Telehealth Before and After COVID-19
Telehealth in Original Medicare Fee for service

WHO HAS ACCESS?

BEFORE COVID-19
Patients had to be in a remote or rural coverage area. In 2018, only about 21.5% of original Medicare beneficiaries resided in rural areas (7.8 Million).

AFTER COVID-19
There are no restrictions on coverage area. Now all 36 million* Original Medicare beneficiaries have access to the service.

CAN PROVIDERS SEE PATIENTS IN THEIR HOME?

BEFORE COVID-19
The originating site refers to where the patient is physically located at the time of service.

AFTER COVID-19
Providers must be located in a Medicare eligible place of service, such as a clinic or hospital.

WHAT SERVICES CAN YOU FURNISH VIA TELEHEALTH?

BEFORE COVID-19
A limited number of services was approved to be delivered via telehealth with real-time audio and video.

AFTER COVID-19
CMS has rapidly expanded the list of services that are temporarily allowable during the PHE. CMS is also allowing some services to be delivered via audio-only. A complete list of allowable telehealth and audio-only services is available on the CMS website.

DO PATIENTS HAVE TO PAY FOR TELEHEALTH SERVICES?

BEFORE COVID-19
Cost sharing (deductible and co-insurance) applies for originating site fee and distant site services.

AFTER COVID-19
RHCs and FQHCs may be the distant site for telehealth visits. Practitioners may also furnish telehealth services from their home. Coding and reimbursement rules and rates vary.

ARE THERE TECHNOLOGY RESTRICTIONS?

BEFORE COVID-19
HIPAA regulations are not being enforced, which opens up a variety of apps and technologies that could be utilized while getting started in telehealth. Examples include FaceTime, WhatsApp, and Facebook Messenger.

AFTER COVID-19
Medicare and Medicaid are temporarily waiving the requirement for providers to be licensed in the state where the patient is located, as long as they are appropriately licensed in another state. However, state restrictions may apply.

CAN RHCs/FQHCs BE THE DISTANT SITE?

BEFORE COVID-19
RHCs and FQHCs can only serve as Originating Site.

AFTER COVID-19
RHCs and FQHCs may be the distant site for telehealth visits. Practitioners may also furnish telehealth services from their home. Coding and reimbursement rules and rates vary.

SOURCES:

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