PROPOSED PHYSICIAN FEE SCHEDULE CY 2022

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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

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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		
MEDICARE ISSUE	CHANGE	
Geographic Limit	Waived	
Site limitation	Waived	
Provider List	Expanded	
Services Eligible	Added additional 80 codes	
Visit limits	Waived certain limits	
Modality	Live Video, Phone, some srvs	
Supervision requirements	Relaxed some	
Licensing	Relaxed requirements	
Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)	More codes eligible for phone & allowed PTs/OTs/SLPs & other use	

•DEA – PHE prescribing exception/allowed phone for suboxone for OUD •HIPAA – OCR will not fine during this time STATE (Most Common Changes)

MEDICAID ISSUE	CHANGE
Modality	Allowing phone
Location	Allowing home
Consent	Relaxed consent requirements
Services	Expanded types of services eligible
Providers	Allowed other providers such as allied health pros
Licensing	Waived some requirements

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



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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



- 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 the visit within the 6 months would need to take place before <u>each</u> 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 <u>mental health</u> services <u>if</u> 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 <u>mental health visit</u> 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 <u>mental health visits</u> 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 inperson visit as well for FQHCs/RHCs



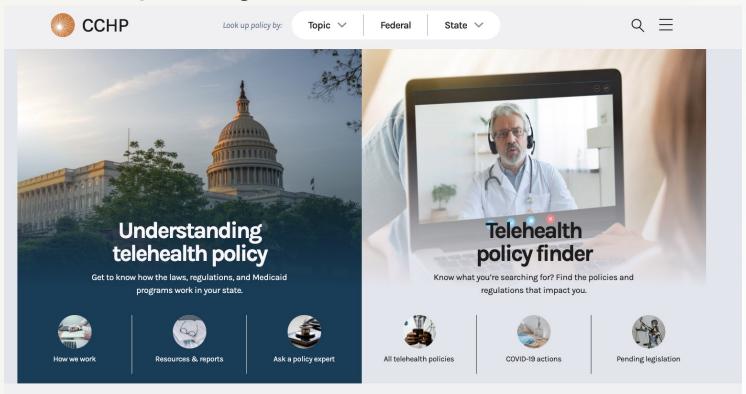
Other Proposals

- 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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CCHP Website – cchpca.org



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