

# PHYSICIAN FEE SCHEDULE PROPOSALS FOR CY 2024

July 24, 2023



Center for Connected  
Health Policy

THE NATIONAL  
TELEHEALTH POLICY  
RESOURCE CENTER



## 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.

Mei Wa Kwong, JD,  
*Executive Director, CCHP*

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# CCHP

- Center for Connected Health Policy (CCHP) is a non-partisan connected health policy organization based in California
- A program under the Public Health Institute (PHI)
- Receives federal funding from HRSA to provide telehealth policy technical assistance (Grant #U6743496)
- Acts as the Administrator for the National Consortium of Telehealth Resource Centers

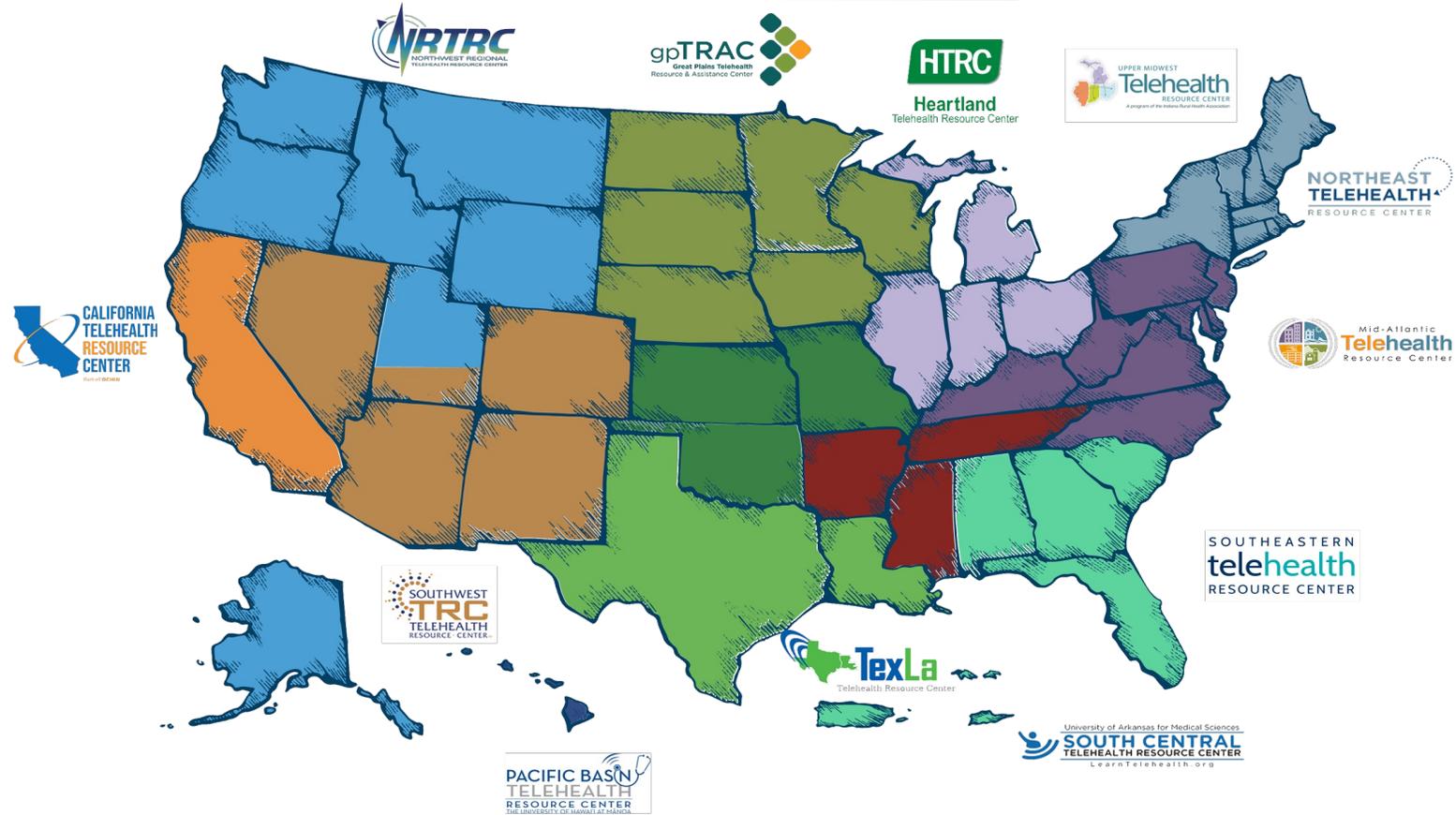


# NCTRC

<https://telehealthresourcecenter.org/>



2 NATIONAL RESOURCE CENTERS



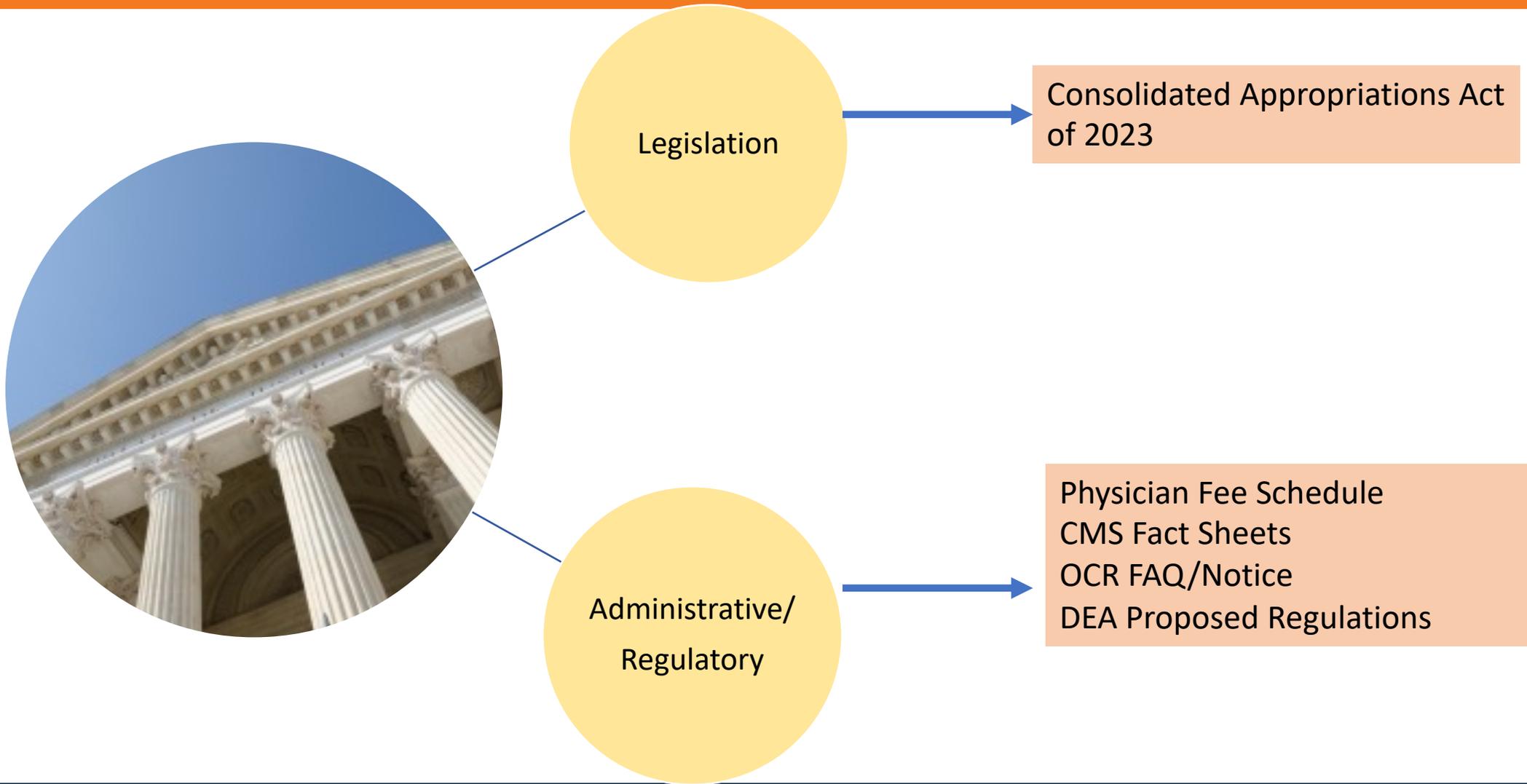
# FEDERAL TELEHEALTH POLICY AREAS



## MEDICARE



# DEVELOPMENT OF TELEHEALTH POLICY



# WHAT IS THE PHYSICIAN FEE SCHEDULE?

- The Physician Fee Schedule (PFS) is a process CMS uses to make regulatory/policy changes (sometimes referred to as “rules”) to the Medicare program.
- Proposals for the following year are made the year before they are to take place.
- Proposals out in July, 60 days public comment period, final rules published approximately in November.
- Go into effect January 1 of the following year unless otherwise stated



# PROPOSED CY2024 PFS

- Made necessary regulatory changes that 2023 CAA required
