

ARIZONA TELEMEDICINE PROGRAM WEBINAR SERIES

ARIZONA
TELEMEDICINE
PROGRAM



Presented by

The Southwest Telehealth Resource Center,
and the Arizona Telemedicine Program

Land Acknowledgement

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. The Southwest Telehealth Resource Center represents CO, AZ, NM, NV and the Four Corners Region with a combined total of 72 recognized tribes. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.



Welcome

- SWTRC region
- Fellow HRSA Grantees
- All other participants



The **Arizona Telemedicine Program** and the **Southwest Telehealth Resource Center** welcome you to this free CME webinar series.

The practice & delivery of healthcare is changing, with an emphasis on **improving quality, safety, efficiency, & access to care.**

Telemedicine can help you achieve these goals!

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- The opinions expressed in this presentation and on the following slides are solely those of the presenter and not necessarily those of the organizations sponsoring this webinar. The organizations do not guarantee the accuracy or reliability of the information provided herein.

CONTINUING MEDICAL EDUCATION

Outcome Objectives

- Describe the conversion factor and budget neutrality.
- Name two positive and two negative results based on the proposed ruling for 2025.
- Explain where an originating site location eligibility can be ascertained and why a patient's location either at home or in a facility will determine payment.

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Attendance Tracking: Code can be found in the evaluation. If you have not set up your profile yet, please contact Melanie at mesher@telemedicine.arizona.edu

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THE 2025 PROPOSED UPDATES FOR MPFS TELEHEALTH BILLING & REIMBURSEMENT



Carol Yarbrough, MBA, CPC, OCS, CHC
National Billing Expert

Speaker Disclaimer

- The opinions possibly expressed by the presenter's dogs about passing cars, pedestrians, coyotes or cats may contribute to the content of today's webinar, albeit irrelevant in nature.



