DISCLAIMERS

- 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.

MEDICARE POLICY

The Medicare policy on the use of technology to provide services is in two buckets

- In Federal Statute (42 USC 1395(m)(m)
- Only Live Video unless in a demonstration project in AK or HI
- Limited list of providers
- Limited list of eligible services
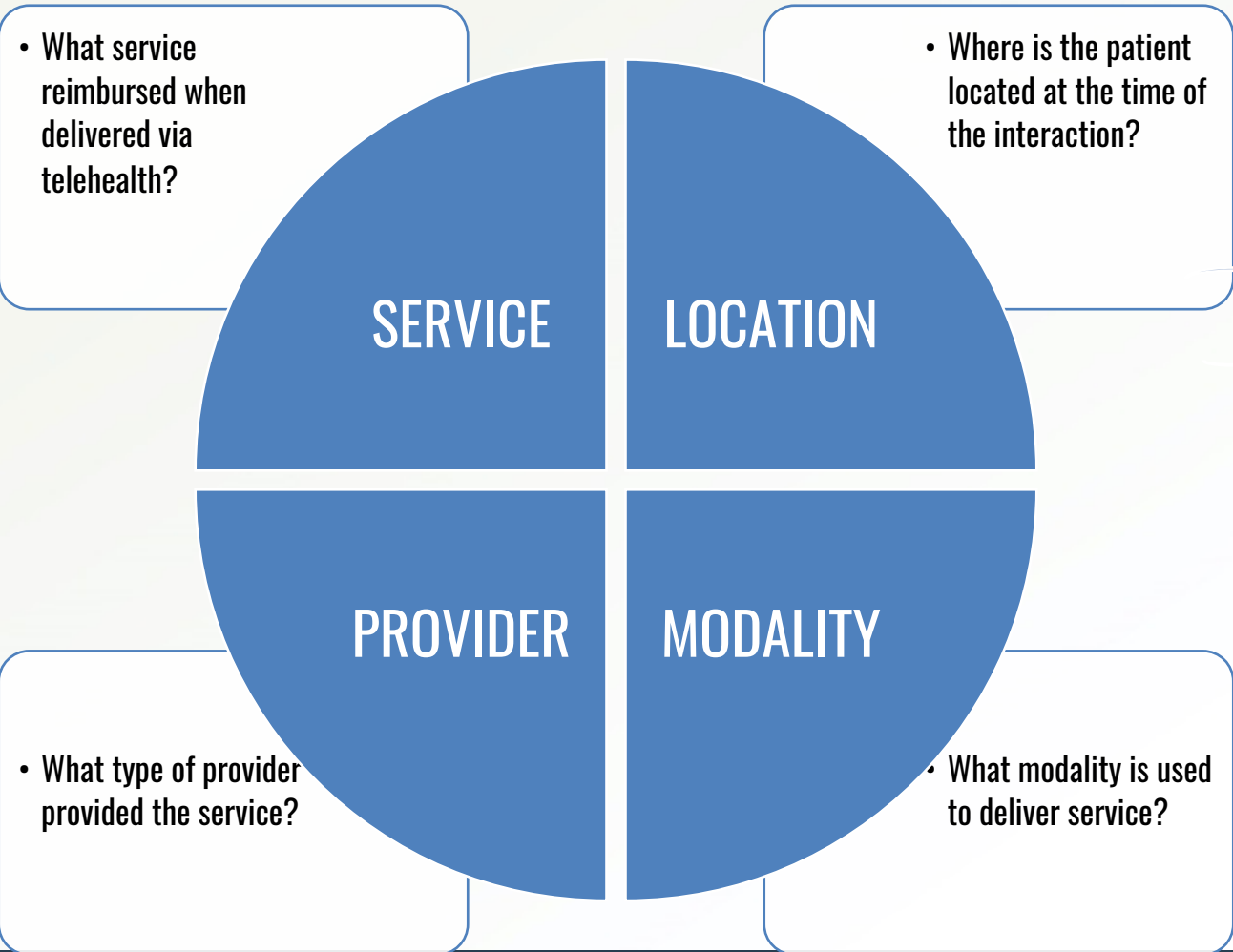- Geographic and site limitations

