

PHYSICIAN FEE SCHEDULE PROPOSALS CY 2025

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Center for Connected
Health Policy

THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER



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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.

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- **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 as a 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 on the state and federal levels
- Administrator National Consortium of Telehealth Resource Centers
- Convener for California Telehealth Policy Coalition



WHAT IS THE PHYSICIAN FEE SCHEDULE?

- Series of policy changes CMS makes to the Medicare program
- These changes may be made because of new legislation, updating information, etc.
- These are regulations, therefore no legislative process is needed, but the basis of the change may be rooted in legislation/the law. For example, if Congress passed a bill that required a new service be covered in Medicare. CMS may use the PFS to lay out the details of how that will happen.
- Generally, there is usually some proposal that impacts telehealth.
- Proposals are typically made in July.
- There is a 60 day comment period for the public to weigh in.
- Final rules are usually published in November.
- Unless otherwise state, the policies typically go into effect January 1 of the following year.

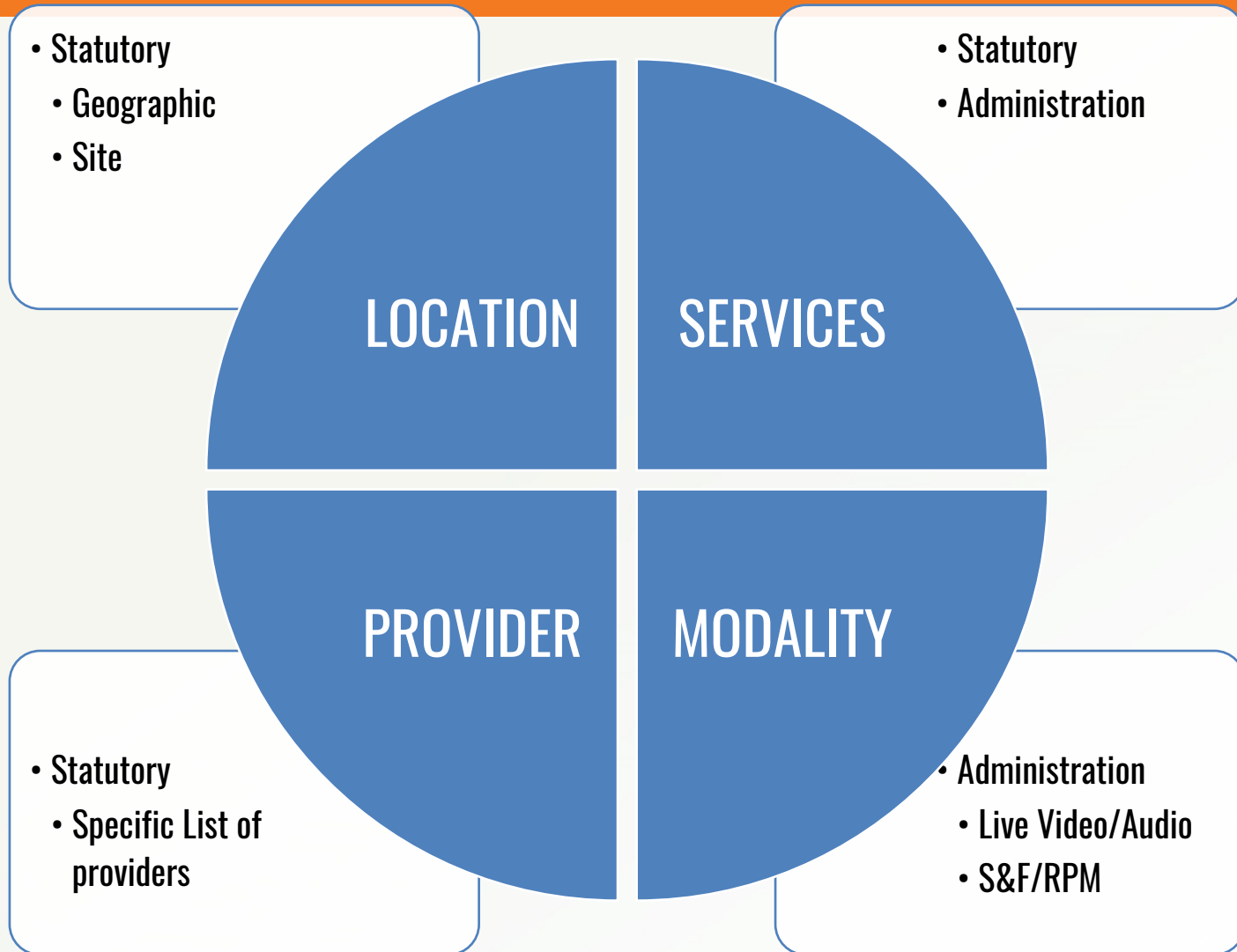


WHAT DID CMS DO WITH THE PFS FOR CY 2025?

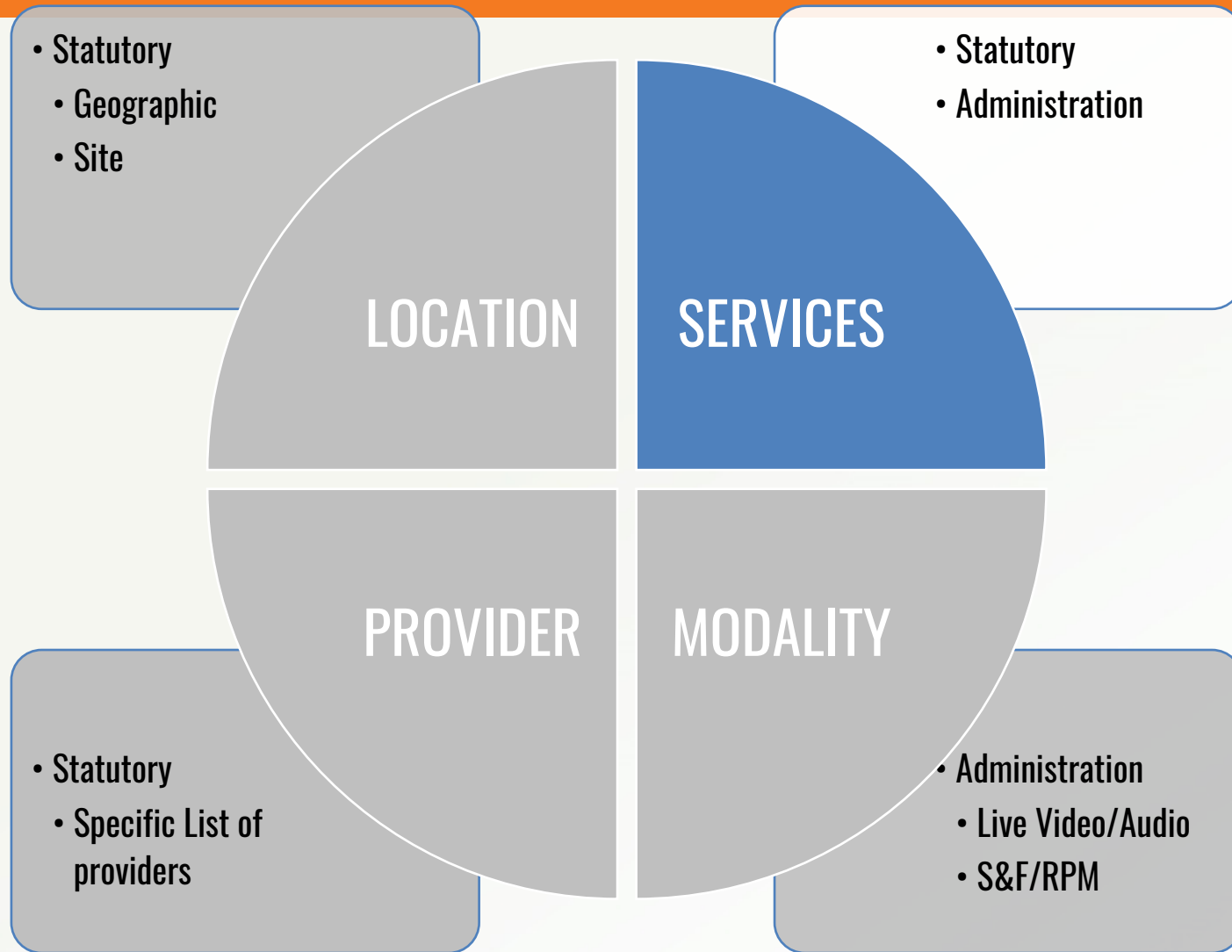
- **The uncertainty of fate of the current deadline for the temporary telehealth waivers hampered CMS**
- **CMS tried to create a situation that could provide them with some flexibilities should the temporary deadline hold or change**
- **CMS was very cognizant of the impact an abrupt cut off to services would have on Medicare enrollees and they wanted to avoid or temper those impacts as much as they could.**



