

# The Impact of COVID-19 on Telehealth

## Pulse8 Insights and Recommendations

April 2020

**PULSE8** has been closely monitoring the impact of COVID-19 on our customers and within the industry. Recently, CMS updated requirements around the reporting of telehealth services for their risk adjustment and quality programs, impacting both health plans and clinicians.

### MEDICARE ADVANTAGE

#### Telehealth for Risk Adjustment

On April 10<sup>th</sup>, 2020, CMS released an HPMS memo entitled, “Applicability of diagnoses from telehealth services for risk adjustment.” The memo cited the COVID-19 stay-at-home protocols as a sound reason to expand the use of telehealth for risk adjustment: “CMS is stating that Medicare Advantage (MA) organizations and other organizations that submit diagnoses for risk adjusted payment are able to submit diagnoses for risk adjustment that are from telehealth visits...”

April 10 HPMS memo bullet points:

- Telehealth visits in a real-time audio/video virtual setting meet the “face-to-face” requirement for risk adjustment submission.
- Telehealth from audio-only services do not meet the “face-to-face” requirement and are not allowed for risk adjustment submission.
- Telehealth visits allowed for risk adjustment submission qualify for both RAPS & EDPS submission formats.

**PULSE8 INSIGHT:** *Health plans should conduct outreach to physician groups, hospitals, and individual practitioners notifying all provider segments of the telehealth for risk adjustment announcement. Health plans will need to emphasize to providers that telehealth services must be carried out on an interactive audio and video technology platform. Services rendered on voice phone calls or audio-only, on-line connections are not valid for risk adjustment submissions.*

*Health plans should advise provider billing departments that telehealth professional services billed in the 837p format should be presented with Place of Service Code, “02”. Note also that the corresponding face-to-face procedure code claim line must be affixed with CPT Modifier code 95 (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System).*

*For institutional claims billed in the 837i format, all “face-to-face” procedures carried out on a “Real-Time Interactive Audio and Video Telecommunications System” must include CPT Modifier code 95.*

*Pulse8 also recommends that health plans analyze claims data history to identify Medicare Advantage members with conditions identified by the CDC as risk factors for severe illness from a COVID-19 diagnosis. Plans should coordinate with provider groups to ensure COVID-19 at-risk members are contacted by their primary care physicians for telehealth services. The CDC lists severe COVID-19 illness risk factors as follows:*

- *People with chronic lung disease or moderate to severe asthma*
- *People who have serious heart conditions*
- *People with severe obesity (body mass index [BMI] of 40 or higher)*
- *People with diabetes*
- *People with chronic kidney disease undergoing dialysis*
- *People with liver disease*
- *People who are immunocompromised due to: cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, or prolonged use of corticosteroids and other immune weakening medications*