Calendar Year 2024 Medicare Physician Fee Schedule (MPFS) Final Rule

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Agenda

- MPFS Conversion Factor
- Evaluation and Management (E/M) Services Updates
- Telehealth Updates
- Appropriate Use Criteria (AUC) for Advanced Diagnostic Imaging (ADI) Updates
- Addition of Provider/Suppliers: Licensed Mental Health Counselor (LMHC) and Licensed Marriage and Family Therapist (LMFT)
- Dental Services Expanded
- Medicare Diabetes Prevention Program (MDPP)

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MPFS Conversion Factor

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MPFS Conversion Factor

- Set at $32.7476
- Decrease of $1.15 of $33.89
- Includes 1.25% decrease from the Consolidated Appropriations Act of 2023 (CAA)
- Million-dollar question – will there be legislation to halt the decrease?

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E/M Services Updates

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Direct Supervision

- The Centers for Medicare & Medicaid Services (CMS) recognizes abrupt change from virtual supervision to direct supervision may present as a barrier to access many services
- CMS believes physicians and practitioners need time to readjust practice patterns to return to pre-COVID supervision requirements
- Will continue to define “immediate availability” through real-time audio/visual interactive telecommunications through 2024
- Asking for input regarding extending this beyond 2024
  - Potential safety or quality concerns
  - Program integrity concerns regarding overutilization or fraud and abuse

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Teaching Physician Virtual Presence

- Retaining policy through 2024
- Teaching physician may be a virtual presence during a key portion of the virtual service
  - Services furnished in residency training sites located outside a Metropolitan Statistical Area (MSA)
  - Telehealth service provided to patient must be audio/visual and excludes audio-only technology
  - Documentation must support the teaching physician's presence
  - May be a 3-way virtual visit where physician, resident and patient are remote
- Does not include surgical, high risk, interventional, endoscopic or other complex procedures
  - Anesthesiology falls within this group

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Physical Therapist/Occupational Therapist in Private Practice (PTPP, OTPP) Supervision

- Remote Therapeutic Monitoring (RTM) services supervision of assistants (PTAs, OTAs) changed to general rather than direct supervision
- Non-enrolled PTPPs or OTPPs continues to be direct supervision
- KX Modifier Thresholds – therapy caps
  - $2330 for PT and Speech-language pathology (SLP)
  - $2330 for OT

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Pulmonary, Cardiac & Intensive Cardiac Rehab Supervision

- Non-physician practitioner (NPP) as a supervising provider
  - Physician Assistant (PA)
  - Nurse Practitioner (NP)
  - Clinical Nurse Specialist (CNS)
- All settings must have physician or NPP immediately available and accessible for medical consultations and emergencies at all times when items and services are being furnished under the programs

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Current Procedural Terminology (CPT®) 99459

- 99459 Pelvic examination (List separately in addition to code for primary procedure)
- Does not replace codes for Medicare Preventive Services
  - Healthcare Common Procedure Coding System (HCPCS) code G0101 Cervical or vaginal cancer screening; pelvic and clinical breast examination
  - Q0091 Screening papanicolaou smear; obtaining, preparing, and conveyance of cervical or vaginal smear to laboratory
  - Deductible and coinsurance waived

"I had to co-pay for the bagel."

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Remote Monitoring Services

- Remote Physiologic Monitoring (RPM) 99453-99458
- Remote Therapeutic Monitoring (RTM) 98975-98981
- New versus established patient requirement waived during public health emergency (PHE)
  - Now reinstated
  - Patients who received initial remote monitoring services considered established patients
- Data collection now must meet the 16-day requirement
- Services associated with medical devices may be reported
  - By one practitioner
  - Once per patient
  - Per 30-day period when 16 days or more reported
  - Watch for bundling with other care management services

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Telephone E/M Services

- Will continue separate reimbursement through 2024
- CPT® 99441-99443 for physician or other qualified healthcare professional (QHP)
- CPT® 98966-98968 are assessment and management for qualified non-physician healthcare professionals
- No indication for 2025 reimbursement

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Split or Shared Visit

- Time
  - Visit reported by the one who spent the majority of time performing the service
  - Include face-to-face time
  - Include non-face-to-face time
- Medical Decision Making (MDM)
  - The one who made or approved the management plan for the number and complexity of problems addressed at the encounter

  and

  - Takes responsibility for that plan and the inherent risk of complications and/or morbidity or mortality of patient management
- Critical care does not use MDM, so substantive portion is based on time (CMS)

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Split or Shared Visits

Physician(s) and other qualified health care professional(s) (QHP[s]) may act as a team in providing care for the patient, working together during a single E/M service. The split or shared visits guidelines are applied to determine which professional may report the service. If the physician or other QHP performs a substantive portion of the encounter, the physician or other QHP may report the service. If code selection is based on total time on the date of the encounter, the service is reported by the professional who spent the majority of the face-to-face or non-face-to-face time performing the service. For the purpose of reporting E/M services within the context of team-based care, performance of a substantive part of the MDM requires that the physician(s) or other QHP(s) made or approved the management plan for the **number and complexity of problems addressed at the encounter** and takes responsibility for that plan with its inherent **risk of complications and/or morbidity or mortality of patient management**.