CMS/MEDICARE TELEHEALTH POLICY AUTHORITY



CMS/MEDICARE TELEHEALTH PROPOSAL - SERVICES



CMS/MEDICARE TELEHEALTH PROPOSAL -SERVICES

- Utilize new 5 – step process for assessing whether a service is added to the telehealth eligible list in Medicare
 - Service codes can be recommended by the public or CMS offers it's own suggestions
- Services can be placed in a permanent or provisional status
- Proposed Codes for Provisional Status
 - G0248 – Cardiac monitoring
 - 97550-97552 – Caregiver Training
 - 96202-96203 – Multiple-family group behavior management/modification training
 - GCTD1-GCTD3 – Caregiver Training
 - GCTB1-GCTB2 – Caregiver Training
- Permanent Status - G0011 & G0013 – Counseling HIV

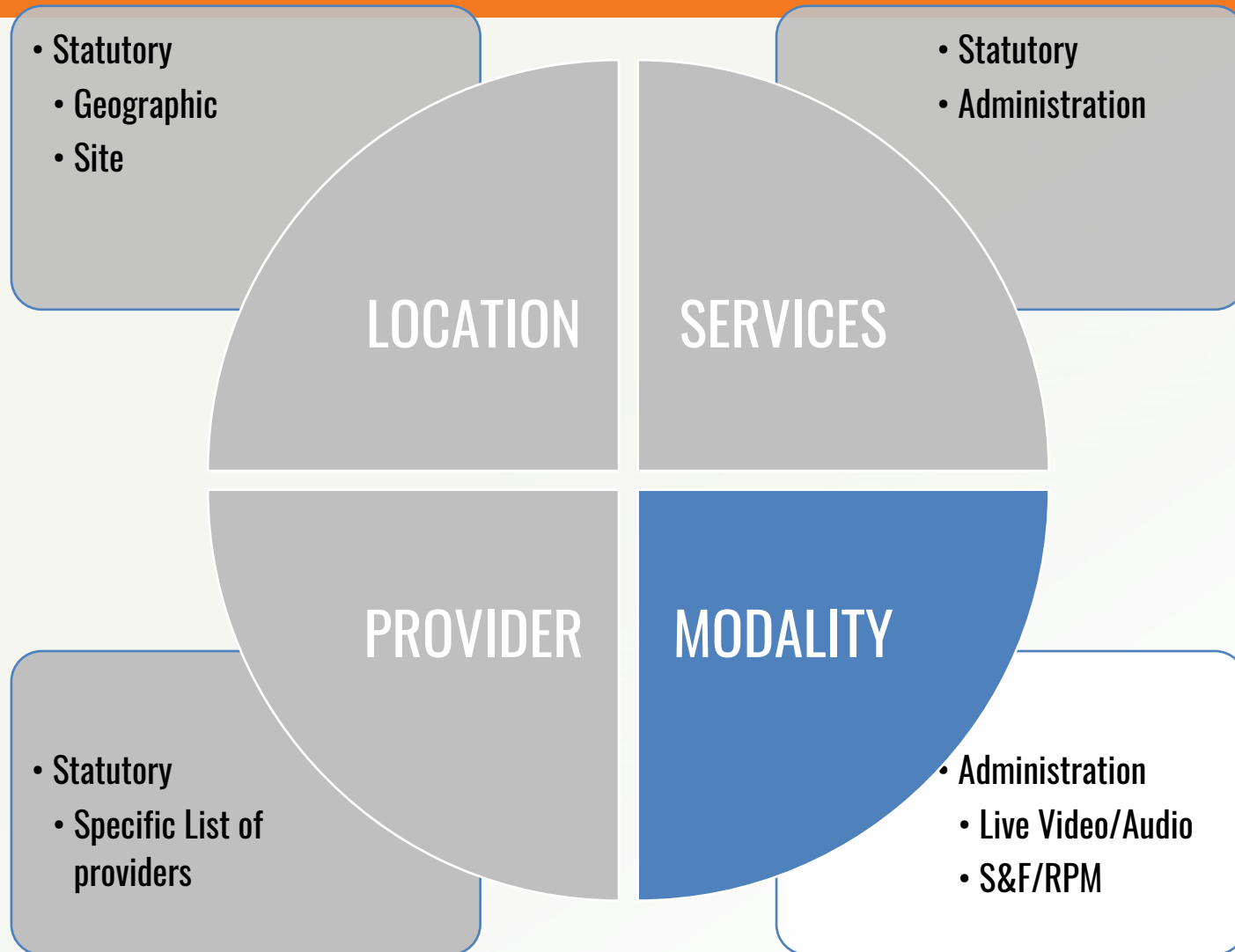


CMS/MEDICARE TELEHEALTH PROPOSAL -SERVICES

- Declined to accept new AMA created codes for Telehealth Services except:
 - 9X091 which will replace G2012
- 99441, 99442 and 99443 were deleted by the AMA CPT panel and will be returned to a bundle status when telehealth flexibilities end on December 31, 2024
- There are additional new codes to allow clinical psychologist, clinical social workers, marriage and family therapists, and mental health counselors to bill for interprofessional consultations
- Additional new G-codes for behavioral health