TELEHEALTH

COMMUNICATIONS TECHNOLOGY-BASED SERVICES

- Utilizes telehealth technology but is called "Communications Technology-Based Services" (CTBS)
- Is not limited by federal law telehealth restrictions
- Other restrictions in place such as informed consent requirements
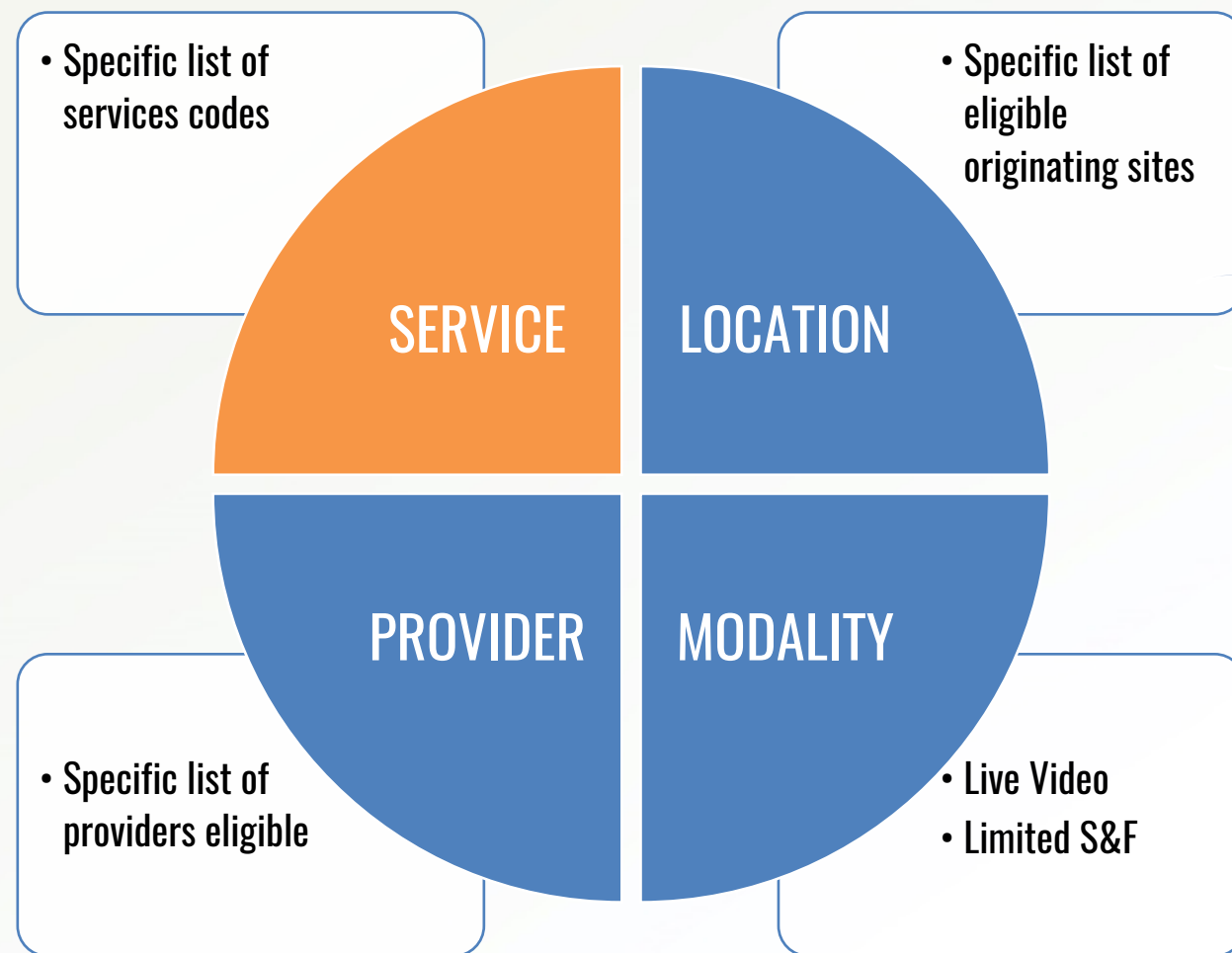- All modalities found here

