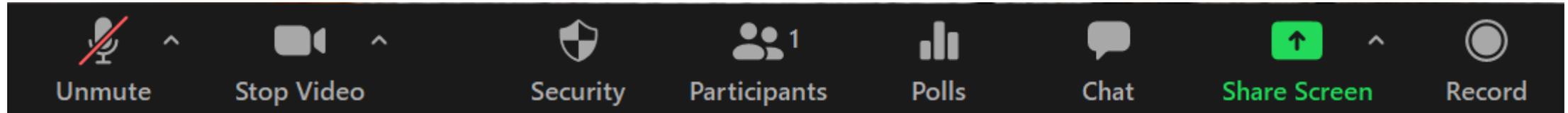




NEW!
CTRC Office Hours
Policy Changes You Should Know for
Telehealth in 2022

January 11, 12 PM - 1 PM (PT)

Zoom Tips



Muted on Entry

You are muted on entry. If you wish to comment or ask a question, you can unmute yourself.

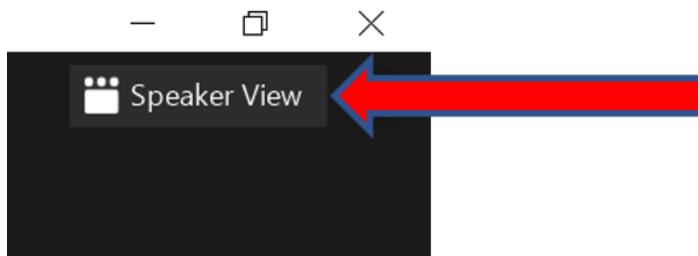
Use Your Video

Please turn on the video for a more collaborative and engaging experience.

Open the Chat

Please open the chat and use it liberally; we want to hear from you!

Send questions and feedback to **"Everyone"**



Speaker View vs Gallery View

At the top right of your screen you can change the video panel to just show the main speaker, or to gallery view to see the speaker and other participants, depending on your preference.

Before We Get Started

Today's session is purely for informational purposes.

CTRC does not provide legal advice. CTRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this session.



About CTRC

Established in 2006, **The California Telehealth Resource Center (CTRC)** offers no-cost, unbiased training and educational resources that help California providers and patients get the most from telehealth.



Recognized nationally as a part of the National Consortium of Telehealth Resource Centers and the OCHIN Family of Companies, CTRC assists thousands of providers and patients annually.

Meet The CTRC Team



Lindsey Haase
Executive Director



Shubha Devadoss
Manager, CTRC Program



Jeanne Russell
Training and TA Manager



Aislynn Taylor
Program Specialist

Today's Hosts



Aislynn Taylor

Program Specialist
CTRC



Jeanne Russell

Training and TA Manager
CTRC



Morgan Landerman, MBA, MHA

Sr. Project Manager, Innovation and
Improvement Project Team, OCHIN

Agenda

1) No Surprises Act Overview

- No Surprise Act
- Good Faith Estimate

2) Physician Fee Schedule Overview

- Eligibility Changes
- Audio-Only
- More for FQHCs & RHCs

3) Open Discussion



No Surprise Act Overview

No Surprises Act Overview

Beginning January 2022, the **No Surprise Act (NSA)** protects patients (both insured and uninsured) from receiving surprise medical bills.

“Balance billing” no longer permitted for certain services

Balance bills are “surprise” medical bills for emergency services, or certain services furnished by out-of-network providers at in-network facilities.

Patients only responsible for **regular, in-network cost-sharing amounts**

Applies to insured patients receiving services from out-of-network providers at in-network facilities.

Providers and health plans must now furnish “good-faith estimates” (GFEs)

Applies to both uninsured and self-pay patients.

CMS “Notice and Consent” document should now be supplied.

Member facilities and health care centers must furnish this document to insured patients who will be treated by out-of-network providers.

