

TELEHEALTH 201: Medicare Telehealth Coverage

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Center for Connected
Health Policy

THE NATIONAL
TELEHEALTH POLICY
RESOURCE CENTER



CENTER FOR CONNECTED HEALTH POLICY (CCHP)

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is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.

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MEDICARE POLICY

The Medicare policy on the use of technology to provide services is in two buckets

- In Federal Statute (42 USC 1395(m)(m))
- Only Live Video unless in a demonstration project in AK or HI
- Limited list of providers
- Limited list of eligible services
- Geographic and site limitations

TELEHEALTH

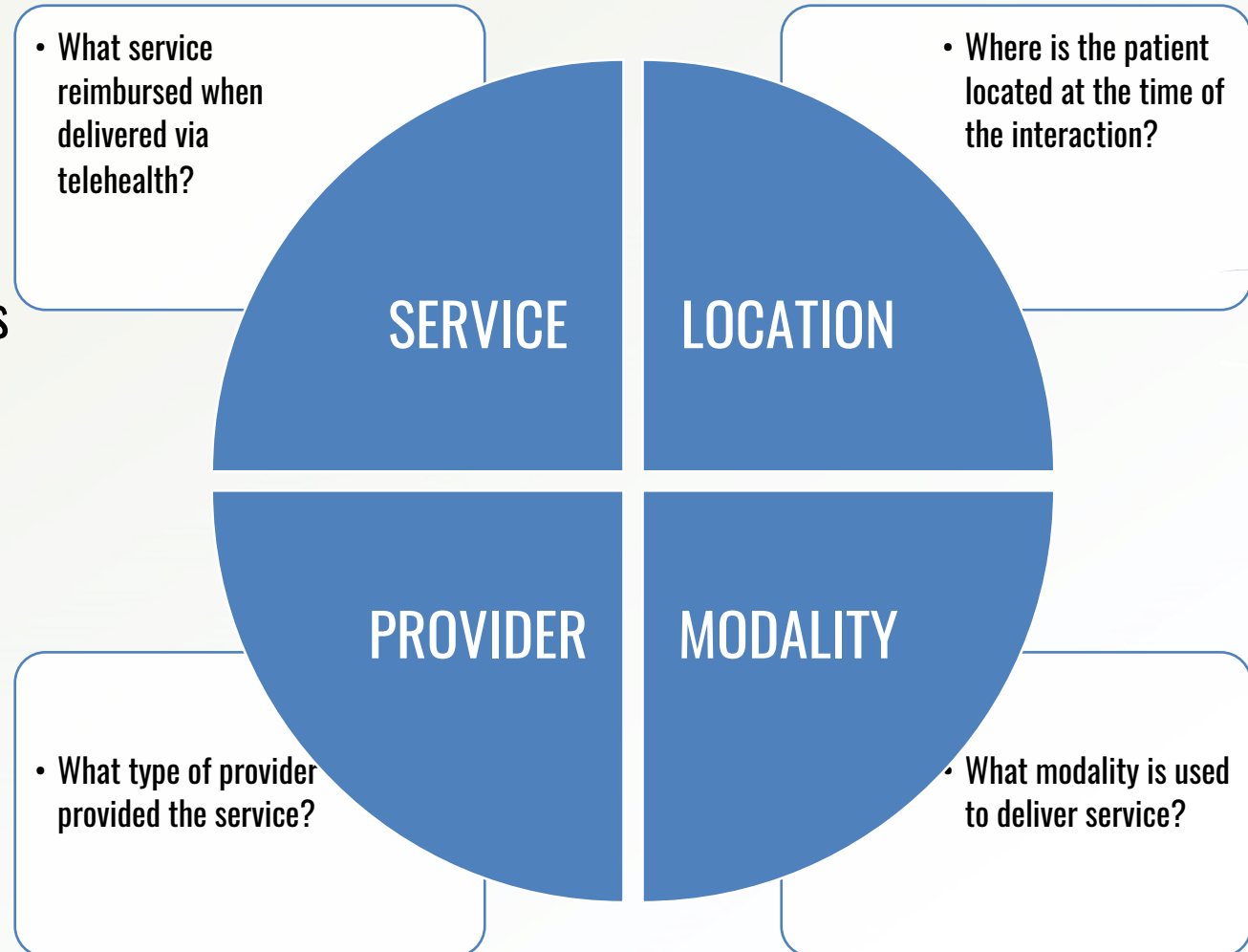
COMMUNICATIONS
TECHNOLOGY-BASED
SERVICES

- Utilizes telehealth technology but is called “Communications Technology-Based Services” (CTBS)
- Is not limited by federal law telehealth restrictions
- Other restrictions in place such as informed consent requirements
- All modalities found here



