



National Indian Health Board NATIONAL TRIBAL COVID-19 RESPONSE

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Updated 12/10/2020

COVID-19 Telehealth Update: Medicare Physician Fee Schedule 2021

Background

The COVID-19 public health emergency (PHE) has seen an unprecedented expansion in the utilization of telehealth. Before the PHE, telehealth was utilized by only a few thousand during a given week. Between February and April 2020, telehealth went from representing 0.1% of all Medicare primary care visits to 43.5%. This expansion has largely been driven by precautionary measures that have urged beneficiaries to minimize their risk for contracting COVID-19 and avoid coming into a doctor's office. This expansion has been facilitated by the addition of services and modalities that have expanded the availability of telehealth. Many of these expansions were only possible because of the expanded authority granted to the Secretary of Health and Human Services (HHS) under the Public Health Emergency and may require statutory changes in order to become permanent.

The Physician Fee Schedule for Calendar Year (CY) 2021 seeks to state which services will be permanent and which are being kept temporary in order to allow for further study.

Regulatory Process for Adding Services

The final rule reiterates the regulatory process for adding services to the Medicare telehealth services list. During the PHE, many of these processes were waived in order to facilitate the speedy, temporary addition of services to the approved list.

Any submitted request goes into three categories, described below:

- Category One:
 - o Services that are similar to professional consultations, office visits, and office psychiatry services that are currently on the Medicare telehealth services list. When CMS reviews these services, they look for similarities to existing services for the role and interactions among the parties involved (beneficiary and provider).
- Category Two:
 - o Services that are not similar to those on the current Medicare telehealth services list. In order to be approved, it must provide a "demonstrated clinical benefit." When CMS reviews these services, they look to see whether providing a service via telehealth improves the diagnosis and treatment of the ailment that it is meant to address. CMS may ask for corroborating evidence such as peer-reviewed studies or clinical studies. **Improving access to populations without in-person access to providers is a "demonstrated clinical benefit."**
- Category Three:
 - o This category was added in this rule in order to account for the possibility that the PHE may expire before the agency is able to analyze potential new services through the established regulatory process. This



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category includes telehealth provisions that may have clinical benefit for which there isn't enough evidence to approve under Category One or Two. **Telehealth items approved under this category will remain in place through the calendar year in which the PHE for COVID-19 ends.** The agency emphasizes that providers will have these flexibilities at least until December 31, 2021 and will have time to prepare evidence of their clinical benefit.

Category One Additions

The agency will be adding these services to the approved list:

- Group Psychotherapy (CPT code 90853)
- Psychological and Neuropsychological Testing (CPT code 96121)
- Domiciliary, Rest Home, or Custodial Care services, Established patients (CPT codes 99334-99335)
- Home Visits, Established Patient (CPT codes 99347-99348)
- Cognitive Assessment and Care Planning Services (CPT code 99483)
- Visit Complexity Inherent to Certain Office/Outpatient Evaluation and Management (E/M) (HCPCS code G2211)
- Prolonged Services (HCPCS code G2212)

Category Three Additions

The agency will be adding these services to the approved list:

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

Remote Evaluation

The agency clarified that licensed clinical social workers, clinical psychologists, physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists (SLPs) can furnish the brief online assessment and management services as well as virtual check-ins and remote evaluation services.



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Audio Only

The agency is reluctant to pay for telehealth services through audio-only channels. They will be **temporarily** allowing for the continuation of audio-only assessment services in the form of allowing for the billing of an 11-20 minute conversation between patient/provider to determine whether or not an in-person visit is necessary. This is an interim approval for CY 2021. This may be renewed for CY 2022 but it will depend on public comment and CMS's evaluation of its effectiveness.

At the end of the PHE, there will be no separate payment for audio-only E/M codes.

Originating Site – Providers/Patients in the Same Location

The agency clarified that services provided via telecommunications technology when the patient and providers are in the same location are not subject to telehealth rules.

Note on Originating Site

The final rule does note that the patient's home **cannot** ordinarily serve as the originating site for most telehealth services. The exception however is the treatment of Substance Use Disorders (SUD).

Questions?

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