



Ch-Ch-Ch-Changes: Learn About Telehealth Policy for 2023

November 15, 2022

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) exists to share **unbiased, no-cost telehealth resources and consultative support services** with providers and patients located across all 58 California counties and beyond.

CTRC became part of OCHIN in 2017 and serves as OCHIN's dedicated telehealth consulting arm. CTRC is also part of a coast-to-coast, federally designated consortium that includes two national and 12 regional telehealth resource centers (TRCs). Our knowledgeable CTRC team teaches others to employ innovative technologies in ways that **enhance connected care and advance health equity**. CTRC insights reflect OCHIN's 22 years of practice-based solutions expertise.



**CALIFORNIA
TELEHEALTH
RESOURCE
CENTER**

Part of **UCHIN**

CTRC CA Telehealth Reimbursement Tools

Telehealth Reimbursement Guide for California



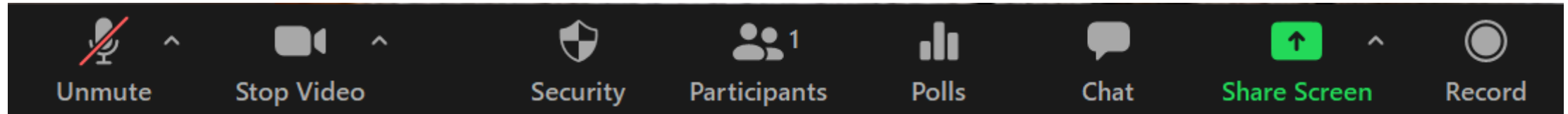
Telehealth Resource
Center
2022 Edition

[Telehealth Reimbursement Guide
Available for Download Here](#)

[FQHC & RHC Quick Course
Available Here](#)



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.

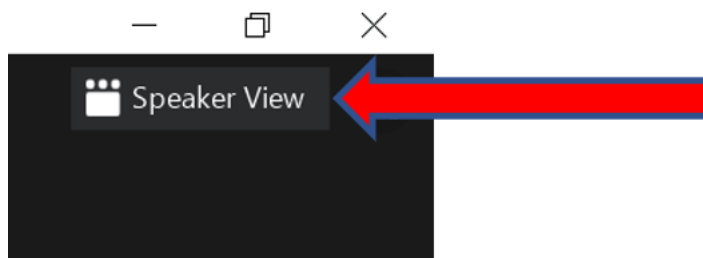
Open the Chat

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

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

Video Recording

The presenter will indicate if the meeting is being recorded and where to find the recording after the presentation is complete.



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.

Presenter Info and Disclaimer

- Carol Yarbrough, MBA, CCA, CPC, OCS, CHC
 - Business Operations Manager, UCSF Health TRC
 - CPG Manager Government Reimbursement
 - SFCC PREZ – AAPC Local Chapter (Sitting Duck!)
 - Contact: carol.yarbrough@ucsf.edu
- The opinions expressed in this presentation and on the following slides are solely those of the presenter.
- My dogs have their own opinions particularly about FedEx, UPS and the USPS delivery personnel and may contribute to the content of today's webinar.



Agenda and Learning Outcomes

PHE and CAA
Extensions

Medicare Physician
Fee Schedule Final -
2023

Some Love for the
Not FFS Scene

Genius Level
Obtained for 2023
MPFS and
Telehealth

Questions

PHE and CAA of 2022 Extensions

The PHE and Federal (Medicare) Telehealth Waivers

- Current end date: January 11, 2023
- Per [Becker's](#) on 11/12/22, CNBC reported that the PHE will continue until at least into April
 - 60 days' notice *would have been provided* if PHE not to be renewed on January 11, 2023
 - Nov 12, 2022 was 60 days' prior
 - It was not provided ergo ... Apr 11 new end date