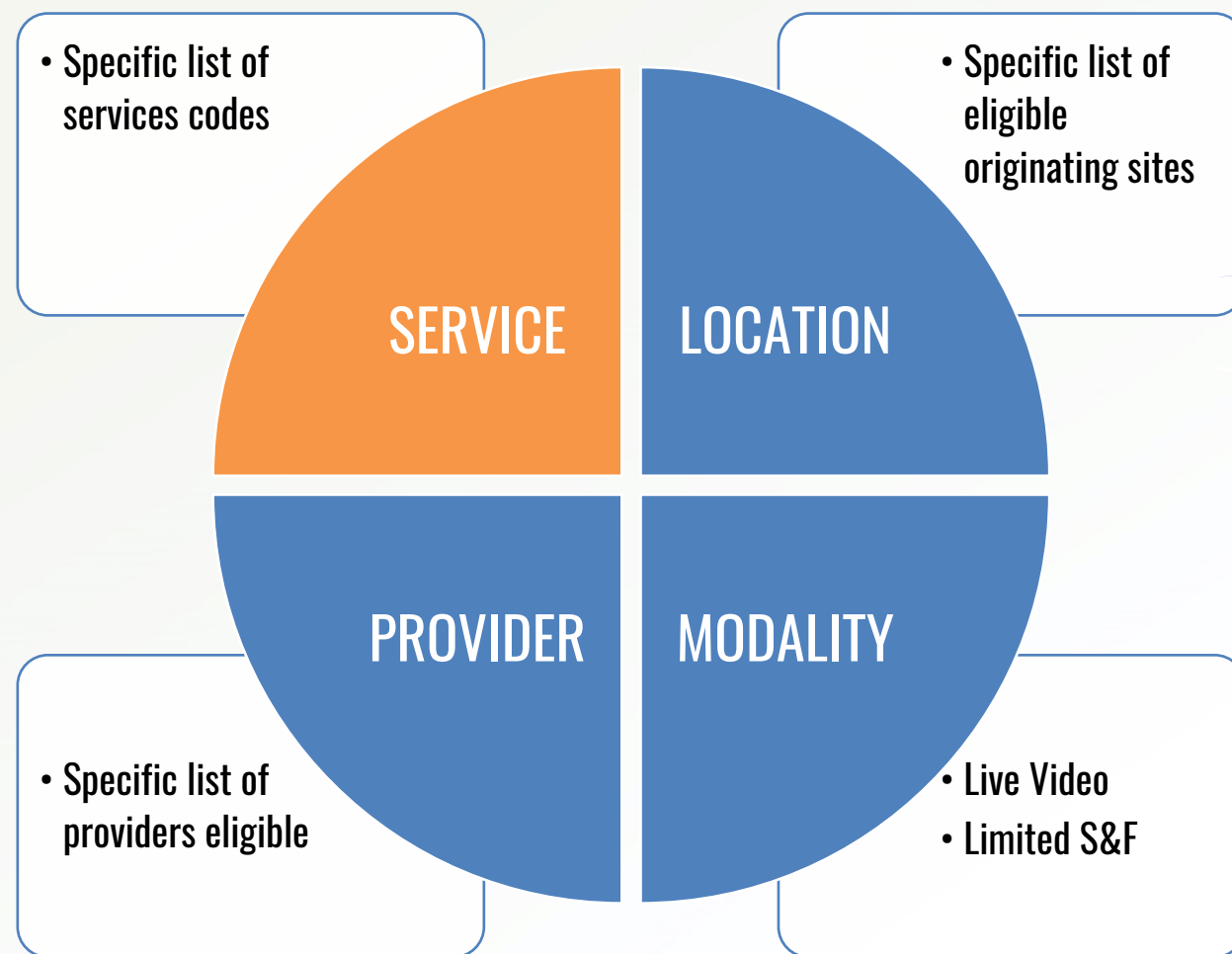
MEDICARE POLICY ISSUE AREA IMPACTS

- **Most established telehealth policies are on reimbursement**
 - 4 typical elements make up reimbursement policy
 - Most limitations are around these 4 elements
- **Medicare telehealth policy touches on all four issues**
- **Most of these areas require statutory changes and cannot be changed by CMS**