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Split or Shared Visits, continued

By doing so, a physician or other QHP has performed two of the three elements used in the selection of the code level based on MDM. **If the amount and/or complexity of data to be reviewed and analyzed** is used by the physician or other QHP to determine the reported code level, assessing an independent historian's narrative and the ordering or review of tests or documents do not have to be personally performed by the physician or other QHP, because the relevant items would be considered in formulating the management plan. Independent interpretation of tests and discussion of management plan or test interpretation must be personally performed by the physician or other QHP if these are used to determine the reported code level by the physician or other QHP.

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Caregiver Training Services

- CPT® Codes 97550-97552 new for 2024
- Expanding services, providing definitions
- Caregivers are broadly defined as family members, friends or neighbors who provide unpaid assistance to a person with a chronic illness or disabling condition

AND

- Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act definition
  - an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation

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Conditions and Possible Training Topics

- Stroke
- Traumatic Brain Injury (TBI)
- Various forms of dementia
- Autism spectrum disorders
- Individuals with other intellectual or cognitive disabilities
- Physical mobility limitations or necessary use of assisted devices or mobility aids
- Not an exhaustive list

- Assistance with challenging behaviors
- Help with safe transfers in the home to avoid post-operative complications
- Assistance with medication management
- Assistance with feeding or swallowing

Must not duplicate payments made on behalf of the patient under another Medicare benefit category or Federal program

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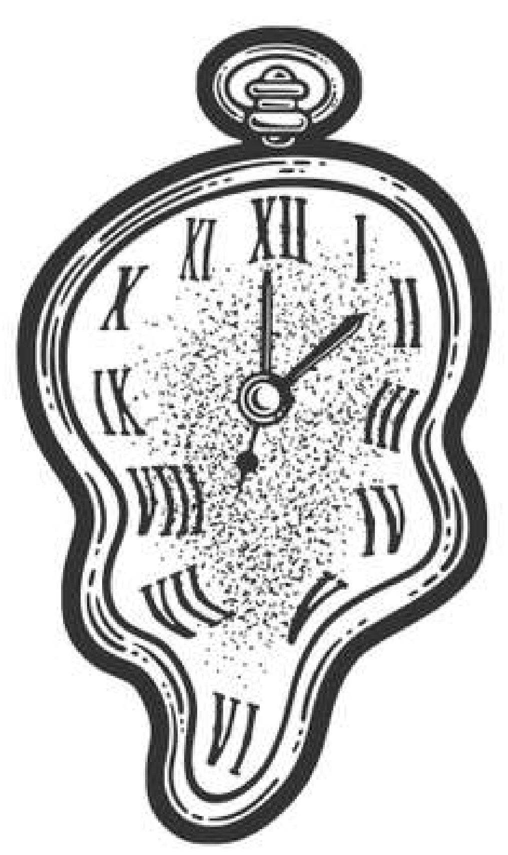
Services Addressing Health-Related Social Needs



- Social workers, community health workers, other auxiliary personnel may be currently performing
  - Services not reflected in current coding & payment policies
- Community Health Integration Services (CHIS)
- Social Determinants of Health (SDOH) Risk Assessment
- Principal Illness Navigation (PIN) Services
- Each minute counts once, so don't count time for two separate services

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Community Health Integration Services (CHIS)

- Two new G codes may be performed by certified or trained auxiliary personnel
  - Incident to professional services and under general supervision of the billing practitioner
- Initiating E/M visit (CHI initiating visit) where practitioner identifies SDOH need(s) significantly limiting ability to diagnose or treat the problem(s) addressed at the visit
- CHI Initiating visits
  - E/M other than low-level E/M (those performed by clinical staff)
  - Be performed by the billing practitioner who would be furnishing the CHI services and continuing care
  - Transitional Care Management (TCM)
  - Annual Wellness Visit (AWV) when performed by the billing practitioner

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CHIS, cont.

- G0019 Community health integration services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner; 60 minutes per calendar month, in the following activities to address social determinants of health (SDOH) need(s) that are significantly limiting the ability to diagnose or treat problem(s) addressed in an initiating visit:
  - Person-centered assessment, performed to better understand the individualized context of the intersection between the SDOH need(s) and the problem(s) addressed in the initiating visit.
    - ++ conducting a person-centered assessment to understand patient's life story, strengths, needs, goals, preferences and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed).
    - ++ facilitating patient-driven goal-setting and establishing an action plan.
    - ++ providing tailored support to the patient as needed to accomplish the practitioner's treatment plan.

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G0019, cont.

- Practitioner, home-, and community-based care coordination.
  - ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; and from home- and community-based service providers, social service providers, and caregiver (if applicable).
  - ++ communication with practitioners, home- and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors.
  - ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities, or other health care facilities.
  - ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) to address the social determinants of health need(s).

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G0019, cont.

- Health education – Helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, and preferences in the context of the SDOH need(s) and educating the patient on how to best participate in medical decision-making.
- Building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services addressing the SDOH need(s), in ways that are more likely to promote personalized and effective diagnosis or treatment.
- Healthcare access/health system navigation.
    - ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care and helping secure appointments with them.

