

CY 2021 PROPOSED PHYSICIAN FEE SCHEDULE

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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

DISCLAIMERS

- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.

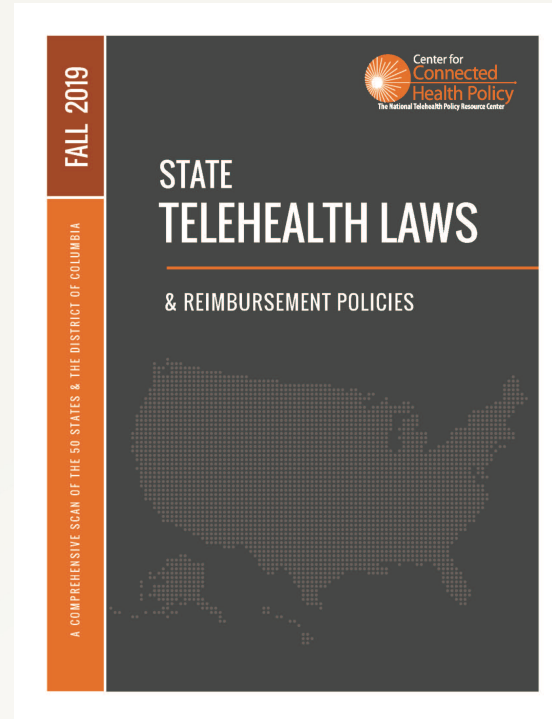
ABOUT CCHP

- Established in 2009
- Program under the Public Health Institute
- Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
- Work with a variety of funders and partners