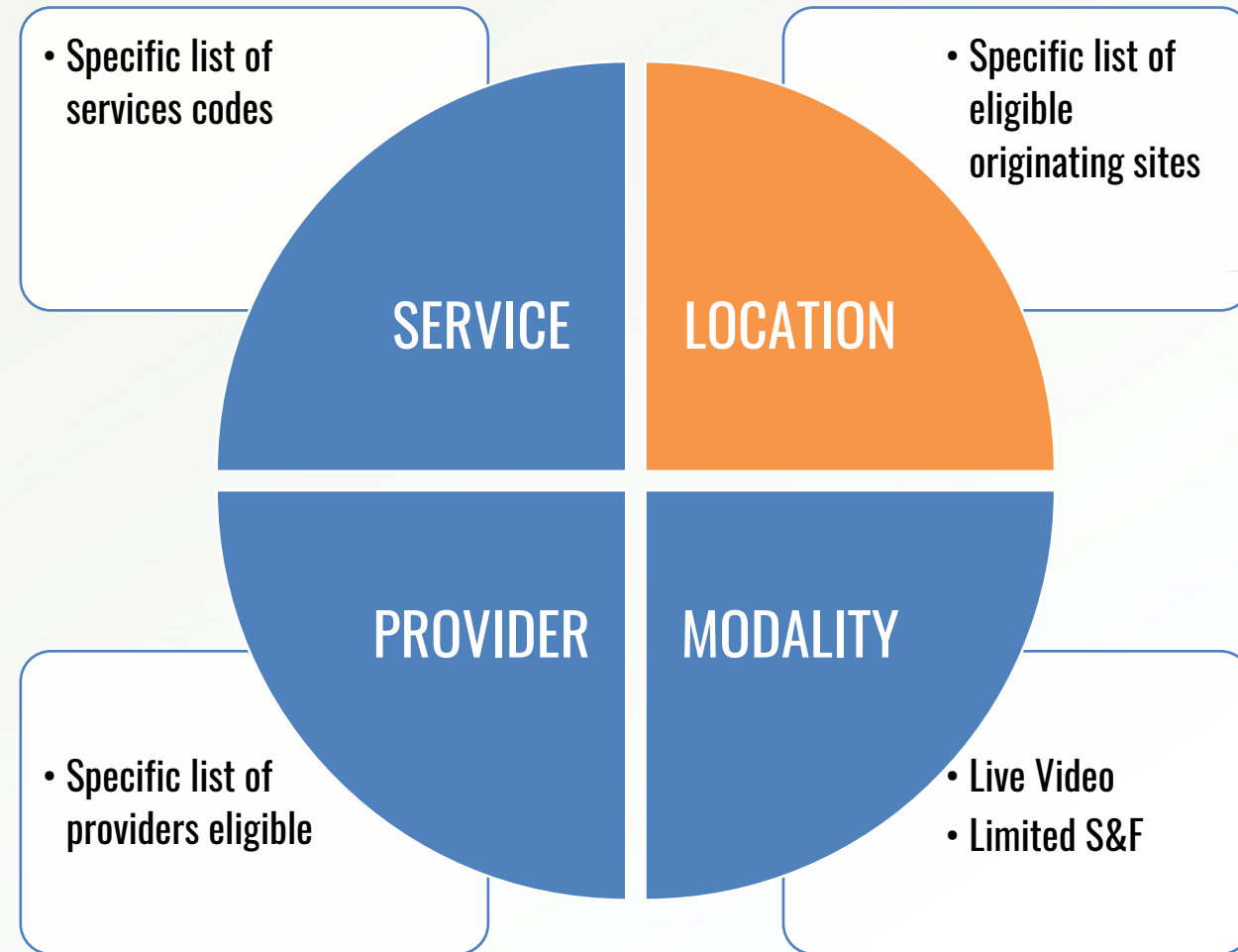
SERVICE

- **There is a specific list of services that are reimbursed in Medicare if provided via telehealth**
 - Specific by CPT or HCPCS code
- **This IS one area that CMS has control**
- **Usually adds new codes through Physician Fee Schedule**
- **Two ways to add new codes**
 - Category 1 Test - Code similar to one already on list
 - Category 2 Test – Evidence that service code covers will be effectively provided via telehealth



