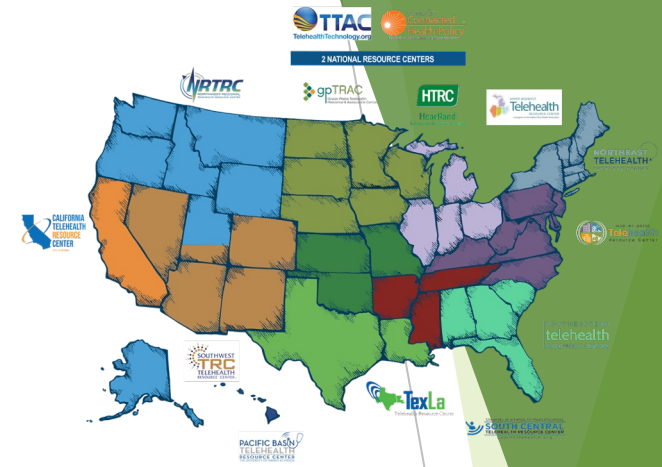




# CALENDAR YEAR 2024 PHYSICIAN FEE SCHEDULE FINAL RULE TELEHEALTH UPDATES

WYOMING TELEHEALTH CONSORTIUM  
TUESDAY, JANUARY 30, 2024  
NICKI PERISHO



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# Northwest Regional Telehealth Resource Center (NRTRC)

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Idaho



Montana



Oregon



Utah



Washington



Wyoming



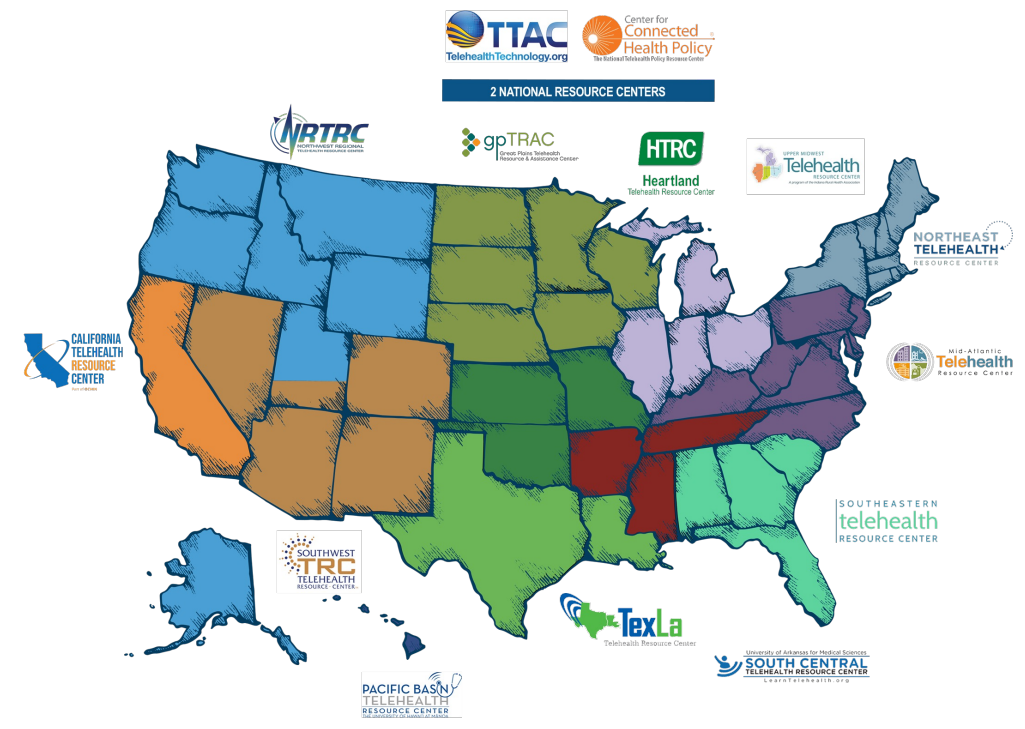
# The National Consortium of Telehealth Resource Centers