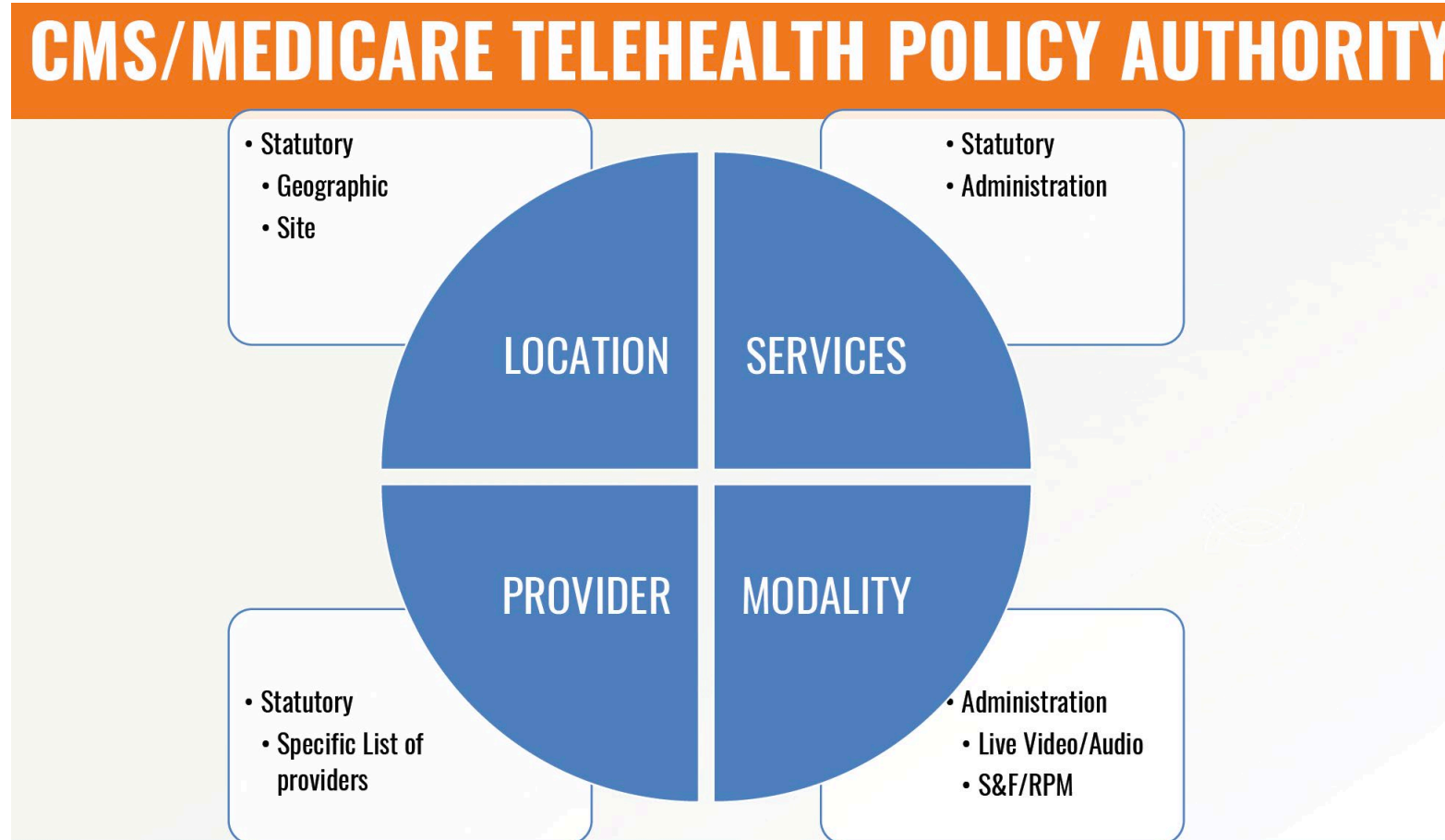
Agenda – Learning Outcomes

- Describe the conversion factor and budget neutrality.
- Name two positive and two negative results based on the proposed ruling for 2025.
- Explain where an originating site location eligibility can be ascertained and why a patient's location either at home or in a facility will determine payment.

Things to consider while participating!

- What type of clinic do you work in? Facility or non-facility
- Where are your patients? Home, facility, SNF, RHC, FQHC
- What is your geographic location? MSA, HRSA-designated physician shortage area
- What type of services do you provide? Behavioral health, medical, SUD, ESRD

Statutory versus Administrative



Section 1834(m) Payment for Telehealth Services

- "... services that are furnished via a telecommunications system by a physician ... or a practitioner ... to an eligible telehealth individual enrolled under this part notwithstanding that the individual physician or practitioner providing the telehealth service is not at the same location as the beneficiary. ...
- Amounts
 - Distant Site: amount equal to the amount that such physician or practitioner would have been paid ... had such service been furnished without the use of a telecommunications system.
 - Originating Site: \$29.96
(<https://www.cms.gov/files/document/r12372cp.pdf>)
 - Started at \$20 in 2001
 - Home is not an originating site

Proposed Conversion Factor / Budget Neutrality

What is the Medicare Physician Fee Schedule

- It sets out policy changes that CMS makes to the Medicare program;
- These are regulations so legislation isn't needed (although sometimes a change can come from legislation/the law)
- It also has a lengthy section on how they determine the conversion factor which affects payment

Proposed Conversion Factor 2025

- PFS may be reduced by 2.8% in CY 2025 compared to CY 2024.

