On July 11, 2014, the Center for Medicare and Medicaid Services (CMS) published their FY 2015 proposed revisions related to the Physicians Fee Schedule (PFS). Comments on the proposals are due no later than 5 pm on September 2, 2014. The following items in the proposals relate to telehealth and appear to represent a growing willingness on the part of CMS to consider the value of virtual care for the Medicare population. The addition of several new codes for psychiatry, psychotherapy, prolonged evaluation and management care, and wellness plans, as well as the addition of a new “non face-to-face” code for chronic care management are important new avenues for using virtual care technologies.

### Additional Codes

CMS has an established process for adding codes to the list of Medicare telehealth services eligible for reimbursement. The process includes assigning qualifying requests to either one of two categories. Category 1 is reserved for services that are similar to services already approved on the Medicare telehealth list such as professional consultations, office visits and office psychiatry services. Category 2 (which entails a more extensive qualification process) is for services that are not similar to current telehealth services on the Medicare list. For the FY 2015 proposed PFS, CMS has proposed to add the following CPT Codes to the list of eligible Medicare telehealth services on a Category 1 category 1 basis:

- CPT Code 90845 (Psychoanalysis)
- CPT Code 90846 (Family psychotherapy without the patient present)
- CPT Code 90847 (Family psychotherapy, conjoint psychotherapy, with the patient present)
- CPT Code 99354 (Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (list separately in addition to code for prolonged service))
- HCPCS Code G0438 (Annual wellness visit; includes personalized prevention plan of service, initial visit)
- HCPCS Code G0439 (Annual wellness visit, includes personalized prevention plan of service, subsequent visit)

### Creation of Code

CMS proposes the creation of a new code (GXXX1) that would pay $41.92 for chronic care management services (CCM) on a per person/per month basis. Under the proposed rule, CCM services would be furnished to Medicare beneficiaries with two or more chronic condition that are “expected to last at least 12 months, or until death of the patient, that, or place the patient at significant risk of death, acute exacerbation/decompensation, or function decline; 20 minutes or more; per 30 days.” CMS also proposes to eliminate the requirement that CCM services be delivered under direct physician supervision, instead only requiring for general supervision by the physician.
Those providing the CCM services must utilize an electronic health record technology (EHR) or other health IT or health information exchange platform that includes an electronic care plan accessible to all providers within the practice.

It is noted that CCM services may include, “Enhanced opportunities for a beneficiary and any relevant caregiver to communicate with the practitioner regarding the beneficiary’s care through, not only telephone access, but also through the use of secure messaging, internet or other asynchronous non face-to-face consultation methods.”

**Analysis**

The proposed addition of codes to CMS’ telehealth approved list of telehealth reimbursable services are still subject to the geographic and scope of service restrictions defined for telehealth delivered care.

The creation of the CCM code, GXX1, for non face-to-face consultation, though, appears to provide an opening for the reimbursement of virtual asynchronous remote monitoring of chronic conditions. By not defining it as a “telehealth” service, it would not be subject to the restrictions other telehealth services currently face, such as geographic and location limitations and prohibitions on the use of asynchronous technology in most cases.

Changes can still be made for any item proposed for the FY 2015 PFS. Thus, elements to the proposed mental health Category 1 CPT code additions, as well as the proposed CCM code GXXX1 may still be modified or refined in the coming months. Final rules will likely be published at the end of 2014.