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Policies for Eligibility and Payment for Medicare Tele health Services and Nephrology

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Introduction

During the health emergency, the list of allowable tele health services covered under has expanded to include emergency, physical and occupational therapy, and certain other services. Some evaluation and management, behavioural health, and education services can be provided to audio-only telephone. Physician fee schedule final rule, the Centres for extended coverage for a subset of the expanded telehealth services through the end of the year in which the health emergency ends, whichever is later to give both and stakeholders time to evaluate whether they should be permanently included as -covered telehealth services. These services include physical and occupational therapy, end-stage renal disease, emergency, critical care services, and others [1-3].

Literature Review

Tele health has played an important role during the COVID-19 pandemic in providing to mental health services for older adults, one in four of whom reported anxiety or. During the first year of the pandemic, a large share of beneficiaries' health services were conducted tele health, and a larger share of health services were delivered tele health for beneficiaries in traditional enrollees on provisions in the have permanently expanded coverage for tele health services for the purpose of diagnosis, evaluation, or treatment of mental health disorders after the end of the COVID-19 health emergency can use tele health for mental health services in their homes, and beneficiaries who cannot use real-time two-way audio and video for tele health mental health services are permitted to use audio-only devices to these. Beneficiaries are required to have an in-person, non-tele health service within six months of their first tele health mental health service.

Discussion

Beneficiary cost sharing for telehealth services has not changed during the health emergency. Covers telehealth services under so beneficiaries in traditional who use these benefits are subject to the deductible coinsurance. However, the of has provided flexibility for providers to reduce or waive cost sharing for telehealth during the COVID-19 health emergency, although there are no-available data to indicate the extent to which providers may have done so. Most beneficiaries in traditional have supplemental insurance that may pay some or all of the cost sharing for covered telehealth services advantage plans have flexibility to modify cost-sharing requirements provided they meet standards of actuarial equivalence and other requirements health emergency, telehealth services covered by can be conducted an interactive audio-video system, as well as using smartphones with real-time interactive capabilities without other equipment. During the health emergency, any health care professional who is eligible to bill for professional services can provide and bill for telehealth services and does not need to have previously treated the beneficiary [4].

Telehealth services provided to beneficiaries during the COVID-19

Assuming no changes to current law, payment for a telehealth service after period after the health emergency ends will be the same regardless of whether it was provided in a non-facility setting or a facility setting, and the rate will be based on the lower amount paid to facility-based providers for a service delivered in person. The rationale for using the lower facility payment amount for telehealth services is that practice expenses for the delivery of telehealth services should be lower than those for an in-person visit. Advantages plans are required to cover under traditional plans have flexibility to waive certain requirements with regard to coverage and cost sharing in cases of disaster or emergency, such as the pandemic has advised plans that they may waive or reduce cost sharing for telehealth services, as long as plans do this uniformly for all similarly-situated. Many plans have waived or reduced cost sharing for enrolees for some or all services administered telehealth during the health emergency like all other traditional beneficiaries, beneficiaries who receive care through an alternative payment model can expand telehealth benefits during the health emergency. Separate from the time-limited expanded availability of telehealth services, has granted providers participating in some alternative payments models, including Savings Program, greater flexibility to provide care through telehealth, including billing for telehealth services provided to both urban and rural beneficiaries and to beneficiaries when they are at home [5].

Conclusion

Additionally, state licensing requirements could affect to telehealth services. During the health emergency, states used emergency authority to waive aspects of state licensing requirements for medical providers to make it easier for people to health care telehealth, and many of these waivers are ending. More than half of states have signed the, which creates an expedited pathway for medical providers, although it does not provide reciprocity for providers who have a state license in one state and want to practice in another. The potential expansion of telehealth coverage brings with it concerns about the potential for fraudulent activity. There have been several large fraud cases involving telehealth companies in recent years, most of which involved the submission of fraudulent claims for items, services, and tests to and other insurers that were never given or administered to conducting several studies to assess the appropriateness of use of telehealth during the health emergency, including an analysis of provider billing patterns in order to identify providers that could pose a risk for program integrity and an audit of telehealth services to assure that services are meeting requirements.

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Conflict of Interest

The authors declare that there was no conflict of interest in the present study.

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