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G0019 and Add-on Code (AOC)

- Facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals.
- Facilitating and providing social and emotional support to help the patient cope with the problem(s) addressed in the initiating visit, the SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals.
- Leveraging lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals
- G0022 Community health integration services, each additional 30 minutes per calendar month (list separately in addition to G0019)
- No group code because services should be tailored to the patient's specific needs

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CHIS Providers

- Default to State scope of Practice
- Did not establish a number of training hours
- If no law, then must be trained to provide the services
- Competencies to include

- Patient & family communication
- Interpersonal & relationship-building skills
- Patient & family capacity-building
- Service coordination and system navigation
- Patient advocacy
- Facilitation
- Individual and community assessment
- Professionalism and ethical conduct
- Development of an appropriate knowledge base, including community resources

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CHIS, cont.

- CHIS personnel may be contracted providers
  - Must be sufficient clinical integration between third party and billing provider
  - Connection between patient, auxiliary personnel and billing provider
- Must have consent for CHIS services
  - Must be documented in the medical record
  - May be verbal or in writing
  - May be obtained by auxiliary personnel
  - Only needs to be obtained once unless there’s a change in billing practitioner
- Consent process should include explaining that cost sharing applies and only one practitioner may furnish and bill services in a given month

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SDOH Risk Assessment

- G0136 Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5-15 minutes
- Part of a comprehensive social history when medically reasonable and necessary in relation to E/M visit
  - Annual Well Visit (AWV)
  - Transitional Care Management (TCM)
  - Hospital discharge
- May be performed in conjunction with a behavioral health visit
- Assessment not a screening
  - Should not be part of the pre-check-in process
  - Tied to known or suspected SDOH needs that may interfere with treatment
- Added to telehealth services list

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Required Elements of Risk Assessment

- Standardized, evidence-based tool that has been tested and validated
  - Food insecurity
  - Housing insecurity
  - Transportation needs
  - Utility difficulties
  - May include additional domains based on community
- Possible tools
  - CMS Accountable Health Communities (AHC) tool
  - Protocol for Responding to & Assessing Patients' Assets, Risks & Experiences (PRAPARE) tool
  - Instruments identified for Medicare Advantage Special Needs Population Health Risk Assessment
- Limit to once every six months

ICD-10-CM Codes
Z55-Z65
Recommended, not required

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Principal Illness Navigation (PIN) Services

- Certified or trained auxiliary personnel under the direction of a billing practitioner
  - Patient Navigator
  - Certified Peer Specialist
- Part of the treatment plan for
  - A serious, high-risk disease
  - Expected to last at least 3 months
  - Patient at significant risk of hospitalization or nursing home placement
  - Risk of acute exacerbation/decompensation, functional decline or death
- Condition requires development, monitoring, or revision of a disease-specific care plan
  - Frequent adjustment in medication or treatment regimen
  - Substantial assistance from caregiver

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PIN, cont.

- Physician or QHP managing condition
- Possible high-risk diseases include
  - Cancer
  - Chronic obstructive pulmonary disease (COPD)
  - Congestive heart failure (CHF)
  - Dementia
  - HIV/AIDS
  - Severe mental illness
  - Substance use disorder (SUD)
  - Dependent upon clinical judgement
- Social determinant of health needs are not required but may be applicable

Not an exhaustive list

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PIN, cont.

- G0023 – Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities:
- Person-centered assessment, performed to better understand the individual context of the serious, high-risk condition.
  - ++ conducting a person-centered assessment to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors and including unmet SDOH needs (that are not separately billed).
  - ++ facilitating patient-driven goal setting and establishing an action plan.
  - ++ providing tailored support as needed to accomplish the practitioner's treatment plan.

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G0023, cont.

- Identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services.
- Practitioner, home, and community-based care coordination.
  - ++ coordinating receipt of needed services from healthcare practitioners, providers, and facilities; home- and community-based service providers; and caregiver (if applicable).
  - ++ communication with practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, functional deficits, goals, preferences, and desired outcomes, including cultural and linguistic factors.
  - ++ coordination of care transitions between and among health care practitioners and settings, including transitions involving referral to other clinicians; follow-up after an emergency department visit; or follow-up after discharges from hospitals, skilled nursing facilities or other health care facilities.

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G0023, cont.

- ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, likely to promote personalized and effective treatment of their condition.
- Health care access / health system navigation.
  - ++ helping the patient access healthcare, including identifying appropriate practitioners or providers for clinical care, and helping secure appointments with them.
  - ++ providing the patient with information/resources to consider participation in clinical trials or clinical research as applicable. facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals.
- Facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals.
- Leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals

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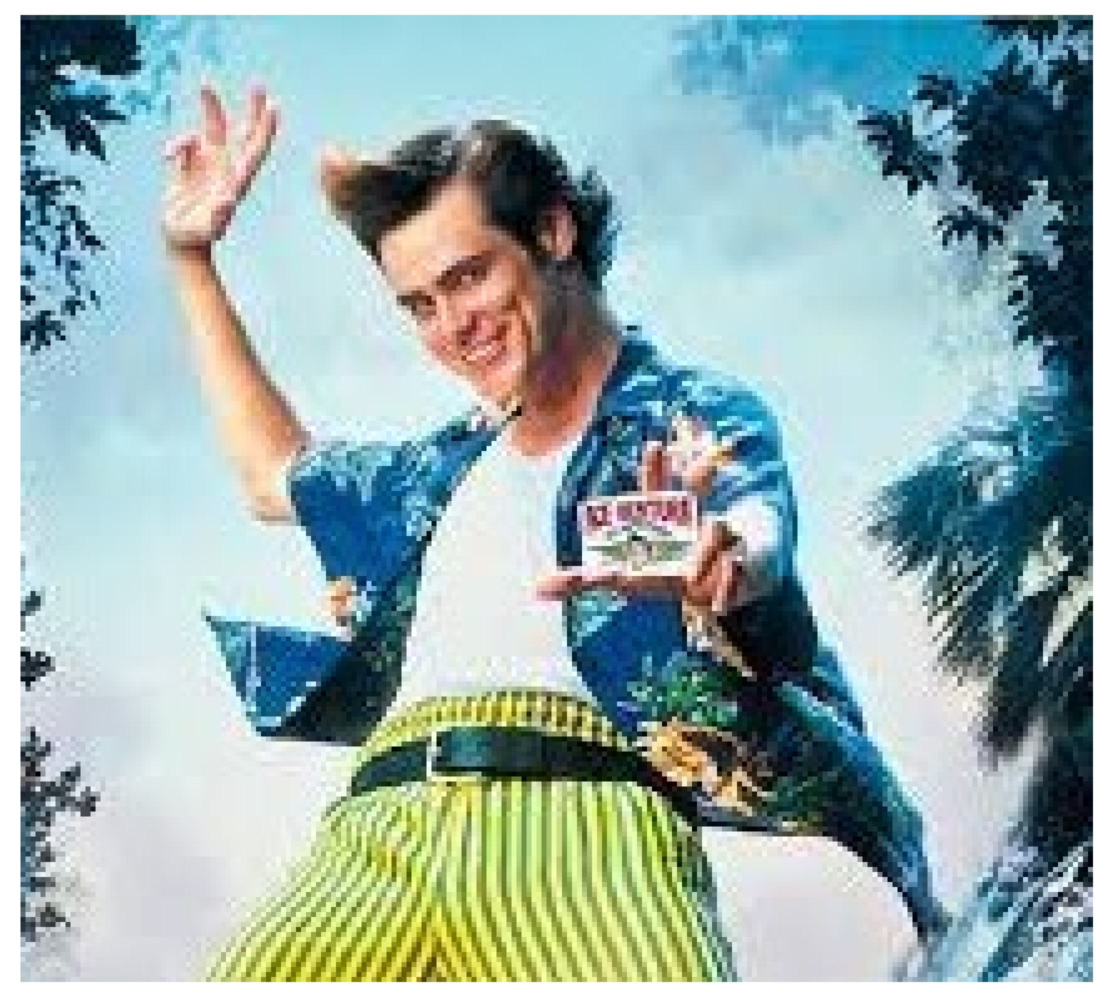
PIN, cont.

- G0024 – Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)
- Peer support has separate HCPCS codes for reporting
- G0146 – Principal illness navigation - peer support, additional 30 minutes per calendar month (list separately in addition to G0140)



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PIN, cont.

- G0140 – Principal illness navigation - peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; 60 minutes per calendar month, in the following activities:
- Person-centered interview, performed to better understand the individual context of the serious, high-risk condition.
  - ++ conducting a person-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including understanding cultural and linguistic factors, and including unmet SDOH needs (that are not billed separately).
  - ++ facilitating patient-driven goal setting and establishing an action plan.
  - ++ providing tailored support as needed to accomplish the person-centered goals in the practitioner's treatment plan.
  - Identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services.

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G0140, cont.

- Practitioner, home, and community-based care communication.
  - ++ assist the patient in communicating with their practitioners, home-, and community-based service providers, hospitals, and skilled nursing facilities (or other health care facilities) regarding the patient's psychosocial strengths and needs, goals, preferences, and desired outcomes, including cultural and linguistic factors.
  - ++ facilitating access to community-based social services (e.g., housing, utilities, transportation, food assistance) as needed to address SDOH need(s).
- Health education. helping the patient contextualize health education provided by the patient's treatment team with the patient's individual needs, goals, preferences, and SDOH need(s), and educating the patient (and caregiver if applicable) on how to best participate in medical decision-making.

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G0140, cont.

- Building patient self-advocacy skills, so that the patient can interact with members of the health care team and related community-based services (as needed), in ways that are more likely to promote personalized and effective treatment of their condition.
- Developing and proposing strategies to help meet person-centered treatment goals and supporting the patient in using chosen strategies to reach person-centered treatment goals.
- Facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet person-centered diagnosis and treatment goals.
- Leverage knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals

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PIN, cont.