No Surprises Act Overview

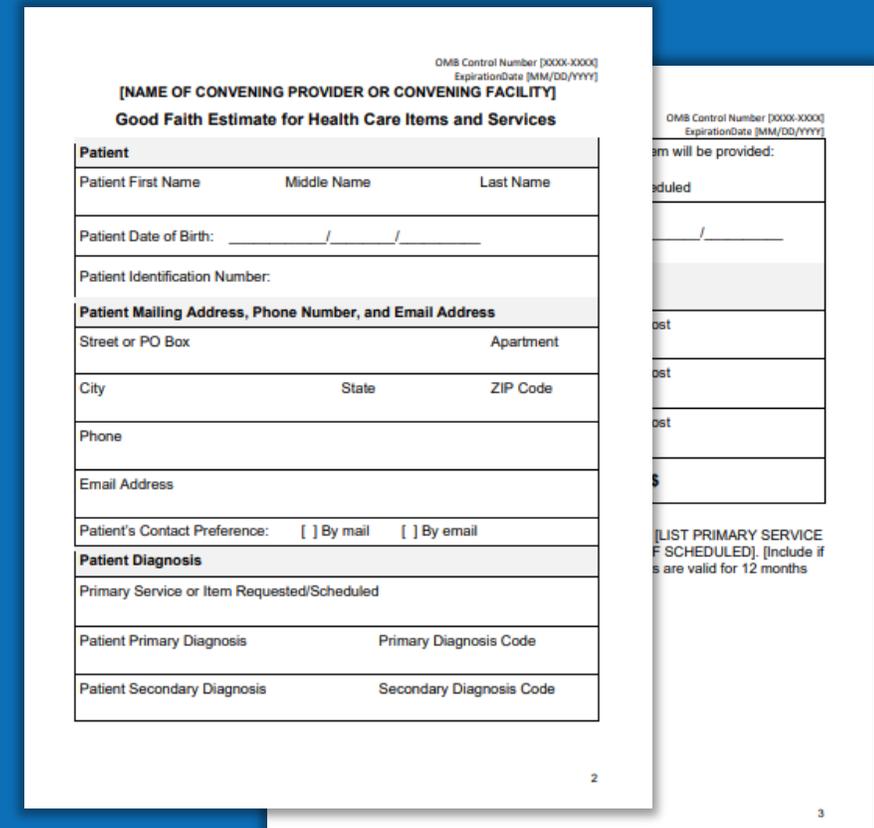
Beginning January 2022, the **No Surprises Act (NSA)** protects patients (both insured and uninsured) from receiving surprise medical bills.

If the patient is ...	Which document, if any, do they receive?
Uninsured	GFE
Self-pay	GFE
Commercially insured, seeing an in-network provider/facility	Neither
Commercially insured, seeing an out-of- network provider/facility for non-emergency services	Notice and Consent
Commercially insured, seeing an out-of- network provider/facility for emergency services	Neither
Covered by Medicare, Medicaid, Tricare, Veterans Administration, or Indian Health Services	Excluded from the NSA, as these coverages already have their own rules concerning balance billing and estimates

Part 2: Good Faith Estimate Form

CMS has posted a sample Good Faith Estimate form which includes all necessary data elements outlined in the legislation.

If an uninsured or self-pay patient...	Is a GFE required, and when?
Schedules an appointment >10 business days in advance	YES, within 3 business days of scheduling
Schedules an appointment 3-9 business days in advance	YES, within 1 business day of scheduling
Schedules an appointment <3 business days in advance	No
Requests a GFE (or otherwise asks about service fees), but does not schedule an appointment	YES, within 3 business days of request
Schedules the same service on a recurrent basis (e.g., multiple physical therapy appointments)	YES. A single GFE can apply to such services for a maximum interval of 12 months.



OMB Control Number [XXXX-XXXX]
ExpirationDate [MM/DD/YYYY]

[NAME OF CONVENING PROVIDER OR CONVENING FACILITY]
Good Faith Estimate for Health Care Items and Services

Patient

Patient First Name Middle Name Last Name

Patient Date of Birth: ____/____/____

Patient Identification Number:

Patient Mailing Address, Phone Number, and Email Address

Street or PO Box Apartment

City State ZIP Code

Phone

Email Address

Patient's Contact Preference: By mail By email

Patient Diagnosis

Primary Service or Item Requested/Scheduled

Patient Primary Diagnosis Primary Diagnosis Code

Patient Secondary Diagnosis Secondary Diagnosis Code

2

3

NOTE:

No patient signature is needed on the Good Faith Estimate. To be compliant with the No Surprises Act providers must furnish these documents to patients in the timeframes outlined above.



Talk to Us Live!

**Please open the chat and
use it freely; we want to
hear from you!**

**ANY
QUESTIONS???**



Unmute and Join the
Conversation!

**Turn on your camera for
more interaction.**

CMS Physician Fee Schedule **Highlights**



CMS Eligible Category Changes

CMS adds services that are eligible to be reimbursed when provided via telehealth if they pass one of two tests:

Category 1 – Where the service is essentially similar to a service already on the eligible list such as professional consultations or office psychiatry services.

Category 2 – If the service is not similar to one already on the eligible list, there is evidence that demonstrates a clinical benefit to the patient if it is provided via telehealth.

In the PFS for 2021, CMS created a **Category 3** which would act as a temporary holding category for some (but not all) of the services that were placed on the temporary COVID-19 eligible services list. Under the 2022 PFS, CMS extended inclusion of certain cardiac and intensive cardiac rehabilitation codes through the end of CY 2023.



Telehealth Services

Under the 2022 PFS, CMS finalized details that would allow the services in **Category 3** to remain eligible for delivery via telehealth and reimbursed until the end of CY 2023.



CMS added the following codes to Category 3:

93797

Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session)

93798

Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)

G0422

Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise (per session)

G0423

Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise (per session)



Audio-Only Mental Health

CMS finalized their proposal to allow audio-only to be used as a delivery modality for the treatment, evaluation, and diagnosis of mental health.

