

# Digital Health Update (Part 2)

## Medicare Physician Fee Schedule Cost Year 2025



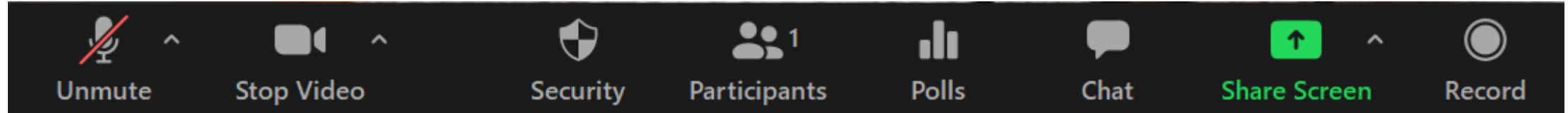
November 21, 2024

# Before We Get Started

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# Zoom Tips



## Muted on Entry

You are muted on entry.

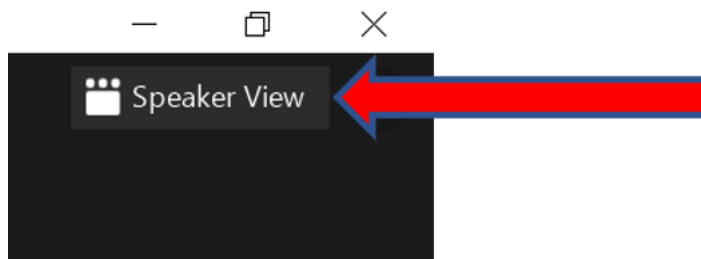
## Open the Chat & Q&A

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

Send comments and feedback to **"Everyone"**

## Session Recording

We are recording today's session to capture LIVE responses. The recording will be made public on YouTube @CaliforniaTRC.



## 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.

# Medicare Final Physician Payment Rule

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## Part 1

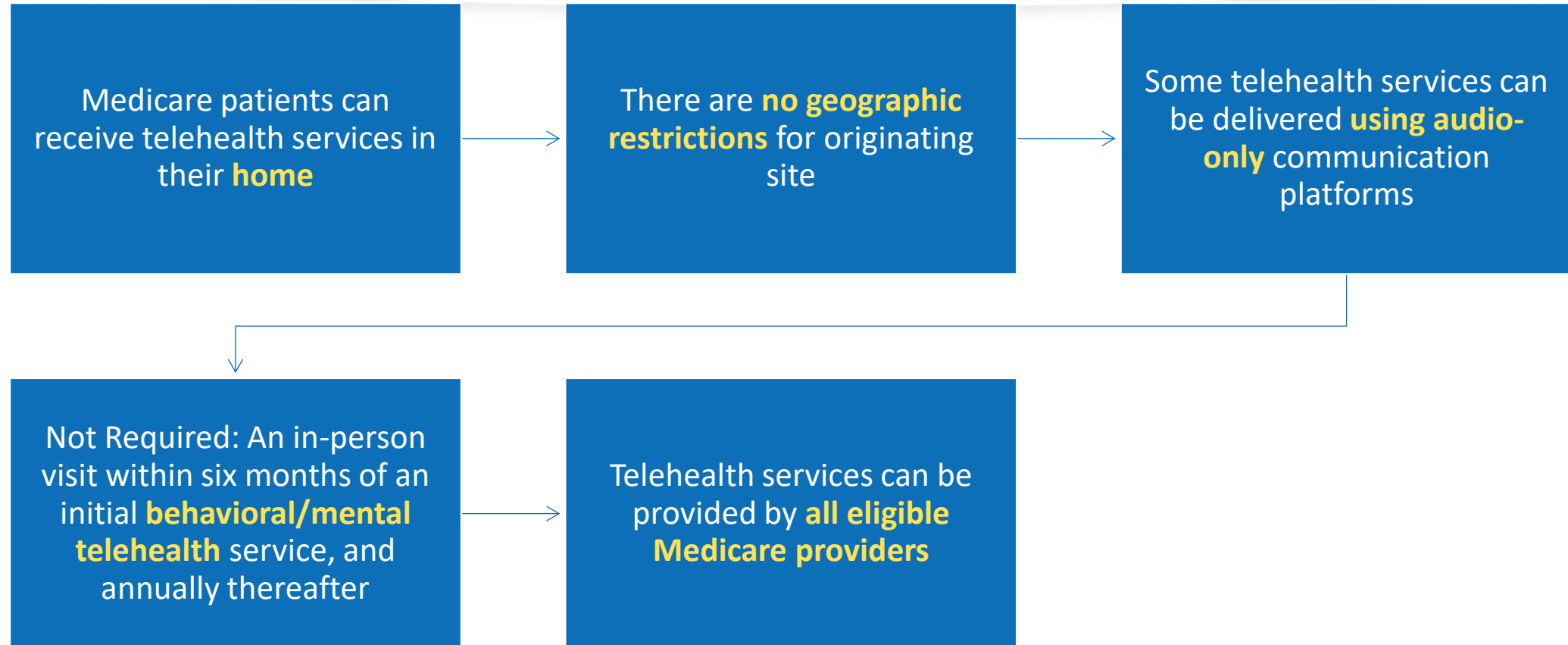
- Remote Physiological Monitoring/Management
- Remote Therapeutic Monitoring/ Management
- General care management services in RHCs and FQHCs
- Advanced primary care management services
- Digital Mental Health Treatment (Remote)
- FQHCs and RHCs