  - These contained some of the major policy waivers such as the ones impacting location and type of provider
- Address some of the temporary waivers that would have expired at the end of 2023 and whether they will continue in 2024 (to align with some of the major temporary waivers that 2023 CAA required)
- Not all temporary waivers expiring in 2023 were addressed
- Clarifying and streamlining – current policies around RPM/RTM & streamlining process to approve new service codes for the permanent telehealth services list
- Added Marriage and Family Therapists and Mental Health Counselors to permanent eligible provider list (starting 2024).



# PROPOSED CY2024 PFS – Extension on Eligible Services

- For the PHE, CMS added additional services to the eligible telehealth services list for Medicare
- A few of these temporarily eligible services made it to the permanent list but most were only approved through 2023
- Proposed to make the following still eligible to be provided via telehealth through 2024:
  - **Deep Brain Stimulation** – 95970, 95983, 95984
  - **Therapy Codes** – 97110, 97112, 97116, 97161-97164, 97530, 97750, 97763, 90901
  - **Hospital Care, Emergency Department and Hospital** – 99221-99223, 99234-99236, 99238-99239, 99281-99283
  - **Cardiovascular and Pulmonary Rehab** – 93797 and 94626
- Added Health & Well Being Services – 05921T & 0593T (through to 2024)
- To the permanent list will add GXXX5 – Administration of standardized evidence-based social determinants of health risk assessment (5-15 minutes) if the code is finalized



# PROPOSED CY2024 PFS – Streamline the Service Approval Process

- To approve a code to be added to the permanent eligible services list if provided via telehealth, the code must pass one of two “tests”:
  - Category 1 – the service is similar to one already on the permanent list
  - Category 2 – evidence shows the service is similar to what would have been provided in-person and/or evidence of patients benefit from it being provided via telehealth
- New Streamline process would include:
  1. Is it a separately payable service? (i.e., Is it a service Medicare covers?)
  2. Is the service subject to the provisions of 1834(m)? (i.e., Can some part of the service use telehealth to substitute for in-person or face-to-face?)
  3. A review of elements of the service in the HCPCS code definition and determine if each can be done via technology.
  4. Map the elements in the proposed service to one that is similar to what’s already on the permanent list. If the service passes this step, it will go onto the permanent list.
  5. If the previous bullet is not met, CMS would consider the evidence of clinical benefit that is similar to what benefit would have been obtained if done in-person. If there is not enough evidence to place it on the permanent list, but there is sufficient evidence for further study, it would receive “provisional” status.