CMS/MEDICARE TELEHEALTH PROPOSAL - MODALITY



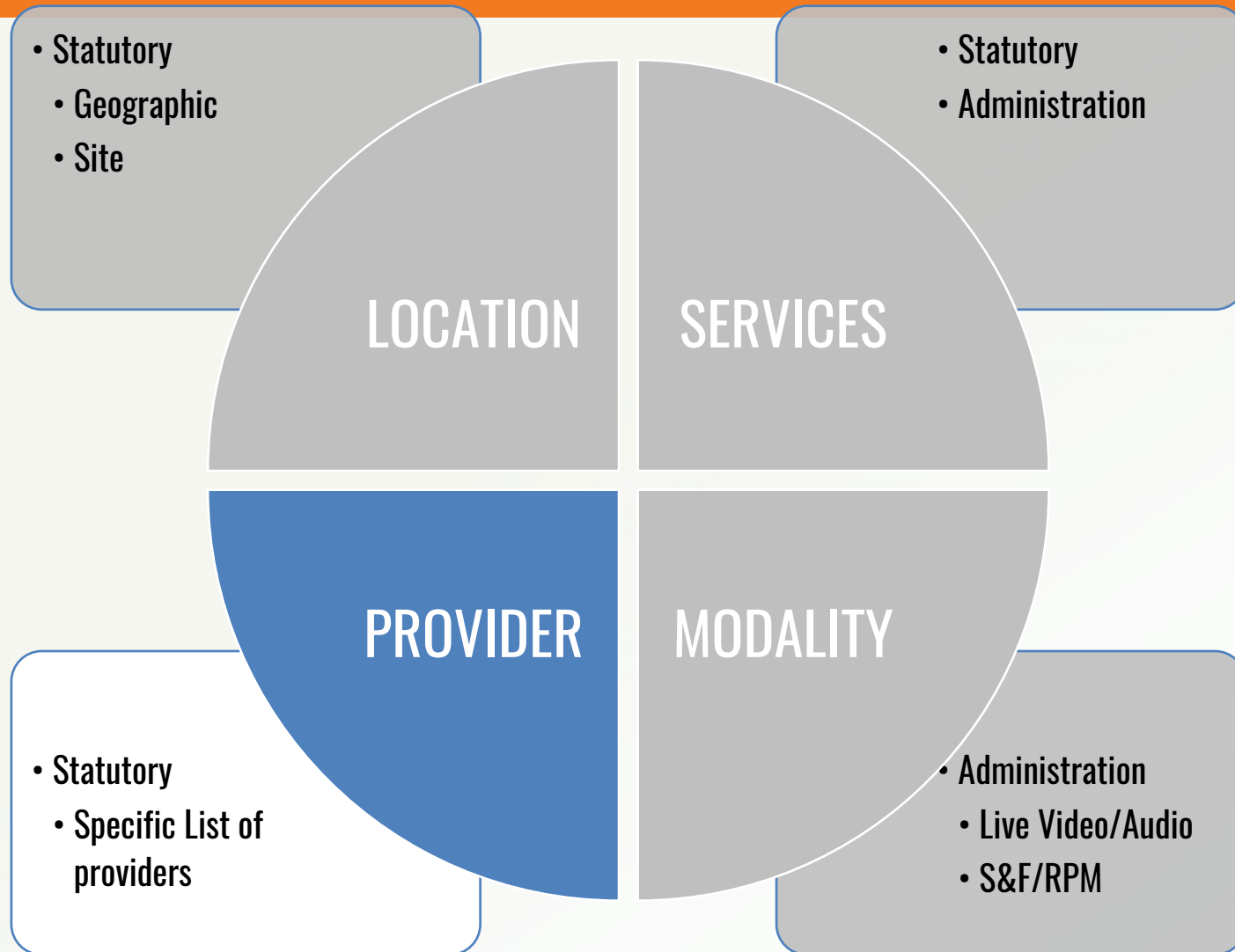
CMS/MEDICARE TELEHEALTH PROPOSAL -MODALITY

CMS is proposing to change the definition of “interactive telecommunication system” to allow audio-only for any telehealth service (previous change was specific to behavioral health services).

Also include two-way, real-time audio-only communication technology for any telehealth service furnished