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# Medicare Extends COVID-19 Telehealth Coverage in Diabetes Prevention Programs

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As part of the 2021 Physician Fee Schedule, Medicare will continue to reimburse Diabetes Prevention Program providers who use certain telehealth services - but only for the duration of the public health emergency.

December 02, 2020 - Healthcare providers who use telehealth in their Diabetes Prevention Programs will continue to be reimbursed through Medicare during the coronavirus pandemic, according to [guidelines issued this week](#) by the Centers for Medicare & Medicaid Services.

But coverage for virtual services in Medicare-based DPPs (MDPPS) will only last for the duration of the public health emergency (PHE), and that coverage doesn't include providers who offer only a virtual DPP program.

The guidelines, included in the final draft of [CMS' 2021 Physician Fee Schedule](#), expands on an emergency rule issued on March 31 that allowed MDPPs to use some connected health services during the COVID-19 crisis. The new document adds a few more virtual services and keeps them in place for the duration of the public health emergency, as well as for any future emergencies that require an 1135 waiver.

The new regulations:

- Allow care providers to use telehealth in MDPP services in place of or alongside in-person services.
- Allowing providers who launch a telehealth platform or switch from in-person to virtual care during a public health emergency to continue those services after the end of the PHE.
- Allow certain MDPP beneficiaries to re-enroll in the program, with flexibilities that allow patients to resume treatment if that treatment was suspended or interrupted by a PHE.
- Add virtual weight measurements via mHealth devices and allow participants to report their own weights by submitting a time and date-stamped photo or video of their home scale with their current weight measurement. In addition, participants can use online video technology such as video chatting or video conferencing with an MDPP coach.
- Extend the flexibilities finalized in the March 31st COVID-19 IFC to all beneficiaries who were receiving MDPP services as of March 31, 2020, instead of March 1, 2020.

While the ruling helps care providers who have replaced or augmented in-person programs with virtual programs, it doesn't help the growing number of programs that are virtual-only. CMS was quick to point out that the MDPP has always been seen as an in-person program.

“Virtual delivery of MDPP services are allowable during the COVID-19 PHE and future applicable 1135 waiver events to ensure continuity of services when in-person classes are not safe or feasible,” the agency said. “We do not believe it is appropriate to permit virtual-only MDPP suppliers to furnish MDPP services when the Emergency Policy is in effect. Given the difficulty of predicting when the COVID-19 PHE or any applicable 1135 waiver event will end, MDPP suppliers must remain prepared to resume delivery of MDPP services in-person when the Emergency Policy is no longer in effect. Permitting virtual-only MDPP suppliers to furnish MDPP services during the COVID-19 PHE or an applicable 1135 waiver event could disrupt the provision of services to MDPP beneficiaries who want to return to in-person services when MDPP services resume on an in-person basis.”

This doesn't resolve the long-standing argument that Medicare should cover DPPs that include telehealth services, so that providers can expand access to these programs and more people at risk of developing diabetes can attend them from home or other locations and on mHealth devices.

This past February – prior to the pandemic - CMS Administrator Seema Verma [said the agency was “exploring ways”](#) to support reimbursement for virtual care.

“CMS has done outstanding work developing online resources to show where MDPP suppliers are located, but these resources make clear that there are geographic regions where eligible beneficiaries lack reasonable access to a qualified supplier,” Verma said in a letter to lawmakers. “Including virtual providers could empower these beneficiaries with feasible options for preventive, value-based care.”

But aside from the relaxed rules included in COVID-19 emergency measures, CMS hasn't done anything to signal long-term coverage for telehealth.

With that in mind, a group of lawmakers [submitted a bill in September](#) calling on the agency to expand coverage to MDPP providers who use telehealth.

“It's no secret that diabetes is a disease that has disproportionately affected minority communities across the country,” the lawmakers said in a press release. “To ensure that all individuals have the tools needed to combat this preventable disease, the Prevent Diabetes Act would help expand access to virtual classes under the existing Medicare Diabetes Prevention Program. This commonsense and cost-saving expansion will ensure that more Americans at-risk of developing diabetes who are living in either rural or medically underserved communities, can participate in this critical program that has been proven to delay the full onset of this preventable disease.”