CMS will not require additional documentation but providers furnishing audio-only services will need to use a billing modifier 93 on claims to indicate that the patient did not have access to two-way audio-visual communication technology or did not consent to its use.

NOTE:

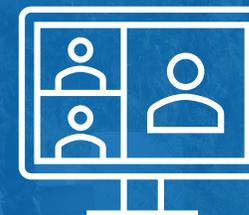
This must be documented in the medical record and documented that the patient can obtain needed point of care testing, including vital sign monitoring and laboratory studies.

These conditions are:

- It is for an established patient
- The home is the eligible originating site
- A six-month in-person item or service provided, a 12-month subsequent in-person visit

Medicare
Reimbursement
Condition
Requirements

Provider has capability to provide live video but is utilizing audio-only because patient chose or cannot use live video





More Clarification

CMS also finalized that an in-person, non-telehealth visit must be furnished 6 months prior to the initial visit and at least every 12 months for these services; however, exceptions to the in-person visit requirement may be made based on beneficiary circumstances (with the reason documented in the patient's medical record) and more frequent visits are also allowed under CMS policy, as driven by clinical needs on a case-by-case basis.

NOTE:

A colleague in the same subspecialty and group may furnish the in-person visit if the telehealth provider is unavailable to meet the in-person visit requirement.



FQHCs & RHCs

Federally qualified health centers (FQHCs) and Rural Health Clinics (RHCs) may only act as originating sites under Original Telehealth Policy. The originating site facility fee is \$27.59.

RHCs are paid an all-inclusive rate (AIR) and FQHCs are paid a prospective payment system (PPS) rate. During the PHE, RHCs and FQHCs were allowed to act as distant site providers but did not receive their typical AIR or PPS rates. Instead, a methodology was created to determine one flat rate, regardless of the service. This rate (\$99.45) and methodology employed were only meant to apply for services provided during the COVID-19 PHE. Therefore, for mental health services, FQHCs and RHCs would receive their usual PPS or AIR rates.

MORE

FQHCs and RHCs will also be allowed to bill for Transitional Care Management (TCM) and other care management services furnished “for the same beneficiary during the same service period provided all requirements for billing each code are met. This would include the services described by HCPCS codes G0511 (General Care Management for RHCs and FQHCs only) and G0512 (Psychiatric CoCM code for RHCs and QHCs only), which both describe a service period of one calendar month.”

Telehealth Services PFS Summary

- Extend, through the end of CY 2023, the inclusion on the Medicare telehealth services list of certain services added temporarily to the telehealth services list that would otherwise have been removed from the list as of the later of the end of the COVID-19 PHE or December 31, 2021.
- Adopts coding and payment for a longer virtual check-in service on a permanent basis
- New modifier for services furnished using audio-only communications, which would serve to verify that the practitioner had the capability to provide two-way, audio/video technology, but instead, used audio-only technology due to beneficiary choice or limitations.
- Clarifies that mental health services can include services for treatment of substance use disorders (SUDs).



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**OPEN FOR
QUESTIONS,
COMMENTS, AND
DISCUSSION**



Unmute and Join the
Conversation!

**Turn on your camera for
more interaction.**



Access National Resources

**Visit
[TelehealthResourceCenter.org](https://www.telehealthresourcecenter.org)
for more info**

Related Links

Physician Fee Schedule

- **CMS PFS Final Rule:** <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2022-medicare-physician-fee-schedule-final-rule>
- **CCHP PFS Fact Sheet:** <https://www.cchpca.org/2021/11/CY-2022-Physician-Fee-Schedule-FINAL.pdf>
- **CMS Telehealth Codes:** <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>
- **Key Takeaways:** <https://www.natlawreview.com/article/telehealth-key-takeaways-cy2022-pfs-final-rule>
- **DHCS Telehealth Advisory Workgroup Report:**
<https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthAdvisoryWorkgroup.aspx>

No Surprise Act

- **CMS Overview:** <https://www.cms.gov/nosurprises/Policies-and-Resources/Overview-of-rules-fact-sheets>
- **Part 1 Notice & Consent Interim Final Rule:** <https://www.federalregister.gov/documents/2021/07/13/2021-14379/requirements-related-to-surprise-billing-part-i>
- **Part 2 GFE Interim Final Rule:** <https://www.federalregister.gov/documents/2021/10/07/2021-21441/requirements-related-to-surprise-billing-part-ii>

Upcoming Events



TTAC



TRC

VIRTUAL SHOWCASE SESSION
BROUGHT TO YOU BY CTRC, SCTRC & TTAC
*Tools To Bring Care Home-
A Direct to Consumer Story*
February 2-3, 2022



CALIFORNIA
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TELEHEALTH RESOURCE CENTER**
LearnTelehealth.org

TTAC
TelehealthTechnology.org
Enabling Telehealth Technology. Accelerating Patient Care.

Save the Date
for CTRC's
Next Office Hour Session:

Tuesday
Feb 8, 2022
12PM PST

From The CTRC Team,



Thank You



www.caltrc.org