MEDICARE POLICY ISSUE AREA IMPACTS

➤ **Most established telehealth policies are on reimbursement**
  - ▪ 4 typical elements make up reimbursement policy
  - ▪ Most limitations are around these 4 elements

➤ **Medicare telehealth policy touches on all four issues**

➤ **Most of these areas require statutory changes and cannot be changed by CMS**

- What service reimbursed when delivered via telehealth?

- Where is the patient located at the time of the interaction?

SERVICE | **LOCATION**

PROVIDER | **MODALITY**

- What type of provider provided the service?

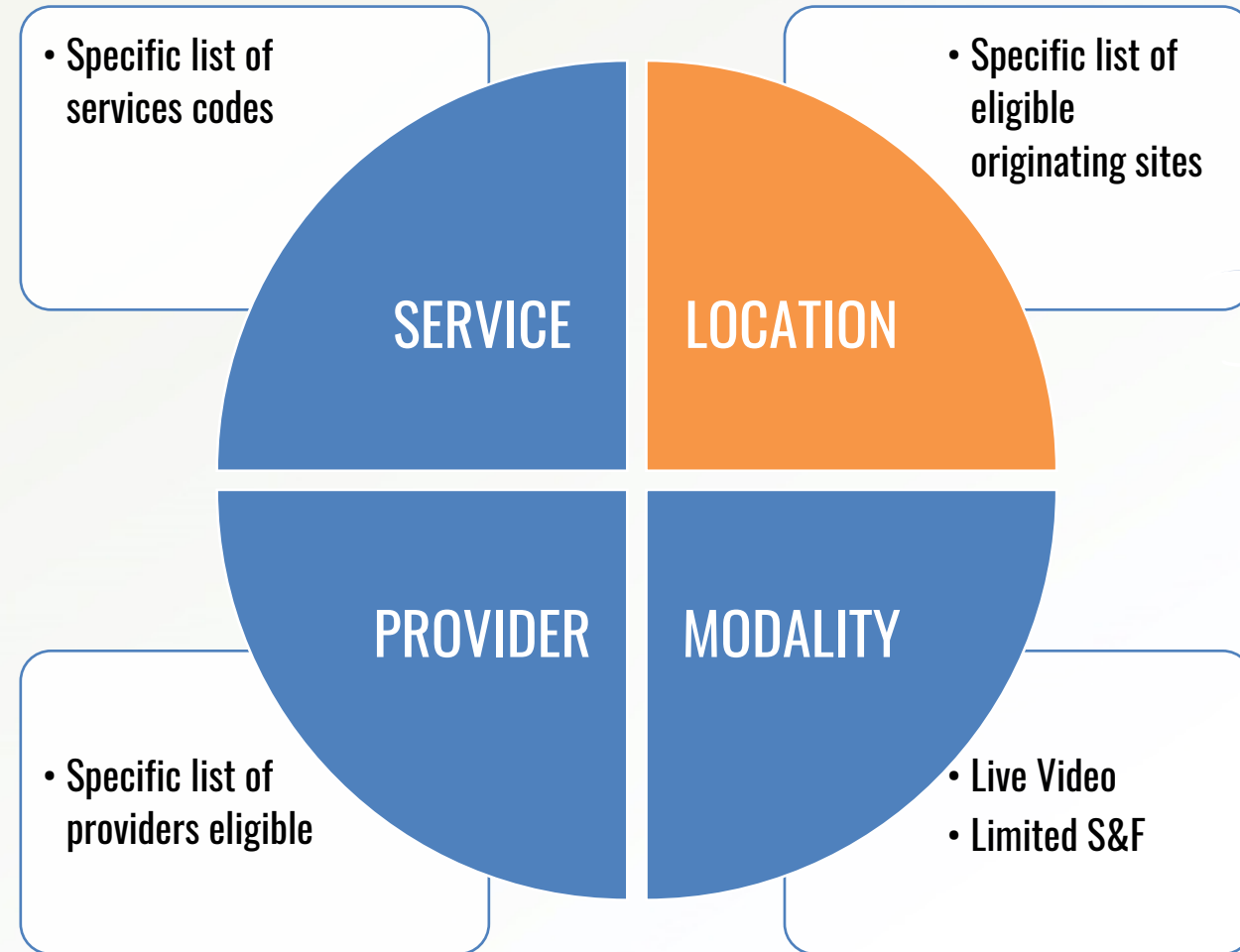- What modality is used to deliver service?