- PIN auxiliary personnel must be certified or trained to provide all the elements
- Must be authorized to provide them under State law
- Sample certifications include navigators
  - Cancer, diabetes, mental health, geriatric, pediatric, nurse
- Peer support (PIN-PS) training and certification required at the State level
  - Currently in 48 states and 49th in process
  - Considered sufficient for Medicaid reimbursement
  - CMS will not require any additional training in addition to the State requirements
  - No requirements, then training consistent with Substance Abuse and Mental Health Services Administration (SAMHSA)
    - National Model Standards for Peer Support Certification

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Office/Outpatient (O/O) E/M Visit Complexity

- Time, intensity, and practice expense (PE) resources involved
- To assist with the longitudinal care of complex patients
- G2211 – Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established)
- Specialties that rely on E/M visits
- Should not be reported with visit billed with a payment modifier
  - 25 Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service

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O/O E/M Complexity, cont.

- The code applies to a serious condition rather than any single condition
- Expect G2211 would be reported 38% of the time for certain specialties
  - Roughly 54% of O/O E/M visits
- Would not be reported whose relationship is discrete, routine or time-limited in nature
  - Mole removal or referral to a provider for mole removal
  - Treatment of a simple virus
  - Counseling related to seasonal allergies
  - Comorbidities are not present or not addressed
  - Billing practitioner has not taken responsibility for ongoing medical care
- Ongoing medical care with consistency and continuity over time

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O/O E/M Complexity, cont.

- Intended use
  - Medical care services that service as the continuing focal point for all needed health services
  - Related to a patient’s single, serious or complex condition
  - Better account for inherent complexity that are otherwise lacking
- Focus on the relationship or relationship-building between practitioner and patient
- Sinus congestion - patient and primary care provider (PCP)
  - Conservative treatment or antibiotics?
  - What would lead to the best health outcome while building the relationship?
- HIV infection – patient and infectious disease practitioner
  - Patient admits there have been several missed doses of HIV medication
  - Communicate importance of not missing doses and provide safety in patient’s information sharing

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Drugs and Biological or Biosimilars

- New biosimilars furnished on/after July 1, 2024 with insufficient Average Sales Price (ASP) data unavailable, the lesser of
  - 103% of the Wholesale Acquisition Cost (WAC) of the biosimilar or the Medicare Part B drug payment methodology OR
  - 106% of the lesser of the WAC or ASP of the reference biological or 106% of the maximum fair price of the reference biological
  - May mean a reduction in reimbursement but only before ASP data available
- Section 11403 of the Inflation Reduction Act of 2022 (IRA) temporarily increases payment for biosimilars calculated with ASP data
  - ASP plus 8% of the reference biological
  - October 1, 2022 through December 31, 2027

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Drug and Biological Drug Payment Policies

- Self-administered drug (SAD) policy
  - Inconsistent across MACs
  - RFI comments addressed critical issues
    - Appeals, U.S. Food & Drug (FDA) labeling
    - Patients under caregiver's care, patients unable to self-administer
- Non-chemotherapeutic complex drug administration inadequate to cover resources
  - Issues with which drugs are considered complex and may use chemotherapy administration codes 96401-96549
  - Reimbursement rates and billing considerations provided by MACs inconsistent, inadequate and in conflict with CMS billing policies
- Separately payable drug in single-dose container furnished by a supplier who is not administering the drug must use modifier JZ Zero drug amount discarded/not administered to any patient

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Telehealth

- Professional guidance is different from facility guidance
- HCPCS Q3014 Telehealth originating site facility fee $29.96

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Consolidated Appropriations Act, 2023 (CAA)

- Extended telehealth flexibilities through 2024
  - Patient’s home may be an originating site
  - Removed the geographic restriction
- Delay the in-person requirements for mental health visits until 2025
- Address for practitioners providing telehealth services from their home
  - Continue to use currently enrolled practice location
  - Requesting further information to better understand practitioner’s home address as an enrolled practice location
- Adding MFTs and MHCs as eligible telehealth practitioners

