



Telehealth Update 2024

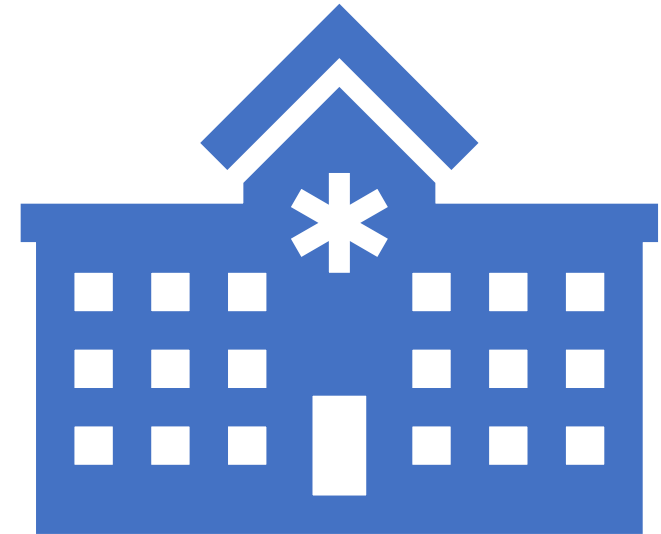
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- No financial disclosures
- Opinions are my own and do not reflect the position of my employers
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- Any mention of specific companies or brands does not represent endorsement of or relationship to such






Outline

1. Current state of telehealth
2. Telehealth Timeline
 - What you should be doing NOW.
 - DEA Prescribing Examples
3. Updates:
 - Possible CMS changes
 - Payment changes
 - NEW Coding
 - Liability/licensure



Objectives

- Understand **current timeline for telehealth change** in 2024 and what might happen in 2025
 - Use the **knowledge gained to formulate plan for telehealth** in your practice going forward
 - Understand how to **access telehealth resources** for assistance with important changes needed to sustain telehealth programs
- 



What's the Big Picture?

Nancy A. Lohuis, M.D., FAAFP, CAMC Ambulatory Informatics

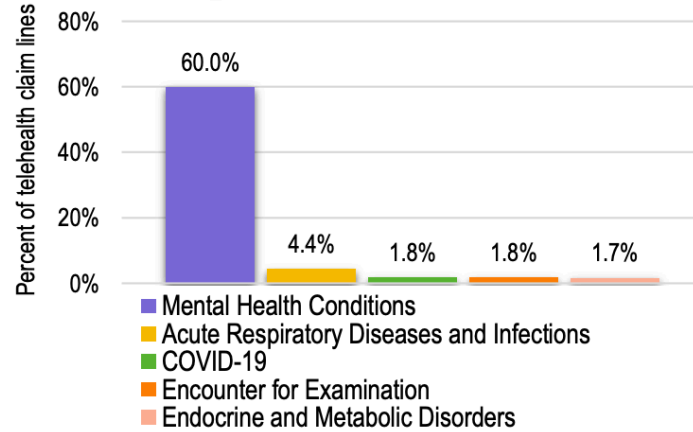


Telehealth Use: Where are we now?

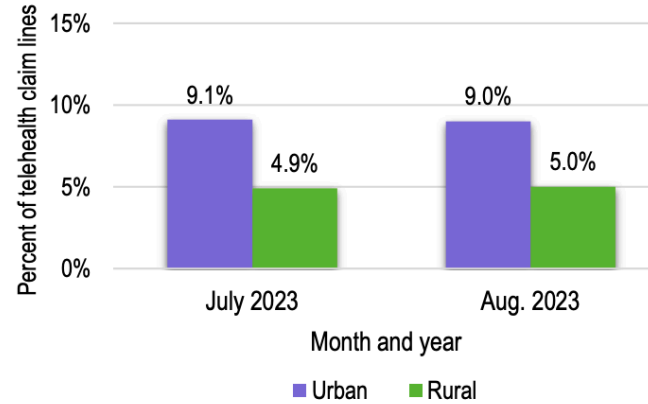
- **5% of ALL visits** are completed via telehealth depending on the type of practice and region
- **Nationally, 37% of all mental health visits are carried out via Telehealth**
- In Aug 2023 in the South Region, **60% of all outpatient telehealth visits** had a **mental health diagnosis**



Top Five Diagnoses



Audio-Only Telehealth Usage, Urban vs. Rural



Percent of Medical Claim Lines

Percent Change (July-Aug.)

