



PYA SHORT COURSE: THE CONSOLIDATED APPROPRIATIONS ACT

Telehealth Services: Before, During, and After the Pandemic

February 2, 2021

Presented by:
Martie Ross, JD
Valerie Rock, CHC, CPC

© 2021 PYA, P.C.

WE ARE AN INDEPENDENT MEMBER OF HLB—THE GLOBAL ADVISORY AND ACCOUNTING NETWORK

Introductions



Martie Ross, JD

Principal – Strategy & Integration

mross@pyapc.com



Valerie Rock, CHC, CPC

Principal – Compliance Advisory

vrock@pyapc.com



pyapc.com

800.270.9629

ATLANTA | KANSAS CITY | KNOXVILLE | NASHVILLE | TAMPA

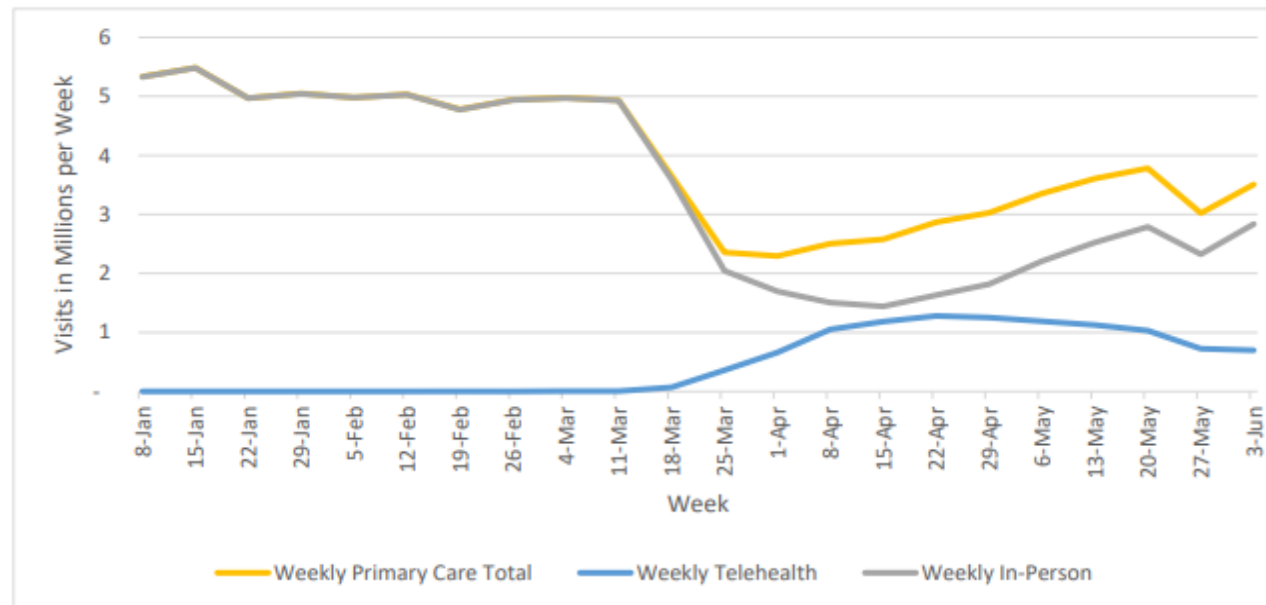
Agenda



- 1 Medicare Telehealth Coverage Before the Pandemic
- 2 Medicare Telehealth Coverage Expansion During the Pandemic
- 3 State Action in Response to the Pandemic
- 4 Medicare Telehealth Coverage Post-Pandemic
 - 2021 MPFS Final Rule
 - Consolidated Appropriations Act

MEDICARE BENEFICIARY USE OF TELEHEALTH VISITS: EARLY DATA FROM THE START OF THE COVID-19 PANDEMIC

Figure 1. Primary Care Visits for FFS Medicare Beneficiaries (visits in millions per week)



Source: Medicare claims data up to June 3rd, available as of June 16.