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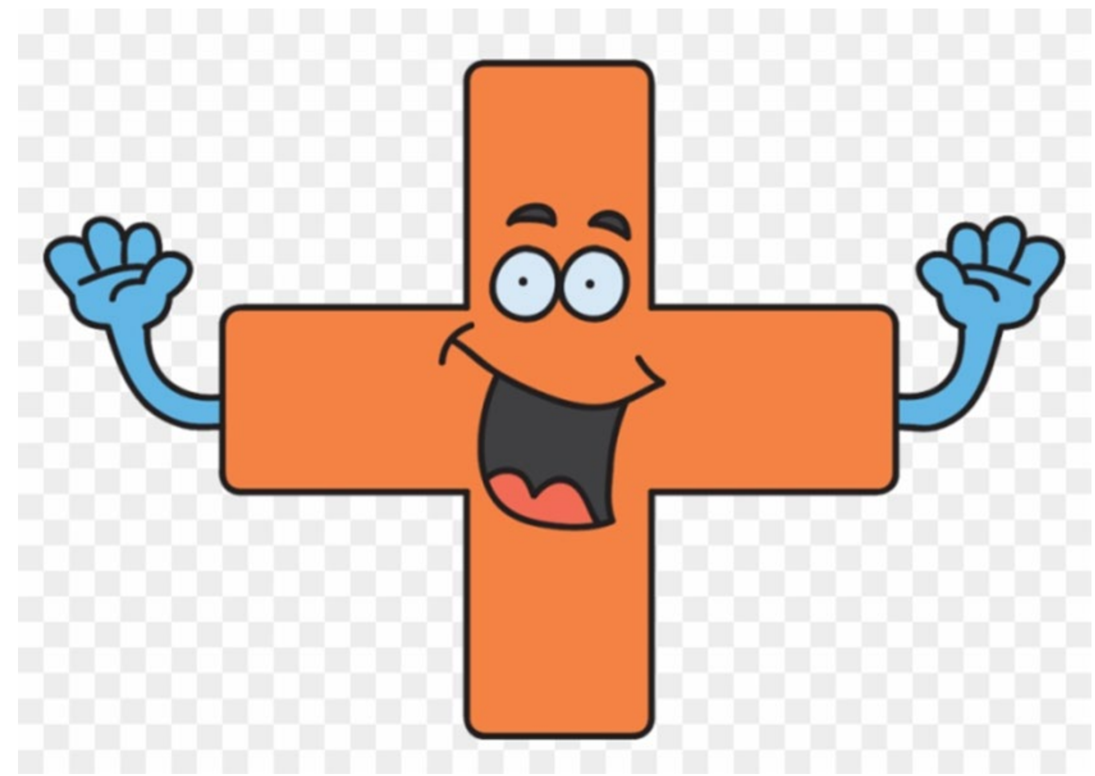
Telehealth Categories – Through 2023

- Category I: Services that are similar to professional consultations, office visits and office psychiatry services
  - Look for similarities in the telecommunications systems used
  - Interaction between the beneficiary and provider at the distant site
- Category II: Services that are not similar to those in Category I
  - Does the use of a telecommunications system to provide the service produce a demonstrated clinical benefit to the patient
- Category III: Established during COVID-19 public health emergency (PHE). Temporarily added to the list
  - There is likely a benefit when furnished via telehealth, but not yet sufficient evidence to consider for permanent addition



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Telehealth Categories – Effective 2024

- Removing Category designation
- Intended to simplify CMS decisions
- Services listed as permanent or provisional
- Provisional services lack evidence supporting clinical benefit, but received public comment expressing support for possible clinical benefit

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Approval Process for 2025

- Step 1 – Is the service payable under the MPFS?
- Step 2 – Is the service subject to provisions in the Social Security Act for payment for telehealth services?
  - Is this an inherently face-to-face encounter?
- Step 3 – Review the elements described in the code and determine whether each item is capable of being furnished via telehealth
- Step 4 – Is the service similar to a service permanently on the telehealth list?
- Step 5 – Is there evidence of clinical benefit comparable to in-person visit?

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Table 11 CY 2024 Medicare Telehealth Services

Code	Short Description	Audio-Only?	Category
0362T	Bhv id suprt assmt ea 15 min		provisional
93797	Cardiac rehab		provisional
98966	Hc pro phone call 5-10 min	Yes	provisional
G0316	Prolonged hospital inpatient or observation care		permanent
G2211	Complex E/M visit add on	Yes	permanent

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Telehealth Place of Service (POS)

- POS 02 Telehealth Provided Other than in Patient’s Home paid at the facility rate
- POS 10 Telehealth Provided in Patient’s Home paid at non-facility rate
- Clinicians for certain therapy services
  - Clinician in the facility and patient at home, use the hospital POS code and modifier
    - 95 Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System

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Therapy Services – Private Practice

- Remain on the list through 2024
- Physical Therapists (PTs), Occupational Therapists (OTs), Speech-Language Pathologists (SLPs) not permanently added as eligible telehealth practitioners
- CMS does not have the authority to include PTs, Ots, SLPs as telehealth practitioners
- Insufficient information to determine whether all of the necessary elements of the services may be furnished remotely