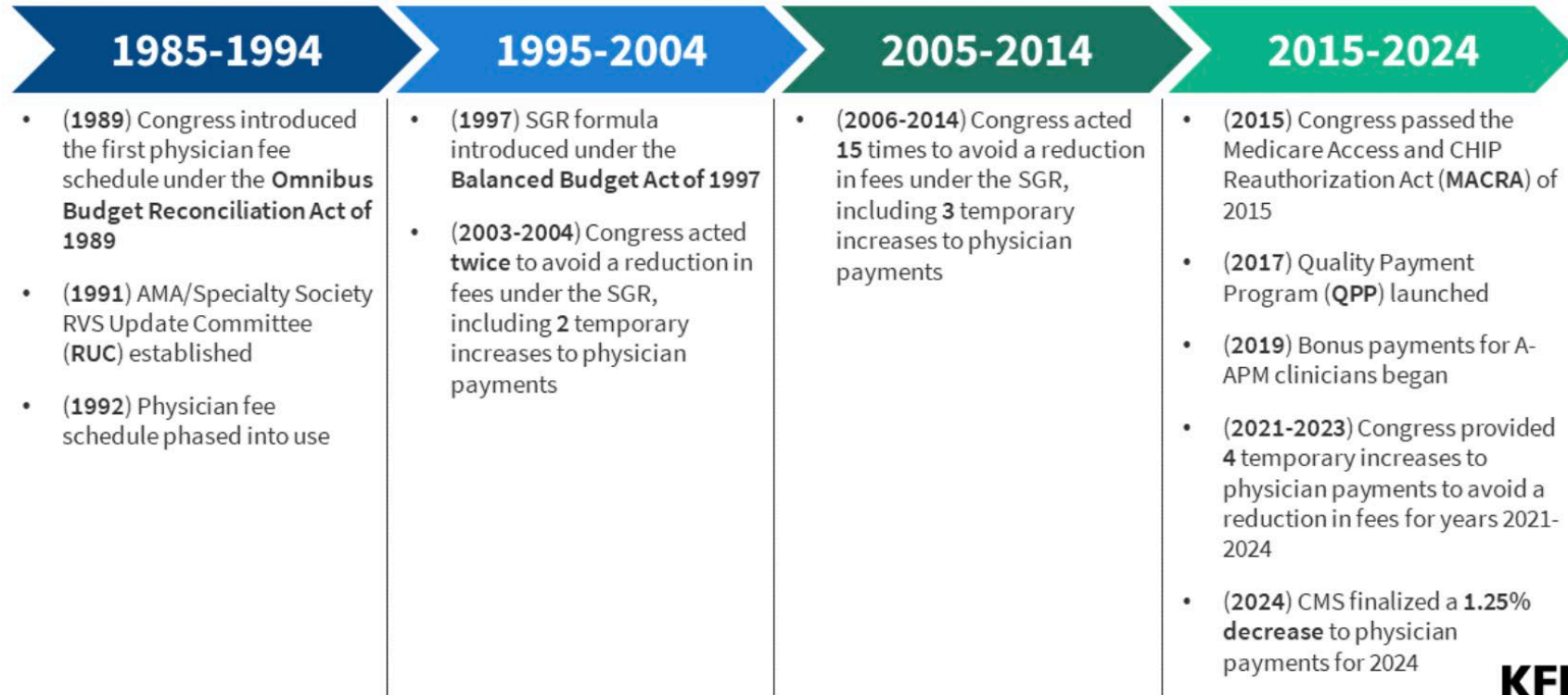
CPT	Non-Facility Total RVUs	Natl Avg Reimb CY2024 (\$33.29)	Proposed Natl Avg Reimb CY2025 (\$32.36)
99202	2.17	\$72.23	\$70.22
99203	3.35	\$111.51	\$108.41
99204	5.02	\$167.10	\$162.45
99205	6.62	\$220.36	\$214.22

- "Under current law, the projected cost of all changes to the physician fee schedule must be budget neutral, that is, the changes may not raise total Medicare spending by more than \$20 million in a given year." – KFF 2024

Updates may come, but figure your budgets as if not

Timeline of Major Provisions Impacting the Medicare Physician Fee Schedule

Congressional legislation and federal programs related to physician payment (1985-2024)



KFF

Places of Service for Telehealth

Code	Name	Description
2	Telehealth Provided Other than in Patient's Home	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. (Effective January 1, 2017) (Description change effective January 1, 2022, and applicable for Medicare April 1, 2022.)
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. (This code is effective January 1, 2022, and available to Medicare April 1, 2022.)

