# CURRENT TELEHEALTH POLICY ROUNDUP: CMS AND THE STATES

## SOUTHWEST TELEHEALTH RESOURCE CENTER
## ARIZONA TELEMEDICINE POLICY SYMPOSIUM
## September 23, 2019

877-707-7172
cchpca.org

CENTER FOR CONNECTED HEALTH POLICY

Mei Wa Kwong, JD
*Executive Director, CCHP*

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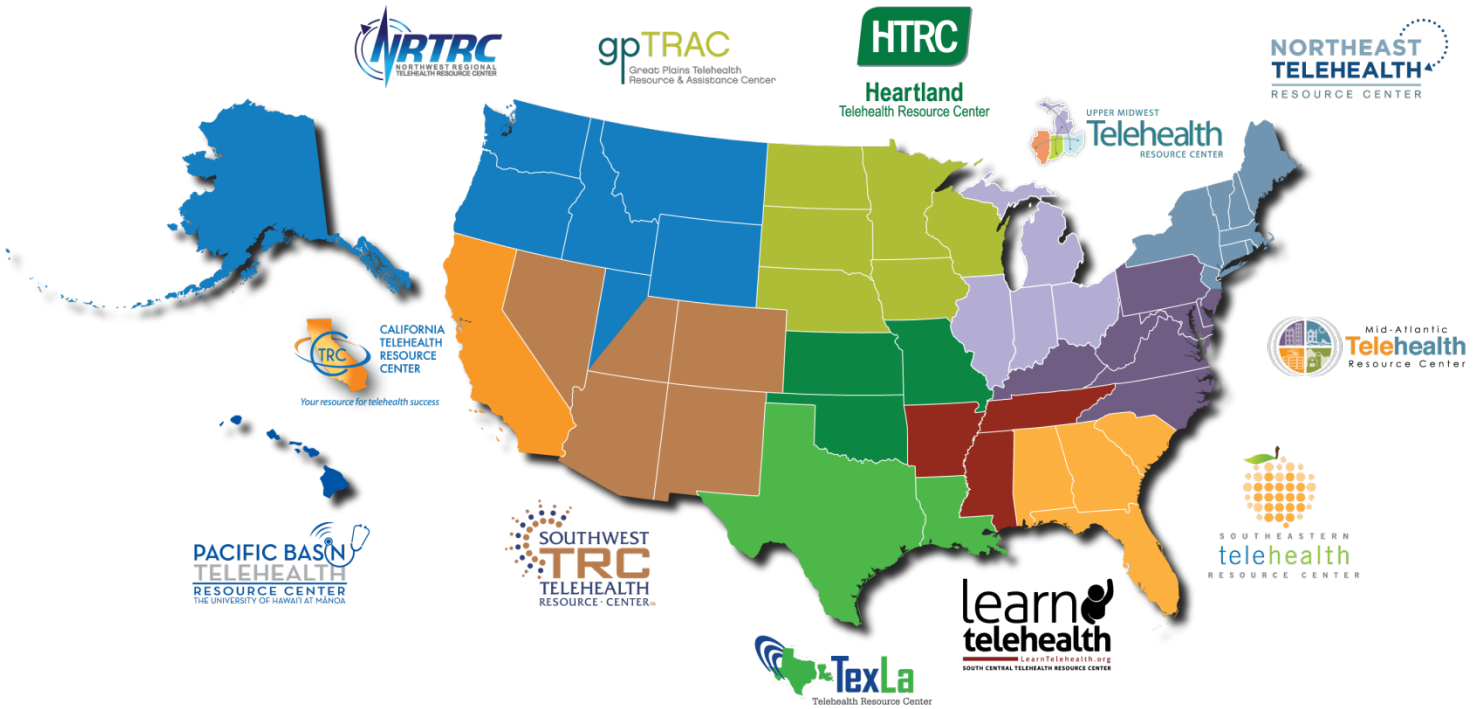
Center for Connected Health Policy

The National Telehealth Policy Resource Center

CCHP is an independent, ***public interest*** organization that strives to advance state and national telehealth policies that promote better systems of care improved health outcomes and provide greater ***health equity of access to quality, affordable care and services.*** CCHP is a program under the Public Health Institute.