10.26%

3.9%

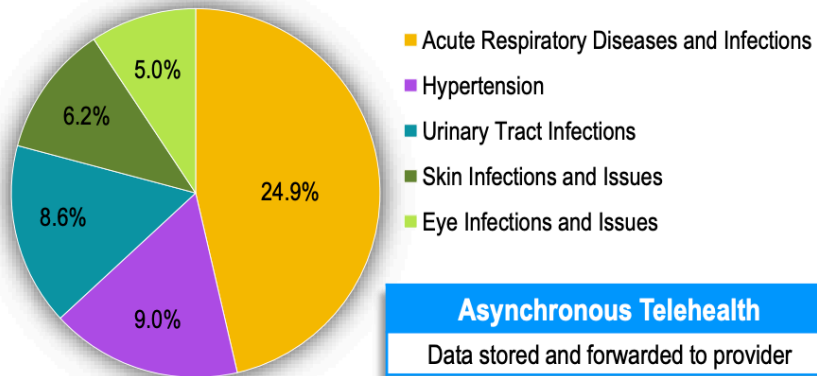
July 2023

4.3%

Aug. 2023



Top Five Diagnoses via Asynchronous Telehealth



Asynchronous Telehealth

Data stored and forwarded to provider



Telehealth Cost Corner

CPT®/HCPCS	DESCRIPTION
99204	NEW PATIENT OFFICE OR OTHER OUTPATIENT VISIT, 45-59 MINUTES
MEDIAN CHARGE AMOUNT	MEDIAN ALLOWED AMOUNT
\$332.00	\$183.03

Innovative Ideas Using Telehealth



FOR ASSISTANCE:

1-800-682-2829

- Run by NIH
- Un/Underinsured, Medicaid, Medicare, VA, Indian HS
- Free test kits for Flu/COVID 19
- 24/7 Free telehealth access to a provider for positive tests
- Free delivery of Rx to home/pharmacy (dispensing fee may apply)
- NIH is studying data
- https://www.test2treat.org/s/?language=en_US



MEDICARE TELEHEALTH
ENVIRONMENT, AS WE KNOW IT
NOW, WILL STAY ABOUT THE
SAME UNTIL DECEMBER 31, 2024

Thanks to
FEDERAL
LAW



Update: Federal Laws



2023 Consolidated Appropriations Act:

1. Many CMS telehealth flexibilities extended to Dec 31, 2024
 1. Temporary **suspension of geographic site requirement**
 2. **Home** can be used as eligible originating site
 3. Continue to **allow audio-only**
 4. **FQHCs and RHCs** are allowed to be distant site providers
 5. Delay in the onset of visit requirements for Mental Health Visits.
2. VA: Development of strategic plan to ensure effectiveness of telehealth delivered to the VA and enrollees
3. Extension of safe harbor for absence of deductible for telehealth in health savings accounts for another 2 years (until Jan 1, 2025)

Update **State Law**: WV has already done a lot

These will largely remain the same:

- WV Medicaid parity rules
- WV Commercial payer parity law
- PEIA parity law
- WV Telehealth Controlled substance and anti abortive prescribing law
- WV Telehealth documentation requirements
- WV 12 month in-person visit requirement



TELEHEALTH CHALLENGES







Federal Telehealth Timeline

KEY:

TH=Telehealth

MH=Mental Health

OTP=Opioid RX Program

OT=Occupational Therapy

AD=Audiologist

PT=Physical Therapist

- Virtual Check in, E visits, remote eval, RPM/RTM: **EST patients only**
- RPM/RTM: need full 16 d of data

- CMS Credentialing: Telehealth providers must report address> **DELAYED**
Now allow this to be a P.O. box. Active April 3, 2024.

- End of geographic waivers except CMS MH
- Start of 6/12 mth MH appt rule
- End of FQHC/RHC as non-MH Distant Site TH providers
- End of AV direct supervision and AV Virtual supervision of residents

End State
Waivers

Must be licensed in the state where patient is located**

EXCEPTIONS:

* Except if residency program is located outside MSA

** State laws apply

May 11, 2023
End PHE

- HIPAA reverts to Pre-PHE Ends (**extended to Aug 9, 2023**)
- CMS Copays and deductibles for COVID Dx must be collected

Dec 31, 2023
CMS changes

- End of many CMS Temp Telehealth Codes
- End of CMS pay at non-facility rate??? **Delayed to end of 2024**
- End of 6.2% from national for state to extend Medicaid coverage for uninsured

Dec 31, 2024
End of
Flexibility
Waivers

- End of eligibility for certain CMS providers i.e., OT, PT, SP, AD
- End of non-F to F Home Health/Hospice recertification requirement (90d)
- DEA RULE on Telehealth RX will change???
- PAYMENT: ?End of reimbursement at higher non-facility rate.
- BILLING: New AMA CPT Telehealth Codes
- BILLING: end of CMS 99441-443 and Audio Only other than MH services?