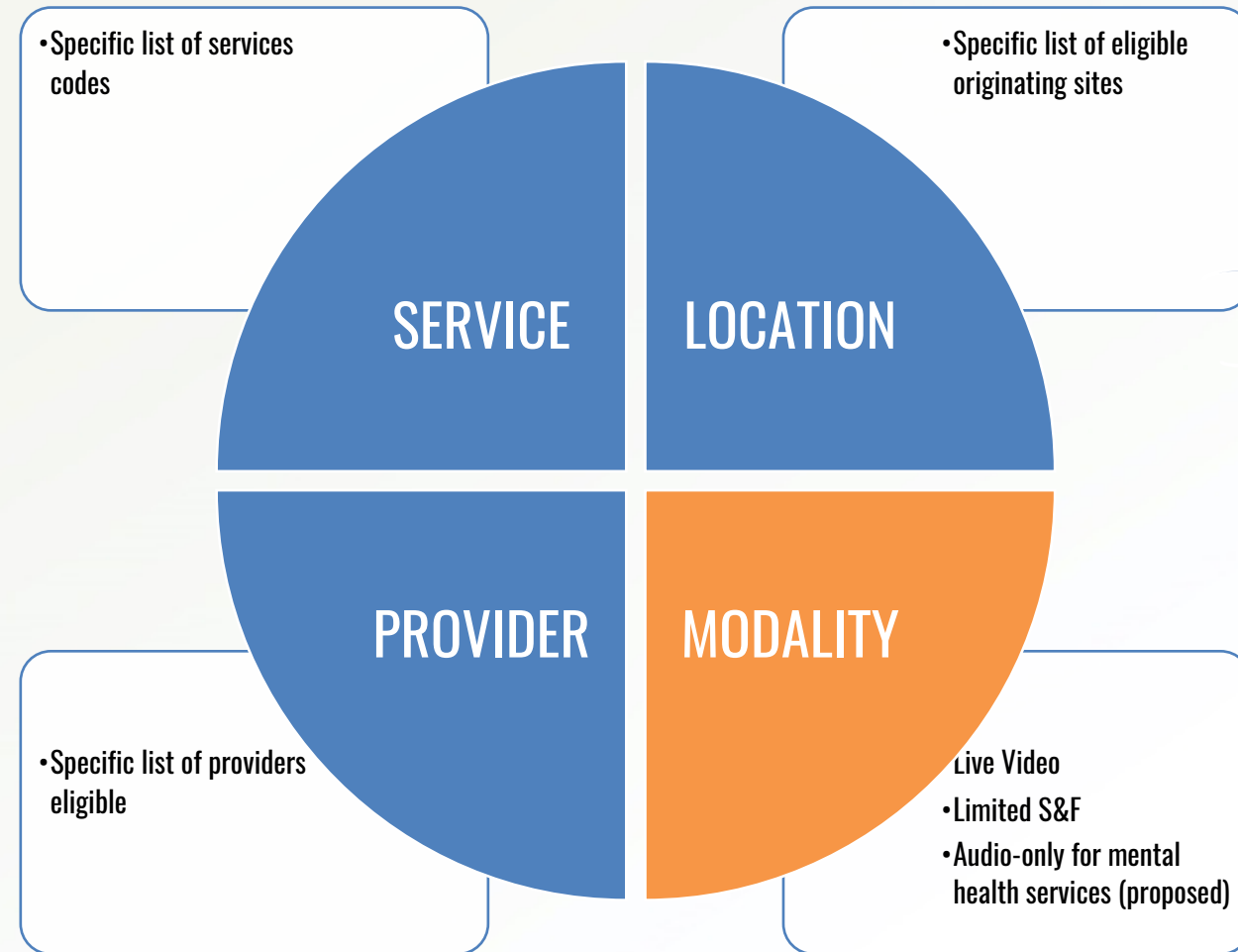
LOCATION

- **Patient needs to be located in specific site, geographically and building**
 - Geographically – Needs to be in a rural area (specific definition)
 - Building – Specific list of types of buildings (doctor's office, hospital, clinic, etc.)
 - BOTH conditions need to be met
- **Location requirements are embedded in federal law**
- **Policy is silent on provider location**



