

# Medicare Telehealth: How to Plan Patient Care During Uncertainty

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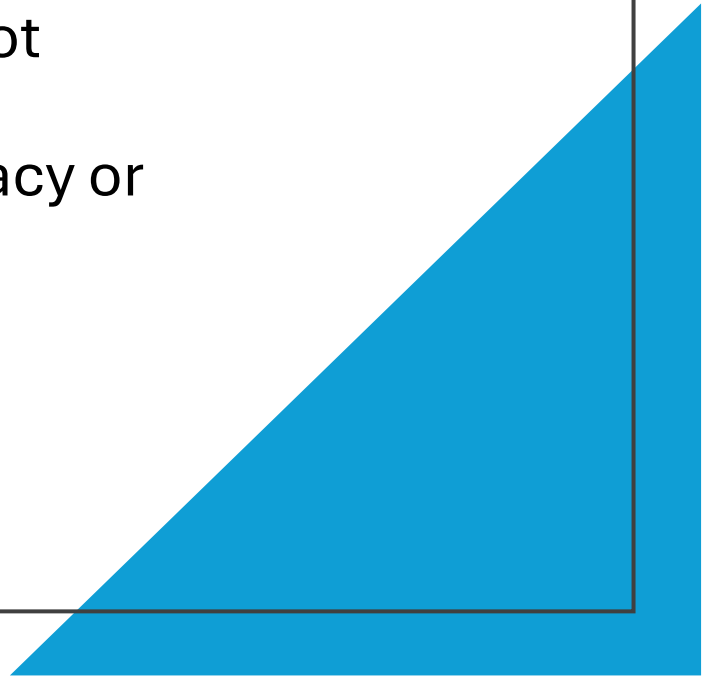
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# Agenda

- Relax – Nothing is Constant
- CMS Telehealth Policy
  - Original
  - Current
  - Future: two possible outcomes for Jan 1, 2025
- DEA Telehealth Prescription Policy
  - Original
  - Current
  - Future: two possible outcomes for Jan 1, 2025

This just in: Biden-Harris Administration Takes Groundbreaking Action to Expand Health Care Access by Covering Traditional Health Care Practices (Oct 16, 2024)

- "Today's action is expected to improve access to culturally appropriate health care and improve the quality of care and health outcomes for tribal communities in Arizona, California, New Mexico, and Oregon, and will support IHS, Tribal, and UIO facilities in serving their patients."
- States that telehealth is one of the "Components of the Health IT Plan ..."
  - ... in support of SMI/SED [Serious Mental Illness/ Serious Emotional Disturbance] care delivery. .... [the plan] will describe the state's current and future capabilities to support providers implementing or expanding Health IT functionality in the following areas: 1) Referrals, 2) Electronic care plans and medical records, 3) Consent, 4) Interoperability, 5) Telehealth, 6) Alerting/analytics, and 7) Identity management.

# Covered States

- Arizona Health Care Cost Containment System (AHCCCS) | <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/az-hccc-dmnstrn-apprvl-10162024.pdf>
- New Mexico Turquoise Care: <https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/nm-turquoise-care-dmnstrtn-apprvl-10162024.pdf>
- As well as California and Oregon

# CMS Telehealth Policy – Original

- Section 1834(m) Payment for Telehealth Services
  - "... services that are furnished via a telecommunications system by a physician ... or a practitioner ... to an eligible telehealth individual enrolled under this part notwithstanding that the individual physician or practitioner providing the telehealth service is not at the same location as the beneficiary. ...
  - Amounts
    - Distant Site: amount equal to the amount that such physician or practitioner would have been paid ... had such service been furnished without the use of a telecommunications system.
    - Originating Site: \$29.96  
(<https://www.cms.gov/files/document/r12372cp.pdf>)
      - Started at \$20 in 2001
      - Home is not an originating site

# Definition of a Telehealth Visit

- (F) Telehealth service.—
  - (i) In general.—... means professional consultations, office visits, and office psychiatry services (identified as of July 1, 2000, by HCPCS codes 99241–99275, 99201–99215, 90804–90809, and 90862 (and as subsequently modified ...)), and any additional service specified by the Secretary.
  - (ii) Yearly update.—The Secretary shall establish a process that provides, on an annual basis, for the addition or deletion of services (and HCPCS codes), as appropriate, to those specified in clause (i) for authorized payment under paragraph (1).
- July 1, 2000:
  - Total of 29 CPT codes
    - Consultations (CPT codes 99241 - 99275) – 10 codes.
    - Office or other outpatient visits (CPT codes 99201 - 99215) – 10 codes.
    - Individual psychotherapy (CPT codes 90804 - 90809) – 6 codes.
    - Pharmacologic management (CPT code 90862) – 1 code.

