

Guidance on Telehealth Codes

The [CMS announcement](#) on March 17, 2020 that telehealth benefits are being expanded for Medicare beneficiaries has raised questions from AACVPR members about applicability to cardiac and pulmonary rehabilitation. **Cardiac and Pulmonary Rehabilitation (CR/PR) services are not eligible to use these telehealth codes.** Clarification is needed to eliminate any confusion this has caused.

To assist patients in the current emergency, CMS is allowing physicians and “Qualified Healthcare Professionals” (QHPs), i.e., nurse practitioners, physician assistants, and clinical nurse specialists, to provide a specific set of services using existing telehealth codes, listed [here](#). Licensed health care providers such as registered nurses are not considered QHPs. The services specifically pertain to Telehealth visits, Virtual check-ins, and E-visits, defined [here](#).

Telehealth services are paid under the Physician Fee Schedule and billing for Medicare telehealth services is limited to physicians and QHPs, who may independently bill for professional services. Other practitioners, such as clinical psychologists, licensed clinical social workers, and registered dietitians may also furnish services within their scope of practice, consistent with Medicare benefit rules that have not been changed by the waiver. Physical therapists and occupational therapists are considered “qualified non-physician health care professional” clinicians, reimbursed per the Physician Fee Schedule, and thus also able to use some of the codes defined in the [Fact Sheet](#).

These “expanded” telehealth codes do not satisfy CMS qualifying criteria for cardiac and pulmonary rehabilitation.

We can be optimistic for the future, but the future is not here yet for Medicare beneficiaries receiving CR and PR services remotely, as currently defined.