## Part 2

- Telehealth – PHE Flexibilities
  - Originating Site
  - Geographic restriction
  - In-Person Requirement – Mental Health (Geographic and Originating Site)
  - Other Service Exceptions to Geographic and Originating (ESRD, Ambulance)
- Telehealth Flexibilities for Substance Use Disorder Treatment (“SUD”)
- Definition of “Direct Supervision”
- General Supervision for All Physical Therapy and Occupational Therapy Services
- New Advanced Care Management Services
- Congress

# Medicare Telehealth

# Medicare When the COVID-19 Telehealth Flexibilities Were In Place



# What We Will Focus on Today



Physician Fee for Service  
December 31, 2024



FQHCs & RHCs  
December 31, 2025

# Telehealth FQHCs & RHCs



FQHCs and RHCs will still be able to conduct both interactive two-way audio/video telehealth and audio-only telehealth through 12/31/25

- RHCs and FQHCs can **continue to bill for RHC and FQHC services furnished using telecommunication technology** services by reporting **HCPCS code G205** on the claim, including services furnished using **audio-only communications** technology through December 31, 2025.
- Temporarily extend flexibility allowing FQHCs and RHCs to **meet “immediate availability” requirement for direct supervision via audio/video real-time communications technology** (excluding audio-only) through December 31, 2025.
- CMS allows FQHCs/RHCs to continue **delaying the in-person visit requirement for mental telehealth visits** furnished by RHCs and FQHCs to beneficiaries in their homes until January 1, 2026.



# All Other Providers Conditional Exceptions

## ESRD

Treatment of home dialysis monthly ESRD-related visit.—The **geographic requirements** described in paragraph (4)(C)(i) **shall not apply with respect to telehealth services** furnished on or after January 1, 2019, for purposes of section 1881(b)(3)(B), at an originating site described in subclause (VI), (IX), or (X) of paragraph (4)(C)(ii).

## Tele-Stroke

The **originating site requirements** described in paragraph (4)(C) **shall not apply with respect to telehealth services** furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke, as determined by the Secretary.

The term “originating site” shall include any hospital (as defined in section 1861(e)) or critical access hospital (as defined in section 1861(mm)(1)), any mobile stroke unit (as defined by the Secretary), or any other site determined appropriate by the Secretary, at which the eligible telehealth individual is located at the time the service is furnished via a telecommunications system.

And more...

## SUD

The **geographic requirements** described in paragraph (4)(C)(i) **shall not apply with respect to telehealth services** furnished on or after July 1, 2019, to an eligible telehealth individual with a substance use disorder diagnosis for purposes of treatment of such disorder or cooccurring mental health disorder, as determined by the Secretary, at an originating site described in paragraph (4)(C)(ii) (other than an originating site described in subclause (IX) of such paragraph).

**Not all flexibilities  
apply to all specialties:**



# Permanent Telehealth Flexibilities

## Behavioral Health

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Home permitted



No geographic restrictions for originating site



Delivered using audio-only communication platforms



FQHC/RHC can serve as a distant site provider

# Medicare Telehealth Physician Fee Schedule



## PERMANENT EXTENSION FOR AUDIO-ONLY

- **Permanently allow two-way, real-time audio-only communication technology** for any telehealth service furnished to a beneficiary in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system but the patient is not capable of, or does not consent to, the use of video technology

## PROVIDER LOCATION REPORTING

- **Through 2026, a distant site practitioner can use their currently enrolled practice location** instead of their home address when providing telehealth services from their home.

