

## Summary of CY22 Physician Fee Schedule (PFS) Telehealth Changes

11/08/2021

### Medicare Telehealth Services

#### *Additions to Medicare Telehealth Services List*

Telehealth services are divided into three categories when submitted to CMS for consideration within the Fee Schedule, including:

- **Category 1** is for services that are similar to professional consultations, office visits and office psychiatry services that are currently on the Medicare telehealth services list.
- **Category 2** is for services that are not similar to those on the current Medicare telehealth services list.
- **Category 3** was created for adding services to the Medicare telehealth services list on a temporary basis following the end of the Public Health Emergency (PHE) for the COVID-19 pandemic.

CMS added no new services to Categories 1 or 2 for permanent addition to the Medicare telehealth services list.

#### *Extension of Telehealth Service List Under the PHE Timeline*

- All Medicare telehealth listed on a Category 3 basis will be retained until the end of CY2023.
- Additionally, CMS added CPT codes 93797 and 93798 and HCPCS codes G0422 and G0423 to the Category 3 Medicare telehealth services list.

#### *Expansion of Mental-Telehealth Services on a Permanent Basis*

- The home of a beneficiary – including temporary lodging such as hotels and homeless shelters as well as locations a short distance from the beneficiary’s home – is now an originating site for telehealth services for the diagnosis, evaluation, or treatment of mental health disorders and geographic restrictions do not apply to these services. Rural emergency hospitals are also now originating sites.
  - Conditions for payment of services:
    - i. Physician or practitioner must service an in-person Medicare service within six months prior to the initial telehealth service
    - ii. Physician or practitioner must service an in-person Medicare service at least once within 6 months of each subsequent telehealth service
      - With an exception if the risk and burdens outweigh the benefits of the in-person requirement
    - iii. The second condition may be met by another physician or practitioner of the same specialty if needed.
- Rural Health Centers (RHCs) and Federal Qualified Health Centers (FQHCs) are authorized to provide mental health visits using real-time telecommunications technology and be paid for the same and at the same rate as they are for face-to-face interaction.

### *Payment of Audio-Only Communications*

- The definition of an “interactive telecommunications system” has been updated to include interactive, real -time, two-way audio-only technology for telehealth services furnished for the diagnosis, evaluation, or treatment of a mental health disorder.
  - Substance Use Disorder (SUD) services are considered mental health services for the purposes of the amended definition of an “interactive telecommunications system” that includes audio-only services.
  - Conditions for payment of services:
    - The patient is located in their home at the time of service
    - The distant site physician or practitioner has the technical capability at the time of the service to use an interactive telecommunications system that includes video and the patient is not capable of or does not consent to the use of video technology
- RHCs and FQHCs are also eligible to provide mental health telehealth services using audio-only interactions in cases where the beneficiaries are not capable of, or do not consent to, the use of devices that permit a two-way, audio/video interaction.
  - CMS did finalize there must be an in-person mental health service provided at least every 12 months while the beneficiary is receiving services furnished via telecommunications technology for diagnosis evaluation or treatment of mental health disorders.
    - There is an exception to this requirement where the basis for that exception decision should be documented in the patient’s medical record.