# PROPOSED CY2024 PFS – Facility vs. Non-Facility Rate

- During the PHE CMS has been paying a non-facility rate when the patient was at home because the assumption was the service would have taken place in a clinical/health care setting if there wasn't a PHE. Therefore, practitioners would have incurred those overhead expenses and should be paid the non-facility rate rather than the facility rate which is lower.
- CMS will continue to pay the non-facility rate even when the patient is located at home because CMS believes the practitioner will continue to have practice expenses



# PROPOSED CY2024 PFS – Supervision

- CMS proposes to continue to allow live video by the supervising practitioner to be used for the “direct supervision” and immediate availability”.
- For supervision of teaching residents, the teach physician can continue to have virtual presence in teach settings but in clinical instances, it is only when the services are being furnished virtually.
- CMS will also establish a general supervision policy for PTs and OTs in private practice supervising assistant PT/OT who are providing remote therapeutic monitoring services.



# PROPOSED CY2024 PFS – Diabetes Self Management & Medical Nutrition

- For Diabetes Self-Management Training (DSMT) and Medical Nutrition Training (MNT), institutional staff will be allowed throughout 2024 to provide training via telehealth to beneficiaries in their homes.
- CMS notes that in institutions, staff providing the training via telehealth may not actually be authorized by Medicare to do so. Therefore, CMS will be exercising “enforcement discretion.”
- Additionally, CMS is also proposing to change billing rules for DSMT that would allow practitioners who can “appropriately report DSMT services furnished in person by the DSMT entity...to report DSMT services via telehealth by the DSMT entity, including when the services are performed by others as part of the DSMT entity.”



# PROPOSED CY2024 PFS – Other Proposals

- **Telephone Evaluation and Management Services** – CPT codes 99441-99443 will remain actively priced through 2024 and are considered telehealth services. CPT codes 98966-98968 are not considered telehealth services but CMS proposes to assign them an active payment status for 2024 “to align with telehealth-related flexibilities that were extended via the CAA, 2023.”
- **Originating Site Facility Fee** – Will be \$29.92 in 2024.
- **Frequency Limitations Removed For 2024:**
  - Subsequent In-patient Visit – 99231-99233
  - Subsequent Skilled Nursing Facility Visit – 99307-99310
  - Critical Care Consultation – G-0508-G0509



# PROPOSED CY2024 PFS – Other Proposals

- **Telehealth Injection Training for Insulin-Dependent** – Propose to allow one hour of in-person training (for initial or follow-up) that is required for insulin-dependent beneficiaries to take place via telehealth.
- **Periodic Assessments for Opioid Use Disorder (OUD) by Opioid Treatment Provider (OTP)** – CMS is proposing to extend allowing audio-only to be used for periodic assessments by OTPs to the end of 2024. The audio-only option will only be available if video is not and to the extent audio-only is permitted by SAMHSA and Drug Enforcement Administration (DEA) and all other relevant requirements.
- **Critical Access Hospital (CAH) Method II** – CMS notes an interest in soliciting comments on how telehealth services under CAH Method II arrangements are furnished and whether they would be most accurately characterized in the context of Medicare telehealth services or of the CAH under Method II.