## FREQUENCY LIMITATIONS

- Permanently **remove frequency limitations** for services associated with subsequent inpatient and nursing facility visits as well as critical care consultation visits when provided via telehealth

# Defining Direct Supervision

Direct Supervision in the office setting means **the physician** (or other supervising practitioner) **must be present in the office suite and immediately available to furnish assistance and direction** throughout the performance of the service.

# CMS Extension of Direct Supervision Requirements Physicians (Or Other Practitioners)

## Extension Through 2025

- CMS has extended the temporary flexibility allowing remote direct supervision of a physician (or other practitioner) using real-time audio/visual telecommunications through December 31, 2025.

## Continuation of Pandemic-Era Policy

- This policy, originally introduced during the COVID-19 pandemic, enables supervisors to be "immediately available" without being physically present.

## Restrictions on Communication Methods

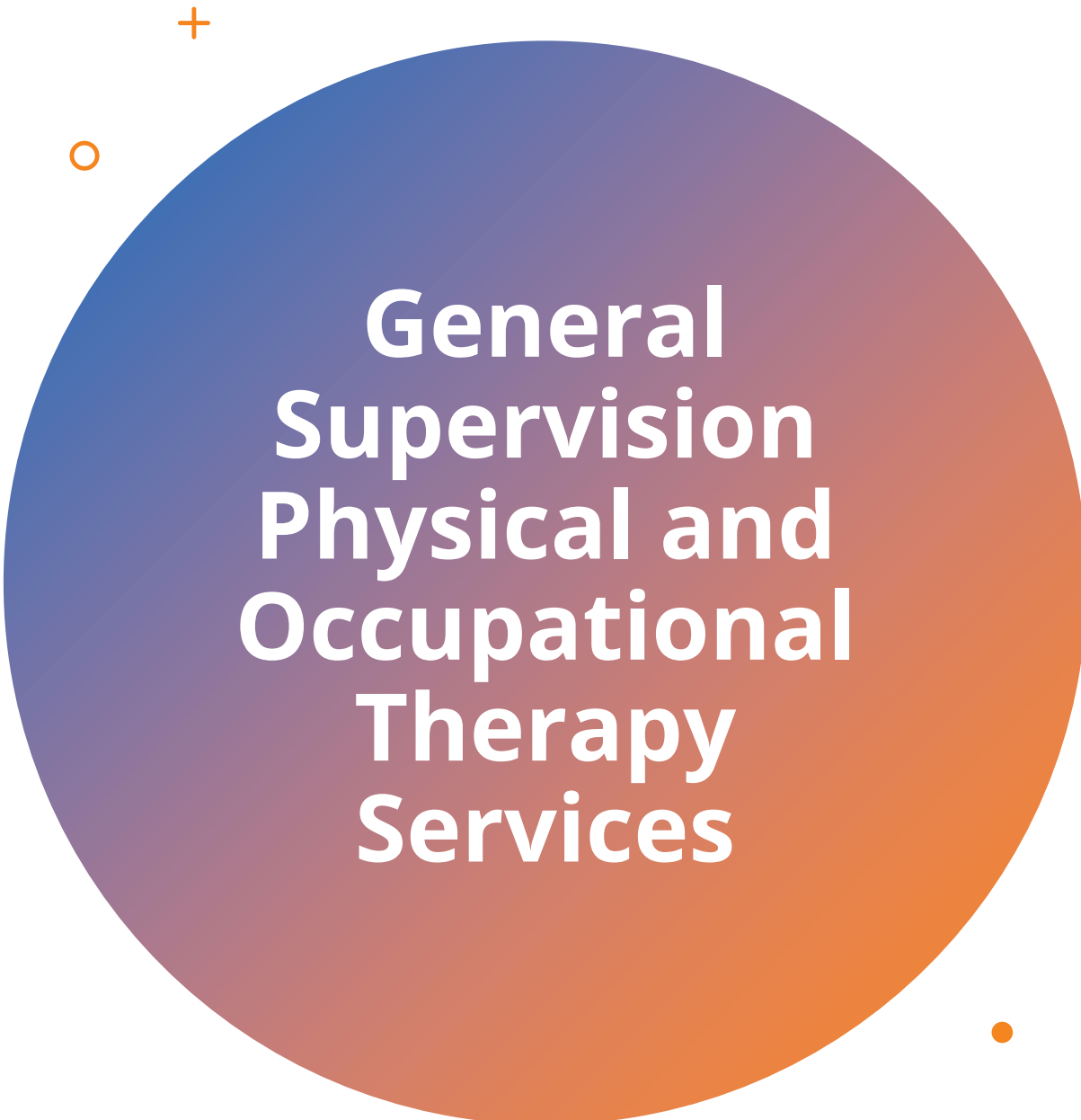
- The flexibility is limited to two-way, real-time audio/visual technology and does not permit audio-only or asynchronous communication.

