

# CMS PROPOSED TELEHEALTH CHANGES TO PHYSICIAN FEE SCHEDULE CY 2019



On July 12, 2018, the Center for Medicare and Medicaid Services (CMS) published their CY 2019 proposed revisions related to the Physicians Fee Schedule (PFS). **Comments on the proposals are due no later than 5 pm on September 10, 2018.** The proposal aims to modernize the healthcare system and help “restore the doctor-patient relationship” by reducing administrative burden. The changes related to telehealth are significant, as it not only expands Medicare telehealth services, but communicates a new interpretation by CMS of the applicability of their statutory requirements for reimbursement of remote communication technology as separate from telehealth, and adds new services based on this interpretation. For a more detailed analysis of these proposals, visit CCHP's website at [cchpca.org](http://cchpca.org).



## *Brief Communication Technology-based Service, e.g. Virtual Check-in*

- When a physician or other qualified health care professional has a brief non-face-to-face check-in with a patient via communication technology to assess whether the patient's condition necessitates an office visit
- Reimbursed at \$14
- Proposed code GCVI1
- Not labeled telehealth, therefore not subject to telehealth restrictions
- FQHC/RHCs will receive own code for this service

## *Asynchronous Remote Evaluation of Pre-Recorded Patient Information*

- Remote professional evaluation of patient-transmitted information conducted via pre-recorded “store and forward” video or image technology
- Proposed Code GRAS1
- Reimbursed calculated by CMS through direct crosswalk to CPT code 93793 which in 2018 paid \$12.24
- Not labeled telehealth, therefore not subject to telehealth restrictions
- FQHC/RHCs will receive own code for this service

## *Interprofessional Internet Consultation*

- Cover consultations between professionals performed via communications technology such as telephone or Internet
- 99446-99449
- 994X0
- 994X6
- Value of each code to be established
- Verbal consent from patient would be required

## *Additional Proposals*

- Add HCPCS codes G0513 and G0514 as codes to be reimbursed if telehealth is used. Would be subject to the telehealth restrictions.
- Made changes required by Bipartisan Budget Act of 2018
- For remote physiological monitoring: codes created and proposed to be reimbursed: 990X0, 990X1 and 990X9
- For chronic care management: new code for reimbursement 994X7

## MANAGEMENT AND COUNSELING TREATMENT FOR SUBSTANCE USE DISORDER

CMS is considering developing separate bundled payment for an episode of care for treatment of Substance Use Disorders (SUD), which can include elements of Medication Assisted Therapy (MAT), including potentially web-based routine counseling. They reason that “creating separate payment for a bundled episode of care for components of MAT ... under the PFS could provide opportunities to better leverage services furnished with communication technology while expanding access to treatment for SUDs.” It could also help alleviate the need for more acute services and prevent hospital readmissions.