Current, Interim and Future Status

During PHE – thru to Jan 11, 2023	When renewed, during PHE – thru to Apr 11, 2023	During 151 Days – thru to Sep 9, 2023	Sep 10 (Day 152) thru to Dec 31, 2023
Home telehealth 95 mod; POS 11, 19, 22	Home telehealth 95 mod; POS 11, 19, 22	Home telehealth 95 mod; POS 11, 19, 22	No home telehealth* GY mod, POS 02
G0463, Q3014 Reimb	G0463, Q3014 Reimb	G0463, Q3014 Reimb	G0463 or Q3014 Reimb
Virtual supervision FR mod	Virtual supervision FR mod	Virtual supervision FR mod	Thru 12/31/23 or year in which PHE ends Will cont. to be under rev
Audio only 99441, 99442, 99443	Audio only 99441, 99442, 99443	Audio only 99441, 99442, 99443	No audio only

Current, Interim and Future Status

Behavioral Health: Psychiatry, Psychology, Counseling

During PHE – thru to Apr 11, 2023	During 151 Days – thru to Sep 9, 2023	Day 152 – thru to 10 th of Never
Home telehealth 95 mod; POS 11, 19, 22	Home telehealth 95 mod; POS 11, 19, 22	Home telehealth POS 10
No in-person rqmt	No in-person rqmt	In-person rqmt w/in 6 mo new pts; 12 mo est
Virtual supervision FR mod	Virtual supervision FR mod	Psych Virtual supervision
Audio only Bill as if in clinic	Audio only Bill as if in clinic	Audio only Mod 93, POS 10

Current, Interim and Future Status: Providers

During PHE thru to Apr 11, 2023	During 151 Days – thru to Sep 9, 2023	Sep 10 (Day 152) thru to forever or legislative changes
Original List PLUS: PT, OT, SLP, Audiologists	Original List PLUS: PT, OT, SLP, Audiologists	Physicians ● Nurse Practitioners (NPs) ● Physician Assistants (PAs) ● Certified Nurse-Midwives (CNMs) ● Clinical Nurse Specialists (CNSs) ● Certified Registered Nurse Anesthetists (CRNAs) ● Clinical Psychologists (CPs) and Clinical Social Workers (CSWs) ● Registered dietitians or nutrition professionals

Mini Question Break

Submitted Topics' Request for Information

Subscribe to CCHP!

- <https://www.cchpca.org/>

Join the Coalition!!

- <https://www.cchpca.org/california-telehealth-policy-coalition/>
- Sub-committees include policy, education and legislation
- <https://www.cchpca.org/california-telehealth-policy-coalition/meeting-materials/>

Cross-state licensure

- <https://www.cchpca.org/topic/cross-state-licensing-covid-19/>

Controlled Substances

- <https://www.cchpca.org/topic/easing-prescribing-requirements/>

New Codes

Chronic Pain Management

- HCPCS codes, G3002 and G3003, and valuation for chronic pain management and treatment services (CPM) for CY 2023.
 - CPM HCPCS codes will improve payment accuracy for these services,
 - prompt more practitioners to welcome Medicare beneficiaries with chronic pain into their practices, and
 - encourage practitioners already treating Medicare beneficiaries who have chronic pain to spend the time to help them manage their condition within a trusting, supportive, and ongoing care partnership.
- Telehealth codes – permanent

Still being finalized

CMS is also finalizing the proposal to

- allow the OTP intake add-on code to be furnished via two-way audio-video communications technology when billed for the initiation of treatment with buprenorphine, to the extent that the use of audio-video telecommunications technology to initiate treatment with buprenorphine is authorized by the Drug Enforcement Administration (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA) at the time the service is furnished.
- CMS is also finalizing the proposal to permit the use of audio-only communication technology to initiate treatment with buprenorphine in cases where audio-video technology is not available to the beneficiary, and all other applicable requirements are met.

Additionally, CMS is allowing

- periodic assessments to be furnished audio-only when video is not available for the duration of CY 2023, to the extent that it is authorized by SAMSHA and DEA at the time the service is furnished.

Medicare Physician Fee Schedule Final - 2023

Conversion Factor: \$33.06

This will go down

With the budget neutrality adjustments, which are required by law to ensure payment rates for individual services don't result in changes to estimated Medicare spending, the required statutory update to the conversion factor for CY 2023 of 0%, and the expiration of the 3% supplemental increase to PFS payments for CY 2022, the final CY 2023 PFS conversion factor is \$33.06, a decrease of \$1.55 to the CY 2022 PFS conversion factor of \$34.61.