## Permanent Flexibility for Select Services

- Remote direct supervision is now permanently allowed for certain low-risk services, including those under CPT code 99211 and services with a PC/TC indicator of "5."

## Ongoing Evaluation

- CMS will continue to assess patient safety and quality concerns for additional services to determine if remote direct supervision is appropriate for broader implementation.



# General Supervision Physical and Occupational Therapy Services

- Finalized regulatory change allowing **physical therapists (PTs) and occupational therapists (OTs)** in private practice to provide **general supervision** for **physical therapy assistants (PTAs)** and **occupational therapy assistants (OTAs)** in private practice without being physically present in the office or patient's home at the same time.
  - PTs and OTs will be available for consultation, but they will not need to be on-site.
  - The prior direct supervision requirements for OTAs and PTAs were more stringent than those for OTAs and PTAs in institutional settings

# Telehealth Opioid Treatment Programs



Allowance of several telecommunication flexibilities for opioid use disorder (OUD) treatment services provided by opioid treatment programs (OTPs), as long as the use of the technologies are permitted under the applicable SAMSHA and DEA requirements at the time of services are furnished and all other applicable requirements are met

- CMS will **permanently allow periodic assessments to be furnished via audio-only telecommunications starting January 1, 2025**, provided all other applicable requirements are met
- CMS will **allow the OTP intake add-on code (HCPCS code G2076) be furnished via two-way audio-video communications technology** when billed for the initial of treatment with methadone if the OTP determines that they can complete an adequate evaluation of the patient via an audio-visual telehealth platform
- Approved **payment for social determinants of health (SDOH) risk assessments** as part of intake activities
- Added **payment codes to support OTPs work in care coordination and referrals to community-based organizations** (e.g., patient navigation, peer recovery support services)

# Medicare Primary Care Mgt

## Advanced Primary Care Management (APCM) Services: New Primary-Care Codes

Only Applies to Subset of APM Models:

### APCM Codes

- **G0556, G0557, and G0558** stratified into three levels based on patient risk and describe APCM services furnished per calendar month by the practitioner assuming the care management role for a beneficiary

### New APCM Codes versus Existing Care Management Services

- **Remote Physiologic Monitoring and Remote Therapeutic Monitoring services are separately billable** but APCM services should not be billed concurrently with existing Chronic Care Management (CCM), Principal Care Management (PCM), and Transitional Care Management (TCM) codes

### APCM Service Elements including Performance Measurement Requirement

- **APCM codes includes 13 service elements** including a performance measurement requirement, 24/7 access, and continuity of care



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# Home Health

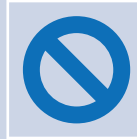
# Home Health | Telehealth Inpatient Stays

## New

### Effective April 1, 2025:

Home health agencies can submit claims for telehealth G Codes if they overlap with inpatient, skilled nursing, or swing bed claims:

- G0320,
- G0321
- G0322



Currently, CMS automatically **rejects any home health claims** billed during dates **overlapping with an inpatient state**, including telehealth G codes



**Update:** allows for an **exception for telehealth reporting** because these **services are non-payable reportable items**, so they do not create any duplicate contents



Recognizes home health agencies **use telehealth** to maintain contact and continuity of care with caregivers **even if beneficiary is inpatient to meet home health CMS reporting requirements**