The Positive and the Negative Results of the Updated MPFS (and OPPS!)

MPFS – Delays are Positive!

- Delay in requiring behavioral health patients an in-person visit with the physician or practitioner within 6 months prior to initiating mental health telehealth services, and, again, at subsequent intervals as the Secretary determines appropriate (includes RHCs/FQHCs)
- No frequency limitations in 2025 for:
 - Subsequent inpatient visits
 - Subsequent nursing facility visits
 - Critical care consultation

MPFS Supervision – Continued / poss changed

- “Immediate availability” definition will continue to be met by supervising practitioners use of live video.
 - Change the definition of direct supervision that would allow “immediate availability” of the supervising practitioner to include live video (audio-only would be excluded) permanently in certain incident-to services.
- Teaching physicians can continue to have a virtual presence for billing purposes when services are furnished by residents in any residency training location but
 - *only when the service is furnished via telehealth*
 - Not if resident is present with patient

Positive – Medicare Telehealth Services List additions

- Proposed Codes for Provisional Status
 - G0248 – Cardiac monitoring
 - 97550-97552 – Caregiver Training
 - 96202-96203 – Multiple-family group behavior management/ modification training
 - GCTD1-GCTD3 – Caregiver Training
 - GCTB1-GCTB2 – Caregiver Training
- Proposed Codes for Permanent Status
 - G0011 & G0013 – Counseling HIV

OPPS – Positive, Temporarily

2. Extension of Virtual Direct Supervision of CR, ICR, PR Services and Diagnostic Services Furnished to Hospital Outpatients through December 31, 2025.

- Consequently, we propose to revise § 410.27(a)(1)(iv)(B)(1) and § 410.28(e)(2)(iii) to allow for the direct supervision of CR, ICR, PR services and diagnostic services via audio-video real-time communications technology (excluding audio-only) through December 31, 2025.

Positive –OPPS

- 3. Proposed HOPD Payment for Telemedicine Evaluation and Management Services
 - We are, however, seeking comment on the hospital resources associated with the telemedicine E/M services, particularly any resource costs that would not be included in the payment for HCPCS code G0463. We are also seeking comment, should CMS finalize separate payment for these telemedicine E/M codes under the PFS, on the resource costs that would be associated with these services for hospitals and whether we should develop separate coding to describe the resource costs associated with a telemedicine E/M service.

What does this mean?

Addendum B.-Proposed OPPS Payment by HCPCS Code for CY 2025								
HCPCS Code	Short Descriptor	CI	SI	APC	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
G0463	Hospital outpt clinic visit		J2	5012	1.4405	\$128.75	.	\$25.75

- 17 E/M telehealth codes not accepted by CMS' MPFS – they already have codes that work just fine (99202-99215)
- Submit comments to OPPS to support facility reimbursement associated with original E/M code set – Rev Code 780? 95 Modifier?

Positive/Negative? – Other Changes

- Recall not accepting those 17 codes
 - 9X091 to will replace G2012
 - But G2012 is CTBS / virtual check-in
 - Will we lose it?!
- 99441, 99442 and 99443 were deleted by the AMA CPT panel and will be returned to a bundle status when telehealth flexibilities end on December 31, 2024 (Per the CAA 2023)
 - Use CPT modifier “93” and, for RHCs and FQHCs, Medicare modifier “FQ” (Medicare telehealth service was furnished using audio-only communication technology). Practitioners have the option to use the “FQ” or the “93” modifiers or both where appropriate and true, since they are identical in meaning.

Audio Only Fix

- Revise § 410.78(a)(3) to state that an interactive telecommunications system may also include 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 as defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication,
 - but the patient is not capable of, or does not consent to, the use of video technology.
 - Additionally, a modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.