SERVICE

➤ **There is a specific list of services that are reimbursed in Medicare if provided via telehealth**
  - ▪ Specific by CPT or HCPCS code
➤ **This IS one area that CMS has control**
➤ **Usually adds new codes through Physician Fee Schedule**
➤ **Two ways to add new codes**
  - ▪ Category 1 Test - Code similar to one already on list
  - ▪ Category 2 Test – Evidence that service code covers will be effectively provided via telehealth

- Specific list of services codes

SERVICE

LOCATION
- Specific list of eligible originating sites

PROVIDER
- Specific list of providers eligible
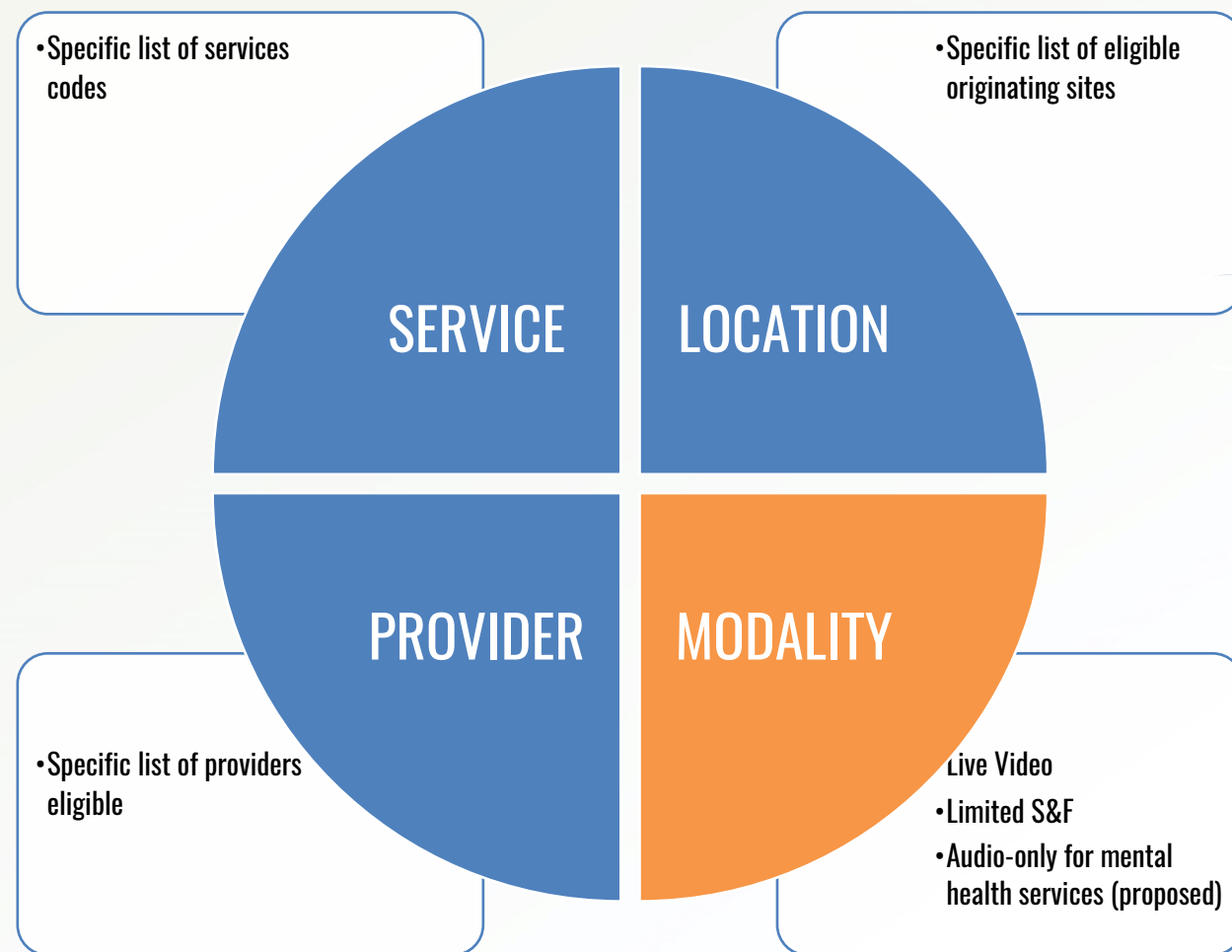
MODALITY
- Live Video
- Limited S&F