# TelehealthResourceCenter.org




TTAC TelehealthTechnology.org
National Telehealth Technology Assessment Resource Center

Center for Connected Health Policy
The National Telehealth Policy Resource Center

2 National Resource Centers

| | | |
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| NRTRC | gpTRAC | NETRC |
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12 Regional Resource Centers

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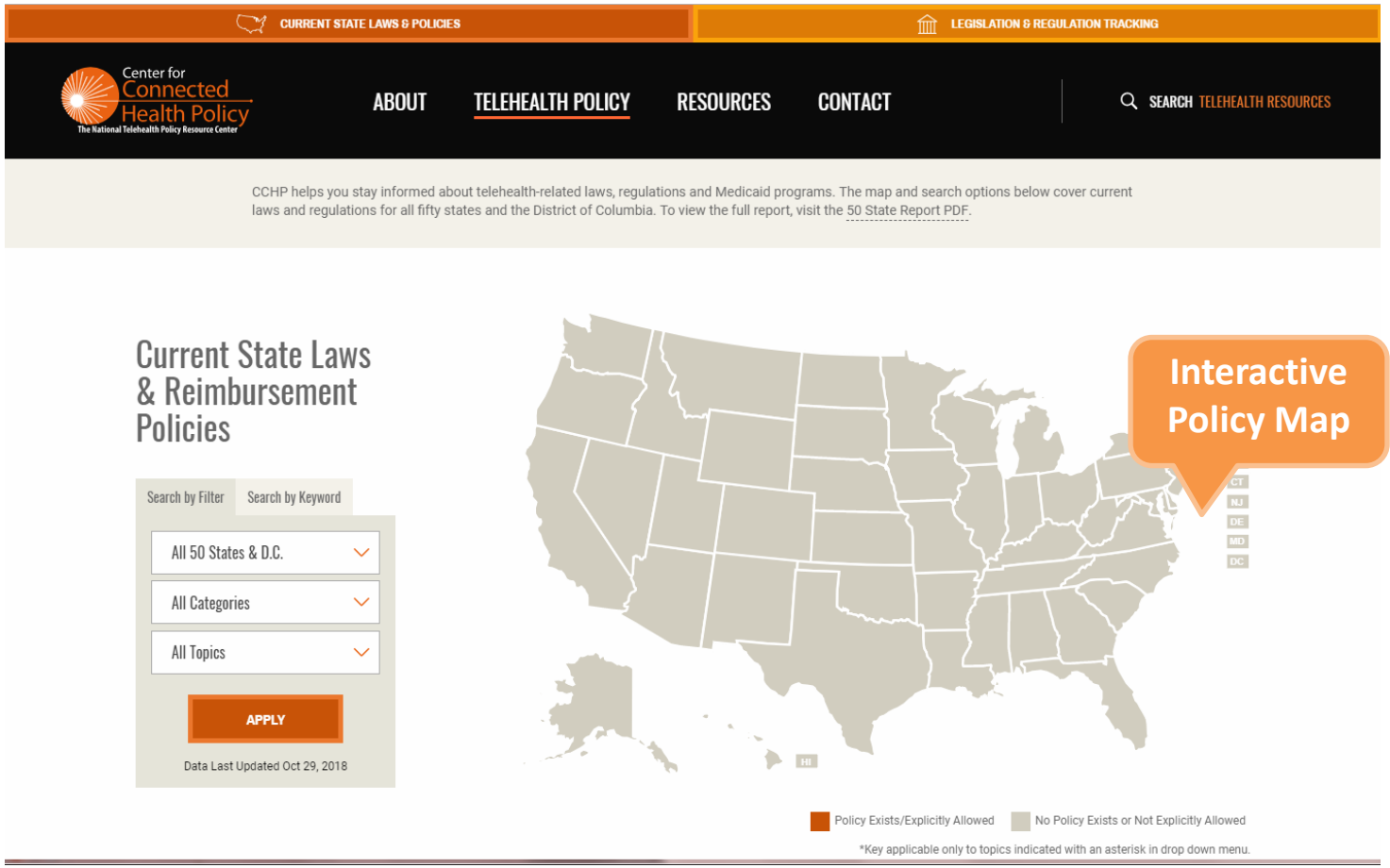
# TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS




## Search by Category & Topic

### Medicaid Reimbursement

- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

### Private Payer Reimbursement

- Private Payer Laws
- Parity Requirements

### Professional Regulation/Health & Safety

- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)

