

Dear SMP:

I recently received a notification from my provider's office that Medicare will no longer cover video appointments in my area after March 2025. It went on to state that in order for insurance to cover office visits, I would need to make an appointment and come into the office. Video appointments are much more convenient as I no longer drive in city traffic. When discussing this with a friend, he told me that since the pandemic, telemedicine was becoming more common in fraud schemes and that the original Medicare authorization was expiring, except in more rural areas. Are video appointments no longer covered and if so, why?



Jack

Dear Jack,

Telehealth or telemedicine is the provision of health-related services through computers, smart phones, and other digital or online communications technology. Telehealth is promoted as an advancement in medicine that was designed to increase access to healthcare, improve healthcare gaps and chronic disease management. It is intended to help with healthcare gaps and provider shortages in rural areas by providing access to specialists through telecommunication. Telehealth is also designed to help decrease the cost of health care.

Before the pandemic, Medicare telehealth coverage was limited to specific situations, primarily in rural areas or areas with healthcare worker shortages, and for certain patients and providers. The pandemic led to a significant increase in telehealth usage, and the temporary waivers aimed to ensure continued access to care during the public health emergency. These waivers were designed to be temporary, and their expiration date was set for March 31, 2025, unless Congress acted before the waiver expiration date to extend or make permanent the liabilities. Starting April 1, 2025, you must be in an office or medical facility located in a rural area (in the U.S.) for Medicare reimbursement for most telehealth services.

For Medicare to cover telehealth/video appointments after March 2025, the beneficiary must be located in a qualifying rural area and the originating site is the location where the beneficiary receives the services through a telecommunications system that is outside a metropolitan area and must qualify as a rural Health Professional Shortage Area (HPSA). The site may include a physicians office, hospital, rural health clinic, community mental health center, skilled nursing facility and other specified places of care and may be a physician, physicians assistant, nurse practitioner, clinical psychologist, and other health-related professionals who speak and advise the beneficiary via an interactive audio and video that permits real-time communication between the two parties. The provider must code the video visit as "Medicare Telehealth Services" in order to be paid.

Since the pandemic, telehealth has become a frequent focus of fraudulent billing. It was meant to be a



temporary program, so CMS determined that discontinuing it in urban areas would reduce the financial impact of fraud and abuse that the waiver had generated. Telehealth scams are fraudulent schemes that involve healthcare providers, patients, and insurance companies. These scams can involve false billing, kickbacks, and identity theft. Examples such as billing for a higher level of service than was provided (upcoding), billing separately for services that should be bundled together (unbundling), paying doctors or others to get referrals for healthcare services (kickbacks), or obtaining patient information to bill for telehealth services without the patient's knowledge or consent (identity theft).

Remote patient monitoring is used for conditions such as those with heart conditions, after surgery or patients with hard to manage blood sugar. In these cases, the physician certifies that they have monitored the patient when either the patient was monitored by an unlicensed person such as a medical assistant or was not monitored at all. Yet, Medicare was billed as if the physician monitored the patient themselves. There are cases where a telehealth service physician or someone falsely claiming to represent a provider conducts a brief phone assessment and video consultation. In many instances, the patient is prescribed durable medical equipment (DME), hospice, or home health services that they do not need. The telehealth company works with a telemarketing firm to identify seniors in each area.

To avoid becoming a victim of telehealth fraud or if you think you have been a victim, you should follow Senior Medicare Patrol's message which is to Prevent, Detect and Report! It is very important that you know what is going on with your Medicare benefits. You should carefully review your Medicare Summary Notice (MSN) for original Medicare or Explanation of Benefits (EOB) for Advantage Plans. Any services that you did not receive or were not provided by your healthcare provider may be an error or a fraudulent billing. If you suspect that to be the case, then contact your local SMP for assistance in clarifying the claim.

Lynn Rosenblatt, RN (retired) & SMP Volunteer



Do you have a Medicare fraud or scam question for SMP?
If so, please email **ASK SMP** to smp@advisewell.org



Senior Medicare Patrols (SMPs) are grant funded projects of the US Department of Health & Human Services and the Administration for Community Living (ACL). Every state has an SMP program. In Georgia, Louisiana, Mississippi, and Vermont, SMP is sponsored by AdviseWell, Inc.

Our mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.

Webinar Wednesdays w/ SMP:

May 28th 10:30CT/11:30ET - Virtual Healthcare Scams

June 25th 10:30CT/11:30ET - Volunteering for SMP

July 30th 10:30CT/11:30ET - Durable Medical Equipment (DME) Fraud & Scams

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