



CMS Issues Rule Outlining Additional Regulatory Changes in Response to COVID-19

On March 30, the Centers for Medicare and Medicaid Services (CMS) released an [Interim Final Rule](#) (IFR) outlining additional regulatory changes to help the U.S. healthcare system address the COVID-19 public health crisis. The rule addresses issues related to hospital capacity, the healthcare workforce, documentation requirements, and telehealth. ASH has summarized the provisions of interest to hematology practice, as follows:

- **Reimbursement for audio-only telehealth for CPT codes 98966 – 98968 and 99441 – 99443.**
 - Previously noncovered, these CPT codes will now receive separate payment on an interim basis during the COVID-19 public health crisis.
 - CMS finalized the following work RVUs:
 - 0.25 for CPT code 98966
 - 0.50 for CPT code 98967
 - 0.75 for CPT code 98968
 - 0.25 for CPT code 99441
 - 0.50 for CPT code 99442
 - 0.75 for CPT code 99443
- **Flexibility in supervision and ordering services.**
 - Physician supervision of residents can be remote by audio or video.
 - Services that require direct supervision can be provided with supervision provided by audio or video.
 - Patient orders can be verbal rather than written.
 - Physicians can contract with other providers for “incident to” services.
- **CMS will not enforce the clinical limitations in its National Coverage Determination on anticoagulation management regarding coverage limitations of infusion pumps.**

Additional Comments:

ASH is aware that the reimbursement for the audio only CPT codes is low and does not adequately represent the services provided by hematologists and many other sub-specialty providers. In response, ASH sent a letter to the Administration asking that during the COVID-19 public health crisis CMS:

- Reimburse for audio-only telehealth visits for office and outpatient evaluation and management service codes (CPT codes 99201-99215) at a rate equivalent to in-person visits.
- Allow physicians the option of documenting that the intent was telemedicine but the video either failed or was not possible.

The Society understands that many times using video for telehealth is not a possibility (because the patient does not have access to video capabilities or because the patient does not know how to use it) or can create unnecessary delays (because of technology failures). To read the full letter, click [here](#).

For more detail on anything outlined above please contact Leslie Brady at lbrady@hematology.org.