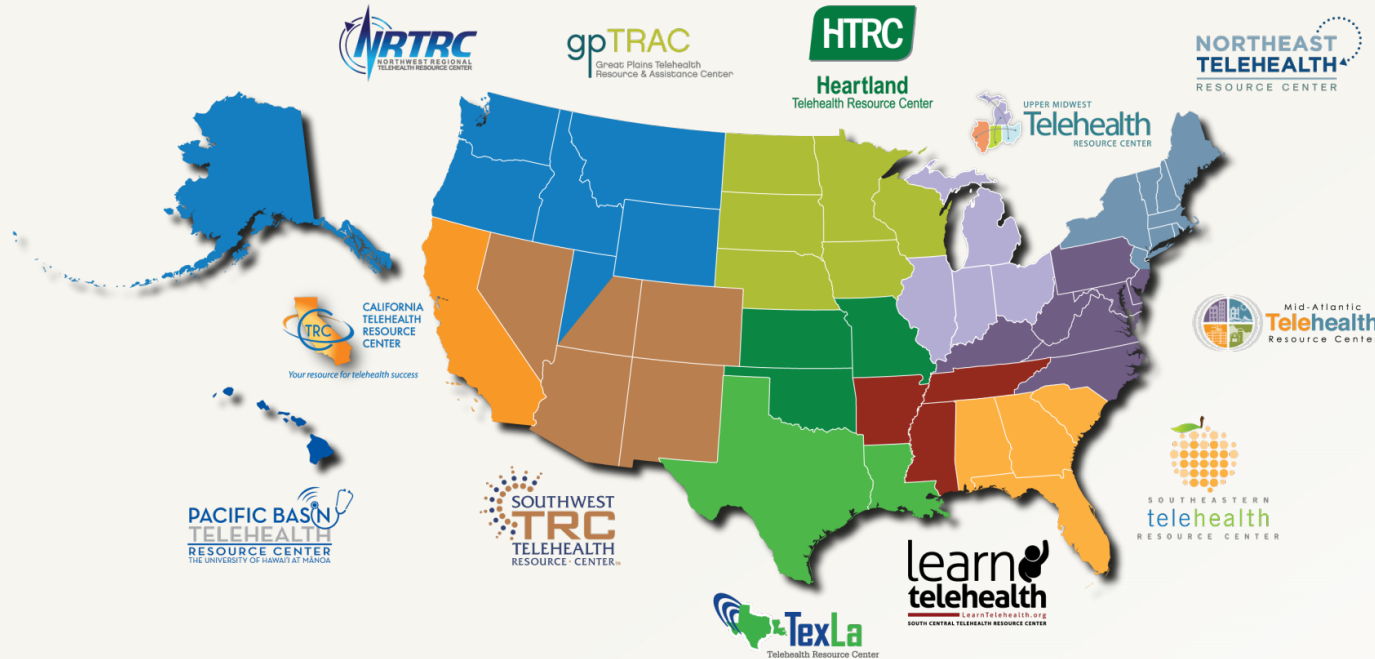
CCHP PROJECTS

- 50 State Telehealth Policy Report
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



NATIONAL CONSORTIUM OF TRCS

TelehealthResourceCenter.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers

TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

The screenshot displays the website's navigation bar with 'CURRENT STATE LAWS & POLICIES' and 'LEGISLATION & REGULATION TRACKING' tabs. The main header includes the Center for Connected Health Policy logo and navigation links for 'ABOUT', 'TELEHEALTH POLICY', 'RESOURCES', and 'CONTACT'. A search bar is also present. Below the header, a text block explains the site's purpose: 'CCHP helps you stay informed about telehealth-related laws, regulations and Medicaid programs. The map and search options allow you to view current state laws and regulations for all fifty states and the District of Columbia. To view the full report, visit the 50 State Report PDF.' The main content area features a map of the United States with an orange callout bubble labeled 'Interactive Policy Map'. To the left of the map is a search filter section titled 'Current State Laws & Reimbursement Policies' with dropdown menus for 'Search by Filter' (All 50 States & D.C.), 'Search by Keyword' (All Categories), and 'All Topics'. An 'APPLY' button and a date stamp 'Data Last Updated Oct 29, 2018' are also visible. A legend at the bottom indicates that orange squares represent 'Policy Exists/Explicitly Allowed' and grey squares represent 'No Policy Exists or Not Explicitly Allowed'. A 'CITE CCHP' button is located to the right of the map.

Search by Category & Topic

Medicaid Reimbursement

- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

Private Payer Reimbursement

- Private Payer Laws
- Parity Requirements

Professional Regulation/Health & Safety

- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)

