

CMS Announces Second Round of Sweeping Changes

Yesterday, the Centers for Medicare and Medicaid Services (CMS) announced a number of temporary changes to allow for greater flexibility in caring for beneficiaries during the COVID-19 crisis. Many CMS policies were updated with major changes around ACOs, COVID-19 diagnostic testing and virtual health services, along with home health, post acute care, workforce, training, hospital value-based purchasing, durable medical equipment, and hospital outpatient departments. See the full list of changes and more details on the information below on the [CMS website](#).

Medicare Shared Savings Program ACOs: Advocate Aurora participates in 3 MSSP ACOs in which we are financially responsible for the quality of care provided to Medicare beneficiaries. CMS is making adjustments to the financial methodology to account for COVID-19 costs and to provide greater financial stability and predictability during this time.

COVID-19 Testing: To make it easier for both Medicare and Medicaid beneficiaries to get tested for COVID-19, CMS will cover COVID-19 tests when ordered by any health care professional authorized to do so under state law and does not require a written order from a treating physician. CMS will also cover certain serology (antibody) tests, as well as laboratory processing of certain FDA-authorized tests that beneficiaries self-collect at home.

Additional Virtual Health Flexibilities: Following its historic expansion in March, CMS finalized several new virtual health policies, including:

- Higher payments for telephone E&M codes and the addition of many behavioral health and patient education services on the approved list of virtual health codes. Specifically CMS is crosswalking CPT codes 99212, 99213, and 99214 to 99441, 99442, and 99443 and increasing RVUs on an interim basis. This will increase payments for these services from a range of \$14-\$41 to \$46-\$110. The payments are retroactive to March 1, 2020.
- Use of audio-only equipment only when patients do not have access to or wish not to use audio-video communication technology.
- Expansion of the types of health care professionals who can furnish telehealth services to include all those eligible to bill Medicare for professional services
- Permission for hospitals to bill as the originating site and for services furnished remotely by hospital-based practitioners to Medicare patients registered as hospital outpatients.

CMS also issued [additional FAQs](#) clarifying Emergency Medical Treatment and Labor Act requirements, flexibilities and considerations for hospitals and other providers during the pandemic.