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Health Law Matters

A Deeper Dive into Virtual Services

While innovation in communication (and Medicare reimbursement) has been evolving, the COVID-19 crisis has pushed it forward at warp speed. To contain the spread of the virus, focus is on limiting interaction and exposure by taking the care to the patient, many times in their own home, via virtual services. With the recent changes by the Centers for Medicare and Medicaid Services (CMS), telehealth is the talk of the town. But what most people don't realize is that telehealth is just one of three virtual services now legal and reimbursable by Medicare. Though there is now much more flexibility for the type of service that may be provided and the practitioners who may bill, there are still certain requirements that must be satisfied for each type of virtual service. The following are bullet-point summaries of each of the three types of virtual services – telehealth visits, virtual check-ins and e-visits – as set forth by CMS:

Telehealth Visits

- For new or established patients
- For office, hospital (inpatient or outpatient) and other in-person services
- Must be interactive (audio and visual)
- Must be in real time (no recording)
- May be used by physicians (MD/DO), nurse practitioners (NP), physician assistants (PA), certified nurse midwives (CNM), certified nurse anesthetists (CRNA), clinical psychologists (LCP), clinical social workers (LCSW), registered dietitians (RD) and other nutrition professionals
- Patient cost-sharing may be waived
- Services are coded and paid same as in-person services

Virtual Check-ins

- For new or established patients (patient initiated)

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- For brief encounters (5-10 minutes) only
- May use any means of communication, including phone, email and text
- May involve evaluation of pictures or recorded videos
- May be used only by MD/DOs, NPs or PAs (those who bill office visits)
- Patient cost sharing applies (may not be waived)
- Billable if not related to a visit within seven days before or 24 hours after

E-visits

- For established patients only (patient initiated)
- For office visits or assessments
- Through use of an online patient portal
- May involve evaluation of pictures or recorded videos
- May be used only by MD/DOs, NPs, PAs, physical therapists (PT), occupational therapists (OT), speech language pathologists (SP) and LCPs
- Patient cost sharing applies (may not be waived)
- MD/DOs, NPs and PAs use 3 codes for office visits; PTs, OTs, SPs and LCPs use 3 different codes to bill assessment and management services

For more information, please contact Rhonda Frey or any attorney in Frost Brown Todd's Health Care Innovation industry team.

To provide guidance and support to clients as this global public-health crisis unfolds, Frost Brown Todd has created a Coronavirus Response Team. Our attorneys are on hand to answer your questions and provide guidance on how to proactively prepare for and manage any coronavirus-related threats to your business operations and workforce.

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