to a beneficiary in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system as defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication, but the patient is not capable of, or does not consent to, the use of video technology.



CMS/MEDICARE TELEHEALTH PROPOSAL - PROVIDER



CMS/MEDICARE TELEHEALTH PROPOSAL - PROVIDER

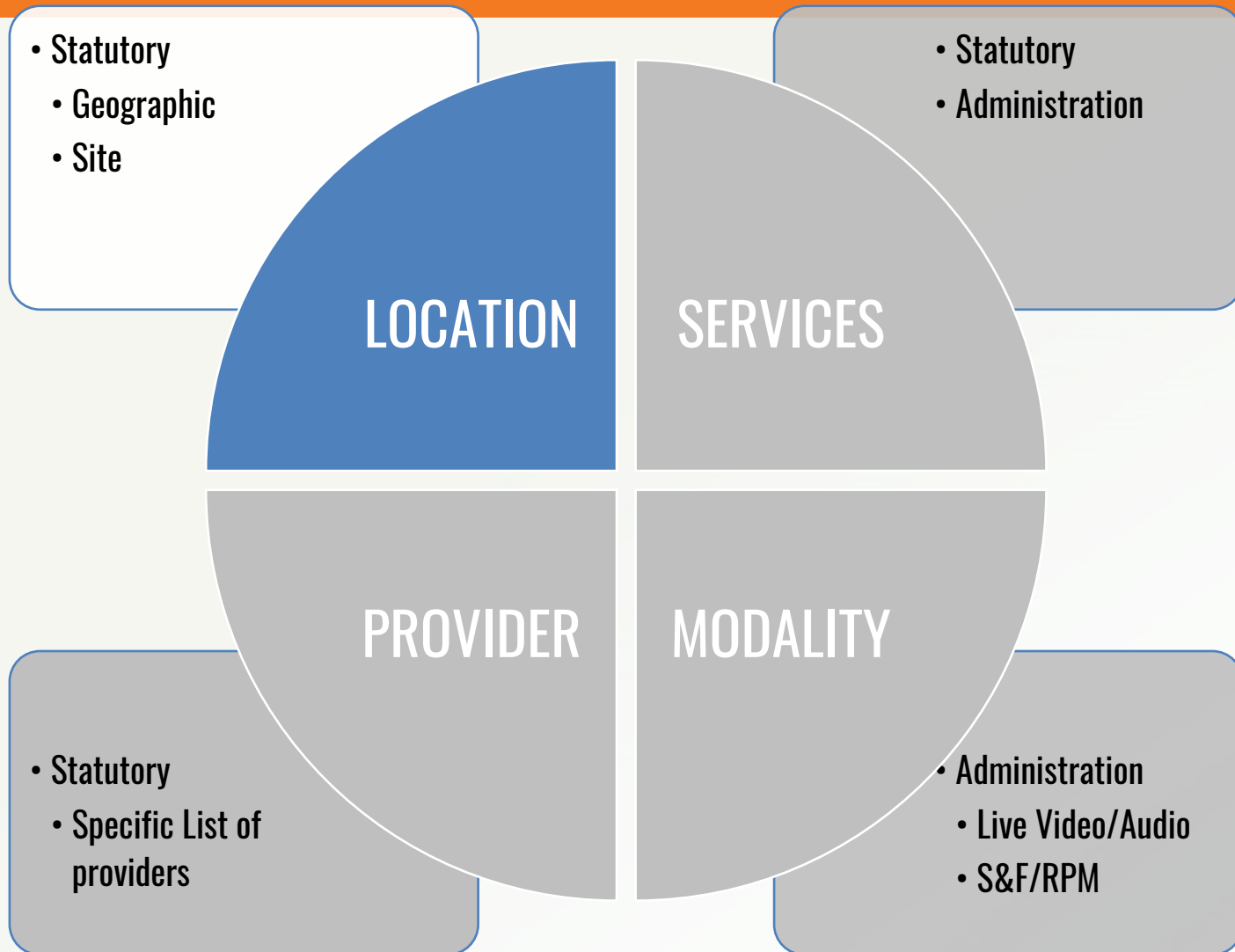
Requires a statutory change, therefore Congress must act.