OPPS Rates

Those are to go up

Using the hospital market basket update, CMS is finalizing a productivity-adjusted hospital market basket update factor to the ASC rates for CY 2023 of 3.8%. The update applies to ASCs meeting relevant quality reporting requirements. This update is based on the hospital market basket percentage increase of 4.1%, reduced by 0.3 percentage point for the productivity adjustment.

Example – RPM non-facility (clinic)

National RVU MPFS (no GPCI or other factors taken into consideration)

CPT #	Description	Who	2022 RVUs (Office)	2022 Phys Payment	2023 RVUs (Office)	2023 Phys Payment (Office)
99453	Initial set-up and patient education on use of equipment	Clinical staff	0.55	\$19.03	0.57	\$18.84
99454	Device(s) supply with daily recording and transmission of data for each 30 days	Clinical Staff	1.61	\$55.72	1.48	\$48.93
99457	20 minutes a month of monitoring and interactive communication; includes phone, text and email	MD, NP and clinical staff	1.45	\$50.18	1.44	\$47.60
99458	Add-on code for an additional 20 minutes of RPM services in a given month	MD, NP and clinical staff	1.18	\$40.83	1.17	\$38.68

Example – RPM facility (HOPD)

National RVU MPFS and OPFS (no GPCI or other factors taken into consideration)

CPT #	Description	Who	2022 Phys RVUs	2022 Phys Pmt	2022 OPFS Relative Weight	2022 OPFS Pmt	2023 Phys RVUs	2023 Phys Pmt	2023 OPFS Rel Weight	2023 OPFS Pmt
99453	Initial set-up and patient education on use of equipment	Clinical staff	n/a	n/a	1.44	\$121.35	n/a	n/a	1.41	\$120.86
99454	Device(s) supply with daily recording and transmission of data for each 30 days	Clinical Staff	n/a	n/a	.45	\$38.03	n/a	n/a	.41	\$35.00
99457	20 minutes a month of monitoring and interactive communication; includes phone, text and email	MD, NP ONLY	.90	\$31.14	n/a	n/a	.89	\$29.42	n/a	n/a
99458	Add-on code for an additional 20 minutes of RPM services in a given month	MD, NP ONLY	.90	\$31.14	n/a	n/a	.89	\$29.42	n/a	n/a

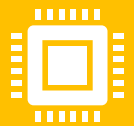
Major Takeaways



CMS confirmed extension time for at least 151 days following end of PHE (CAA Act of 2022)



Finalized policies: making several services temp available for PHE available thru end of CY 2023 – allow additional time for collection of data for perm inclusion



Confirmed intention to implement telehealth provisions after the end of PHE (Behavioral Health)

Any geographic area

Any originating site (incl home)

Certain audio only

Billing Takeaways

MPFS Final: 2023

Continue to bill POS indicator that would have been provided had service been furnished in person thru end of 2023 or year when PHE ends

- 11 – office (non-facility outpatient clinic)
- 19 – off-campus outpatient hospital clinic
- 21 – inpatient hospital
- 22 – on-campus outpatient hospital clinic
- 50 – FQHC
- 72 – RHC

Modifier: 95 furnished via telehealth

What about Modifiers 10 and 02?



02 Telehealth

The location where health services and health related services are provided or received, through telecommunication technology. ***Patient is not located in their home*** when receiving health services or health related services through telecommunication technology.



10 Telehealth Provided in Patient's Home

The location where health services and health related services are provided or received, through telecommunication technology. ***Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence)*** when receiving health services or health related services through telecommunication technology.



Notes:

Use if instructed by commercial payers
Keep a list of billing requirements
Seems to change and then not change ...

Originating Site Fee: \$28.64

Medicare Telehealth Originating Site Facility Fee, Q3014

Time Period	MEI (%)	Facility Fee for Q3014
2023	3.8%	\$28.64
2022	2.1%	\$27.59

Differences in 2023 List of TH vs 2022 List

262 vs 278 CPTs: what happened?