LOCATION

➤ **Patient needs to be located in specific site, geographically and building**

  ▪ Geographically – Needs to be in a rural area (specific definition)
  ▪ Building – Specific list of types of buildings (doctor's office, hospital, clinic, etc.)
  ▪ <u>BOTH</u> conditions need to be met

➤ **Location requirements are embedded in federal law**
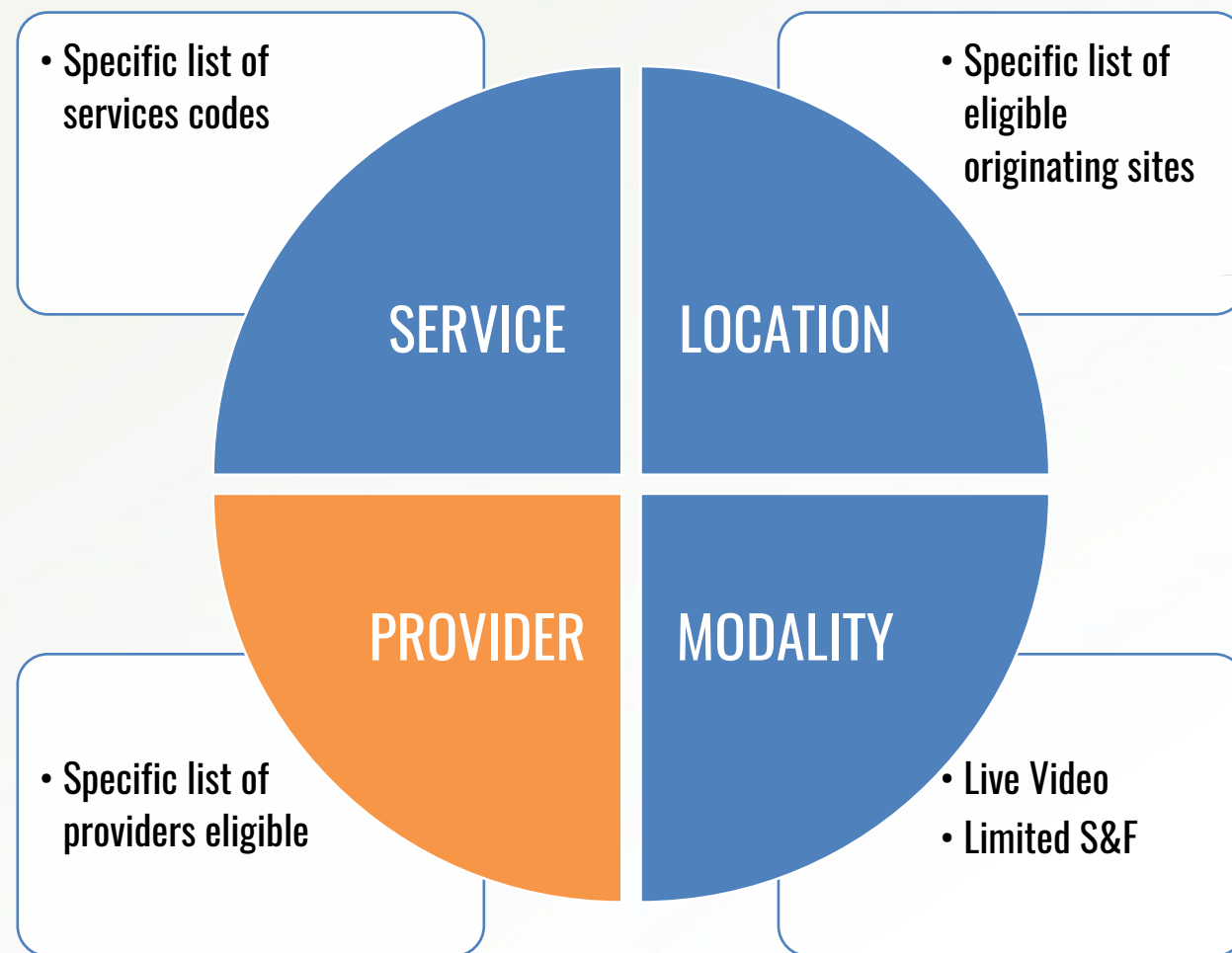
➤ **Policy is silent on provider location**