Medicare Coverage Pre-COVID-19



- **Section 1834(m)**
 - **Geographic**
 - Patient must reside in rural area
 - **Location**
 - Patient must be physically present at healthcare facility when service is provided (facility fee)
 - **Service**
 - Coverage limited to CMS' list of approved telehealth services (CPT and HCPCS codes)
 - **Provider**
 - Service must be provided by physician, non-physician practitioner, clinical psychologist, clinical social worker, registered dietician, or nutrition professional
 - **Technology**
 - Must utilize telecommunications technology with audio **and** video capabilities that permits real-time, interactive communication

Generally speaking, Medicaid and commercial payers have followed Medicare's lead on telehealth coverage

Medicare Coverage Pre-COVID-19



- **With Some Exceptions**

- **Telestroke**

- Effective 01/01/2019, geographic and location requirements do not apply to services furnished to diagnose, evaluate, or treat symptoms of acute stroke

- **Substance Use Disorder**

- Effective 07/01/2019, geographic and location requirements do not apply to services relating to SUD and co-occurring behavioral health conditions

- **ESRD**

- Effective 01/01/2019, geographic and location requirements do not apply to ESRD services relating to home dialysis

- **Medicare Advantage**

- For 2020 plan year, MA plan may eliminate geographic and location requirements

- **Medicare Shared Savings Program**

- Waiver of geographic and location requirements for ACO participants in risk models

- **CMMI Initiatives**

Medicare Telehealth Coverage Expansion



- **Section 1135 Waiver**

- Coronavirus Preparedness and Response Supplemental Appropriations Act (March 2020) expands Secretary's authority to waive **geographic** and **location** restrictions for duration of COVID-19 PHE

- **CMS Interim Final Rules**

- Suspends certain **service** restrictions for duration of COVID-19 PHE
 - Expands list of covered services
 - Eliminates frequency requirements
 - Permits use of telehealth for required face-to-face visits, direct supervision for incident-to billing, teaching physician virtual presence
- Suspends certain **provider** restrictions for duration of COVID-19 PHE
 - Permits therapists and S/L pathologists to provide covered services via telehealth
 - Waives state licensure requirement
- Authorizes payment for certain audio-only E/M services

- **Agency Notices of Enforcement Discretion**

- OCR – Will not impose penalties if, in good faith, use any non-public remote audio/visual communication product for duration of COVID-19 PHE – reducing **technology** restrictions
- OIG – Permits waiver of co-insurance