The AMA 2023 Evaluation and Management update happened!

- Overall Codes deleted:

- Hospital Observation Services E/M codes 99217-99220
- Consultations E/M codes 99241 and 99251
- Nursing Facility Services E/M code 99318
- Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services E/M codes 99324-99238, 99334-99337, 99339, 99340
- Home or Residence Services E/M code 99343
- Prolonged Services E/M codes 99354-99357

Remote Therapeutic Monitoring

Proposals withdrawn and General Supervision Clarified

The proposed G codes were withdrawn. All eligible providers including physicians, physical therapists and occupational therapists will continue to bill CPT codes 98980 and 98981 for the treatment management services and have the same reimbursement rates.

The proposed G codes were withdrawn and all providers eligible to bill RTM treatment management services are to continue to bill current CPT codes 98980 and 98981 which do not have the billing requirement in 2022.

The final rule clearly states that providers can use the “virtual presence” rule at least through the end of 2023. In addition, CMS is allowing general supervision for all RTM services. *Limber is seeking clarification from CMS to ensure PTs and OTs can also use general supervision in private practice settings for RTM services as the provision implies and whether this general supervision overrides the direct supervision requirement that is in place for regular therapy sessions.*

- *[For PTAs and OTAs]*

<https://www.limberhealth.com/news/2023-cms-final-rule-rtm>

Some Love for the
Not-FFS Scene

First - Federal Info

Telehealth: CAH

CMS is waiving the requirement for CAHs that a doctor of medicine or osteopathy be physically present to provide medical direction, consultation, and supervision for the services provided in the CAH at § 485.631(b)(2). CMS is retaining the regulatory language in the second part of the requirement at § 485.631(b)(2) that a physician be available “through direct radio or telephone communication, or electronic communication for consultation, assistance with medical emergencies, or patient referral.” Retaining this longstanding CMS policy and related longstanding sub regulatory guidance that further described communication between CAHs and physicians will assure an appropriate level of physician direction and supervision for the services provided by the CAH. This will allow the physician to perform responsibilities remotely, as appropriate. This also allows CAHs to use nurse practitioners and physician assistants to the fullest extent possible, while ensuring necessary consultation and support as needed.

Page 10: <https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf>

TH – Originating Site: CAH

Question: Should hospitals submit a separate 012x type of bill (TOB) for the telehealth originating site facility fee charges during an inpatient stay?

Answer: Yes, hospitals and critical access hospitals should bill their A/B/MAC for the originating site facility fee on a 12x TOB using the date of discharge as the line item date of service.

- New: 10/20/20

Page 89: <https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf>

Outpatient Therapy Services: CAH

Question: Can outpatient therapy services that are furnished via telehealth and separately paid under Part B be reported on an institutional claim (e.g., UB-04) during the COVID-19 PHE?

Answer: Yes, outpatient therapy services that are furnished via telehealth, and are separately paid and not included as part of a bundled institutional payment, can be reported on institutional claims with the “-95” modifier applied to the service line. This includes:

Critical Access Hospital (CAH) – 85X (CAHs may separately provide and bill for PT, OT, and SLP services on 85X bill type);

FQHC: The Only Codes (on CMS 1500) ... And Exceptions

- G0466 – FQHC visit, new patient
- G0467 – FQHC visit, established patient
- G0468 – FQHC visit, Initial Preventative Physical Exam (IPPE) or Annual Wellness Visit (AWV)
- G0469 – FQHC visit, mental health, new patient
- G0470 – FQHC visit, mental health, established patient
- Technical component of FQHC services
- Certain laboratory services
- Durable medical equipment
- Ambulance services
- Telehealth distant-site services
- Hospice services
- Group services.

2023 MPFS Updates: RHC Payment limits

Subsequent to the publication of the CY 2022 PFS final rule, which implemented changes to the RHC payment limit as required by the Consolidated Appropriations Act, 2021, interested parties requested clarification regarding the timing of cost reports used to set the RHC payment limit. We finalized the clarification that a 12-consecutive month cost report should be used to establish a specified provider-based RHC's payment limit per visit. We believe 12-consecutive months of cost report data accurately reflects the costs of providing RHC services and will establish a more accurate base from which the payment limits will be updated going forward.