Information updated through February 2020

TEMPORARY MEDICARE TELEHEALTH POLICY CHANGES IN RESPONSE TO COVID-19

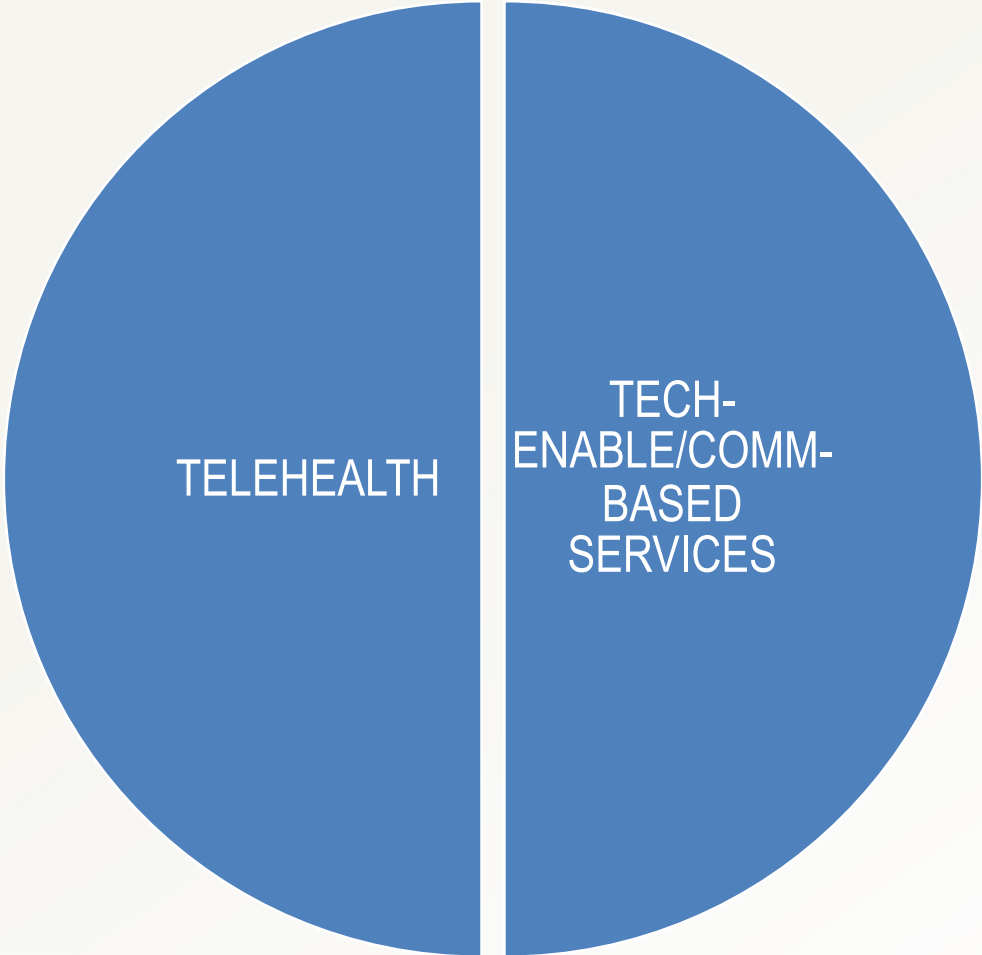
MEDICARE ISSUE	CHANGE
Geographic Limit	Waived
Site limitation	Waived
Provider List	Expanded
Services Eligible	Added additional 80 codes
Visit limits	Waived certain limits
Modality	Live Video, Phone, some srvs
Supervision requirements	Relaxed some
Licensing	Relaxed requirements
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use

MAJOR TEMPORARY MEDICARE TELEHEALTH POLICY CHANGES

	POLICY CHANGE	STATUTORY OR ADMINISTRATIVE CHANGE NEEDED
1.1	Removal of the geographic limitation on where telehealth can take place.	To remove would require Congressional action.
1.2	Allowing any type of site/building a patient is located in to be an eligible location.	Would require Congressional action.
1.3	Allowing the use of audio-only to provide some services.	Would not technically require a statutory change, but CMS may not act without legislative permission. Current federal law only says the modality must be a “telecommunications system” but did not define it. CMS in regulations have defined it as an “interactive telecommunications system” that excludes audio-only.
1.4	Allowed all Medicare providers to be eligible providers.	Would require Congressional action.
1.5	Expansion of eligible services to be provided via telehealth from a list of 115 to 240.	CMS can make these change administratively without Congressional Action

MEDICARE TELEHEALTH POLICY

The Medicare policy on the use of technology to provide services is in two buckets



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- Proposal to make some of the temporary Medicare telehealth changes permanent
- Included some of the services allowed during COVID-19 to be on permanent list
- Proposed to allow some of the services to remain around temporarily until the end of the year the PHE is over
- Request for comments on relaxing some of the supervision requirements
- Clarifies that PTs, OTs, SLPs, clinical social workers, and clinical psychologists can furnish brief online assessment and managements services, virtual check-ins and remote evals
- Some modifications to remote physiologic monitoring
- Propose removing exclusion of phone, fax & email systems from definition of “interactive telecommunication system” in regs, not proposing continue reimburse for telephone codes (99441-99443)
- Clarified services provided via technology when patient & provider in same location not telehealth

TELEHEALTH PROPOSALS

ADDING SERVICES TO THE LIST OF ELIGIBLE SERVICES

- **Category 1**
Reserved for services that are similar to services already approved on the Medicare telehealth list such as professional consultations, office visits, and office psychiatry services.
- **Category 2**
For services that are not similar to current telehealth services on the Medicare list but pose a significant benefit for the patient. Usually needs to provide evidence of this.