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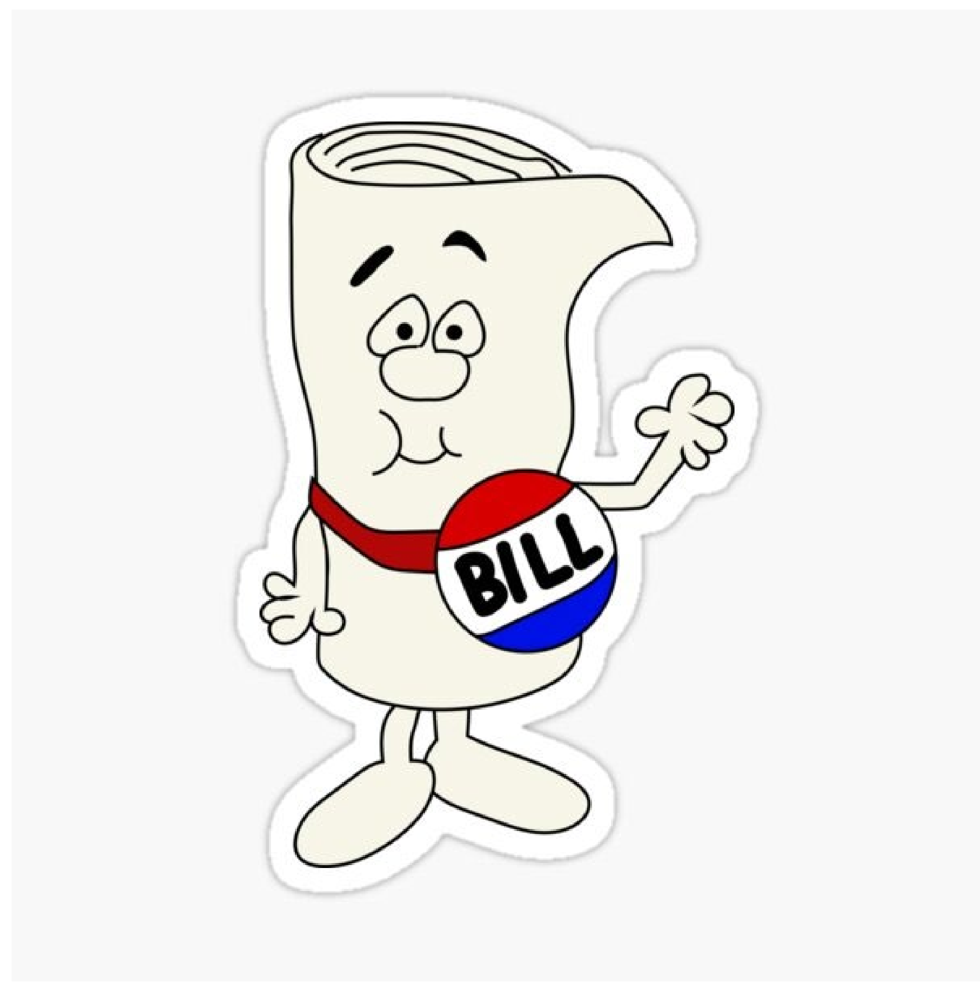
Telehealth Site of Service



- January 1, 2025, patient's home allowable for
  - Diagnosis, evaluation or treatment of a mental health disorder
  - Substance use disorder (SUD) for purposes of treatment of the SUD or co-occurring mental health disorder
  - Monthly End Stage Renal Disease (ESRD) clinical assessments furnished to patients receiving home dialysis
- Congress would have to change laws

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AUC for ADI

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AUC for ADI

- Proposed pausing efforts to implement the AUC program for reevaluation
- Proposed rescinding the current AUC program regulations
- No timeframe for implementation
- Not qualifying any additional Provider Led Entities (PLEs) or Clinical Decision Support Mechanisms (CDSMs)
- Did not delete the HCPCS codes or modifiers used for reporting

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AUC for ADI

- CMS believes the real-time claims-based reporting requirement is an insurmountable barrier to fully operationalize the program
- CMS system unable to distinguish those subject to AUC and those not subject to AUC
- Will use rule making process if a workable process is identified
- No longer need to report
- Can continue to use the clinical decision support tools

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Addition of LMHC and LMFT

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Licensure

- Outpatient services only
  - Different regulations for inpatient hospital services
- Follows State Scope of Practice regulations for licensure or certification
  - In-person and telehealth
  - Differing terminology in various states doesn't matter – just meet the requirements
  - Addiction counselors may also qualify
  - Alcohol and drug counselors may also qualify

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Licensure

- MFTs and MHCs are types of non-physician practitioners who may enroll in Medicare and bill independently for their services to diagnose and treat mental illnesses
  - Reimbursement either 80% of charges or 75% of the clinical psychologist (CP) rate
  - Must reassign Medicare benefits (payments)
- Rural Health Centers (RHCs) and Federally Qualified Health Centers (FQHCs) eligible for separate payment
- Watch for state-specific requirements for dual-eligible patients

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Requirements

- Possesses a master's or doctorate degree which qualifies for licensure or certification as a MHC, clinical professional counselor, or professional counselor under State law of the State in which such individual furnishes MHC service
  - Includes MFT
- Is licensed or certified as an MHC, clinical professional counselor, or professional counselor by the State in which they furnish services
- Has performed at least 2 years of clinical supervised experience in marriage and family therapy or mental health counseling after obtaining the degree referenced above
- Meets other requirements as the Secretary of HHS determines appropriate

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G0323 - Caution

- G0323 – Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, **mental health counselor, or marriage and family therapist** time, per calendar month. (these services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)
- Update was in the November 21, 2023, HCPCS file release
- RHC/FQHC may report G0511

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G0323 – Revised Description 01/01/2024

- G0323 – Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist, clinical social worker, mental health counselor, or marriage and family therapist time, per calendar month.
  - (These services include the following required elements: Initial assessment or follow-up monitoring, including the use of applicable validated rating scales;
  - behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes;
  - facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation;
  - and continuity of care with a designated member of the care team.)