Telehealth – Final MPFS 2023 - RHC

The final rule establishes the various telehealth provisions established in the Consolidated Appropriations Act of 2022, or the “omnibus” bill and makes necessary technical changes in the regulation for the following:

- The temporary Public Health Emergency (PHE) medical telehealth flexibilities including reimbursement through G2025, removal of originating and geographic site requirements, and audio-only provision of services are extended for 151-days post PHE. We still await legislative action to make all Medicare telehealth services permanent.
- The in-person requirement for mental health visits furnished via telehealth, which can now be permanently offered by RHCs, is also waived for 151-days post PHE.

CCM and PCM – Billable by an RHC

During CY 2022, RHCs bill HCPCS code G0511 for any of the services described by codes 99484, 99487, 99490, 99491, 99424, and 99426. G0511 pays a consolidated fee schedule amount, \$79.25 in 2022, which is the average of the Physician Fee Schedule (PFS) rate for these CCM and principal care management (PCM) services furnished by a physician or other qualified health care professional.

CMS finalized new care management codes for Chronic Pain Management (CPM) and General Behavioral Health Integration (GBHI) that can be reimbursed in RHCs and FQHCs, also by using the general care management code G0511. These codes can be billed alone or in addition to the AIR payment.

RHC: Billed on CMS UB-04 w Revenue Codes

- **0521:** Clinic Visit at RHC by qualified provider
- **0522:** Home visit by RHC provider
- **0524:** Visit by RHC provider to a Part A SNF bed
- **0525:** Visit by RHC provider to a SNF, NF or other residential facility (non-Part A)
- **0527:** Visiting Nurse service in home health shortage area
- **0528:** Visit by RHC provider to other non-RHC site
- **0900:** Service subject to Medicare outpatient mental health treatment limitation
- **0780:** Telehealth from originating site

Supervision: thru Dec 2023 or the year in which PHE ends

Question: Which health care providers are permitted to furnish distant site telehealth services for RHCs and FQHCs during the COVID-19 PHE?

Answer: ... physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives. Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish telehealth services ...

Question: Are there changes to the direct supervision requirements for RHCs and FQHCs?

Answer: In general, the requirements for direct supervision have been modified for the duration of the COVID-19 PHE to include the use of a virtual supervisory presence through the use of interactive audio and video telecommunications technology.

FQHCs and RHCs waivers still in effect:

- Providers can perform distant site services
- Providers do not need to be in a facility – can be at home
- Patients can be at home
- Coinsurance and deductibles apply

Second - Medi-Cal Specific

Request for Info on AB 32 (Aguiar Curry)

Page 6 of this link:
<https://www.cchpca.org/2022/09/Legislation-Committee-Sept-2022.pdf>

Recent amendments create limited exceptions to allow Medi-Cal providers, including FQHCs/RHCs, to establish a new patient relationship using audio-only telehealth in certain circumstances:

- When the visit is related to sensitive services (includes mental/behavioral/reproductive health amongst other services)
- When the patient requests an audio-only modality or attests they do not have access to video

There is also language added that in making exceptions to the audio-only prohibition, the department may also take into consideration the availability of broadband access based on speed standards set by the FCC or other applicable federal laws/regulations.

The bill still tweaks the asynchronous new patient relationship piece for FQHCs/RHCs as well, removing the reference to “licensed originating” FQHC/RHC sites so that the limited allowances in that regard initially implemented in SB 184 apply whenever the patient is present at the FQHC/RHC or an intermittent site regardless of their licensed status, in addition to the other requirements.

