



AMERICA'S ESSENTIAL HOSPITALS

Summary of Proposed Changes to Medicare Telehealth Services CY 2015 Physician Fee Schedule (PFS) Proposed Rule

For Medicare to pay for a telehealth service, the service must be on the Medicare list of telehealth services and meet all these coverage requirements:

- The service must be furnished via an interactive telecommunications system.
- The practitioner furnishing the service must meet the telehealth requirements, as well as the usual Medicare requirements.
- The service must be furnished to an eligible telehealth individual.
- The individual receiving the services must be in an eligible originating site, defined as a location either in a rural health professional shortage area as determined by the Health Resources and Services Administration or a county outside of a metropolitan statistical area.

When all of these conditions are met, Medicare pays an originating site fee to the originating site and pays the distant site practitioner a separate fee for furnishing the service.

In the PFS proposed rule, pursuant to several requests in 2013 to add various services as Medicare telehealth services effective for calendar year (CY) 2015, the Centers for Medicare & Medicaid Services (CMS) proposes to add seven Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes it identifies as sufficiently similar to services currently on the telehealth services list (this is known as qualifying on a category 1 basis):

- 90845 (psychoanalysis)
- 90846 (family psychotherapy (without the patient present))
- 90847 (family psychotherapy (conjoint psychotherapy) (with patient present))
- 99354 (prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour)
- 99355 (prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes)
- G0438 (initial annual wellness visit)
- G0439 (subsequent annual wellness visit)

Notably, CMS declined to add these services for the reasons noted:

- **Fundus photography** code 92250, **electrocardiogram** code 93010, **echocardiography** codes 93307 and 93308, and **Doppler echocardiography** codes 93308, 93320, 93321, and 93325 - By definition, the technical component of these services must be furnished in the same location as the patient and, thus, cannot be furnished via telehealth. While the professional component of these services is considered a physician service, it is not necessary to include the professional component on the telehealth list for these services to be covered when furnished remotely.
- **Psychological and neuropsychological testing** codes 96103 and 96120 - These services involve testing by computer, can be furnished remotely without the patient being present, and are currently payable in the same way as other physician services.
- **Various codes not separately payable by Medicare**, even when not furnished remotely (90887, 99090, 99091, 99358, 99359)
- **Psychological testing and neuropsychological testing** codes 96101, 96102, 96118, and 96119 - These services are not similar to services currently on the telehealth list and the requestor did not submit evidence supporting the clinical benefit of furnishing these services remotely (known as qualifying on a category 2 basis).
- **Colposcopy** codes 57452, 57454, and 57460 (same rationale as immediately above)
- **HCPSC code M0064, brief office visit for the sole purposes of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders** - This code is being deleted for CY 2015 because Medicare no longer needs to distinguish services subject to the mental health limitation, which limited payment amounts for certain mental health services, from those not subject to the limitation, which was eliminated January 1, 2014.
- **Unspecified dermatology services related to urgent dermatologic problems and wound care** - The American Telehealth Association (ATA) cited several studies to support adding dermatology services to the telehealth list, but did not identify specific codes. CMS notes that some of the services ATA considered may be billed under the telehealth office visit codes or the telehealth consultation G codes.

CMS also proposes to revise section 410.78(b) by deleting the list of individual services for which Medicare payment can be made when furnished via telehealth because the list has grown lengthy. Instead, section 410.78(f) would be revised to indicate that a list of Medicare telehealth codes and descriptors is available on the CMS website at www.cms.gov/telehealth.

CMS estimates no significant impact on PFS expenditures from the proposed additions to the list of telehealth services.

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