PROPOSED PHYSICIAN FEE SCHEDULE CY 2022

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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
### Telehealth Policy Changes in COVID-19

#### Federal

<table>
<thead>
<tr>
<th>Medicare Issue</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Limit</td>
<td>Waived</td>
</tr>
<tr>
<td>Site limitation</td>
<td>Waived</td>
</tr>
<tr>
<td>Provider List</td>
<td>Expanded</td>
</tr>
<tr>
<td>Services Eligible</td>
<td>Added additional 80 codes</td>
</tr>
<tr>
<td>Visit limits</td>
<td>Waived certain limits</td>
</tr>
<tr>
<td>Modality</td>
<td>Live Video, Phone, some srvs</td>
</tr>
<tr>
<td>Supervision requirements</td>
<td>Relaxed some</td>
</tr>
<tr>
<td>Licensing</td>
<td>Relaxed requirements</td>
</tr>
<tr>
<td>Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)</td>
<td>More codes eligible for phone &amp; allowed PTs/OTs/SLPs &amp; other use</td>
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</tbody>
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#### Medicaid

<table>
<thead>
<tr>
<th>Medicaid Issue</th>
<th>Change</th>
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<tbody>
<tr>
<td>Modality</td>
<td>Allowing phone</td>
</tr>
<tr>
<td>Location</td>
<td>Allowing home</td>
</tr>
<tr>
<td>Consent</td>
<td>Relaxed consent requirements</td>
</tr>
<tr>
<td>Services</td>
<td>Expanded types of services eligible</td>
</tr>
<tr>
<td>Providers</td>
<td>Allowed other providers such as allied health pros</td>
</tr>
<tr>
<td>Licensing</td>
<td>Waived some requirements</td>
</tr>
</tbody>
</table>

- DEA – PHE prescribing exception/allowed phone for suboxone for OUD
- HIPAA – OCR will not fine during this time

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections
Physician Fee Schedule

- Released every summer for the following year proposing changes to the Medicare program
- Telehealth policy changes that can be made administratively typically are made here
- Public comment period for 60 days
- Finalized in November/December
- Comments for this PFS will be due 5 pm September 13, 2021
PROPOSED PFS CY 2022

- Adding services to the permanent eligible telehealth list for Medicare
  - Adding services to the list is within CMS purview
    - Category 1 or 2 Test
    - Did not accept any suggestion received from public to add additional services
  - Category 3 services will be extended to end of CY 2023
  - Other temporarily eligible services on the telehealth COVID list that are not already permanently approved or in Category 3 will disappear when the PHE is declared over. CMS asks the public to provide comments on whether any of those services should be moved to Category 3.
Mental Health Services
• Consolidated Appropriations Act (CAA) passed in Dec 2020 would allow mental health services to be provided in the home and without geographic limitations if the patient has an in-person visit with the telehealth provider within the 6 months prior to telehealth services taking place.
• The visit within the 6 months would need to take place before each telehealth visit.

Emergency Rural Hospitals – Add as eligible originating site in 2023
Audio-Only

CMS this year is redefining the definition of “telecommunications system” which is not defined in federal law. CMS proposes allowing the use of audio-only to provide mental health services if certain conditions met:

- Established patient
- Patient at home
- Provider has capability of doing live video
- Patient cannot or does not want to do it via live video
- Has an in-person visit with the telehealth provider 6 months prior
FQHC/RHC

CMS is redefining what a mental health visit is for an FQHC/RHC. The new definition would "also include encounters furnished through interactive-real-time telecommunications technology."

- FQHCs/RHCs would be able to provide mental health services via live video & audio-only (next slide)
- This will not be regarded as "telehealth"
- PPS & AIR rates will be paid
FQHC/RHC (Audio-Only)
CMS is will also allow FQHCs/RHCs to provide mental health visits via audio-only as well if
• Patient cannot use live video or consents to the use of audio-only

CMS is seeking comments whether to also require the 6 months prior in-person visit as well for FQHCs/RHCs
Other Proposals

- Permanent adoption of G2252 (virtual check-in 11-20 minutes)
- Requesting comments regarding making permanent certain in-person supervisory requirements eligible to be done via telehealth.
- Comments for separate coding and payment for medically necessary chronic pain management (telehealth one of the elements)
- Revising the definition of primary care services in the Shared Savings Program
- Proposing new CPT codes and RUC values for chronic care management & principal management codes
- Allowing audio-only in limited circumstances for certain opioid treatment program counseling and therapy services
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