

Telehealth Under the PHE

Q: My question has to do with the first visit. Since phone visits are not billable, how does the episode start?

A. The SOC date is the date that the first reimbursable service is delivered. Therefore a visit conducted through telehealth cannot be the SOC date.

Q: Can MD's use telehealth to establish care? This is different than providing the F2F?

A. Physicians and NPPs are permitted to bill for telehealth visits as in-person visits. Therefore, the practitioner may certify and establish a POC based on information obtained via telehealth visit.

Q: Does patient have to initiate the telehealth encounter?

A. No, the physician must include the telehealth visit on the POC

Q: Can you define the difference between telehealth visit and virtual visit? Or is that the same?

A. Telehealth, remote monitoring, and telephone visits all types of virtual visits that may be performed the HHA during the PHE.

Q: Are MSW's billable via telephone sessions, for HHA?

A . No, MSW visit are not billable under the home health benefit.

Q: Are there specific documentation requirements for televisits?

A. CMS stated in the interim final rule that telehealth visits must be included on the home health plan of care along with a description of how the use of such technology will help to achieve the goals outlined on the plan of care without substituting for an in-person visit as ordered on the plan of care. There are no specific requirements related to the contents of a telehealth visit.

Q: Can we write an order that says telehealth visit PRN on patient request or if local restrictions or conditions prevent access to the patient

A. See answer above

Q: Just to clarify : For the face to face by a physician to count for home health it must be audio and video?

A. Yes, the waiver permits a physician to conduct the F2F encounter visit via telehealth in the patient's home. CMS requires that visit be conducted by two way audio-visual communication.

Q: How do you suggest we include orders on the POC for potential telehealth visits that might be made if patient refuses in home visit due to COVID -19 risk

A. Contact the physician to discuss the patients concerns, and if appropriate for telehealth, obtain a verbal order for the telehealth visit .

Q: is it necessary for the video call to be recorded?

A. No, there is no requirement to record visits conducted via telehealth.

Q: Can we utilize telehealth for LPN supervisions in addition to HHA supervisions?

A. Parameters around LPN and therapy assistance supervisory visits are dictated by state regulations.

Q: What type of consent/explanation of confidentiality and security using non-public facing telehealth application required?

A. HIPAA enforcement for non-public facing technologies has been waived. However, the Office of Civil Rights recommends notifying the patient that these technologies are not HIPAA compliant.

Q: Can individual homecare agencies request for their own waiver 1135?

A. Yes, individual agencies and states may request 1135 waivers. NAHC has requested several waivers on behalf of home health and hospice providers.

Q: Can the recert be done by telehealth or phone for home health?

A. The CMS' Quality, Safety and Oversight Group issued the following in response to NAHC regarding telehealth and recertification visits

CMS response :Telehealth is an option for the update of the comprehensive assessment if the patient agrees to other in-person visits. As per the Interim Final Rule with Comment issued 3/30/20, 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. The plan of care should be modified to reflect which visits will be made in person, and which visits will be conducted via telehealth.

While we have provided certain flexibilities, the regulations require HHAs to have an infection prevention and control program, and to educate patients about infection prevention and control in the home. As such, we expect HHAs to make every effort to educate patients as to what processes the HHA has in place to protect patients as well as home care staff. While there are some aspects of care that can be done via telehealth, not everything can be accomplished by telehealth when skilled care is required. The HHA will have to work closely with the patient to determine what would help to reassure them that visits from home care staff are safe. If the patient continues to refuse any in-person visits as per the plan of care, (including assessment or other patient care visits) the HHA will have to determine if the HHA can meet the patient's medical, nursing, rehabilitative, and social needs in his or her place of residence (§484.60).

CMS Quality, Safety and Oversight Group further clarified for NAHC that telehealth includes telephone because telephonic visits are permitted for HHA during the PHE by the payment

policy group at CMS. CMS also confirmed that the above response is interpreted to mean that if the agency and the physician feel a telehealth visit is appropriate for a certain type of visit and includes the telehealth visit in the POC, it would be appropriate for the agency to provide that visit via telehealth.

Q: In using virtual MD visit for F2F, how is this to be documented? Assuming we (home care) still needs to obtain copy of the virtual visit documentation?

A. The HHA will need to obtain a copy of the visit documentation to demonstrate the F2F encounter occurred if these claims are ever reviewed.

CMS Sources: OASIS User Manual, COVID-19 FAQs, Medicare Telehealth FAQs