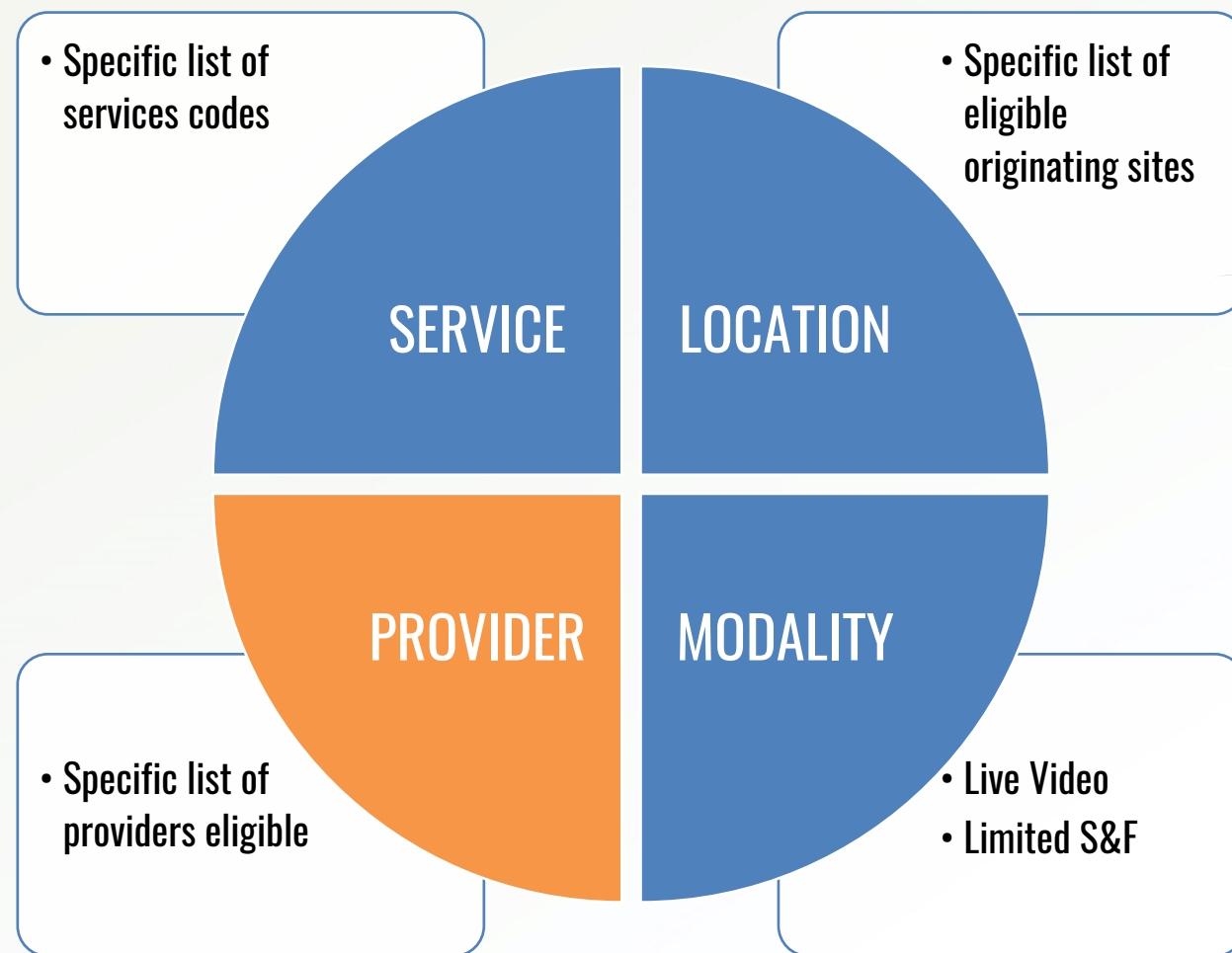
MODALITY

- **Services are furnished by a “telecommunications system”**
 - Specifically mentions that “telecommunications system” for any Federal telemedicine demonstration program in Alaska or Hawaii includes store-and-forward
 - Otherwise “telecommunications system” is not defined in statute
- **Administratively, the word “interactive” was added before “telecommunications system” in federal regulations**
- **Some leeway given to CMS in defining “telecommunications system”**



PROVIDER

- **Specific list of providers in federal law**
 - Physician (as defined in section 1861(r) of the Social Security Act. OR
 - Practitioner (as described in section 1842(b)(18)(C) of the Social Security Act
- **FQHCs, RHCs, PTs, OTs, and other professionals are not included.**
- **But what about that Physician Fee Schedule proposal for 2022?**



