

AAN Recommendations for Expanded Coverage of Telemedicine Services

The AAN submitted recommendations on the regulation and reimbursement of telemedicine services to the Centers for Medicare and Medicaid Services (CMS) on June 1, 2020 in response to the COVID-19 public health emergency:

Key points to support expanded coverage for telemedicine services during the PHE:

- It is necessary to remove numerous restrictions surrounding telehealth services during the PHE.
- Telehealth services are critical in maintaining continuity of care and preventing the healthcare system from being burdened by otherwise avoidable emergency care and face-to-face services throughout the COVID-19 outbreak.
- Increased utilization of telehealth services will help ensure that PPE is not unnecessarily used but is instead conserved for those who really need it to deliver face-to-face care.
- Improved access to telehealth services also benefits populations rendered vulnerable because they find it difficult to travel for medical care and allows at-risk patients to stay home and maintain social distancing.

The AAN believes that telehealth will continue to play an essential role in the health care delivery system once the PHE has passed and it would be unwise, especially given the magnitude of the human and financial resources that are being invested in improving the country's telehealth infrastructure, to develop capabilities that would only be temporarily utilized during the PHE.

The AAN recommends that payers *should consider making permanent* many of the changes to telehealth services that have been implemented for the duration of the PHE across federally funded healthcare programs. Key points include:

- Payment parity for evaluation and management (E/M) services for established patients delivered via real-time interactive audio-video technology with in-person E/M services
- Elimination of the originating site requirement for telehealth services
- Removal of frequency limitations for subsequent inpatient and nursing facility visits, to instead determine frequency based on medical necessity and with clear definitions of what is appropriate and reasonable
- Modification of direct supervision requirements so that direct supervision can be performed via real-time interactive audio-video technology
- Addition of telehealth services that were added on a category 2 basis for the duration of the PHE
- Coverage of the remote physiologic monitoring codes

- Coverage of the telephone services E/M codes 99441-99443
- Coverage of new patient visits via audio-video telehealth technology. These visits are necessary to preserve patient access to care and for the long-term viability of practices. The AAN recommends that new patient visits delivered via telehealth should be considered distinct services from in-person new patient office visits, with separate reimbursement rates.

Telehealth allows patients more frequent access to care when needed, eliminates much of the travel cost and improves access for rural and urban patients alike. Therefore, the AAN also recommends permanent easing of restrictions for all communication technology-based services. The AAN believes that payers should allow the virtual check-in code G2012 to be performed at any time and delete the requirement that it not be billed if related to an E/M service performed within the previous week or an E/M service or procedure performed within 24 hours of the soonest available appointment after the encounter. The AAN proposes that this change would be consistent with the new E/M coding structure, which is based on the total time personally spent by the reporting practitioner on the day of the visit. If G2012 were performed on another day, the practitioner time would not overlap with the work of the E/M visit, and the physician would not be double paid. Payers also should allow G2012 to be performed for new patients as well as established patients. This service in some cases may eliminate the need for a specialty care face-to-face-visit during the PHE, and we expect it to be similarly effective under newer advanced care models after the PHE.

Payers should also reform requirements for online digital E/M services (CPT codes 99421, 99422, 99423). Current requirements are that the encounter be initiated by the patient, and that the service may not be billed within seven days of an E/M service. We note, however, that patients may need these services even if the patient did not initiate the communication, for example, to revise care based on the results of testing and imaging after an E/M service. As we noted above for code G2012, the practitioner time for these codes, performed on a different day, would not overlap with the work of the E/M visit.

Changes that should not be extended past the PHE:

- After the PHE, only HIPAA compliant telehealth platforms should be used.
- The AAN is concerned that long-term payment of telephone E/M services at parity with the rates paid for analogous services, 99212-99214, would not accurately capture the relative work inputs inherent to the various types of services. The AAN concurs with CMS' rationale that in the short term, telephone services are acting as a substitute for E/M services that would have otherwise occurred either in-person or via an audio-video telehealth platform, but this is likely not to be the case in the long term.
- The AAN recommends that telehealth and phone services should be better defined after the PHE has passed. The AMA CPT/RUC committees should better identify and value the emerging types of telehealth and phone services and the costs at different sites of service.