HAVE THIS IN PLACE NOW!

- **LICENSURE GENERAL RULE:** Provider must be licensed in the state where the **patient is located**, especially if planning to bill for services
- **Document** the **location** of the patient and the provider with every telemedicine visit. Document **licensure** of provider. Document **consent**.
- **Know the laws** of the states where your patients are located, especially if planning to bill for services or prescribe controlled substances via telehealth



- **HIPAA Compliant Platform** and attempt to do majority of visits via **Live Video Conferencing rather than Audio only**
- **Have Active BAA (Business Associate Agreement)** with your video conferencing vendor
- Consult TTAC (Telehealth Technology Assessment Resource Center) for assistance
<https://telehealthtechnology.org/>

HAVE THIS IN PLACE NOW!

- **RPM/RTM:** ESTABLISHED patients only, Need full 16 days of data per month to bill. Only GENERAL supervision required if the person providing service is licensed by Medicare
- **COVID 19 Dx:** COLLECT copays and deductibles
- **CMS Telehealth Service Codes:** Consult website for allowable services, especially AUDIO ONLY
- **PAYMENT:** Non-Facility Rate for POS 10 until end of 2024
- <https://www.cms.gov/medicare/coverage/telehealth/list-services>



WAIVER EXTENDED: NEW RULE COMING JAN 1, 2025



Pre-PHE Telehealth Controlled RX

Pre-PHE RULES: Controlled substances may only be prescribed with an **in-person examination**

Exceptions affecting family physicians still apply but are **narrow**:

- Patient located in a doctor's office or hospital registered with the DEA to be allowed to prescribe controlled substance via telehealth
- Provider employed by Indian Health Services
- VA Employed Provider: with medical emergency and with certain requirements
- During a PHE

Pre-PHE RULES: Provider must have **DEA License** in the state where the **PROVIDER and PATIENT** are located.



Telehealth Prescribing DEA Modality Rules

Modality: If prescribing a controlled substance during a telemedicine visit, it must be interactive **audio-visual** with following **exceptions for audio only (aligning with CMS rules):**

1. Patient has mental health disorder for which controlled substance is required
2. Patient location home or equivalent
3. Provider capable of audio-visual visits
4. Patient unable to carry out audio-visual visit

PHE WAIVER: DEA and Controlled Substances RX

REMEMBER: ITS ALL ABOUT THE IN-PERSON EXAM



If you have performed a **medical evaluation in-person** on your patient, this federal controlled substance law does not restrict Telehealth prescribing.



WV STATE LAW



WV STATE Controlled Substance Telehealth Prescribing Rules: Physician

- Suggest prescribers review law due to complexity

IN-PERSON VISIT REQUIREMENTS:

- **Providers who solely use telehealth cannot prescribe Schedule II to patients in WV**
- **An IN-PERSON VISIT within the last 12 months** is required for **all controlled substance prescriptions via telehealth**. Patients with chronic pain using a **Schedule II prescription must be seen every 90 days**. Can be by prescriber in same group, same specialty.
- **Exceptions:** Rx for mental health, OTP, palliative care, hospice care, terminal diagnosis do not apply
- **Telehealth Exception for Schedule II:** in minors or those >18 yrs age enrolled in Primary or Secondary school with **established relationship** with provider for certain diagnoses can be prescribed **using audio visual telehealth** encounter




WV Telehealth Prescribing Restrictions

30-3-13a(g)(5)

A physician or health care provider may not prescribe any drug with the intent of causing an abortion. The term “abortion” has the same meaning ascribed to it in §16-2F-2 of this code.



SUMMARY: Prescribing of Controlled Substances

- **REMINDER: PROVIDERS MUST COMPLY WITH BOTH FEDERAL AND STATE RULE, WHICHEVER IS MORE RESTRICTIVE**
 - After **significant negative feedback** to their proposed rule in 2023, DEA extended the current PHE DEA waiver to Dec 31, 2024. **NEW RULE EXPECTED FOR JAN 1, 2025. STAY TUNED!!**
 - **New OTP (Opioid Treatment Program)RULE goes into effect APRIL 3, 2024.**
- 

FINAL RULE OPIOID TREATMENT PROGRAMS (OTP)

Rule for Opioid Treatment Program (OTP) prescribing of buprenorphine was finalized by Health and Human Services (HHS) on Jan 31, 2024, and goes into effect April 3, 2024.