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Services

- Psychotherapy services
- Behavioral Health Integration
- Health and Behavior Assessment and Intervention (HBAI) (CPT® codes 96156-96168)
  - Address psychological, behavioral, emotional, cognitive and interpersonal factors in the treatment or management of people diagnosed with physical health issues
  - Help patients manage mental health symptoms associated with a physical health condition
- May order diagnostic tests authorized by State law
- Services excluded from skilled nursing facility (SNF) Consolidated Billing (CB) rates

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Mobile Crisis Services

- Non-facility place of service and not in the office setting
- G0017 – Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); first 60 minutes
- G0018 – Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)

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Dental Services

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Dental Services Expanded

- CY 2024 expanding coverage to include
  - Chemotherapy when used in the treatment of cancer
  - CAR T-Cell therapy when used in the treatment of cancer
  - Administration of high-dose bone-modifying agents (antiresorptive therapy) when used in the treatment of cancer
- Does cover diagnostic and treatment services to eliminate an oral or dental infection
- Does not include care, treatment, filling, removal or replacement of teeth or structures directly supporting the teeth
  - Dental implants, crown, dentures
- Medicare Administrative Contractors (MACs) may review on a case-by-case basis and cover other conditions not discussed

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Clarification for Head/Neck Cancer

- Allow for payment under Part A and B for
  - Dental or oral examination prior to the initiation of or during Medicare-covered treatments for head and neck cancer
  - Diagnostic and treatment services to eliminate an oral or dental infection
- Head and neck could include mucosal surfaces of the oral cavity, pharynx and larynx
- May be provided before or during single modality radiation therapy
- Treatment may include services required following direct treatment for head and neck cancer
  - Will cover dental services for oral mucositis and xerostomia (dry mouth)

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Continue to Monitor

- Dental services integral to
  - Covered cardiac interventions such as intracardiac or intravascular graft or stent
  - Sickle Cell Disease (SCD) and Hemophilia
- Provide medical evidence linking certain dental services with other covered services
  - Relevant peer-reviewed medical literature and research/studies
  - Evidence of clinical guidelines or generally accepted standards of care for the clinical scenario
  - Other supporting documentation to justify inclusion of the clinical scenario
- Request for additional clinical conditions not approved as information provided by commenters did not establish an inextricable link

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Administrative Considerations

- CY 2023 Final Rule – needs to be an exchange of information, or integration, between the medical professional about the primary medical service and the dentist
  - No exchange, then there's no inextricable link between dental and covered medical service
- How to identify the exchange of information has taken place?
  - Suggested use of codes
    - D9311 Consultation with a medical health care professional
    - 99452 Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes
    - Modifier KX Requirements specified in the medical policy have been met
- Submit recommendations to MedicarePhysicianFeeSchedule@cms.hhs.gov
  - Subject line: dental recommendations for CY 2025 review

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MDPP Services

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MDPP Flexibilities Retained

- Alternative to in-person weight measurement
  - Via digital technology, scales transmit weights securely via wireless or cellular technology
  - Via self-reported weight measurements from at-home scale during live video session
- Eliminate maximum number of virtual services but must have live interaction
  - Suppliers must also do in-person services

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Why the Change?

- Found that the current level of services was not adequate
  - Months 1-6: 16 core sessions one week apart
  - Months 7-12: two 3-month core maintenance
- Expanding to allow up to 22 sessions
  - Months 1-6: 16 core sessions
  - Months 7-12: up to 6 sessions
- No change to weight loss requirements

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MDPP Reporting of Services

- New codes in final rule but not in original HCPCS file
  - Update file published November 21, 2023
- G9886 – Behavioral counseling for diabetes prevention, in-person, group, 60 minutes
- G9887 – Behavioral counseling for diabetes prevention, distance learning, group, 60 minutes
- G9888 – Maintenance 5 percent WL from baseline in months 7-12
- G9880 – 5 percent WL Achieved from baseline weight
- G9881 – 9 percent WL Achieved from baseline weight
- G9890 – Bridge Payment
- MDPP services do not qualify as telehealth services, but services may be offered in an online format

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Questions?

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References

- CY 2024 MPFS Final Rule
- https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notices/cms-1784-f
- CMS Caregiver Partners
- https://www.cms.gov/training-education/partner-outreach-resources/partner-with-cms/caregiver-partners#:~:text=Caregivers%20are%20broadly%20defined
- CPT® Cancer Moonshot microsite
- https://www.ama-assn.org/practice-management/cpt/reporting-cpt-codes-oncology-navigation-services-cancer-moonshot
- MFT and MHC Frequently Asked Questions (FAQ)
- https://www.cms.gov/files/document/marriage-and-family-therapists-and-mental-health-counselors-faq-09052023.pdf

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SDOH Risk Assessment References

- Healthy People 2030
- https://health.gov/healthypeople/tools-action/browse-evidence-based-resources/types-evidence-based-resources
- The Accountable Health Communities Health-Related Social Needs Screening Tool
- https://www.cms.gov/priorities/innovation/files/worksheets/ahcm-screeningtool.pdf
- PRAPARE
- https://prapare.org/

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