Center for Connected Health Policy
The National Telehealth Policy Resource Center

HR 2799 & S. 1465 - Furthering Access to Stroke Telemedicine Act (FAST Act)

HR 2799: Rep. Griffith (R-VA), Beatty (D-OH), Sensenbrenner (R-WI), Harper (R-MS), Thompson (D-CA), Scott (D-GA); S. 1465: Sen. Kirk (R-IL), Thune (R-SD)

Author Intent: To amend Title XVIII of the Social Security Act to expand access to stroke telehealth under the Medicare program.

Effective: One year after enactment

BILL LANGAUGE	CURRENT LAW
Allows any location (geographic or facility) to serve as a telehealth eligible originating site, for purposes of Medicare reimbursement, when the service is related to the evaluation or treatment of an acute stroke and are provided within the evidence-based window of treatment.	An originating site, under Medicare, must be located in a rural health professional shortage area; in a county that is not included in a Metropolitan Statistical Area; or from an entity that participates in a federal telemedicine demonstration project. Originating sites must also be one of the following types of facilities: • Physician or practitioner's office • A critical access hospital • A rural health clinic • A federally qualified health center • A hospital • A skilled nursing facility • A hospital based or critical access hospital based renal dialysis center • A community mental health center
Originating sites used to treat acute stroke that do not otherwise meet the requirements of existing sites (listed in the "Current Law" column), are not allowed to collect the originating site facility fee.	Only the originating sites listed in the section above are allowed to collect an originating site facility fee.

Impact and Analysis

These bills would allow any site administering acute stroke care to be added as an eligible site with no geographic restrictions, but exclusively limited to providing services to treat acute stroke for Medicare patients. Any site not already eligible as an originating site under current law, would not be able to collect the facility fee, though those that continue to meet the requirements in current law would presumably still be eligible to receive an originating site facility fee. Therefore, one hospital may be eligible to receive a facility fee while another may not. These varying qualifications on sites could cause some confusion. Additionally, these bills do not mandate the addition of any specific CPT Code to the current list of telehealth reimbursable codes, and the most common codes used to bill for acute stroke care (99291 & 99292) are currently not reimbursable telehealth codes. It is unclear if one of the existing telehealth eligible codes could be billed instead or if additional codes would need to be added through CMS' standard review process in order to provide the acute stroke services addressed in these bills.

Ph: 877-707-7172 | info@cchpca.org | www.cchpca.org
1331 Garden Highway, Sacramento, CA 95833