OTP Prescribers can prescribe buprenorphine or methadone as part of an OTP using Telehealth, WITHOUT an in-person visit, AND AUDIO ONLY if patient unable to use VIDEO.

This rule DOES NOT extend to controlled substance prescribing outside of an OTP program



EASY SOLUTION

SCHEDULE IN-PERSON VISITS for ALL PATIENTS ON CONTROLLED SUBSTANCES at least once every 12 months, exception OTP buprenorphine

SCHEDULE IN-PERSON VISITS FOR ALL PATIENTS ON SCHEDULE II for chronic non-malignant pain every 3 months.

SEE NEW PATIENTS IN-PERSON

Putting it all together: Case Scenario One

You have been treating a patient since childhood for ADHD, with last in-person visit in Aug 2023. That child is now a young adult attending WVU as an undergrad. Patient needs a methylphenidate refill and is requesting a telehealth appointment to do so. What do you tell your patient?

Federal Law: YES You have done a medical exam in person. Modality: AV if possible

State Law: YES WV state law gives exception to the Schedule II 90 day in-person rule for minors and those >18 yrs of age attending secondary school for Dx of neurological disorders including ADHD. Use Audio Visual. **CHECK THE PDMP** before prescribing.

Putting it all together: Case Scenario Two

*Your patient has not been to your office **since Feb 2023 when you examined the patient and started gabapentin for peripheral neuropathy.** The patient has had regular telehealth appointments every 3 months since that time for chronic disease management. Patient is now requesting a telehealth apt to renew gabapentin. What do you tell your patient?*

Federal Law: YES. You have performed a medical exam in person for this diagnosis. AV modality is used - unless patient is unable.

State Law: NO Patient must be seen in person by you or or group once in the last 12 months to perform a telehealth visit or prescribe controlled substances via telehealth

Putting it all together: Case Scenario Three

*Your patient has **chronic non-malignant pain** and you have examined that patient in office **within the last 12 months**. Your treatment is Tylenol and PRN NSAIDS as well as other modalities. This is not working adequately. You would like to add **tramadol (Schedule IV narcotic)** during a telehealth visit. Is this possible?*

Federal Law: YES You have performed a medical exam for this diagnosis. AV modality preferred

State Law: YES Last in-person visit was within 12 months. Quantity limitation 90 days with R:1. Insurance may apply more quantity limits.

Putting it all together: Case Scenario Four

*The same patient with **chronic non-malignant pain** states that the tramadol is "not cutting it doc" and is adamant that "something stronger" be given via telehealth. Is **hydrocodone (Schedule II narcotic)** a choice here?*

Federal Law: YES, You have performed a medical exam for this diagnosis. AV modality unless patient unable

State Law: NO, WV Law requires IN-PERSON Examination before starting a Schedule II medication for chronic pain and further refills would require 90 day in-person exam specific for the chronic pain diagnosis.

TELEHEALTH CHALLENGES





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CMS Waivers: Traditional Medicare

Waivers Extended to **Dec 31, 2024**





- Geographic Rule: Medicare patients can access Telehealth from anywhere in USA, not just HPSA and non-MSA
- Medicare patients can access telehealth services from their homes
- Some Medicare telehealth services can be delivered by **audio only** in certain circumstances

If Congress does not intervene, as of Jan 1, 2025...

- **Geographic Rule:** Reverts back CMS telehealth services only for patients in HPSA or non-MSA areas
- **Originating Site:** Non-MH
Medicare patients will only be able to access from health facility originating site
- **Modality:** Audio only modality may end for anything except mental health and nutritional therapy



CMS: Current Permanent Telehealth Jan 1, 2025

- Medicare will continue to reimburse for Telehealth if patient is in a geographic HPSA or non-MSA area AND in an eligible originating site (in most cases not the patient home)
 - Medicare will reimburse for mental health telehealth without geographic limitation including audio only in some cases, provided there was an in-person visit with that provider within 6 months of initial visit and a every 12 months thereafter (with certain exceptions). Starts Jan 1, 2025.
 - Medicare will reimburse for mental health services to FQHC and RHC via telecommunication services including audio only in some cases. CMS did this by redefining “mental health visit” and does not see this as telehealth.
- 
- 
- 
- 

Originating Site Facility Fee

Connecting patient to a specialist or other provider from Hospital or Office from geographic rural site or a non-MSA (Metropolitan Service Area)

HCPCS Code G3014

CY2024 Payment: \$29.96

Can charge a separate E and M same day if for separate diagnosis/problem if service provided.