- Specific list of services codes

- Specific list of eligible originating sites

SERVICE   LOCATION

PROVIDER   MODALITY

- Specific list of providers eligible

- Live Video
- Limited S&F

MODALITY

➤ **Services are furnished by a "telecommunications system"**
- ▪ Specifically mentions that "telecommunications system" for any Federal telemedicine demonstration program in Alaska or Hawaii includes store-and-forward
- ▪ Otherwise "telecommunications system" is not defined in statute

➤ **Administratively, the word "interactive" was added before "telecommunications system" in federal regulations**

➤ **Some leeway given to CMS in defining "telecommunications system"**

- Specific list of services codes

SERVICE

LOCATION
- Specific list of eligible originating sites

PROVIDER
- Specific list of providers eligible

MODALITY
- Live Video
- Limited S&F
- Audio-only for mental health services (proposed)

PROVIDER

- **Specific list of providers in federal law**
  - Physician (as defined in section 1861(r) of the Social Security Act. OR
  - Practitioner (as described in section 1842(b)(18)(C) of the Social Security Act
- **FQHCs, RHCs, PTs, OTs, and other professionals are not included.**
- **But what about that Physician Fee Schedule proposal for 2022?**

- Specific list of services codes

- Specific list of eligible originating sites

SERVICE

LOCATION

PROVIDER

MODALITY

- Specific list of providers eligible

- Live Video
- Limited S&F

COMMUNICATIONS TECHNOLOGY-BASED SERVICES (CTBS)

- **This category was created by CMS**
  - That means telehealth statutory limitations do not apply
  - CMS may create other limits
- **All modalities are seen in CTBS Services**
  Live video, S&F, RPM, audio-only services, eConsult, virtual check-in, all are represented to some extent in the grouping of CTBS Services though they may be labeled other things. For example, CTBS has a cluster of service codes for Chronic Care Management (CCM) which when you read the definition for each service is remote patient monitoring.
- **Not a replacement for in-person services**
  - CTBS have their own fee schedule and codes because they do not replace a currently existing in-person service that is being reimbursed by Medicare. For example, a virtual check-in service is a quick check-in lasting about 5-10 minutes and can be via live video, audio-only or S&F. It has it's own billing codes (G2010 or G2012). Reimbursement is roughly $15, which is the rate CMS set, it's not the rate of a regular office visit because it is not regarded as one.