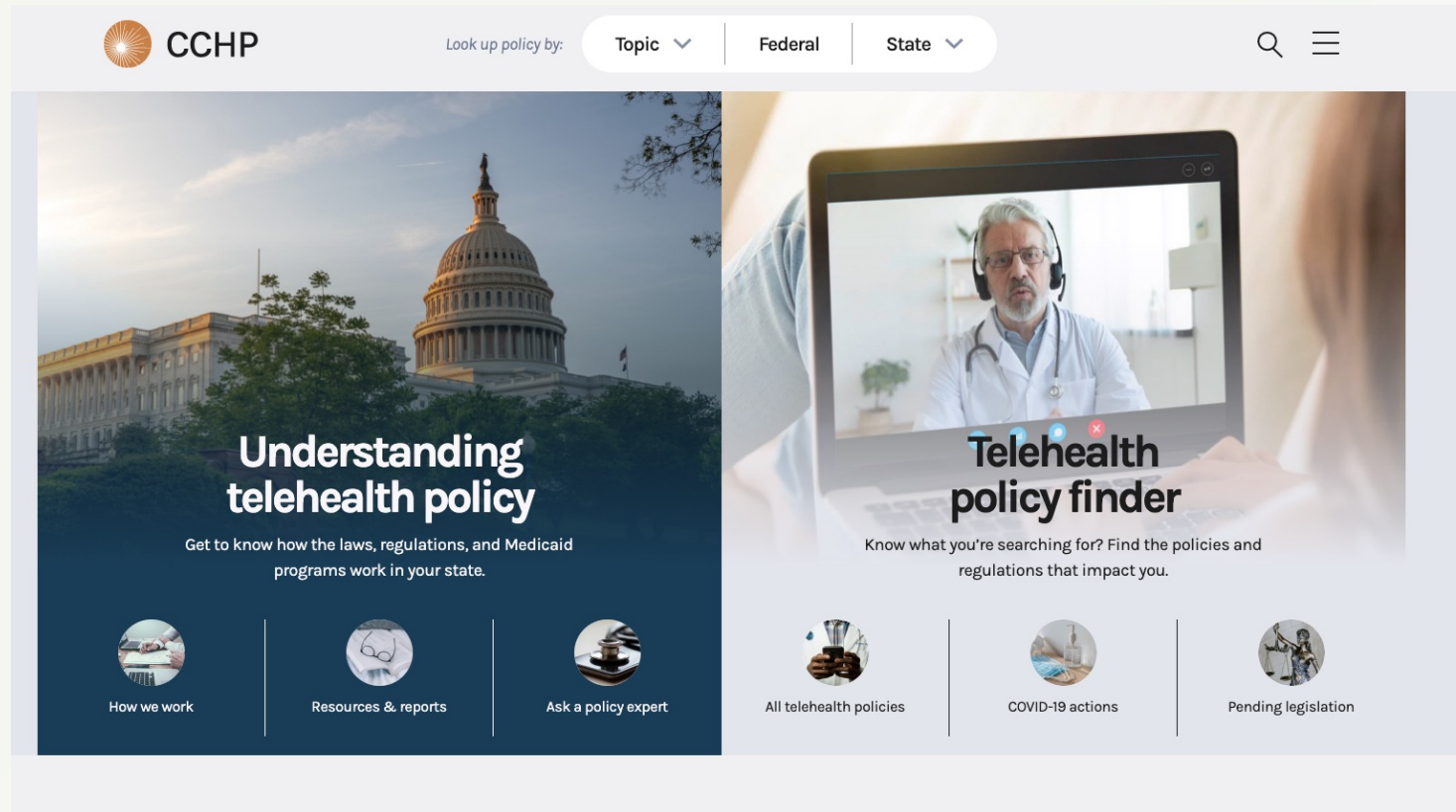
COMMUNICATIONS TECHNOLOGY-BASED SERVICES (CTBS)

- **This category was created by CMS**
 - That means telehealth statutory limitations do not apply
 - CMS may create other limits
- **All modalities are seen in CTBS Services**

Live video, S&F, RPM, audio-only services, eConsult, virtual check-in, all are represented to some extent in the grouping of CTBS Services though they may be labeled other things. For example, CTBS has a cluster of service codes for Chronic Care Management (CCM) which when you read the definition for each service is remote patient monitoring.
- **Not a replacement for in-person services**
 - CTBS have their own fee schedule and codes because they do not replace a currently existing in-person service that is being reimbursed by Medicare. For example, a virtual check-in service is a quick check-in lasting about 5-10 minutes and can be via live video, audio-only or S&F. It has its own billing codes (G2010 or G2012). Reimbursement is roughly \$15, which is the rate CMS set, it's not the rate of a regular office visit because it is not regarded as one.



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Thank You!

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