# Current State: Expanded Eligible Services

- January 1, 2024:
  - Total of 268 CPT codes
    - Permanent: 112 CPT codes
    - Provisional: 156 CPT codes (through end of 2024)
- Through December 31, 2024, all patients can get telehealth wherever they're located. They don't need to be at a specific originating site, and there aren't any geographic restrictions.



# What Will Change – Option 1

- After December 31, 2024:
  - For non-behavioral or mental telehealth, there may be originating site requirements and geographic location restrictions
    - HRSA eligibility locator tool:  
<https://data.hrsa.gov/tools/medicare/telehealth>
  - Nothing changes for behavioral or mental telehealth: all patients treating for these conditions can continue to get telehealth wherever they're located, with no originating site requirements or geographic location restrictions

# What Will Change – Option 2

- After December 31, 2024:
  - Nothing will change for another two years
  - Proposed MPFS 2025 has provisions to support telehealth continuance
    - No frequency limitations for:
      - Subsequent inpatient visits
      - Subsequent nursing facility visits
      - Critical care consultation

# Proposed MPFS 2025 – more future supports

- Delay in requiring behavioral health patients an in-person visit with the physician or practitioner within 6 months prior to initiating mental health telehealth services, and, again, at subsequent intervals as the Secretary determines appropriate (includes RHCs/FQHCs)

# More extensions per proposed MFPS 2025

- “Immediate availability” definition will continue to be met by supervising practitioners use of live video.
  - 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.
- Teaching physicians can continue 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*
  - Not if resident is present with patient

# More Services!

- 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
- Proposed Codes for Permanent Status on Medicare List
  - G0011 & G0013 – Counseling HIV

# Audio only: CPTs 99441-99443 deleted as of 1/1/25

- Proposed *permanent* change to Title 42 Chapter IV Subchapter B Part 410 Subpart B § 410.78, to incorporate audio only for CPTs on Medicare telehealth services list
- Revise § 410.78(a)(3) to state that an interactive telecommunications system may 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.
  - Additionally, a modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.

# What's Coming for Asynchronous?

- Digital mental health treatment devices
  - Three new HCPCS codes to monitor how they are used as part of overall behavioral health care.
  - Devices would be furnished incident to or integral to professional behavioral health services used in conjunction with ongoing behavioral health care treatment under a behavioral health treatment plan of care.
- Six G codes for eConsults: diagnosis and treatment of mental illness to mirror current eConsult CPT codes used by MDs/NPPs. If finalized, this would allow for better integration of behavioral health specialty treatment into primary care and other settings.
  - Providers: Clinical Psychologists, Clinical Social Workers, Marriage and Family Therapists, and Mental Health Counselors

# DEA – Ability to prescribe Schedule II – V drugs expires Dec 31, 2024

- Pending review of rule: Telemedicine Prescribing of Controlled Substances When the Practitioner and the Patient Have not had a Prior In-Person Medical Evaluation (publ June 2024 – now made public)
  - Current: the Act required an in-person medical evaluation as a prerequisite to prescribing or otherwise dispensing controlled substances by means of the Internet, except in the case of practitioners engaged in the practice of telemedicine.
  - Future: possibility of another extension of time authorizing all DEA-registered practitioners to prescribe Schedule II-V controlled medications via telemedicine without an initial in-person examination through December 31, 2024.



# The Past, Present or the Future?

- Congress is back in session on November 12, 2024 to
  - hopefully sign the current telehealth extensions into effect
  - another two years.
- Around that same time, CMS will publish its Final Rule on the Medicare Physician Fee Schedule for 2025.

# Resources

- Social Security Act:  
[https://www.ssa.gov/OP\\_Home/ssact/title18/1834.htm](https://www.ssa.gov/OP_Home/ssact/title18/1834.htm)
- Telehealth Services List:  
<https://www.cms.gov/medicare/coverage/telehealth/list-services>
- Proposed 2025 MPFS:  
<https://www.federalregister.gov/documents/2024/07/31/2024-14828/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other>
- Final 2024 MPFS:  
<https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaid-programs-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other>
- Pending DEA Rule:  
<https://www.reginfo.gov/public/do/eoDetails?rrid=569163>