CCHP

➤ CCHP Website – cchpca.org
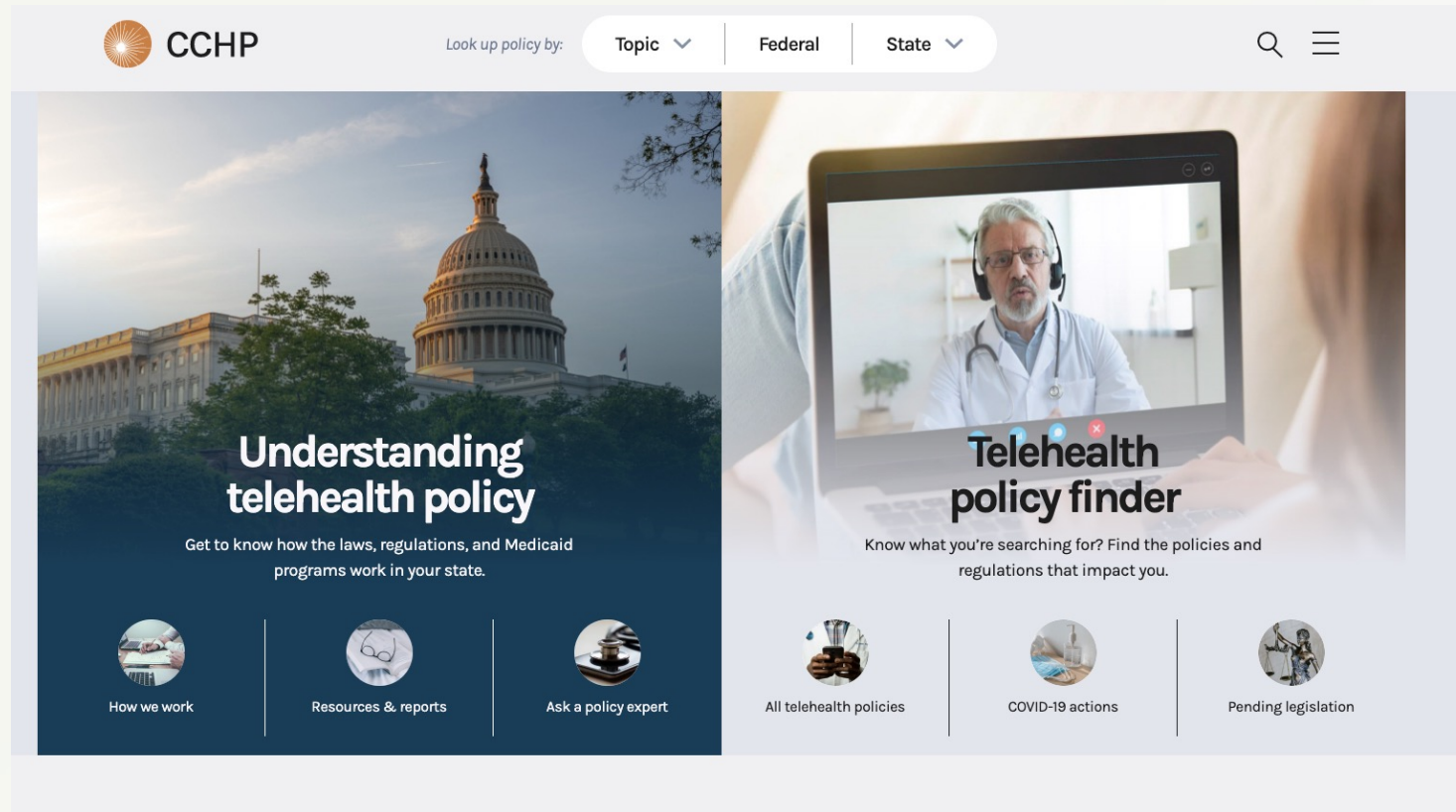
➤ Subscribe to the CCHP newsletter at cchpca.org/contact/subscribe

Center for Connected Health Policy

THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

Thank You!

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