# Medicare Remote Management

# Medicare Remote Management

PHYSIOLOGICAL		THERAPUETIC	
<b>Initial Set-up and Patient Education on Use of Equipment</b>	<b>99453</b> CMS coverage and payment: Remote physiological monitoring; <b>initial set-up and patient education on use of equipment</b>	<b>Initial Set-up and Patient Education on Use of Equipment</b>	<b>98975</b> CMS coverage and payment: Remote therapeutic monitoring (eg, therapy adherence, therapy response); <b>initial set-up and patient education on use of equipment</b>
<b>Professional Service 20 minutes</b>	<b>99457</b> 2024 CMS coverage and payment Remote physiological monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; <b>first 20 minutes</b>	<b>Professional Service 20 minutes</b>	<b>98980</b> CMS coverage and payment Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; <b>first 20 minutes</b>
<b>Professional Service additional 20 minutes</b>	<b>99458</b> 2024 CMS coverage and payment: each additional 20 minutes (List separately in addition to code for primary procedure)	<b>Professional Service additional 20 minutes</b>	<b>98981</b> 2024 CMS coverage and payment: each additional 20 minutes (List separately in addition to code for primary procedure)
<b>Device Supply</b>	<b>99454</b> Device(s) supply for data access or data transmissions to support monitoring of respiratory system, each 30 days	<b>Device Supply Respiratory</b>	<b>98976</b> > 2024B CMS coverage and payment: <b>\$47.27 (NF)</b> device(s) supply for data access or data transmissions to support monitoring of respiratory system, each 30 days
		<b>Device Supply Musculoskeletal</b>	<b>98977</b> > 2024B CMS coverage and payment: <b>\$47.27 (NF)</b> device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, each 30 days
		<b>Device Supply Cognitive Behavioral</b>	<b>98978</b> > No CMS coverage/payment; <b>\$0.00 valuation</b> – “contractor priced” device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, each 30 days



# RTM/RPM FQHCs & RHCs



Allows FQHCs and FQHCs to **use existing care management CPT codes for each service encompassed in HCPCS G0511**



**Current State:** The CY 2024 PFS added Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) services to the list of care management services billable by FQHCs and RHCs under HCPC G0511.



Allows FQHCs and RHCs **bill add-on codes for additional time spent** once the minimum threshold of time was met to account for a complete encounter



Payment would at the **national non-facility payment rate**

# CPT RTM Codes | CMS HCPCS codes DMHT

CPT Remote Therapeutic Management (Medicare Covered)		CMS HCPCS Digital Mental Health Treatment (Medicare Covered)	
<b>Initial Set-up and Patient Education on Use of Equipment (Charge 1 time)</b>	<b>98975</b> 2024B CMS coverage and payment: <b>\$19.97 (NF) valuation</b> – Remote therapeutic monitoring (eg, therapy adherence, therapy response); <b>initial set-up and patient education on use of equipment</b>	<b>Initial Set-up and Patient Education on Use of Equipment</b>  <b>+ Supply of device</b>	<b>G0552: \$0.00 valuation</b> – “contractor priced” Supply of digital mental health treatment device and initial education and onboarding, per course of treatment that augments a behavioral therapy plan <ul style="list-style-type: none"> <li>• Cleared under section 510(k) of the FD&amp;C Act (including De Novo); and</li> <li>• Classified under 21 CFR 882.5801 which only include the following product codes:               <ul style="list-style-type: none"> <li>• FDA Product Code QVO: computerized behavioral therapy device for insomnia</li> <li>• FDA Product Code PWE: computerized behavioral therapy device for substance use disorders</li> <li>• FDA Product Code SAP: computerized behavioral therapy device for depressive disorders</li> </ul> </li> </ul>
<b>Device Supply Cognitive Behavioral (charge monthly)</b>	<b>98978</b> > No CMS coverage/payment; <b>\$0.00 valuation</b> – “contractor priced” device(s) supply for data access or data transmissions to support monitoring <b>of cognitive behavioral</b> therapy, each 30 days		
<b>Professional Service 20 minutes</b>	<b>98980</b> 2024 CMS coverage and payment <b>\$50.60 (NF); \$30.29 (F) valuation</b> – Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; <b>first 20 minutes</b>	<b>Professional Service 20 minutes</b>	<b>G0553: \$0.00 valuation</b> – “contractor priced” First 20 minutes of monthly treatment management services directly related to the patient’s therapeutic use of the digital mental health treatment (DMHT) device that <b>augments</b> a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month
<b>Professional Service additional 20 minutes</b>	<b>98981</b> 2024 CMS coverage and payment: <b>\$39.95 (NF); \$29.96 (F) valuation</b> – each additional 20 minutes (List separately in addition to code for primary procedure)	<b>Professional Service additional 20 minutes</b>	<b>G0554: \$0.00 valuation</b> – “contractor priced” Each additional 20 minutes of monthly treatment management services directly related to the patient’s therapeutic use of the digital mental health treatment (DMHT) device that augments a behavioral therapy plan, physician/other qualified health care professional time reviewing information related to the use of the DMHT device, including patient observations and patient specific inputs in a calendar month and requiring at least one interactive communication with the patient/caregiver during the calendar month. (List separately in addition to HCPCS code G0553)