Mental Health is Permanently Special

- 37% of mental health visits are currently provided via telehealth
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) can serve as a distant site provider for behavioral/mental telehealth services
- Medicare patients can receive telehealth services for behavioral/mental health care in their home permanently
- There are no geographic restrictions for originating site for behavioral/mental telehealth services
- Behavioral/mental telehealth services can be delivered using audio-only communication platforms



PREPARE FOR December 31, 2024! CMS: PAYMENT

- **NEW AMA CPT codes** for 17 NEW Telehealth Codes: 9X075 to 9X091 for Jan 1, 2025 to replace POS codes and modifiers. **End of AUDIO ONLY 99441-443 codes**
- Question of **PAYMENT PARITY LAWS** holding and effect on reimbursement?
- **PAYMENT: End of payment at non-facility rates?**
- **WV MEDICAID:** End of the 6.2% reimbursement from federal to state to extend Medicaid coverage for uninsured in 2023 resulting in decreased enrollment
- How will this affect the use of Telehealth going forward?



Update CMS Coding and Billing:

1. Old Modifiers: Now only used at FQHC/RHC

- 95 to indicate Telemedicine Visit
- 93 to indicate Audio Only modality used

2. POS (Place of Service) Starting Jan 1, 2024:

- 02 Anywhere but the patient's home
- 10 Patient's home or private residence (CMS Says they will reimburse these at higher non-facility rate in 2024)



Update CMS Coding and Billing:

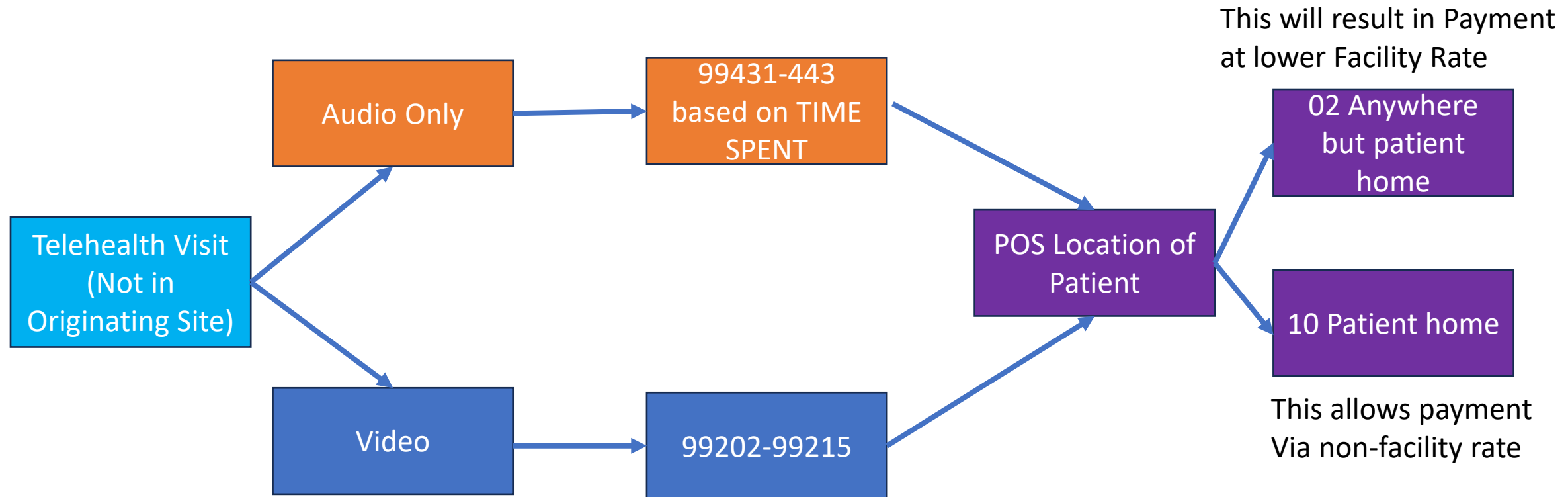
3. New AMA Telehealth CPT Codes:

- 9X075 to 9X091 (16 codes to indicate unique telehealth visits)
- Proposed for Jan 1, 2025
- Will there still be payment parity compared to in person visits?