However, CMS can make administrative changes for FQHCs and RHCs:

- Continue on a temporary basis to allow for FQHCs and RHCs to use telecommunications technology for non-behavioral health visits.**
- Delaying the prior in-person visit requirement for mental health services furnished in the home via telecommunications technology by FQHCs and RHCs**



CMS/MEDICARE TELEHEALTH PROPOSAL - LOCATION



IMPACTS OF THE PROPOSALS MIGHT BE LIMITED

Some of the potential impacts on the proposals made may be limited should current permanent telehealth policy remain the same.

EXAMPLE:

Also include two-way, real-time audio-only communication technology for any telehealth service furnished to a beneficiary in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system as defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication, but the patient is not capable of, or does not consent to, the use of video technology.

Under permanent policy only certain services can take place in the home via telehealth, only certain providers can provide services



OTHER TELEHEALTH PROPOSALS

- **Opioid Treatment Programs (OTP)**
 - **Aligning with regulations adopted earlier by SAMSHA that allow OTPs to use audio-only on a permanent basis if live video isn't available to furnish periodic assessments**
 - **Allow OTP intake add-on code G2076 to be furnished by live video when it is being billed for initiation of treatment with methadone.**
- **Extend waiver of frequency limitations on**
 - **Inpatient Visits – 99231 - 99233**
 - **Nursing Facility – 99307 – 99310**
 - **Critical Care Consult –G0508-G0599**



OTHER TELEHEALTH PROPOSALS

- **Direct Supervision via Telehealth**
 - Through December 31, 2025, continue to allow live video to be used by the supervising practitioner to meet “immediate availability” definition.
 - Change the definition of direct supervision that would allow “immediate availability” of the supervising practitioner to include live video (audio-only would be excluded) permanently in certain incident-to services.
 - Through December 31, 2025, continue to allow teaching physicians to have a virtual presence for billing purposes when services are furnished by residents in any residency training location but only when the service is furnished via telehealth.
 - Continue to allow the current flexibility for federally qualified health centers (FQHCs) and Rural Health Clinics (RHCs) to use live video to meet the “immediately available” requirement for direct supervision.



