



## Medicare Physician Fee Schedule (PFS)

- \$90 billion payment system – rooted statutorily in budget neutrality
- Provides payment for the services of physicians and other billing professionals
- Units of payment
  - Payment rates
  - Resource costs
  - Updated annually through notice and comment rulemaking
- Units of service
  - More than 7,000 individual HCPCS codes
  - Coding granularity for certain services



## Medicare Telehealth Benefit

- **Definition of Medicare Telehealth**
  - Medicare telehealth services are services ordinarily furnished in person that are instead furnished via a telecommunications system and are subject to geographic, site of service, practitioner, and technological restrictions
  - Section 1834(m)(4)(F) of the Social Security Act (the Act) defines telehealth services as professional consultations, office visits, and office psychiatry services, and any additional services specified by the Secretary.
  - 1834(m) also requires CMS to establish a process for adding or deleting services from the list of telehealth services on an annual basis.
  - These services must be performed by a physician or other health care practitioner.



## Conditions of Coverage

- **Technology**
  - Interactive telecommunications system
  - Does not include telephone, fax, or email
  - Asynchronous (store and forward) only allowed as part of a federal telehealth demonstration program in Alaska and Hawaii
- **Geographic Restrictions**
  - Must be located in a Rural Health Professional Shortage Area located outside of a Metropolitan Statistical Area or in a rural census tract.
  - Health Resources and Services Administration (HRSA) has developed a website tool to provide assistance to potential originating sites to determine their eligibility.





## Conditions of Coverage (con't)

- Authorized Originating Sites

- Office of a physician or practitioner, hospital, critical access hospital (CAH), rural health clinic, federally qualified health center, hospital-based or CAH-based renal dialysis centers (including satellites), skilled nursing facility, and community mental health center.

When all of these conditions are met, Medicare telehealth services are paid as though the service was performed in person. The originating site also receives a flat facility fee.



## Beyond Medicare Telehealth

- The CMS makes separate payment for many other services that utilize telecommunications technology.
- The statutory restrictions do not apply to these services, even though they may utilize telecommunications technology.
- Examples include:
  - Care Management Services
  - Communication Technology-Based Services
    - Evisits
    - Virtual Check-in
  - Remote Physiologic Monitoring



## Medicare Telehealth & COVID-19

Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency (PHE), Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.

These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.



The week before the PHE, only **14,000** patients received a Medicare telehealth service. During the PHE, from mid-March through mid-September, over **12.8 million - about 38%** - patients received a Medicare telehealth service.



## Medicare Physician Fee Schedule Final Rule for Calendar Year 2021

### Highlights:

- We added nine services to the Medicare telehealth list on a Category 1 basis (similar to services already on the telehealth list).
- We created a temporary third category of criteria for adding services to the list of Medicare telehealth services (services added to the Medicare telehealth list during the PHE that will remain on the list through the calendar year in which the PHE ends) - added 59 services.
- We clarified that licensed clinical social workers, clinical psychologists, physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists (SLPs) can furnish the brief online assessment and management services as well as remote evaluation services and virtual check-ins via two new HCPCS codes, G2010 and G2012.

### See Full Announcement:

<https://www.cms.gov/newsroom/fact-sheets/proposed-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-4>



## Services We Are Finalizing for Permanent Addition to the Medicare Telehealth List

- Group Psychotherapy (CPT 90853)
- Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT 99334-99335)
- Home Visits, Established Patient (CPT 99347- 99348)
- Cognitive Assessment and Care Planning Services (CPT 99483)
- Visit Complexity Inherent to Certain Office/Outpatient E/Ms (HCPCS G2211)
- Prolonged Services (HCPCS G2212)
- Psychological and Neuropsychological Testing (CPT 96121)