Behavioral Health Digital Devices

- Three new HCPCS codes to monitor how **digital mental health treatment** devices are used as part of overall behavioral health care.
- Devices would be furnished incident to or integral to professional behavioral health services used in conjunction with ongoing behavioral health care treatment under a behavioral health treatment plan of care.

Not Telehealth - Behavioral Health eConsults

- Six G codes to be billed by practitioners in specialties whose covered services are limited by statute to services for the diagnosis and treatment of mental illness (including Clinical Psychologists, Clinical Social Workers, Marriage and Family Therapists, and Mental Health Counselors) to mirror current interprofessional consultation CPT codes used by practitioners who are eligible to bill E/M visits. If finalized, this would allow for better integration of behavioral health specialty treatment into primary care and other settings.

Back from the Future

Originating Site and Geo Location Eligibility

- Through December 31, 2024, all patients can get telehealth wherever they're located. They don't need to be at an originating site, and there aren't any geographic restrictions.
- After December 31, 2024:
 - For non-behavioral or mental telehealth, there may be originating site requirements and geographic location restrictions
 - For behavioral or mental telehealth, all patients can continue to get telehealth wherever they're located, with no originating site requirements or geographic location restrictions
- HRSA eligibility locator tool:
<https://data.hrsa.gov/tools/medicare/telehealth>

Things to (again) consider

- What type of clinic do you work in? Facility or non-facility
- Where are your patients? Home, facility, SNF, RHC, FQHC
- What is your geographic location? MSA, HRSA-designated physician shortage area
- What type of services do you provide? Behavioral health, medical, SUD, ESRD

Consider

Remote Physiological Monitoring

- Consider attending AMA meeting as an Interested Party
 - Tab 85 of the most recent CPT September 2024 agenda.

85	Remote Monitoring	<ul style="list-style-type: none"> ● 99XX4 ▲99454 ● 99XX5 ▲99457 ● 98XX4 ▲99458 ● 98XX5 ▲98975 ● 98XX6 ▲98976 ● 98XX7 ▲98977 ▲98978 ▲98980 ▲98981 	Revise the Digitally Stored Data Services/Remote Physiologic Monitoring guidelines; add a remote physiologic monitoring device supply code (99XX4) for 2 to 15 calendar days; revise code 99454; revise the Remote Physiologic Monitoring Treatment Management services guidelines; add a new code (99XX5) for remote physiologic monitoring treatment management services to include 10 minutes of service; revise codes 99457, 99458; revise the Remote Therapeutic Monitoring Services guidelines; revise codes 98975, 98976, 98977, 98978; add remote treatment monitoring device supply codes (98XX4, 98XX5, 98XX6) to report respiratory, musculoskeletal and cognitive behavioral therapy for 2-15 calendar days; revise the Remote Therapeutic Monitoring Treatment Management services guidelines; add a new Remote therapeutic monitoring treatment management services code (98XX7) to include 10 minutes of service; revise codes 98980, 98981
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- <https://www.ama-assn.org/member-benefits/events/cpt-editorial-panel-meeting>

Questions?

Resources

KFF Research: <https://www.kff.org/medicare/issue-brief/what-to-know-about-how-medicare-pays-physicians/>

PFS:

- Proposed rule: <https://www.federalregister.gov/public-inspection/2024-14828/medicare-and-medicaid-programs-calendar-year-2025-payment-policies-under-the-physician-fee-schedule>
- CMS fact sheet: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2025-medicare-physician-fee-schedule-proposed-rule>
- CMS fact sheet re MSSP: <https://www.cms.gov/newsroom/fact-sheets/fact-sheet-calendar-year-cy-2025-medicare-physician-fee-schedule-proposed-rule-cms-1807-p-medicare>

OPPS:

- Proposed rule: <https://public-inspection.federalregister.gov/2024-15087.pdf>
- CMS fact sheet: <https://www.cms.gov/newsroom/fact-sheets/cy-2025-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center>

ICD 10 Updates:

- <https://icd10monitor.medlearn.com/are-you-ready-for-the-new-diagnosis-codes/>
- <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-cm>

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