FACT SHEET

Medicare Telehealth for Home Health

While there is much talk about Medicare telehealth there is still some confusion.This fact sheet is a guide for providers in search of answers regarding the use of telehealth in their home health agencies.

In summary home health organizations can use telehealth to communicate with patients and address aspects of their care, but they do not count as a visit for Medicare, and therefore cannot be directly reimbursed. Home health organizations will need to check with their Medicaid plans or private insurers to verify if they can be reimbursed for telehealth visit. Telehealth can assist in early symptom screening, remote care management with vulnerable patients, as well as reducing the risk of exposure to clinicians during this pandemic.

FREQUENTLY ASKED QUESTIONS	ANSWERS	CMS DOCUMENTATION	CLARIFICATION / INTERPRETATION
What is Telehealth?	Telehealth is the distribution of health-related services and information via electronic and telecommunication technologies. It allows long-distance patient and clinician contact, care, advice, reminders, education, intervention, and monitoring.	https://www.cms.gov/files/document/covid-final-ifc.pdf	Medicare, in the interim final rule, referred to Telehealth as it relates to physicians/practitioners. However, in the communication regarding home health agencies for clarification, they do not use the term telehealth, but instead speak about technology and telecommunication devices.
Does Medicare reimburse Home Health Agencies for telehealth visits?	No. Currently, only Medicare reimburses physicians/practitioners for Telemedicine Visits with the required CPT codes. Some insurance plans and Medicaid programs reimburse home health agencies for telehealth visits but not Medicare. Please refer to your insurance contracts and Medicaid plans for further information.	We have been asked by stakeholders to provide more clarity on how HHAs can leverage technology to keep home health clinicians and patients safe during outbreaks of an infectious disease, such as the PHE for the COVID-19 pandemic. While we remain statutorily-prohibited from paying for home health services furnished via a telecommunications system if such services substitute for in-person home health services ordered as part of a plan of care and for paying directly for such services under the home health benefit, for the duration of the PHE for the COVID-19 pandemic, we are amending the regulations at § 409.43(a) on an interim basis to provide HHAs with the flexibility, in addition to remote patient monitoring, to use various types of telecommunications systems (that is, technology) in conjunction with the provision of in-person visits. Finally, on an interim basis HHAs can report the costs of telecommunications technology as allowable administrative and general (A&G) costs by identifying the costs using a subscript between line 5.01 through line 5.19.	Due to the current law, Medicare is not allowed to reimburse home health agencies for any telehealth services but has always encouraged telecommunication such as remote patient monitoring and telephone monitoring as services to augment the plan of care as long as it is ordered and the telecommunication does not replace in-person visits. Telecommunication expenses may be added as administrative costs to the Medicare Cost Report.
Does Medicare allow the use of telehealth in home health?	Yes, the use of telehealth is allowed in the Medicare home health program.	A memo released by CMS on March 30, 2020, says “Home Health Agencies (HHAs) can provide more services to beneficiaries using telehealth within the 30-day episode of care, so long as it’s part of the patient’s plan of care and does not replace needed in-person visits as ordered on the plan of care. We acknowledge that the use of such technology may result in changes to the frequency or types of in-persons visits outlined on existing or new plans of care.”	This information tells us that telehealth **IS** permissible as a means of carrying out the physician’s plan of care. The telehealth must be a part of the plan of care. This means there must be clear documentation IN the physician’s Plan of Care (aka 485), indicating that telehealth will be used during the episode. There must be a clear indication as to when the in-home visit will be done, and also the telehealth visit frequency and orders to support the Plan of Care.

Are there any specific requirements for the documentation of these interactions?	CMS has not given us specific documentation requirements. However, they do indicate that telehealth 'visits' must be related to the assessment and outcomes.	CMS: "To appropriately recognize the role of technology in furnishing services under the Medicare home health benefit, the use of such technology must be included on the plan of care. The inclusion of technology on the plan of care must continue to meet the requirements at §484.60, and must be tied to the patient-specific needs as identified in the comprehensive assessment and the measurable outcomes that the HHA anticipates will occur as a result of implementing the plan of care."	Ensure your software vendor provides a telehealth note allowing the integration of telehealth interventions, including the ability to add the frequency of telehealth visits onto the Plan of Care. A bonus would be to add your interventions and goals that flow to the Plan of Care, and adjust whether the note is billable dependent on insurance type.
Will telehealth visits help avoid LUPA payments?	No, telehealth visits will not count towards meeting the LUPA threshold. However, telehealth can decrease the number of in-person visits once the LUPA threshold is met to ensure the patient is able to reach their goals and progress towards self-management. .	We reiterate that by law the use of technology may not substitute for an in-person home visit ordered as part of the plan of care and services furnished via a telecommunications system CMS-1744-IFC 66 cannot be considered a home health visit for purposes of eligibility or payment. However, we acknowledge that the use of such technology may result in changes to the frequency or types of visits outlined on the plan of care, especially to combat the PHE for the COVID-19 pandemic.v	To receive the benefit of a full payment episode, the LUPA threshold must be met by providing adequate in-home visits. Telehealth visits can be utilized intermittently to ensure patients meet planned goals.
Are there billing codes for Medicare telehealth nursing?	There are no codes since Medicare telehealth is not reimbursable.	We reiterate that by law the use of technology may not substitute for an in-person home visit ordered as part of the plan of care and services furnished via a telecommunications system CMS-1744-IFC 66 cannot be considered a home health visit for purposes of eligibility or payment.	The Medicare telehealth encounters are not reimbursable.
Are Face-to-Face visits by physicians covered?	Check Medicaid, Advantage, waiver programs and private insurances for reimbursement codes, if telehealth visits are reimburseable.	Under the Cares Act, telehealth for both hospice and home health are now covered.	The F2F must include both video and audio. Therefore, the home health or hospice agency must be certain that the patient has the equipment necessary in the home to receive a video assessment. If the patient has only a telephone with no video capability, the physician will not be able to bill. Document information regarding the patient's telehealth capability during intake and relay the information to the physician's office.
Can an initial assessment be conducted using telehealth?	Certain parts of the initial assessment are allowable under current waivers during the pandemic. This allowance DOES NOT include OASIS items. Consents and other assessment items must still be completed on site.	42 CFR β484.55(a) waives the requirements to allow home health to conduct initial assessments remotely or through record review.	Be aware that current regulations **(DURING PANDEMIC ONLY)** provide for certain parts of the 'initial assessment' to be completed via telehealth. However, consent, all OASIS items and much of the 'Comprehensive Assessment' must be received on-site at the patient's place of residence.
I was told Medicare does provide reimbursement for therapy telehealth visits. Is this true?	Medicare decided to reimburse for therapy services by eligible distance site practitioners. This is temporary and does not include therapy under the home health care benefit.	In light of the PHE for the COVID-19 pandemic, we believe that the risks associated with confusion are outweighed by the potential benefits for circumstances when these services might be furnished via telehealth by eligible distant site practitioners. We believe this is sufficient clinical evidence to support the addition of therapy services to the Medicare telehealth list on a category 2 basis. However, we note that the statutory definition of distant site practitioners under section 1834(m) of the Act does not include physical therapists, occupational therapists, or speech-language pathologists, meaning that it does not provide for payment for these services as Medicare telehealth services when furnished by physical therapists, occupational therapists, or speech-language pathologists.	Although the current statue does not include therapists on a temporary basis due to COVID-19, CMS will allow eligible distant site practitioners to bill for telehealth on a category 2 basis. Category 2 services are those services that are not similar to those on the current list of telehealth services for physicians/ practitioners.