Arrow = Payment was cross walked

# RTM and RPM Coding | RHCs and FQHCs

Transition from using HCPCS G0511 to CPT Specific Codes for RPM and RTM



- HCPCS code G0511 will no longer be payable when billed by RHCs and FQHCs
- CMS is allowing a six (6) month RHCs and FQHCs allowance to come into compliance
- Until July 1, 2025, to update billing mechanisms

To using the CPT codes and the new CMS Digital Mental Health Treatment codes

## Medicare Remote Management



PHYSIOLOGICAL		THERAPEUTIC	
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# Medi-Cal



# BREAKING NEWS

Medi-Cal is now covering eConsults for primary care providers

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**DEA**

# DEA Telemedicine Rules



## First Attempt of Post-Pandemic Telemedicine Prescribing Controlled Substance Rule

Prompted massive feedback (over 38,000 comments) and forced delay of the release of a revised rule through now ([Source](#))

## DEA Conducts Listening Sessions

Held listening sessions to better understand stakeholder concerns with aim to develop a rule that better accommodates diverse needs of all involved parties ([Source](#))

## Stakeholders Ask Congress for Two-Year Extension

Over 330 organizations wrote to Congress asking for another two-year extension of pandemic-era policies to avoid patient harm of ending flexibilities while allow more time to agree on best way to balance access and enforcement ([Source](#))

Latest

The Drug Enforcement Administration (DEA) announced will extend pandemic-era telehealth prescribing flexibilities for one year, through Dec. 31, 2025.

# Resources

## Digital Health Services Payment Guide

Welcome to the California Telehealth Resource Center Digital Health Payment Guide! Understanding how to get paid for digital health services can be an intricate and often frustrating task. This guide will clarify the process, starting with the essential principles to ensure you have a solid foundation.

Getting paid for your digital health services is an often complex process in which one needs to know the answer to the following questions:

*What modality will be utilized?*

*What provider type are you?*

*What payer does your patient have?*

*What are the coverage requirements?*

*What are the codes?*

*What are the reimbursement amounts?*

Begin with Door 1 by clicking the button below. Once you've mastered the basics, proceed to Door 2, which provides detailed information tailored to the specific modality of interest, your provider type, and the patient's specific payer. If you're already familiar with the basics, feel free to skip ahead to Door 2 directly.



[VIEW HERE](#)

Our latest Digital Health Services Payment Guide offers a novel approach to simplifying the often complex landscape of digital health payments, specifically designed to reduce cognitive burden for healthcare professionals.

By presenting clear, actionable insights and breaking down intricate topics, this guide provides a comprehensive foundation for understanding the multifaceted aspects of digital health payment systems.

It equips professionals with the essential knowledge needed to navigate regulatory requirements, billing procedures, and reimbursement pathways, ensuring they can confidently manage digital health services without feeling overwhelmed by the intricacies of payment structures.

# Resources: Digital Health Services Payment Guide



[VIEW HERE](#)

The rapid increase in advanced artificial intelligence (AI) systems and applications in healthcare has occurred seemingly overnight. Clinicians, operational staff, and provider leadership may not be aware that they are utilizing an AI system, may not know what questions to ask, nor know what policies, procedures, processes, and professional training should be in place to ensure that such systems drive improved health outcomes and equity, reduce the burden on their teams, and increase overall sustainability.

This is an introductory guide to support these efforts.

AI systems can be applied to clinical care, operations, and research and may involve different AI systems and methods. As a result, the risk profile of the system may be varied. The governance should be built to account for use across the varied operations of a health care provider and the questions asked of vendors/developers will also vary as a result.

## Resources: Health Care AI Toolkit

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# Thank You



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