OTHER TELEHEALTH PROPOSALS

- Originating site fee - \$31.04
- CMS is proposing to extend to the end of 2025 the ability of distant site providers to continue to use their currently enrolled practice location address instead of their home address as the location of where they are providing services via telehealth.
- Creation of a newly defined set of Advance Primary Care Management (APCM) for FQHCs and RHCs. The coding for these services incorporates elements of existing CTBS services. ([page 513](#))



REQUEST FOR COMMENTS

- **Redefining the definition of “visit” for FQHCs/RHCs to include live video**
- **Though CMS is not adopting the AMA Telehealth Codes, they ask for thoughts on whether these codes would fit into the statutory definition of service or would those requirements not apply**



DEADLINE FOR COMMENTS

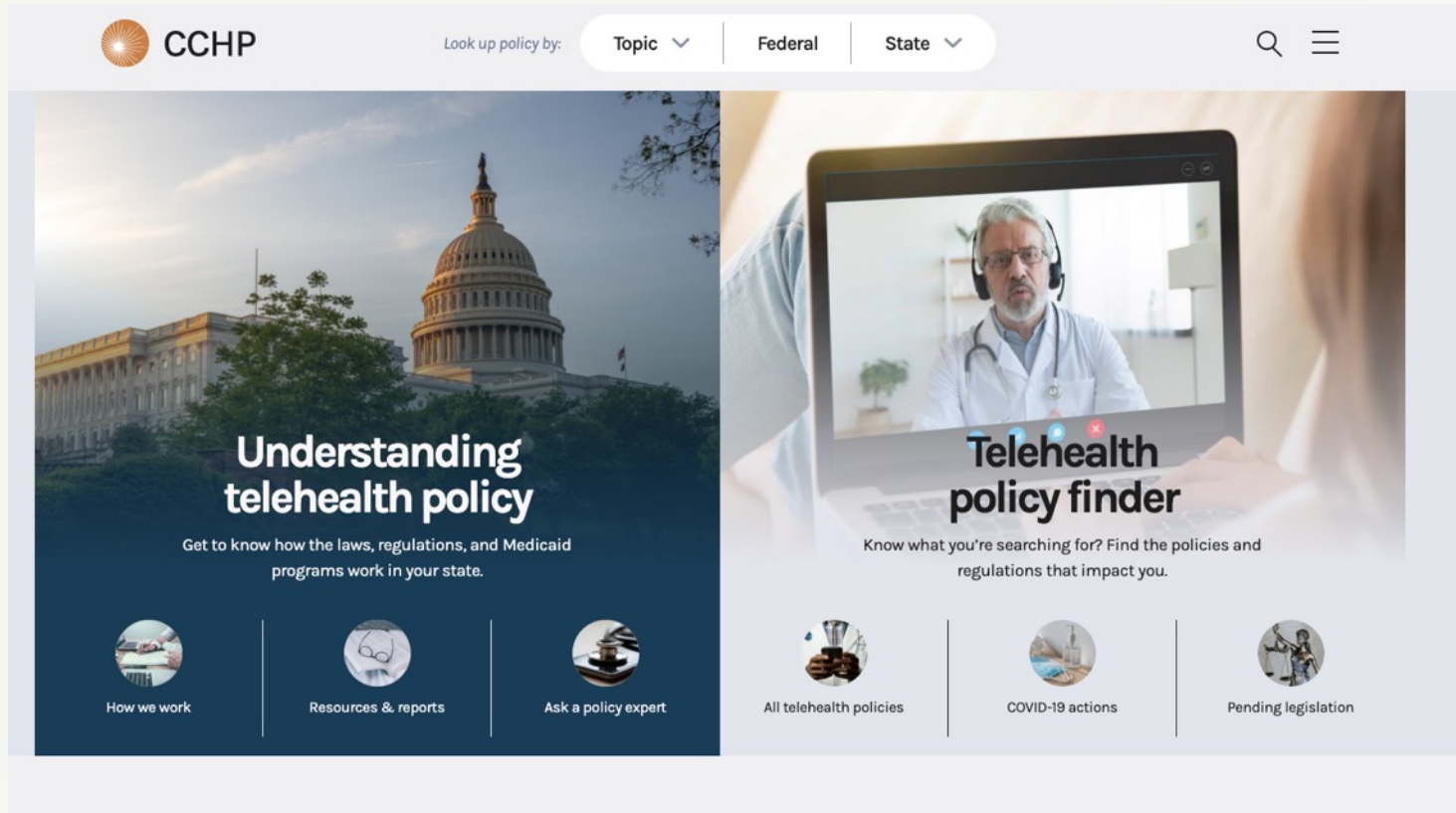
SEPTEMBER 9, 2024

5:00 PM

(time zone not specified, but likely ET)



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Thank You!

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