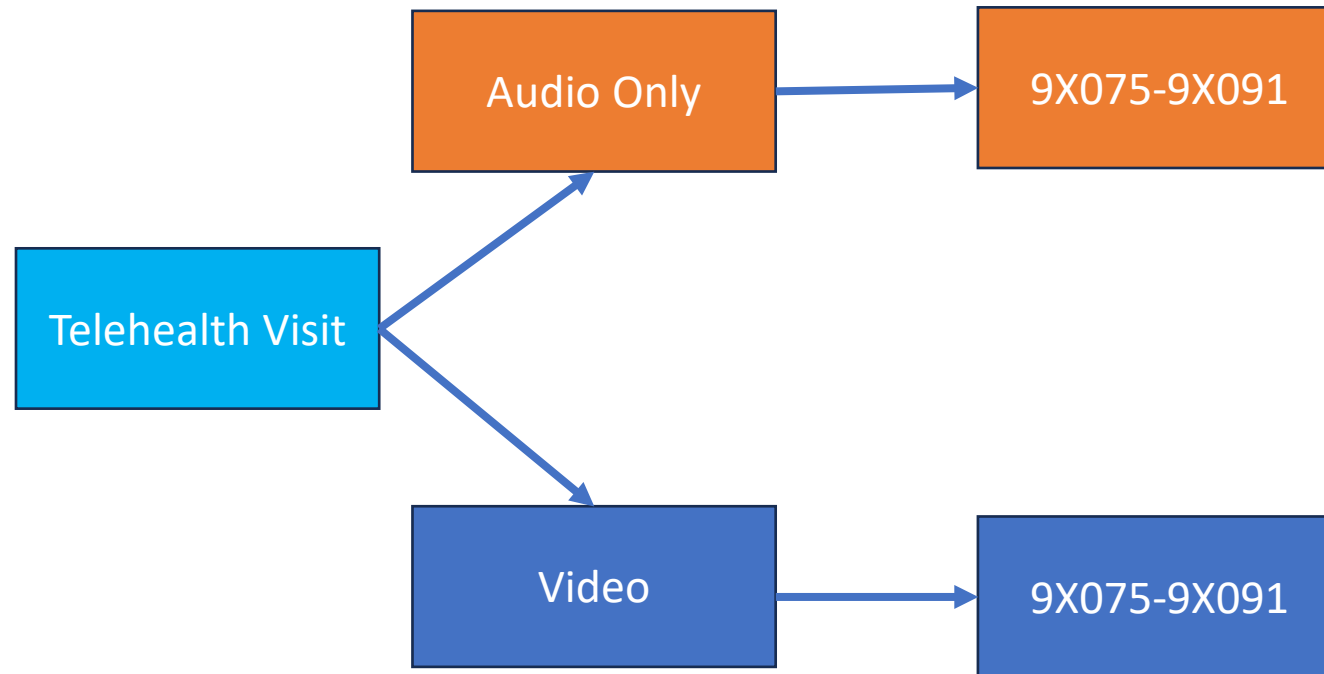
4. CMS Retiring Audio Only 99441-443 codes Jan 1, 2025

- No one knows if Audio only will be allowed and how to code it.
- Commercial payers may continue to use these codes> confusion for providers

Current Non-Hospital Based Provider, non FQHC/RHC CMS Telehealth Coding



17 NEW AMA TELEHEALTH CPT CODES: ? WHEN



NEW CODE: G2211 Longitudinal Care

NEW PY2024 Add on HCPCS code to make up for reduction in CMS payments through the conversion code.

Telehealth visits are eligible 99202-99215, but not preventative visits or procedure/acute care visits (nothing with modifier 25)

Use when even **ONE longitudinal problem** is addressed during the visit. Use that diagnosis when coding.

CMS expects at 30-50% of E/M codes will be eligible for G2211 add on

Payment about \$18.00 and 0.33 wRVU

NEW: Time-based coding and Prolonged Services

E and M CODE	"Total Time Spent": Before 2024	"Total Time Spent" Jan 1, 2024
99202	15-29 Min	"AT LEAST" 15 Min
99203	30-44	30
99204	45-59	45
99205	60-74	60
99212	10-19	10
99213	20-29	20
99214	30-39	30
99215	40-54	40

