ARIZONA TELEMEDICINE PROGRAM WEBINAR SERIES



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

- List FDA Definitions vs Approvals: when does either apply/approval process.
- Name two regulations and examples in use today.
- Describe the future of SAMD and how to envision its use in clinical practice.

Accreditation Statement

The University of Arizona College of Medicine - Tucson is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Arizona College of Medicine - Tucson designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)^m. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Disclosure Statement

All Faculty, CME Planning Committee Members, and the CME Office Reviewers have disclosed that they do not have any relevant financial relationships with ineligible companies that could constitute a conflict of interest concerning this CME activity.

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

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Tis the Season: for the 2024 MPFS Telehealth Billing & Reimbursement Updates



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





Speaker Disclaimer

 The opinions possibly expressed by the presenter's dogs about FedEx, UPS and the USPS delivery personnel 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 new negative impacts of the new ruling for 2024.
- Explain the goals for the new year of the changes made in the 2024 final rule.





Conversion Factor / Budget Neutrality





Conversion Factor 2024

- PFS will be reduced by 1.25% in CY 2024 compared to CY 2023.
- The final CY 2024 PFS conversion factor is \$32.74, a decrease of \$1.15 (or 3.4%) from the current CY 2023 conversion factor of \$33.89.

СРТ	2023 Reimbursement	2024 Reimbursement
99204	4.94 RVUs x \$33.89 = \$167.42	5.02 RVUs x \$32.74 = \$164.35

- Consider the AMA CPT Code set: 349 editorial changes
 - 230 additions
 - 49 deletions and
 - 70 revisions





Increases relate to New Services

- "CMS is also finalizing significant increases in payment for primary care and other kinds of direct patient care."
 - G2211: (O/O E/M visit complexity) that can be reported in conjunction with O/O E/M visits to better account for additional resources associated with primary care, or similarly ongoing medical care related to a patient's single, serious condition, or complex condition (84 FR 62854 through 62856, 85 FR 84571).
 - .49 RVUs / \$16
 - Permanent addition to Medicare Telehealth list (audio-only allowed)
 - G0136: administration of a standardized, evidence-based Social Determinants of Health Risk Assessment tool, 5–15 minutes, at most every 6 months.
 - .57 RVUs / \$18.66
 - Permanent addition to Medicare Telehealth list (no audio-only)





Health & Well Being Services also added – still not funded

- 0591T 0593T for health and well-being coaching services
 - CPT® Category III codes are temporary codes used to collect information about the use and efficacy of investigational technologies and procedures as well as new services. This documentation helps the Food and Drug Administration (FDA) determine whether to approve a new technology or procedure. A category III code must be used in place of an unlisted procedure code when available. CPT® coding guidelines state that inclusion of a CAT III code for a particular procedure does not imply agreement concerning efficacy, safety, or appropriateness of the procedure to clinical practice or payer reimbursement.





But – Budget Neutrality?

- Budget Neutrality (BN) CMS is prohibited from changing its overall budget by more than \$20 million. Should RVUs shift in such a way that the CMS budget is impacted by over \$20 million, CMS must use a budget neutrality factor to bring its total payments back in line. CMS first used the BN in 2007 by applying it solely to the physician work RVUs, since a revaluation of physician work RVUs for evaluation and management codes lead to the expected overage. In 2009, CMS changed its BN application moving it to the conversion factor instead.
- https://labor.alaska.gov/wc/med-serv-comm/CMS_RVU_Calculations.pdf





The Positive and the Negative Impacts of the Updated MPFS





What's Staying for One More Year?

- Originating sites for services provided via telehealth to include any site in the U.S. where the patient is at the time of the telehealth service, including a person's home
- Occupational therapists (OTs), physical therapists (PTs), speechlanguage pathologists (SLPs), and audiologists
- RHCs and FQHCs continue to use methodology for telehealth services established during the PHE
- 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)





Thru Dec 31, 2024, continued

- No frequency limitations in 2024 for:
 - Subsequent inpatient visits
 - Subsequent nursing facility visits
 - Critical care consultation
- Teaching physicians can continue to use audio or audio/video in residency training encounters
- For OTs, PTs, SLPs and Audiologists at Facilities
 - Can continue to provide services to patients in their homes
 - The valuation of these services come from MPFS (not OPPS) and are billed on the UB-04





New PERMANENT Distant Site Providers!

- Mental health counselors (MHCs)
- Marriage and family therapists (MFTs)
- DSMT service providers
 - registered dietitians (RDs), nutrition professionals, physicians, NPPs, physician assistants (PAs), and clinical nurse specialists (CNSs)





Permanent Services Added – Injection Training!