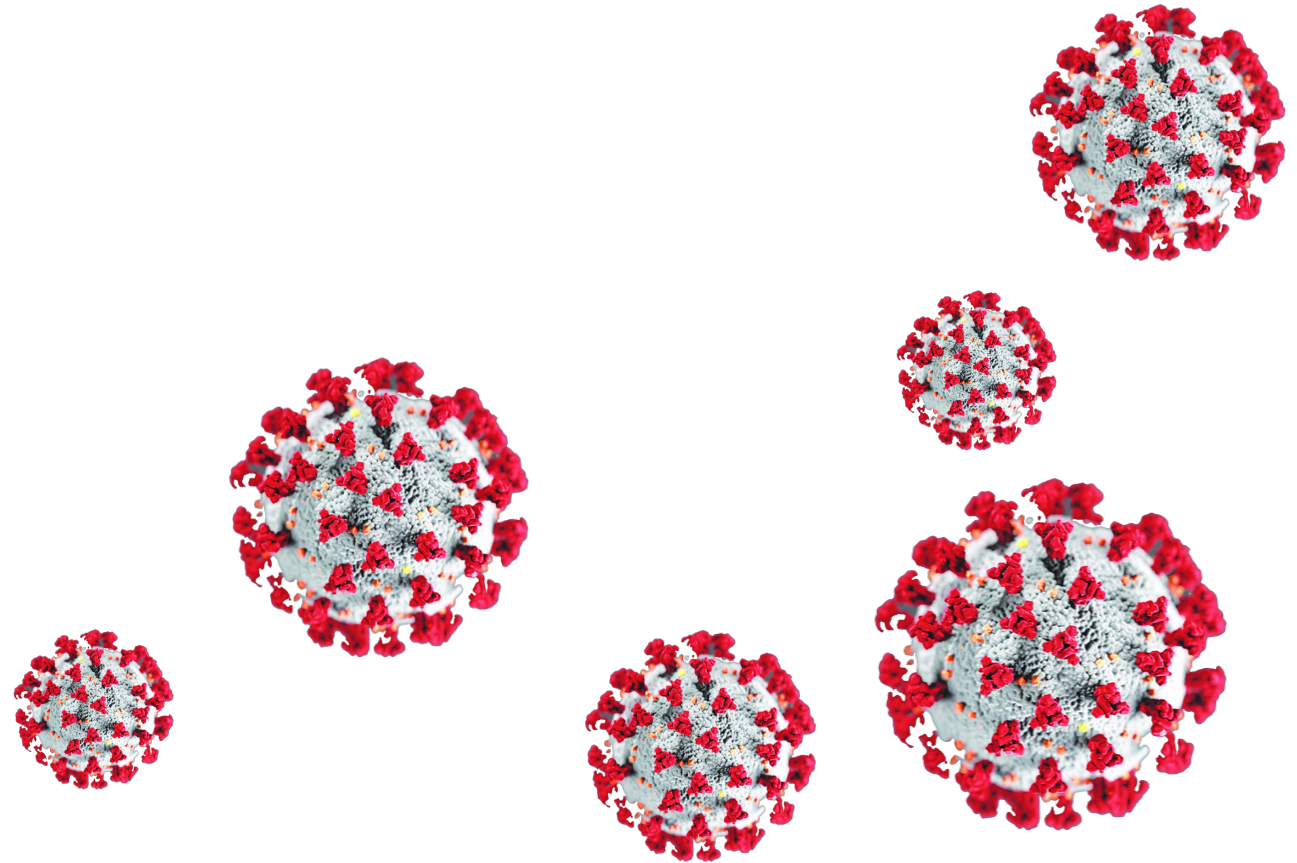
Medicare Billing and Payment



- Telehealth services paid at non-facility rates to compensate practices for telehealth-associated costs
 - POS = location “that would have been reported had the service been furnished in person...if not for the [PHE]”
 - Include -95 modifier; do not include CR (catastrophe/disaster related) modifier
- Submit claim to MAC serving provider’s location (regardless of beneficiary location)

State Action in Response to COVID-19

- Relax licensure requirements
- Expand Medicaid coverage
- Impose reimbursement parity



Telehealth Coverage Post-Pandemic



- HHS has informed Governors PHE likely to continue through all of 2021
- Geographic and location restrictions return, absent Congressional action
 - Early versions of COVID relief bill included repeal of Section 1834(m) geographic and location requirements
 - Consolidated Appropriations Act's more limited changes to Section 1834(m) discussed below
 - Overcoming the PAYGO problem
- OCR and OIG notices and most state action expire

2021 MPFS Final Rule



- Post-PHE telehealth coverage and policies
 - Expanded telehealth services
 - Use of telehealth as substitute for in-person requirements
 - Discontinuation of PHE allowances
 - Virtual check-in
- Commissioned study to evaluate impact of PHE telehealth flexibilities

New Permanent Covered Services

<p>1. Services we are finalizing for permanent addition as Medicare Telehealth Services</p>	<ul style="list-style-type: none">• Group Psychotherapy (CPT 90853)• Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT 99334-99335)• Home Visits, Established Patient (CPT 99347- 99348)• Cognitive Assessment and Care Planning Services (CPT 99483)• Visit Complexity Inherent to Certain Office/Outpatient E/Ms (HCPCS G2211)• Prolonged Services (HCPCS G2212)• Psychological and Neuropsychological Testing (CPT 96121)
---	--

Covered Services Through 12/31 of Year PHE Ends

2. Services we are finalizing to remain temporarily on the Medicare telehealth list through the end of the year in which the PHE for COVID-19 ends (Category 3 services), to allow for continued development of evidence to demonstrate clinical benefit and facilitate post-PHE care transitions.

- Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT 99336-99337)
- Home Visits, Established Patient (CPT 99349-99350)
- Emergency Department Visits, Levels 1-5 (CPT 99281-99285)*
- Nursing facilities discharge day management (CPT 99315-99316)
- Psychological and Neuropsychological Testing (CPT 96130- 96133; CPT 96136- 96139)
- Therapy Services, Physical and Occupational Therapy, All levels (CPT 97161- 97168; CPT 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507)*
- and Hospital discharge day management (CPT 99238- 99239)*
- Inpatient Neonatal and Pediatric Critical Care, Subsequent (CPT 99469, 99472, 99476)*
- Continuing Neonatal Intensive Care Services (CPT 99478- 99480)*
- Critical Care Services (CPT 99291-99292)*
- End-Stage Renal Disease Monthly Capitation Payment codes (CPT 90952, 90953, 90956, 90959, and 90962)*
- Subsequent Observation and Observation Discharge Day Management (CPT 99217; CPT 99224- 99226)*

