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Intent of Toolkit:

Under President Trump's leadership to respond to the need to limit the spread of community COVID-19, the Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. These policy changes build on the regulatory flexibilities granted under the President's emergency declaration. CMS is expanding this benefit on a temporary and emergency basis under the 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act. The benefits are part of the broader effort by CMS and the White House Task Force to ensure that all Americans – particularly those at high-risk of complications from the virus that causes the disease COVID-19, are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.

Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020. A range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to their patients. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

Telehealth, telemedicine, and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health. Innovative uses of this kind of technology in the provision of healthcare is increasing. And with the emergence of the virus causing the disease COVID-19, there is an urgency to expand the use of technology to help people who need routine care, and keep vulnerable beneficiaries and beneficiaries with mild symptoms in their homes while maintaining access to the care they need. Limiting community spread of the virus, as well as limiting the exposure to other patients and staff members will slow viral spread.

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries summarized in this fact sheet https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet: Medicare telehealth visits, virtual check-ins and e-visits.

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: 99201-99215 (Office or other outpatient visits) G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	HCPCS code G2012 HCPCS code G2010	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	994219942299423G2061G2062G2063	For established patients.

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html

CMS encourages all providers to share with patients these new abilities to provide healthcare through telemedicine.

Tool Kit Contents:

This document contains electronic links to reliable sources of information regarding telehealth and telemedicine. Most of the information is directed towards providers who may want to establish a permanent telemedicine program. There are specific documents identified that will be useful in choosing telemedicine vendors, initiating a telemedicine program, monitoring patients remotely, and developing documentation tools. However, there is also information that will be useful for providers who wish to care for patients through the virtual services that may be temporarily used during the COVID-19 situation. The HIPAA waiver described above is particularly important during this time as it allows the immediate utilization of commonly available programs such as FaceTime and Skype (in addition to others), which are now a very low cost option for any provider in any setting.

Please note that after the first block of information provided in the table below (which was released on 17 March 2020), each of the other resources listed were created prior to this date, and therefore will likely refer to rules and regulations, and other requirements which have now been waived for the duration of the COVID-19 Public Health Emergency. The CMS Press Release and accompanying documents from 17 March 2020 should be taken as the most authoritative position reflecting the current situation.

Focus Area	List of Resources
1135 Waiver Information	 President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak: https://www.cms.gov/newsroom/press-releases/president-trump-expands-telehealth-benefits-medicare-beneficiaries-during-covid-19-outbreak Medicare Telemedicine Health Care Provider Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet Medicare Telehealth Frequently Asked Questions (FAQs) March 17, 2020: https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf Telehealth and COVID-19: https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf The specific 1135 waiver requests should go to that CMS Location. Email addresses for our Regional Offices are listed below: ROATLHSQ@cms.hhs.gov (Atlanta RO): Alabama, Florida, Georgia, Kentucky, Mississipip, North Carolina, South Carolina, and Tennessee. RODALDSC@cms.hhs.gov (Northeast Consortium): Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia, New York, New Jersey, Puerto Rico, Virgin Islands, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. ROCHISC@cms.hhs.gov (Midwest Consortium): Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, and Nebraska. ROSFOSO@cms.hhs.gov (W
CMS Telemedicine General Policy Guidance	 Medicare Telemedicine Health Care Provider Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet Coverage and Payment Related to COVID-19 Medicare: https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf HCPCS codes and the Physician Fee Schedule: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Focus Area	List of Resources
Telehealth Implementation Guide	 Medicare Telemedicine Health Care Provider Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet Telehealth Start-Up and Resource Guide: https://www.healthit.gov/sites/default/files/telehealthguide_final_0.pdf
State Statute Guidance	 Center for Connected Health Policy: State Telehealth Laws and Reimbursement Policies: https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehalth%20Laws%20and%20Reibmursement%20Policies%20Report%20Fall%202019%20FINAL.pdf
Basics on Setting up Telehealth	 University of Arizona: Telemedicine Checklist: https://telemedicine.arizona.edu/blog/telemedicine-checklist Great Plains Telehealth Resources and Assistance Center: Checklist for Initiating Telehealth Services:
Telehealth Technical Assistance	 Northeast Telehealth Resource Center: COVID-19 Epidemic Telehealth Toolkit: https://netrc.org/docs/COVID-19-Epidemic-Telehealth-Toolkit-NETRC-March-2020.pdf Office of the National Coordinator for Information Technology: https://healthit.gov National Consortium of Telehealth Resource Centers: https://www.telehealthresourcecenter.org/resource-documents/ Telehealth Resource Contacts: https://www.telehealthresourcecenter.org/wp-content/uploads/2019/08/08.23.19-2019-Contact-Sheet.pdf

Focus Area	List of Resources
Selecting a Vendor	 National Organization of State Offices of Rural Health: Telehealth Technologies and Preparing to Select a Vendor: https://nosorh.org/wp-content/uploads/2016/11/NOSORH-Telehealth-Vendor-Fact-Sheet-FINAL.pdf University of Arizona: Directory Service Provider Telemedicine & Telehealth: https://telemedicine.arizona.edu/servicedirectory
Articles	Virtually Perfect? Telemedicine for Covid-19: https://www.nejm.org/doi/full/10.1056/NEJMp2003539?af=R&rss=currentls_sue&utm_campaign=hsric&utm_medium=email&utm_source=govdelivery
Patient and Community Resources	 Coronavirus (COVID-19): https://www.cdc.gov/coronavirus/2019-ncov/index.html Emergency and Preparedness resources and tools from the U.S. Department of Health & Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR) here: https://www.phe.gov/emergency/ewents/covid19-13March20.aspx Ongoing Response and Recovery for COVID-19 https://www.phe.gov/emergency/events/COVID19/Pages/default.aspx