## Regionals

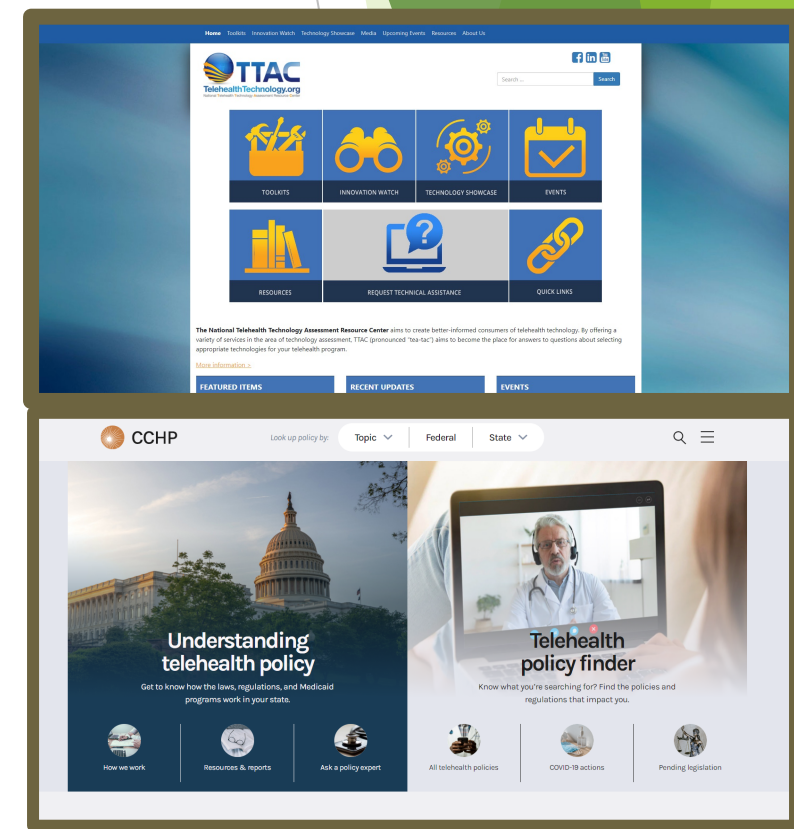


## Nationals



The NRTRC is a part of the National Consortium of Telehealth Resource Centers (NCTRC).

The NRTRC is a collaboration of 12 regional and 2 national Telehealth Resource Centers,





# CALENDAR YEAR 2024 PHYSICIAN FEE SCHEDULE FINAL RULE

Frequently referred to as the:

- ▶ Calendar Year 2024 Physician Fee Schedule Final Rule

Commonly abbreviated as:

- ▶ CY 2024 PFS FR

# EXTENSION OF TEMPORARY FLEXIBILITIES THROUGH DECEMBER 31, 2024

- ▶ Lifts geographic and location restrictions for originating sites & includes individuals' homes as originating sites
- ▶ Extends temporary expansion of practitioner types who can be paid for Medicare telehealth services to include qualified occupational and physical therapists, qualified speech-language pathologists, and qualified audiologists
- ▶ Extends audio-only flexibilities for certain telehealth services

# EXTENSION OF TEMPORARY FLEXIBILITIES THROUGH DECEMBER 31, 2024

- ▶ Delays the in-person visit requirements for mental health services furnished via telehealth, including for FQHCs and RHCs
- ▶ Continues payment for telehealth services furnished by FQHCs and RHCs using the methodology established for those telehealth services during the public health emergency (PHE)
  - G2025 - \$95.29 (CY 2024 payment rate)

Source: CY2024 PFS FR pp. 78871-72 79066-67

Federally Qualified Health Centers (FQHC)  
Center

FQHC – federally qualified health center

RHC – rural health clinic

# PROVIDERS' HOME ADDRESS VS. ENROLLED PRACTICE LOCATION

Through Dec 31, 2024, CMS will continue to permit distant site practitioners to use their currently enrolled practice location instead of their home address when providing telehealth services from their home.