And here is some info on SB 184, too

- **Effective date of January 1, 2023.**
 - Confusion if temp COVID policies will remain in effect until the end of the federal and/or state PHEs (the federal PHE is slated to last until January 11, 2023, and the state PHE until February 28, 2023), or will the policies in SB 184 go into effect on January 1, 2023 as was noted in the bill.
 - Continued coverage of and payment parity for synchronous video, audio-only, and asynchronous telehealth modalities – including for federally qualified health centers (FQHCs) and rural health clinics (RHCs)

For a comprehensive overview of all the main telehealth legislation passed in California over the years, please review CCHP's [California Telehealth Policy Timeline](#).

Consent



- “...all of the following shall be communicated by a health care provider to a Medi-Cal beneficiary, in writing or verbally, on at least one occasion prior to, or concurrent with, initiating the delivery of one or more health care services via telehealth to a Medi-Cal beneficiary:
- an explanation that beneficiaries have the right to access covered services that may be delivered via telehealth through an in-person, face-to-face visit;
- an explanation that use of telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time by the Medi-Cal beneficiary without affecting their ability to access covered Medi-Cal services in the future;
- an explanation of the availability of Medi-Cal coverage for transportation services to inperson visits when other available resources have been reasonably exhausted;
- and the potential limitations or risks related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the provider.”
- Providers must document consent in the patient record
- DHCS to develop model language and an informational notice for beneficiaries

Mini Question Break

Other questions asked beforehand and some links for you to find out more!

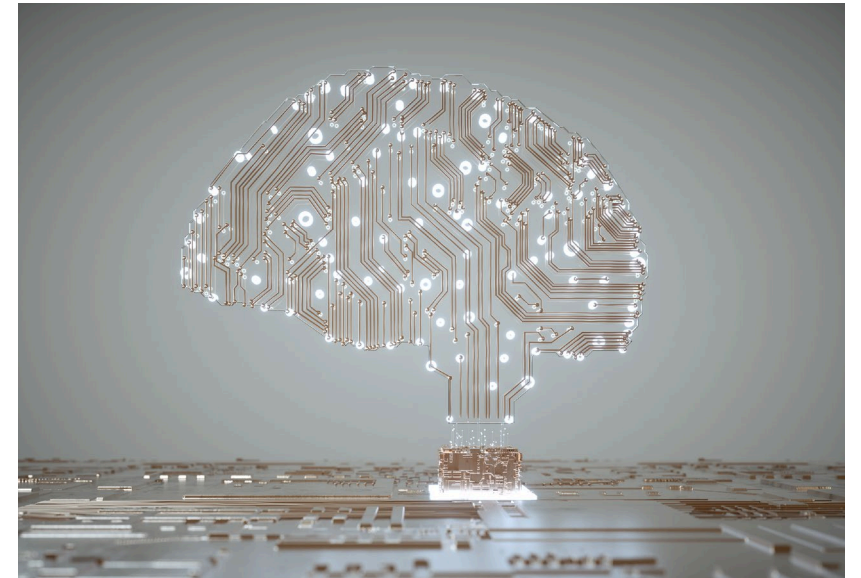
CDHP:

- <https://www.dhcs.ca.gov/services/chdp/Pages/default.aspx>

Gender Affirming Care

- https://www.lgbtmap.org/equality-maps/healthcare_laws_and_policies

Genius Level Obtained for 2023 MPFS and Telehealth



Overlooked cool stuff in 2022

Behavioral Health Integration Services

- Check it out!
- General supervision, only!
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BehavioralHealthIntegration.pdf>

Resources

CMS FAQ for 2023 MPFS:

- <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-final-rule>

Telehealth Codes for 2023:

- <https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes>

CMS Telehealth MLN Matters:

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>

Place of Service Codes:

- https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set

AMA 2023 E/M Guidelines:

- <https://www.ama-assn.org/system/files/2023-e-m-descriptors-guidelines.pdf>

More Resources

Critical Access Hospital

- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CritAccessHospfctsht.pdf>

Federal Qualified Health Center

- <https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html>
- <https://static1.squarespace.com/static/53023f77e4b0f0275ec6224a/t/5a29875a0d92972420c91437/1512671067129/fqhcfactsheet.pdf>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/RuralHlthClinfctsht.pdf>

Chapter 13 of the Medicare Benefits Manual

- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf>



Questions



Thank You



www.caltrc.org