# FEDERAL AND STATE DEVELOPMENTS

## FEDERAL

- MEDICARE 2019 CHANGES
- MEDICARE PROPOSED 2020 PFS CHANGES
- FEDERAL LEGISLATION
- OTHER FEDERAL CHANGES

## STATE DEVELOPMENTS

- STATE LEGISLATION
- CURRENT STATE POLICY

# MEDICARE FEE-FOR-SERVICE/ORIGINAL MEDICARE

## SOCIAL SECURITY ACT OF 1835(m) or 42 USC 1395m

- Only Live Video reimbursed
- Store & Forward (Asynchronous) only for Alaska & Hawaii  demonstration pilots
- Specific list of providers eligible for reimbursement
- Limited to rural HPSA, non-MSA, or telehealth demonstration projects
- Limited types of facilities eligible
- Limited list of reimbursable services, but CMS decides what can be delivered via telehealth and reimbursed

# TWO 2018 FEDERAL BILLS

- BIPARTISAN BUDGET ACT 2018
- SUPPORT FOR PATIENTS AND COMMUNITIES ACT

# WHAT DID THEY DO?

## BIPARTISAN BUDGET ACT 2018

- Expanded to add Renal Dialysis Facilities & the home for ESRD-services ONLY.
- Rural limitation not apply for ESRD services in hospital-based or CAH-based renal dialysis centers, renal dialysis facilities or home.
- Acute stroke service via telehealth may take place in currently eligible originating sites and mobile stroke unit or any location deemed appropriate by Secretary. Renal Dialysis Facilities & home are excluded.
- For acute stroke diagnosis, evaluation and treatment of symptoms, originating site limitations not apply.

## SUPPORT ACT 2018

- CMS must adjust policies on telehealth reimbursement for treating individuals with SUDs or a co-occurring mental health disorder.
- Removed the originating site geographic requirements for telehealth services for any existing Medicare telehealth originating site (except for a renal dialysis facility).
- Home was made an eligible originating site for purposes of treating these individuals, however the home would not qualify for the facility fee.
- Within 5 years a report of the impact of telehealth services on SUD must be submitted by the Secretary.
- Goes into effect July 1, 2019.

# MEDICARE FEE-FOR-SERVICE/ORIGINAL MEDICARE

## Telehealth Policy Only – Services

- Added codes for telehealth reimbursement
- CMS may add new codes for reimbursement every year
- Decision to add new codes depends on whether the services fall into one of two potential categories
- For CY 2019 added two codes:
  - G0513 and G0514 - Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes or for each additional 30 minutes
- **No additional codes suggested to be added for CY 2020**

# MEDICARE – REMOTE PHYSIOLOGIC MONITORING

## Telehealth Technologies used to deliver care, but not called a telehealth service

- Added codes for remote physiological monitoring:
  - CPT code 99453 - Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.
  - CPT code 99454- Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days.
  - CPT code 99457- Remote physiologic monitoring treatment management services, 20 minutes or more of clinical staff/physician/other qualified healthcare professional time in a calendar month requiring interactive communication with the patient/caregiver during the month.

# MEDICARE – Communication Technology-Based Services

**Services furnished remotely using communications technology are not considered "Medicare telehealth services" and are not subject to the restrictions articulated in section 1834(m) of the Act. ~ CMS, Federal Register, November 1, 2018.**

- Brief Communication Technology-based Service or Virtual Check-In
- Remote Evaluation of Pre-Recorded Patient Information
- Interprofessional Internet Consultation

# VIRTUAL CHECK-IN

- G2012 - Brief communication technology based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
- May be done over phone
- Only for established patients
- Must have verbal consent
- Patient will be responsible for any co-payment/deductible

# REMOTE EVALUATION OF PRE-RECORDED PATIENT INFORMATON

- G2010 - Remote evaluation of recorded video and/or images submitted by the patient (e.g., store and forward), including interpretation with verbal follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
- Only for established patients
- Patient will be responsible for any copayment/deductible

# INTERPROFESSIONAL INTERNET CONSULTATION

- **99446 - 99449** - Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-31 minutes of medical consultative discussion and review (depending on code).
- **99452** - Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, 30 minutes.
- **99451** - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 or more minutes of medical consultative time.
- Verbal consent required
- Cost sharing with patient needs to be disclosed
- Can be through phone or internet

# OPIOIDS/SUBSTANCE USE DISORDER

## OTHER SUD/OPIOID RELATED POLICIES

- Within one year the DEA must have final regulations for a special registration to remotely prescribe Suboxone/Buprenorphine through telehealth.
- DEA will likely not finalize regulations until at the deadline of the end of 2019.
- Possibly see drafts/proposed regulations soon.

