



Update: Congressional and Administrative Actions on Coronavirus Pandemic

During an address to the nation from the Oval Office Wednesday evening, President Trump outlined the latest actions the administration plans to take to contain the coronavirus outbreak and respond to its economic impact. The President announced that he would be significantly restricting travel from Europe to the U.S. for the next 30 days. The restriction, which will not apply to the U.K., goes into effect tonight at midnight. President Trump also announced the deferral of tax payments for individuals and businesses affected by the virus and said that he would be instructing the Small Business Administration (SBA) to provide emergency capital to firms impacted by the virus. During the address the President warned older Americans, who are particularly susceptible to COVID-19, to avoid non-essential travel, and recommended restrictions around non-medically necessary visits to nursing homes. He also called on Congress to pass a payroll tax cut and legislation to ensure sick leave for hourly workers. Both Democrats and Republicans have appeared reluctant about the payroll tax cut proposal.

Shortly after the President's address, House Democrats released the text of the *Families First Coronavirus Response Act* (H.R. 6201), legislation focused on workers who could face job termination or loss of income as a result of the virus. The bill includes emergency paid sick leave for workers, enhanced unemployment benefits, and expansion of eligibility for food assistance programs to support individuals through the outbreak. The legislation would require private health insurance to cover coronavirus testing without patient cost-sharing and would eliminate cost-sharing for patients covered by Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Indian Health Service (IHS). Laboratories would be paid directly for testing of the uninsured through a new federal fund. The bill would also temporarily increase the federal Medicaid match. Republican leaders have not yet announced their position on the legislation, while President Trump on Thursday came out against the measure as currently drafted. The Senate cancelled its planned recess next week to provide additional time to address this topic.

Last night, the House Democratic Leadership and the Trump Administration reportedly reached agreement on a package intended to help people affected by the coronavirus. It reportedly includes free testing, expanded unemployment insurance, new funds to help food assistance programs and Medicaid, and paid sick leave for 14 days. The House is expected to consider the package later today and the Senate is expected to consider it next week.

This new package follows the passage of a \$7.8 billion emergency spending bill (H.R. 6074) to combat the coronavirus outbreak signed into law by President Trump last week. The bipartisan *Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020* (P.L. 116-123) would also allow the Medicare program to spend \$500 million on telehealth programs used in response to the virus. The legislation includes \$6.5 billion for the U.S. Department of Health and Human Services (HHS), \$1.25 billion for the U.S. Department of State and the U.S. Agency for

International Development (USAID), and \$20 million for the Small Business Administration. The bill provides:

- \$3.1 billion for the Public Health and Social Services Emergency Fund to be used to develop and purchase vaccines and medical supplies;
- \$300 million in contingency funds to purchase vaccines if necessary;
- \$100 million for community health centers;
- \$2.2 billion to the Centers for Disease Control and Prevention (CDC), including \$950 million for state and local preparedness grants, \$300 million for global disease detection and response, and \$300 million for the Infectious Disease Rapid Response Reserve Fund;
- \$836 million for the National Institutes of Health (NIH);
- \$10 million for worker-based training and health worker protection;
- \$435 million for international public health programs, including \$200 million for the U.S. Emergency Reserve Fund; and
- \$300 million for humanitarian and health assistance in areas affected by the virus.

The legislation will also allow HHS to regulate the commercial price of a coronavirus vaccine. It was advanced by the House of Representatives by a vote of 415-2 and was passed by the Senate by a vote of 96-1. Reps. Ken Buck (R-Colo.) and Andy Biggs (R-Ariz.) as well as Sen. Rand Paul (R-Ky.) voted against the measure. The President signed the measure shortly after passage.

Telehealth: While the *Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020* included a provision related to telehealth for the Medicare population, subsequent to the President's signature of the bill, the Centers for Medicare and Medicaid Services (CMS) issued a [document](#) related to coverage and payment for Medicare, and the telehealth provisions within that document state the following:

Beneficiaries can communicate with their doctors or certain other practitioners without necessarily going to the doctor's office in person for a full visit.

Since 2018, Medicare pays for "virtual check-ins" for patients to connect with their doctors without going to the doctor's office. These brief, virtual check-in services are for patients with an established relationship with a physician or certain practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to using virtual check-ins and the consent must be documented in the medical record prior to the patient using the service. The Medicare coinsurance and deductible would apply to these services.

Doctors and certain practitioners may bill for these virtual check-in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010).

Medicare also pays for patients to communicate with their doctors without going to the doctor's office using online patient portals. The individual communications, like the virtual check ins, must be initiated by the patient; however, practitioners may educate beneficiaries on the availability of this kind of service prior to patient initiation. The communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable. The Medicare coinsurance and deductible would apply to these services.

In addition, Medicare beneficiaries living in rural areas may use communication technology to have full visits with their physicians. The law requires that these visits take place at specified sites of service, known as telehealth originating sites, and receive services using a real-time audio and video

communication system at the site to communicate with a remotely located doctor or certain other types of practitioners. Medicare pays for many medical visits through this telehealth benefit. Certain beneficiaries, such as those needing a monthly end-stage renal disease visit or those needing treatment for substance use disorders or co-occurring mental health disorder may access telehealth services from their home without traveling to an originating site. The Medicare coinsurance and deductible would apply to these services.

Medicare also pays doctors for certain non-face-to-face care management services and remote patient monitoring services. The Medicare coinsurance and deductible would apply to these services.

To date, CMS has not opted to implement the recently authorized provision related to telehealth. Even if CMS does opt to activate these provisions, there are Congressionally directed limitations as detailed [here](#).

Additional coding guidance: In addition to the document referenced above, CMS has included on its website the following documents related to billing and coding:

- [information](#) related to coverage and benefits within Medicaid and the CHIP program,
- [Information](#) related to coverage and benefits within the individual and small group market,
- [Coding guidance](#)
- [Two](#) HCPCS codes related to COVID-19 tests,
- Frequently asked questions ([FAQs](#)) for health care providers, and
- [FAQs](#) for state Medicaid and CHIP agencies.

For links to all relevant CMS information, visit [here](#).

Patient obligations: To continue to address the patient responsibilities for COVID-19 testing, the President recently met with insurance companies to further encourage cooperation, at the close of that meeting, AHIP issued a [statement](#), compiled a [list](#) of health insurance activities on the topic, and has a [series](#) of FAQs which may be of interest to EDPMA members. Importantly, the discussions thus far have been centered on eliminating patient cost-sharing for the COVID-19 test, not other diagnostic tests or currently available treatment regimens.