## Services We Are Finalizing for Temporary Addition to the Medicare Telehealth List

- Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT 99336-99337)
- Home Visits, Established Patient (CPT 99349-99350)
- Emergency Department Visits, Levels 1-5 (CPT 99281-99285)\*
- Nursing facilities discharge day management (CPT 99315-99316)
- Psychological and Neuropsychological Testing (CPT 96130- 96133; CPT 96136- 96139)
- Therapy Services, Physical and Occupational Therapy, All levels (CPT 97161- 97168 ; CPT 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524 , 92507)\*
- Hospital discharge day management (CPT 99238- 99239)\*
- Inpatient Neonatal and Pediatric Critical Care, Subsequent (CPT 99469, 99472, 99476)\*
- Continuing Neonatal Intensive Care Services (CPT 99478- 99480)\*
- Critical Care Services (CPT 99291-99292)\*
- End-Stage Renal Disease Monthly Capitation Payment codes (CPT 90952, 90953, 90956, 90959, and 90962)\*
- Subsequent Observation and Observation Discharge Day Management (CPT 99217; CPT 99224- 99226)\*

\* Services that were not proposed as Category 3 additions to the Medicare telehealth list but are being finalized as such.



## Services We Are Not Adding to the Medicare Telehealth List Either Temporarily or Permanently

- Initial nursing facility visits, all levels (Low, Moderate, and High Complexity) (CPT 99304-99306)
- Radiation Treatment Management Services (CPT 77427)
- Domiciliary, Rest Home, or Custodial Care services, New (CPT 99324- 99328)
- Home Visits, New Patient, all levels (CPT 99341- 99345)
- Inpatient Neonatal and Pediatric Critical Care, Initial (CPT 99468, 99471, 99475, 99477)
- Initial Neonatal Intensive Care Services (CPT 99477)
- Initial Observation and Observation Discharge Day Management (CPT 99218 – 99220; CPT 99234- 99236)
- Medical Nutrition Therapy (CPT G0271)



## Additional Telehealth Policies

- We finalized a frequency limitation for subsequent nursing facility telehealth visits of one visit every 14 days, ensuring adequate face-to-face care.
- We reiterated that telehealth rules do not apply when a beneficiary and practitioner are in the same location, even if audio/video technology assists in furnishing a service.
- We established payment on an interim final basis for a longer brief virtual check-in via a new HCPCS code describing 11-20 minutes of medical discussion to determine the necessity of an in-person visit.



## Virtual Supervision

- For the duration of the PHE, to limit infection exposure, we revised the definition of direct supervision to include virtual availability of the supervising physician or practitioner using interactive audio/video real-time communications technology.
- We will continue this policy through the end of the PHE or December 31, 2021, whichever is later.



## Remote Physiologic Monitoring (RPM)

- We clarified our payment policies related to the RPM services described by CPT codes 99453, 99454, 99091, 99457, and 99458.
- We finalized that patient consent to receive RPM services can be obtained at the time that RPM services are furnished.
- We finalized that auxiliary personnel can perform services described by CPT codes 99453 and 99454 incident to the billing professional's services under a physician's supervision. We also clarified that auxiliary personnel can include contracted employees.





## Remote Physiologic Monitoring (RPM - 2)

- We clarified that only physicians and non-physician practitioners (NPPs) who are eligible to furnish E/M services may bill RPM services.
- We clarified the medical device supplied to a patient as part of RPM services must be a medical device as defined by Section 201(h) of the Federal Food, Drug, and Cosmetic Act, that the device must be reliable, valid, and the data must be electronically (i.e., automatically) collected and transmitted rather than self-reported.



## Remote Physiologic Monitoring (RPM - 3)

- We finalized that auxiliary personnel may provide certain RPM services incident to the billing practitioner's services and under a physician's supervision. We also clarified that auxiliary personnel can include contracted employees.
- We clarified that only physicians and non-physician practitioners (NPPs) who are eligible to furnish E/M services may bill RPM services.
- We clarified that RPM services may be medically necessary for patients with acute or chronic conditions.



## Remote Physiologic Monitoring (RPM - 4)

- After the PHE for COVID-19 ends, we finalized that will again require that there be an established patient-physician relationship for RPM services to be furnished.
- After the PHE for COVID-19 ends, we clarified that at least 16 days of data each 30 days must be collected and transmitted to meet the requirements to bill CPT codes 99453 and 99454.



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