# PATIENT'S HOME

CMS' definition of home, both in general and for this purpose, continues to include temporary lodging such as hotels and homeless shelters. For circumstances where the patient, for privacy or other personal reasons, chooses to travel a short distance from the exact home location during a telehealth service, the service is still considered to be furnished “in the home of an individual”

# PLACE OF SERVICE (POS) 10 AND POS 02 BEGINNING IN CY 2024:

Claims billed with **POS 10 (Telehealth Provided in Patient's Home)** are paid at the PFS non-facility rate.

Claims billed with **POS 02 (Telehealth Provided Other than in Patient's Home)** will continue to be paid at the PFS facility rate.

The non-facility rate is higher than the facility rate.

# FREQUENCY LIMITATIONS

Through December 31, 2024, the following frequency limitations have been removed:

- ▶ Subsequent inpatient visits (99231-99233):
  - Limit of once every 3 days
- ▶ Subsequent nursing facility visits (99307-99310):
  - Once every 14 days
- ▶ Critical care Consultation services (G0508-G0509):
  - once per day

# NOT NEW BUT A CLARIFICATION

CMS clarifies that modifier '95' should be used **when the clinician is in the hospital and the patient is in the home**, as well as for outpatient therapy services furnished via telehealth by PT, OT, or SLP.

# SUPERVISION - THROUGH DECEMBER 31, 2024

- ▶ Direct supervision of the supervising practitioner through real-time audio and video interactive telecommunications (excluding audio-only).
- ▶ Teaching physicians to use real-time audio and video interactive telecommunications when the resident physician furnishes Medicare telehealth services in all residency training locations (does not extend in-person services furnished by residents and only in clinical instances).
- ▶ FQHCs and RHCs are supervising professionals available through real-time audio-video interactive telecommunications instead of requiring their physical presence.

# TELEHEALTH SERVICE AND CODE CATEGORY DESCRIPTIONS – AS OF JAN 1, 2024

- ▶ CMS simplifies telehealth code categories back to Category 1 and 2 (no Category 3)
- ▶ Classifications and additions to the Medicare Telehealth Services List will be either **permanent** or **provisional** as of January 1, 2024.
  - ▶ Permanent Codes - are on the permanent CMS list of telehealth services.
  - ▶ Provisional Codes - will remain on the list of telehealth services through Dec 31, 2024.



# TELEHEALTH PRACTITIONERS

**Providers at the distant site who are eligible to receive payment for telehealth services include:**

- ▶ Physicians
- ▶ Physician assistants
- ▶ Nurse practitioners
- ▶ Clinical nurse specialists
- ▶ Nurse-midwives
- ▶ Certified registered nurse anesthetists
- ▶ Clinical psychologists and clinical social workers (may not bill for psychiatric diagnostic interviews or E/M services)
- ▶ Registered dietitians or nutrition professionals
- ▶ Marriage and family therapists (MFTs) and mental health counselors (MHCs)

# STEPS OF ANALYSIS FOR SERVICES UNDER CONSIDERATION FOR ADDITION, OR REMOVAL, OR A CHANGE IN STATUS, AS UPDATES TO THE MEDICARE TELEHEALTH SERVICES LIST

1. Is the service separately payable under the PFS?
2. Is the service subject to the provisions of section 1834(m) of the Act.
  - “The aim of this step is to determine whether the service is, in whole or in part, inherently a face-to-face service.”
3. Review the elements of the service as described by the HCPCS code and determine whether each of them is capable of being furnished using an interactive telecommunications system as defined in § 410.78(a)(3).
4. Consider whether the service elements of the requested service map to the service elements of a service on the list that has a permanent status described in previous final rulemaking.
5. Consider whether there is evidence of clinical benefit analogous to the clinical benefit of the in-person service when the patient, who is located at a telehealth originating site, receives a service furnished by a physician or practitioner located at a distant site using an interactive telecommunications system.