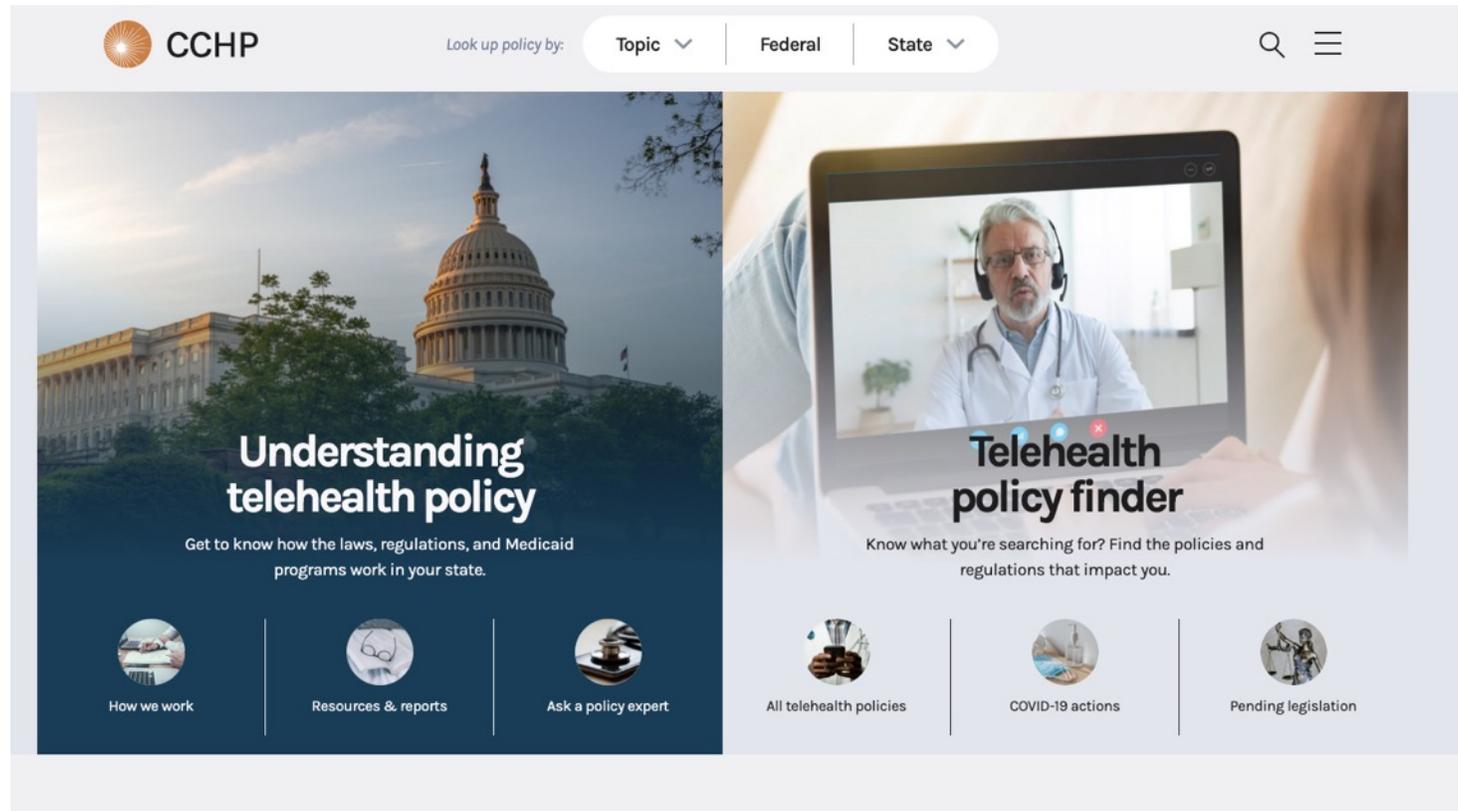
# PROPOSED CY2024 PFS – Other Proposals

- **Telehealth Indicator** – CMS is proposing to update how they identify clinicians who provide services via telehealth. Currently, the Indicator uses POS codes 02 or 10 or modifier 95 to identify when a provider used telehealth. The proposal would “use the most recent codes at the time the data are refreshed that identify a clinician as furnishing services via telehealth” as the new way of identifying these providers. CMS made this proposal to keep current with any changes.

## CCHP Fact Sheet



## ➤ CCHP Website – [cchpca.org](http://cchpca.org)



## ➤ Subscribe to the CCHP newsletter at [cchpca.org/contact/subscribe](http://cchpca.org/contact/subscribe)





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**Thank You!**

[www.cchpca.org](http://www.cchpca.org)

[info@cchpca.org](mailto:info@cchpca.org)