SERVICES ADDED TO THE LIST OF ELIGIBLE SERVICES

- Added to the list because they fit the current criteria established by CMS, Category 1 or 2
 - GPC1X – Visit Complexity with certain office/outpatient evaluation and management services
 - 99XXX – Prolonged Services
 - 90853 - Group Psychotherapy
 - 96121 - Neurobehavioral Status Exam
 - 99483 – Care Planning for Patients with Cognitive Impairment
 - 99334 - Domiciliary, Rest Home, or Custodial Care services
 - 99335 - Domiciliary, Rest Home, or Custodial Care services
 - 99347 & 99348 – Home Visits

SERVICES ADDED TO THE LIST OF ELIGIBLE SERVICES

- Propose to create a new **Category 3** that would add services on a temporary basis. These are services added to the PHE list but not enough to qualify them under Category 1 or 2. Would remain eligible through the calendar year of when PHE ends.
 - 99336 & 99337 - Domiciliary, Rest Home, or Custodial Care services, Established patients
 - 99349, 99350 – Home Visits, Established Patients. NOTE: CMS stated that these home visits will only be available for the treatment of substance use disorder or co-occurring mental health disorder.
 - 99281, 99282, 99283 – Emergency department Visits
 - 99315, 99316 – Nursing Facility discharge day management
 - 96130 - Psychological and Neuropsychological Testing
 - 96131, 96132, 96133 – Psychological testing evaluation services

REQUESTS FOR COMMENTS

- Other codes approved for the PHE but were not proposed by CMS in the PFS
- Allowing direct supervision to use live video through end of the calendar year of PHE or Dec 31, 2021, whichever is later.
- Allowances made for using live video for teaching physicians extended through Dec 31, 2021 and should they be made permanent.
- Revision of frequency limitations on the use of telehealth in SNFs
- Allowing periodic assessments for treatment of OUD in OTPs via live video if other requirements met
- Continue allowing telehealth to be used to meet requirement physician/non-physician to personally perform required visits in nursing homes
- Should CMS include exceptions to electronic prescribing of controlled substances
- What other services that fall outside of the limitation in federal law that could be included on the telehealth list

VIRTUAL/TECHNOLOGY/COMMUNICATIONS- BASED PROPOSALS

NEW PROPOSED CODES

CMS clarifies that clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can furnish brief online assessment and management services, virtual check-ins and remote evaluation. They can bill G2061-G2063. Two new codes created:

- **G20X0** (*Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment.*)
- **G20X2** (*Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion*)

REMOTE PATIENT MONITORING

- After the PHE, an established patient-physician relationship will be required for RPM services.
- CMS is proposing to make the ability to obtain consent at the time RPM services are furnished permanent.
- CMS is proposing to allow auxiliary personnel to furnish 99453 and 99454 under a physician's supervision, which would include contracted employees.
- After the PHE, there will be a requirement for at least 16 days of data collection within each 30-day period for codes 99453 and 99454.
- Only physicians and practitioners eligible to furnish evaluation and management services may bill for RPM services.
- Acute as well as chronic conditions qualify for RPM services.
- The definition of 'interactive communication' in CPT Codes 99457 and 99458 is real-time and includes synchronous two-way interaction that can be enhanced with video or other kinds of data, as described in CPT code G2012.

OTHER VIRTUAL/COMMUNICATIONS-BASED PROPOSALS

- CMS is proposing to allow additional codes to be billed concurrently with transitional care management services, including chronic care management code G2058.
- CMS is proposing to allow FQHCs and RHCs to bill for principal care management beginning Jan. 1, 2021 through HCPCS code G2064 and G2065, which would be incorporated into G0511 which is the general care management code used by RHCs and FQHCs.
- Seeking comments on whether CMS should develop alternative coding and payment for service similar to virtual check-in but longer and higher value.

PROPOSED CY 2021 PFS

- Many of the major changes made during the PHE would require Congressional action
- These are only proposed
- Comments due October 5, 2020 by 5 pm EST

CCHP

- CCHP Website – cchpca.org
 - Telehealth Federal Policies -
<https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
 - State Emergency Waivers/Guidances -
<https://www.cchpca.org/resources/covid-19-related-state-actions>
- Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe



Thank You!

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