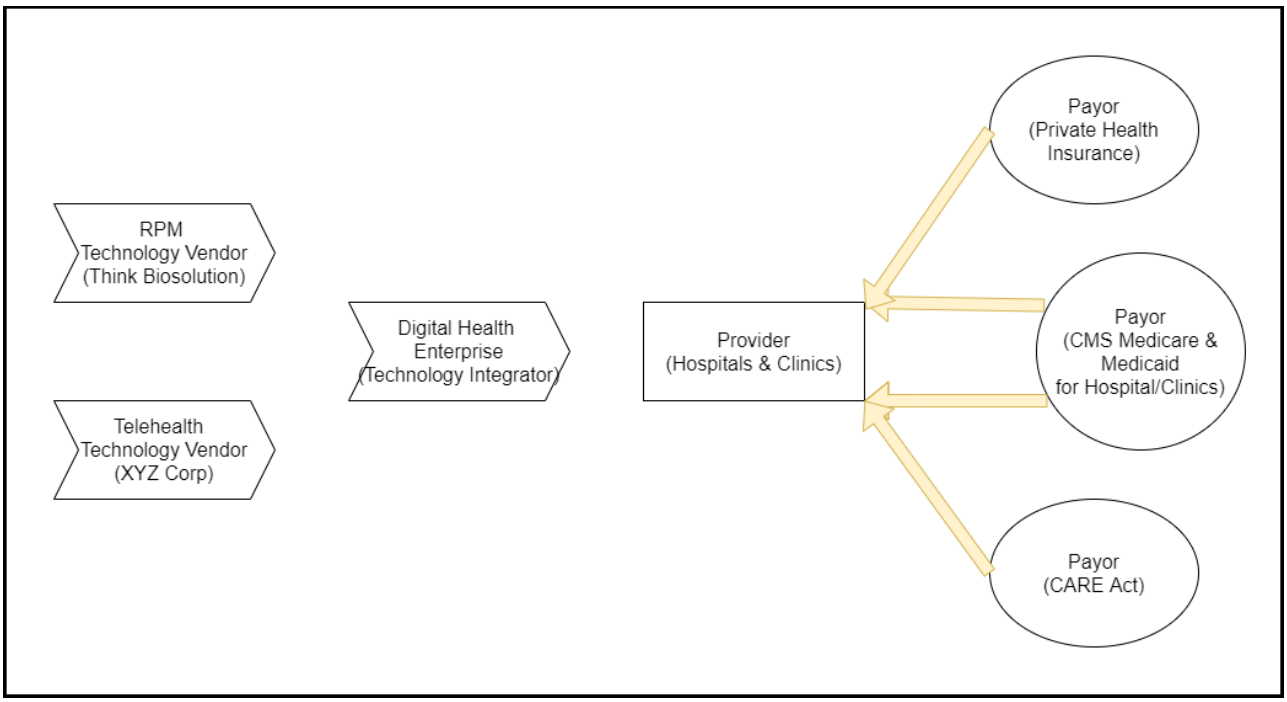
Introduction

The COVID-19 pandemic has fundamentally altered the interaction dynamic of people, with the center of focus shifting from in-person interaction to remote video-based solutions in all walks of life. This trend has also proliferated into how patients interact with their healthcare providers. Due to the risk of spread of COVID-19 as well as the overwhelming of medical infrastructure, the need for telehealth as well as remote patient monitoring (RPM) solutions has become more obvious than ever.

Figure 1 – The schematic below illustrates multiple reimbursement pathways for providers during the COVID-19 pandemic for launching digital health solutions such as RPM and telehealth. The schematic also explains how providers can work with digital health enterprises and technology vendors to deploy these digital health solutions.



Reimbursement via Private insurance

To address new social and medical needs, private medical insurance companies have embraced telehealth and RPM in a wider manner. They have also defined new reimbursement schedules and pathways that move the center of care from hospital and clinic-centric care to at-home care delivery.

Some New Developments

- Federal telehealth oversight has been relaxed during COVID-19 threat [1]
- Several insurance plans that did not cover telehealth services, now do so. [2]
- Telehealth services for mental health services have been significantly expanded [3]
- Remote patient monitoring services, which were earlier often bundled with telehealth and other digital services are now being included in several plans as a standalone service. [4]

Grants via CARES Act

In response to the COVID-19 pandemic, the CARES Act (2020) has been enacted. The COVID-19 Telehealth Program under the act will provide $200 million in funding, offering up to $1 million per healthcare provider to fully–fund telehealth programs through the COVID-19 pandemic. [5]

Eligible Entities

The CARES act is only intended for public entities and not-for-profit healthcare facilities, such as

- Teaching hospitals and medical schools
- Not-for-profit hospitals
- Community clinics
- Local health departments and agencies

Each site in the grant application must receive an official eligibility determination from the Universal Service Administrative Company (USAC). Said determination can be obtained by filing an official FCC Form 460 here. [6] Provider sites that have already been deemed eligible for participation in Rural Health Care (RHC) Programs do not need to reapply for eligibility determination.

Eligible Services

These grants can be used for

- video consultations (both services and platforms will be covered).
- remote patient monitoring (both services and platforms will be covered).
- smartphone/tablets to connect to remote devices and store/transmit data to HCPs, and
- telecommunication services for remote connectivity

CMS Medicare for hospital/clinics

In Fall 2019, CMS has introduced new CPT codes addressing reimbursement of remote patient monitoring in a wide range of scenarios [7]. This was further expanded in the context of the COVID-19 pandemic CMS have also introduced relaxed quality reporting, as well as blanket waivers for a variety of care provisioning guidelines. [8] [9] CMS has provided a one-stop guide for various waivers and updated policies for the convenience of healthcare facilities here. [10]

Earlier Requirements

Before the pandemic, telehealth visits were reimbursed at a lower rate, usually only for established patients. CMS also allowed reimbursement for a limited number of telehealth services.

COVID-19 related updates

In a departure from earlier policies, for Medicare recipients, telehealth services are now reimbursable at rates identical to in-person visits, both for established as well as new patients.

CMS has also introduced several additional services that can be provided remotely via telehealth solutions, such as domicile visits for new patients, and critical care. [11]

Certain telehealth services would still need modifiers in the claims being processed. However, said modifiers will not have any impact on reimbursable amounts for the most part.

Clinicians can provide remote patient monitoring services for patients, no matter if it is for the COVID-19 disease or a chronic condition. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry. [12]

CMS Medicare for home/hospice care

CMS has significantly relaxed certain requirements for reimbursement under Medicare for both hospice and home-based care [13] [14].

Earlier requirements

With Home Health services and hospice care, in-person hospice nurse visits were a requirement every two weeks for inspection of care conditions.

Additionally, homebound care was only reimbursed earlier for patients for whom leaving home would constitute "a considerable and taxing effort", usually on account of illness or injury

COVID-19 related updates

In response to the pandemic, the requirement for in-person nurse visits every two weeks has been temporarily waived.

Home-based care is now an offering expanded to all patients who have been advised to stay home by a physician on account of suspected or confirmed COVID-19.

While there is no direct reimbursement to Home Health agencies for telehealth or remote patient monitoring services at this time, they can add remote patient monitoring protocols and devices to patients that have RPM included in the plan of care. Additionally, Home Health agencies can enter into Private Pay agreements with physicians or hospitals to provide telehealth and RPM services to their patients.

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