# MEDICARE ADVANTAGE

- Medicare Advantage (MA) plans are now allowed to cover Part A and B services when delivered via telehealth.
- MA plans decide what services can be offered, as long as they are services covered under Part A and B.
- If the services are not typically covered under Part A and B, MA plans may offer those services via telehealth but will be covered under supplemental plans.
- Modalities are broadly defined.
- Geographic and facility restrictions found in Medicare fee-for-service do not apply.
- Limitations on type of providers who can provide these additional telehealth benefits will continue to apply.
- Must use credentialed, contracted network providers.
- All relevant state laws will apply.
- Not mandatory for MA plans to offer to cover more services beyond what is required in fee-for-service.
- Does not go into effect until 2020.

# PROPOSED 2020 PHYSICIAN FEE SCHEDULE

- **3 NEW CODES TO TREAT OUD VIA TELEHEALTH**
  - ***HCPCS code GYYY1****: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.*
  - ***HCPCS code GYYY2****: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.*
  - ***HCPCS code GYYY3****: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure).*
- **OPIOID TREATMENT PROGRAMS (OTPs)**
  - Starting Jan 1, 2020, OTPs can provide counseling and group therapy via telehealth via live video. Geographic limitations and other statutory telehealth restrictions would not apply. Services would not be separately billed, but part of the bundled payment.

# PROPOSED 2020 PHYSICIAN FEE SCHEDULE

- **CHRONIC CARE MANAGEMENT**
  - ***GCCC1 (Replaces 99490)****: Initial 20 minutes of clinical staff time*
  - ***GCCC2 (Replaces 99490)****: Each additional 20 minutes of clinical staff time*
  - ***GCCC3 & GCCC4****: Used in place of 99487 & 99489 for establishing and revising a comprehensive care plan.*

# PROPOSED 2020 PHYSICIAN FEE SCHEDULE

- **PRINCIPAL CARE MANAGEMENT (PCM)**
  - New code for care management of one serious chronic condition that is expected to last between 3 months and a year or until death, may have led to recent hospitalization and/or place the patient at significant risk of death, functional decline. Services include coordination of medical and/or psychosocial care provided by a physician or clinical staff under direction of a physician or other qualified health professional.
    - ***GPPP1*** *- Comprehensive care management services for a single high-risk disease, e.g., Principal Care Management, at least 30 minutes of physician or other qualified health care professional time per calendar month with the following elements: One complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been the cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities.*
    - ***GPPP2*** *- Comprehensive care management for a single high-risk disease services, e.g. Principal Care Management, at least 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month with the following elements: one complex chronic condition lasting at least 3 months, which is the focus of the care plan, the condition is of sufficient severity to place patient at risk of hospitalization or have been cause of a recent hospitalization, the condition requires development or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen, and/or the management of the condition is unusually complex due to comorbidities.*

# PROPOSED 2020 PHYSICIAN FEE SCHEDULE

- **REMOTE PHYSIOLOGIC MONITORING**

  Existing code 99457 still exists and is for the first 20 minutes of treatment services.

  New code 994X0 is an add on code for subsequent 20 minute intervals.

  Services can be delivered with general supervision of auxiliary personnel by a physician or other qualified health care professional.

- **CONSENT FOR COMMUNICATION TECHNOLOGY-BASED SERVICES**

  CMS seeking comment on the possibility of obtaining advance consent for a number of communication technology-based services. Currently required to get consent for each service delivered through these technologies.

# CURRENT FEDERAL LEGISLATION

- The BETTER Act
  - Allows more mental health services to be delivered in the home via telehealth under Medicare program
- S. 1037 – Rural Health Clinic Modernization Act
  - Would allow RHCs to act as distant site providers in Medicare
- HR 1301 – Mental Health Telemedicine Expansion Act
  - Medicare beneficiaries allowed to access psychotherapy services—specifically CPT 90834 (45 minutes) and 90837 (60 minutes)—through real-time, interactive audio and video telecommunications with a patient; allow home and no geographic limitation
- HR 2452 – Medicare for America Act
  - Would include telehealth as a service benefit

# FCC PROPOSED PILOT

- $100 Million/approximately 20 pilots
- Targeting Rural and Underserved areas
- Interested in the use of RPM
- Paying for the connectivity/approximately 85% of the cost
- Targeting CHCs to apply
- Soliciting feedback on design
- Comment period closed