Covered Services Through End of PHE

- | | |
|---|--|
| <p>3. Services we are not adding to the Medicare telehealth list either permanently or temporarily.</p> | <ul style="list-style-type: none">• Initial Nursing Facility Visits, All Levels (Low, Moderate, and High Complexity) (CPT 99304-99306)• Initial hospital care (CPT 99221-99223)• Radiation Treatment Management Services (CPT 77427)• Domiciliary, Rest Home, or Custodial Care services, New (CPT 99324- 99328)• Home Visits, New Patient, all levels (CPT 99341- 99345)• Inpatient Neonatal and Pediatric Critical Care, Initial (CPT 99468, 99471, 99475, 99477)• Initial Neonatal Intensive Care Services (CPT 99477)• Initial Observation and Observation Discharge Day Management (CPT 99218 – 99220; CPT 99234- 99236)• Medical Nutrition Therapy (CPT G0271) |
|---|--|

2021 MPFS Final Rule



- **Telehealth as In-Person Substitute**

- Subsequent SNF visits limited to once every 14 days (down from 30); inpatient and critical care remain once every 3 days
- Teaching physician present via telehealth for telehealth services furnished at residency training site outside MSA (plus changes to primary care exception)
- Direct supervision via telehealth for incident-to billing for telehealth services
- Direct supervision via telehealth for incident-to billing for in-person services continues through 12/31 of year in which PHE ends

2021 MPFS Final Rule



Ending with the End of the PHE

Reimbursement for audio-only E/M services
(i.e., CPT 99441-32, 98966-68)

Reimbursement for telehealth services furnished by physical/occupational therapists and S/L pathologists

RHC and FQHC reimbursement for telehealth services under G2025

Reimbursement for virtual check-ins and e-visits for new patients; waiver of cost-sharing for these services

Waiver of requirement to be licensed in state in which patient receiving telehealth services is located



Virtual Check-In (Telephonic)

- HCPCS G2012 (\$13.61)
 - Brief communication technology-based service by physician or other qualified healthcare professional provided to established patient, not originating from related E/M service provided within previous 7 days nor leading to E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.
 - RHCs and FQHCs bill G0071
- HCPCS G2252 (new in 2021) (\$24.96)
 - Same, but 11-20 minutes of medical discussion



January 2021

“Because of telehealth’s changing role, the OIG will conduct a series of audits of Medicare Part B telehealth services in two phases.

Phase one audits will focus on making an early assessment of whether services such as evaluation and management, opioid use order, end-stage renal disease, and psychotherapy meet Medicare requirements.

Phase two audits will include additional audits ... related to distant and originating site locations, virtual check-in services, electronic visits, remote patient monitoring, use of telehealth technology, and annual wellness visits to determine whether Medicare requirements are met.”

Consolidated Appropriations Act



- Amends 1834(m) to eliminate geographic and location restrictions for “purposes of diagnosis, evaluation, or treatment of a mental health disorder” **but only if ...**
 - Billing practitioner “furnishes an item or service in person without the use of telehealth” for which there is Medicare coverage:
 - Within the 6 month-period prior to initial telehealth service
 - With such frequency thereafter as CMS determines appropriate
 - Does not impact existing coverage for SUD services furnished via telehealth
- Rulemaking
 - Definition of services relating to mental health disorder
 - Frequency of subsequent face-to-face visits
 - Exceptions for homebound patients
 - Other 1834(m) restrictions?

Consolidated Appropriations Act



- Additional \$250 million for FCC's COVID-19 Telehealth Program
- FCC grants for broadband connectivity
 - \$1 billion to tribal governments for deployment on tribal lands
 - \$300 million for qualifying partnerships between state/local governments and broadband providers
- Expansion of VA telehealth program
 - \$1.33 billion for program expansion and to cover costs of providing telehealth services during PHE
 - Required reports and recommendations

How can we HELP?



Recent Clients Served



PYA by the Numbers

Clients in ALL
 **50**
STATES

Consistently ranked
TOP 20
HEALTHCARE CONSULTING
firm in the U.S.
by Modern Healthcare

INSIDE
PUBLIC ACCOUNTING
TOP 100
FIRMS
2020

O V E R
1200
Healthcare
valuation opinions
rendered annually

TOP 15 **LARGEST**
AUDITOR
of AHA's Top U.S. Multi-Hospital Systems
- Ames Research Group

3,242
Number of healthcare projects
during 2019

Vision Beyond the Numbers®

We measure our success based on the success of our clients.
Our culture of HELP and helpfulness is an intrinsic daily philosophy.



RESPONSIVE



ACCESSIBLE



COMMITTED



A national healthcare advisory services firm
providing consulting, audit, and tax services