# TELEPHONE EVALUATION & MANAGEMENT (E/M) SERVICES – THROUGH DEC 31, 2024

- ▶ CPT codes 99441-99443
  - Describe E/M and assessment and management services furnished via telephone
  
- ▶ CPT codes 98966- 98968
  - Describe telephone assessment and management services provided by a qualified non-physician healthcare professional
  - Were added on a sub-regulatory basis during the PHE

# G2211 – ADD-ON CODE

## ON LIST OF TELEHEALTH CODES

- ▶ G2211 – “Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient’s single, serious, or complex condition. (Add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)”
- ▶ [How to Use the Office & Outpatient Evaluation and Management Visit Complexity Add-on Code G2211](#). CMS. MLN Matters.
- ▶ CMS estimates that “...G2211 could be billed with 54 percent of all O/O E/M. Visits when fully adopted.” (O/O E/M = office/outpatient evaluation and management)
- ▶ Reimbursement for 2024 is ~ \$16

# G0136 – TO SCREEN FOR SOCIAL DRIVERS/DETERMINANTS OF HEALTH

- ▶ G0136 – Administration of a standardized, evidence-based Social Determinants of Health Risk Assessment, 5–15 minutes, not more often than every 6 months.
- ▶ Tool that has been tested and validated through research, and includes the domains of food insecurity, housing insecurity, transportation needs, and utility difficulties.
- ▶ Permanent telehealth code
- ▶ National Payment Amount Non-Facility Price (2024) \$18.66

# COMMUNITY HEALTH INTEGRATION

## MONTHLY CARE MANAGEMENT/COORDINATION SERVICES

- ▶ **G0019 - Community Health Integration services** performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month (includes numerous activities)
- ▶ **G0022 - Community Health Integration services** each additional 30 minutes per calendar month (List separately in addition to G0019)



# MEDICARE REIMBURSEMENT FOR FQHCs AND RHCs FOR RPM & RTM – G0511

Beginning Jan 1, 2024, the suite of RPM and RTM services are included in the general care management code G0511 that is a billable code for FQHCs and RHCs.

# HEALTH AND WELL-BEING COACHING PROVISIONAL CODES (THROUGH DEC 31, 2024)

- ▶ 0591T - Health and wellbeing coaching face-to-face; individual, initial assessment
- ▶ 0592T - Health and wellbeing coaching face-to-face; individual, follow-up session, at least 30 minutes

# DIABETES SELF MANAGEMENT TRAINING

- ▶ “We are clarifying our policy to specify that all 10 hours of the initial DSMT training and the two (2) hours of annual follow-up DSMT training may be furnished via telehealth when injection training is not applicable.”
- ▶ DSMT services furnished as a telehealth service can only be furnished by a physician, physician assistant, nurse practitioner, certified nurse specialist, certified nurse midwife, clinical psychologist, clinical social worker, or registered dietitian or nutrition professional, as applicable.

Sources:

Medicare Claims Processing Manual, chapter 12, section 190.3. 6—  
Payment for Diabetes Self-Management Training (DSMT)  
CY2024 PFS FR p. 78995

# MEDICARE DIABETES PREVENTION PROGRAM (MDPP) EXPANDED MODEL

- ▶ All MDPP suppliers may continue to offer MDPP services virtually through December 31, 2027, if suppliers maintain an in-person Centers for Disease Control and Prevention (CDC) Diabetes Prevention Recognition Program (DPRP) and utilize a new HCPCS G-Code for distance learning.
- ▶ G9887 Behavioral counseling for diabetes prevention, distance learning, group, 60 minutes

# OPIOID TREATMENT PROGRAMS (OTPs) THROUGH DEC 31, 2024

- ▶ Periodic assessments may be furnished via audio-only telecommunications.
- ▶ OTPs may bill Medicare under the Part B OTP benefit for furnishing periodic assessments via audio-only telecommunications when video is not available to the beneficiary, to the extent that use of audio-only communications technology is permitted under the applicable SAMHSA and DEA requirements at the time the service is furnished, and all other applicable requirements are met.

# CY 2024 PFS FR RESOURCES

- ▶ [CY 2024 Physician Fee Schedule Final Rule](#). CMS. This is the full rule that was published in the Federal Register on Nov 16, 2023.
- ▶ [Final Rule for CY 2024 Physician Fee Schedule | Fact Sheet](#). Center for Connected Health Policy. Nov 2023.
- ▶ [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule | Fact Sheet](#). CMS. This is CMS' announcement and summary of the CY 2024 PFS FR. Nov 2023.



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