- Injection Training for Insulin-Dependent Patients: CMS is finalizing a policy to allow DSMT insulin injection training (for initial or follow-up training) to be provided via telehealth when it aligns with clinical standards, guidelines, or best practices, instead of the previous sub-regulatory policy that required certain hours of training be provided in-person.
- See Chapter 12, Section 190.3.6 of the Medicare Claims Processing Manual





List of Medicare Telehealth CPT Codes

	А	В	С	D	E	F
1		LIST OF	MEDICARE TELEHEALTH SERVICES effective Ja	anuary 1, 2024 - updated Novemb	er 13, 2023	
2	•	НСРС	Short Descriptor	Can Audio-Only Interaction Meet the Requirements?	Category	
3	1	0362T	Bhv id suprt assmt ea 15 min	No	provisional	
4	2	0373T	Adapt bhv tx ea 15 min	No	provisional	
5	3	0591T	Hlth&wb coaching indiv 1st	Yes	provisional	
6	4	0592T	Hlth&wb coaching indiv f-up	Yes	provisional	
7	5	0593T	Hlth&wb coaching indiv group	Yes	provisional	
8	6	77427	Radiation tx management x5	No	provisional	
9	7	90785	Psytx complex interactive	Yes	permanent	
10	8	90791	Psych diagnostic evaluation	Yes	permanent	
11	9	90792	Psych diag eval w/med srvcs	Yes	permanent	
12	10	90832	Psytx w pt 30 minutes	Yes	permanent	
13	11	90833	Psytx w pt w e/m 30 min	Yes	permanent	
14	12	90834	Psytx w pt 45 minutes	Yes	permanent	
15	13	90836	Psytx w pt w e/m 45 min	Yes	permanent	
16	14	90837	Psytx w pt 60 minutes	Yes	permanent	
17	15	90838	Psvtx w pt w e/m 60 min	Yes	permanent	





A CMS friend, indeed!

	General Summary Statistics Content Custom	
m 30 min	Title: Corrected TH List for CY 2024 workbook	
SERVICES effective Januar	Subject:	
	Author: Corwin, Kris (CMS/CM)	
	Manager:	
	Company:	
	Category:]
	Keywords:	
	Comments:	





Interesting Facts about CPT and Medicare Telehealth

- The AMA CPT book currently contains about 11,100 codes.
- The 2024 Medicare telehealth list has a total of 268 CPT codes only 112 of which are permanent or 1% of the CPT code book.
- The rest: 156 in total, are provisional and are anticipated to be removed from the list at the end of 2024.
- These 268 CPT codes 2% of the overall code described services in the AMA CPT book – provided the care needed during the lockdown time period of the Covid-19 Public Health Emergency.
- Why not keep them permanent in anticipation of the next Public Health Emergency? Engage your Congress folks!





Places of Service for Telehealth

POS	Short Definition	Patient Location	Provider Location	Reimbursement
02	Telehealth Provided Other than in Patient's Home	Appr originating site	Facility clinic	Facility rate
10	Telehealth Provided in Patient's Home	Home	POS 11 / non- facility clinic	Non-facility rate
11	Office	Office	Office	Non-facility rate
19	Off Campus-Outpatient Hospital	Home	Facility clinic	Non-facility rate CPT+95 modifier
22	On Campus-Outpatient Hospital	Home	Facility clinic	Non-facility rate CPT+95 modifier
19/22	See above	Home	Home	Unsure, but think above cell





What does this mean?

СРТ	Non-Facility Reimb	Facility Reimb		Negative Impact on Facility Payment
99204	\$164.35	\$129.98 (\$34.37 less)	\$145.04	-\$110.67

Addendu	m B – Re	elative Valu	ue Units and	Related Information Used in CY 2024 Fi	nal Rule						
CPT ¹ / HCPCS	Mod	Status	Not Used for Medicare Payment	DESCRIPTION	Work RVUs ²	Non- Facility PE RVUs ²	Facility PE RVUs ²	Mal- Practice RVUs ²	Total Non-Facility RVUs ²	RVUs ²	Global
99204		A		Office o/p new mod 45 min	2.60	2.18	1.13	0.24	5.02	3.97	XXX

	Addendum B OPPS Payment by HCPCS Code for CY 2023						
	CPT codes and descriptions only are copyright 2022 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply. Dental codes (D codes) are copyright 2022 American Dental Association. All Rights Reserved.						
	that an item or service is covered or non-covered. As a reminder, the fact that a drug, device, procedure, or service is						
HCPCS Code	Short Descriptor	SI	АРС	Relative Weight	Payment Rate	National Unadjusted Copayment	Minimum Unadjusted Copayment
G0463	Hospital outpt clinic visit	J2	5012	1.4122	\$120.86		\$24.18





The MPFS 2024's Goals





Audience Feedback!

- 1. 2.
- 3.











Resources

- 2024 Medicare Physician Fee Schedule: https://www.federalregister.gov/documents/2023/11/16/2023-24184/medicare-and-medicaidprograms-cy-2024-payment-policies-under-the-physician-fee-schedule-and-other
- Summary/FAQs: https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule
- https://www.cms.gov/files/document/mm13452-medicare-physician-fee-schedule-final-rulesummary-cy-2024.pdf
- 2024 List of Medicare Telehealth CPT Codes: https://www.cms.gov/medicare/coverage/telehealth/list-services
- Social Determinants of Health:
 - https://aspe.hhs.gov/sites/default/files/documents/3e2f6140d0087435cc6832bf8cf32618/hhs-call-to-action-health-related-socialneeds.pdf
 - McKinsey report: https://www.mckinsey.com/industries/healthcare/our-insights/consumers-perceptions-of-their-health-relatedsocial-needs#/





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See the Chat

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