NEW CODES: G2212/99417 Prolonged Service Codes

**Add to 99205/99215
when the E/M visit is
coded based on TIME
AND that time has
been EXCEEDED by at
least 15min**

**Add G2212 in
increments of 15min
units for Medicare
patients**

**Add 99417 in 15 min
increments for
commercial
insurance**



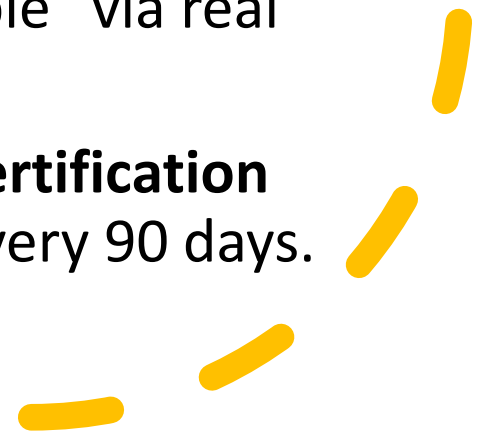
NEW CODE: G0136 SDOH

- **NEW PY2024 Add on HCPCS code** billed when **nationally recognized questionnaire for social drivers of health is completed.**
- Billable via Telehealth visits **permanently**, incident to the provider involved.
- This is NOT a screening; it is an ASSESSMENT done for a suspected reason.
- There is no copay or deductible if the assessment is done as part of a Medicare AWW (G0438 or G0439).
- Must act on positive assessments and use ICD 10 Z 55-65 code to support referral and the G0136



PREPARE FOR December 31, 2024! CMS: SUPERVISION

- **DIRECT SUPERVISION** of services: Waiver allowed physician “Immediate availability” supervision via real time AV supervision. This ends Dec 31, 2024.
- **SUPERVISION OF RESIDENTS performing VIRTUAL SERVICES:** CMS allowed 3 way AV calls including the supervising physician ending Dec 31, 2024.
- **SUPERVISION OF RESIDENTS PERFORMING IN-PERSON VISITS:** MUST BE DIRECT SUPERVISION: Exception is residency programs in non-MSA (Metropolitan Service Area)s where the supervising physician can be “immediately available” via real time AV. This also expires Jan 1, 2025
- END of virtual supervision **HOSPICE certification** /recertification. Must see in person every 90 days.



PREPARE FOR December 31, 2024! CMS: CREDENTIALING AND ELIGIBILITY

- **TELEHEALTH ONLY PROVIDERS:**
 - CMS requires address for the NPPES (National Plan and Provider Enumeration Service)
 - CMS heard you: DUE TO SAFETY ISSUES, as of April 3, 2024, only a Post Office Box address will be required will be public facing for credentialing
- **END OF EXTENSION OF ELIGIBILITY:** OT, PT, SP, AUDIOLOGY will not be able to bill for Telehealth services as of Jan 1, 2025 as it stands currently.
- **REGISTERED DIETICIANS:** PERMANENT ELIGIBLE MEDICARE TELEHEALTH PROVIDERS and able to do AUDIO ONLY PERMANENTLY **BUT still not eligible for WV MEDICAID**
- **Added mental health counselors, marriage counselors and family therapists as telehealth providers.**

What happens
at the end of
2024?
SOME OF IT IS
SPECULATION

2025

January						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March						
Su	M	Tu	W	Th	F	Sa
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
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28	29	30				

October						
Su	M	Tu	W	Th	F	Sa
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

<https://www.vertex42.com/calendars/printable-calendars.html>

Printable Yearly Calendar © 2022 by Vertex42.com. Free to Print.

PREPARE FOR
December
31, 2024!
DEA:
NEW RULE IS
COMING!!

- **New RULE for OTP patients already in place**
- **New general rule for prescribing of controlled substances is COMING.**
- **Expected to be effective Jan 1, 2025**



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Update: Liability

General Rule:

Check for liability coverage for before engaging any of the following:

1. Telemedicine visits
2. Services for patients located in another state: Licensure and prescribing law
3. Remote patient monitoring, Remote therapeutic monitoring
4. Video conferencing platforms
5. Secure text messaging
6. **Use of digital devices and cybersecurity**

Licensure: It's a mess!

- Shaky ground and changing all the time.
- Make sure you know the prescribing laws and the licensure rules of the state where the patient is located.
- Simplest way to provide care across state borders is to be licensed in all states. Cost would be \$90,000 with \$11,000 renewal rate. NOT PRACTICAL!
- There is legal challenge to state ability interfere ongoing in New Jersey stating it is unconstitutional.

