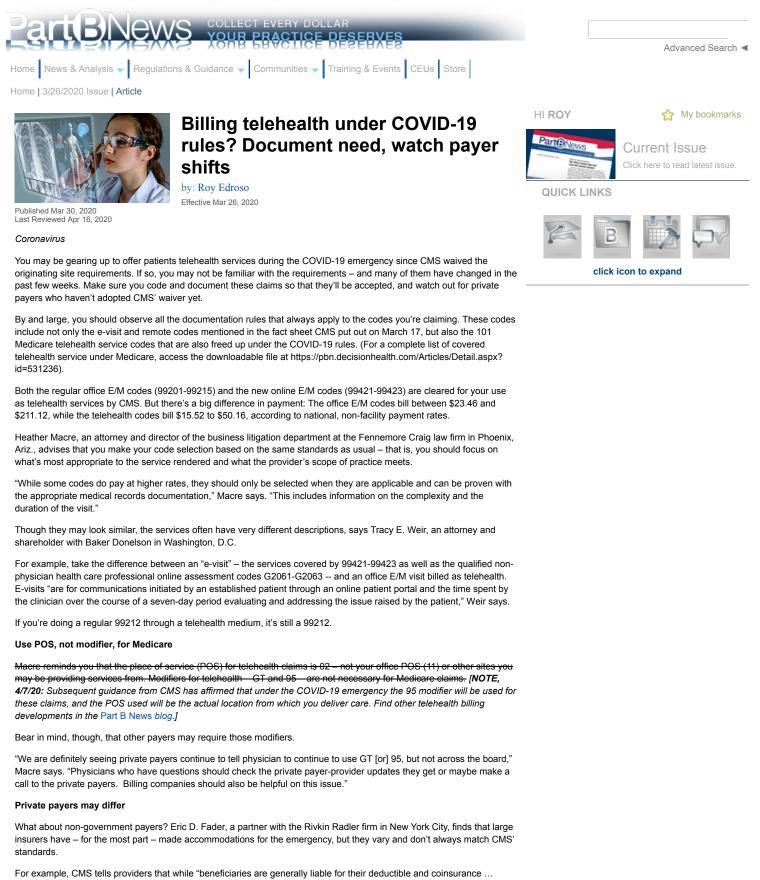
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[OIG] is providing flexibility for health care providers to reduce or waive cost-sharing for telehealth visits paid by federal health care programs."

On the other hand, Aetna has waived cost-sharing for all telehealth services provided by "Teladoc options through the Aetna Health app' network providers who deliver virtual care, such as live video-conferencing; [and] other virtual care apps

or services provided as part of your plan." Cigna has waived cost-sharing for "COVID-19 testing-related visits with innetwork providers" specifically.

Bear in mind that some state actions will allow for more liberal use of telecommunications in that state than the feds will – though payment for those services is still up to the payers. The Texas Medical Board, for example, says that "telemedicine, including the use of telephone only, may be used to establish a physician-patient relationship. This expanded use of telemedicine may be used for diagnosis, treatment, ordering of tests and prescribing for all conditions. The standard of care must be met in all instances."

Contrast this with CMS, which only allows claims for "synchronous discussion over a telephone" to be billed with the virtual check-in codes G2012 (Brief communication technology-based service, 5-10 minutes) and G2010 (Remote evaluation of recorded video and/or images submitted by an established patient).

Especially if you're new to telehealth, be aware that regulations for private plans will differ from state to state as far as what insurers are required to cover, and at what rate, warns Jenny G. Givens, a partner at the Gray Reed firm in Dallas. "In Texas, TDI [the Texas Department of Insurance] requires insurers to reimburse telehealth encounters at same rate as in-office," she says. But "just because the state issues a regulation or guidance doesn't mean every plan has to follow. In Texas, only plans regulated by TDI are covered [by their regulation]." Self-funded plans, such as often cover employees of large companies, are not.

Buck the system?

What if your payer hasn't changed its telehealth policy and you believe, given the emergency, you should still be able to use – and claim payment for – telehealth services?

Fader thinks it's worth a try. "The practical thing is, if a claim's denied, you always have the ability to appeal. There may be some public policy pressure to permit things whether they're publicized or not."

Jan Dubauskas, vice president of the online health insurance brokerage HealthInsurance.com, suggests that you "work directly with your insurance company to negotiate coverage." If that doesn't work, she suggests working with a patient advocacy service, which regularly works with insurance companies to negotiate more favorable outcomes.

Harry Nelson, partner with Nelson Hardiman and author of The United States of Opioids: A Prescription for Liberating a Nation in Pain, is less optimistic. "On the one hand, payers are liberalizing [telehealth] -- but on the other side, they'll be getting an avalanche of claims, and there'll be lots of denials in those circumstances."

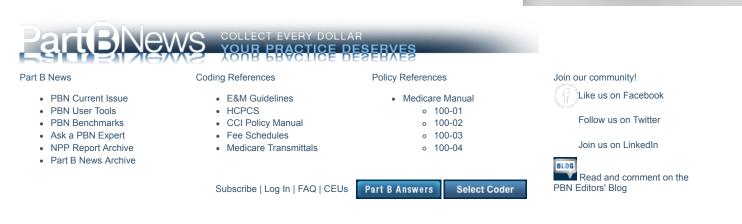
Nelson is currently running webinars for health care clients who have heretofore seldom or never used telehealth, such as providers of addiction treatment, autism treatment and behavioral health. "I tell my providers: Expect to have problems getting paid," he says. "There'll be big pushback from the payers from the sheer volume alone."

Down the road, though, especially after a protracted emergency situation, payers may begin to take the hint.

"I've been arguing for five years that the only way to meet some of the needs of our health care system is to treat in the lowest possible acuity setting," Nelson says. "We've been moving care away from hospitals, to ambulatory and office setting, and ultimately toward home. To me, telehealth is the ultimate realization of that logic. This has been a wake-up call and people are being forced to do it." – *Roy Edroso (redroso@decisiohealth.com)*

Resources

- CMS fact sheet: www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
- CMS telehealth FAQ: https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf
- OIG policy statement: https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf
- Aetna COVID-19 page: www.aetna.com/individuals-families/member-rights-resources/covid19.html
- Cigna COVID-19 page: www.cigna.com/individuals-families/health-wellness/topic-disaster-resourcecenter/coronavirus-public-resources?



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