# MEDICAID REIMBURSEMENT BY SERVICE MODALITY

## Live Video

50 states and DC

## Store and Forward

Only in 11 states

## Remote Patient Monitoring

20 states





*As of May 2019*

# REIMBURSEMENT REQUIREMENTS FOR PRIVATE PAYERS

## 39 states and DC

have telehealth **private payer** laws

***Some go into effect at a later date.***

***Parity is difficult to determine:***

-Parity in services covered vs. parity in payment

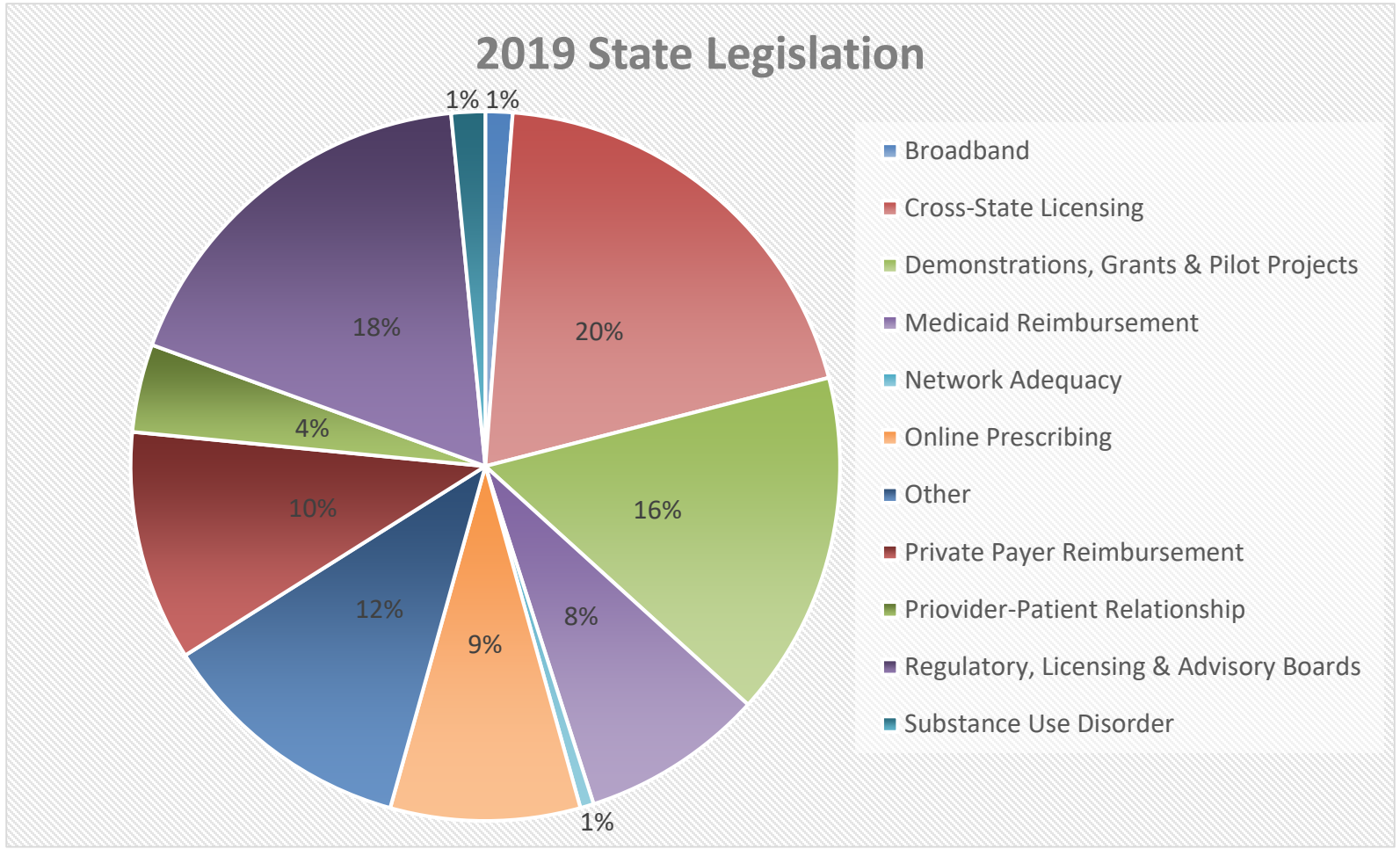
-many states make their telehealth private payer laws "subject to the terms and conditions of the contract"





*As of May 2019*

# 2019 STATE LEGISLATIVE TRENDS



# RESOURCES

## Center for Connected Health Policy
www.cchpca.org

## Telehealth Resource Center
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# THANK YOU!