PREPARE FOR
December 31,
2024

CMS:
FQHC/RHC
MENTAL
HEALTH

- **END OF FQHC/RHC as DISTANT SITE FOR NON- MENTAL HEALTH TELEHEALTH**
- **START OF THE 6/12 month Mental Health in-person requirement**





FQHC RHC Telehealth UPDATE

FOR excellent resource: [Updated FQHC RHC Policy Manual](#)

1. G2025 Telehealth visit distant site codes allowed until Dec 31, 2024
2. CMS changed definition of “Mental Health Visit” to allow for FQHC and RHC audio visual with 95 modifier and audio only visits with 93 modifier services permanently.
3. The start date for 6month/12 month in-person requirement for “Mental Health Visits” is Jan 1, 2025.
4. Included marriage and family therapists (MFTs) and mental health counselors (MHCs) as eligible for payment.
5. Aligned enrollment policies so that addiction, drug, or alcohol counselors who meet all of the requirements of MHCs to enroll with Medicare as MHCs will also apply for RHCs and FQHCs
6. Including RPM/RTM in the G0511 General Care Management Code



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- 5. Aligned enrollment policies so that addiction, drug, or alcohol counselors who meet all of the requirements of MHCs to enroll with Medicare as MHCs will also apply for RHCs and FQHCs
- 6. Including RPM/RTM, new Community Health Integration (CHI) and Principal Illness Navigation (PHN) services in the G0511 General Care Management Code (started Jan 1, 2024)



SUMMARY

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SUMMARY

- **See your timeline for Telehealth changes**
- **FOLLOW CURRENT RULES:**
 - Extension of waivers
 - DEA RULE
- **MAJOR CHANGES for 2025**
 - Geographic Rule, loss of audio only, loss of eligible providers
 - Licensure/liability confusion
 - NEW Telehealth CPT CODES
 - NEW DEA general rule coming
- **Utilize Telehealth resources and CREATE A SIMPLE PLAN**



GENERAL TELEHEALTH RESOURCES

Center for Connected Health Policy: <https://www.cchpca.org/>

AMA Telehealth Implementation Playbook: <https://www.ama-assn.org/system/files/ama-telehealth-playbook.pdf>

CMS: Telehealth for Providers:
<https://www.cms.gov/files/document/telehealth-toolkit-providers.pdf>

CMS: FQHC Medicare Policy and Payment:
<https://www.cms.gov/medicare/payment/prospective-payment-systems/federally-qualified-health-centers-fqhc-center>

WV Medicaid Telehealth Policy: <https://dhhr.wv.gov/bms/Pages/Policy-519.17-Telehealth-Services.aspx>



2024 RESOURCES

CMS: Telehealth 2024: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule>

CMS Telehealth 2024/2025:
<https://www.cms.gov/files/document/mln901705-telehealth-services.pdf>

CMS List of Covered Services
:<https://www.cms.gov/medicare/coverage/telehealth/list-services>

DEA Waiver Extension: <https://www.dea.gov/documents/2023/2023-10/2023-10-06/dea-and-hhs-extend-telemedicine-flexibilities-through-2024>

CCHP WV Telehealth Policy: <https://www.cchpca.org/west-virginia/>



Federal Telehealth Timeline

KEY:

TH=Telehealth

MH=Mental Health

OTP=Opioid RX Program

OT=Occupational Therapy

AD=Audiologist

PT=Physical Therapist

- Virtual Check in, E visits, remote eval, RPM/RTM: **EST patients only**
- RPM/RTM: need full 16 d of data

- CMS Credentialing: Telehealth providers must report address> **DELAYED**
Now allow this to be a P.O. box. Active April 3, 2024.

- End of geographic waivers except CMS MH
- Start of 6/12 mth MH appt rule
- End of FQHC/RHC as non-MH Distant Site TH providers
- End of AV direct supervision and AV Virtual supervision of residents

End State
Waivers

Must be licensed in the state where patient is located**

EXCEPTIONS:

* Except if residency program is located outside MSA

** State laws apply

May 11, 2023
End PHE

- HIPAA reverts to Pre-PHE Ends (**extended to Aug 9, 2023**)
- CMS Copays and deductibles for COVID Dx must be collected

Dec 31, 2023
CMS changes

- End of many CMS Temp Telehealth Codes
- End of CMS pay at non-facility rate??? **Delayed to end of 2024**
- End of 6.2% from national for state to extend Medicaid coverage for uninsured

Dec 31, 2024
End of
Flexibility
Waivers

- End of eligibility for certain CMS providers i.e., OT, PT, SP, AD
- End of non-F to F Home Health/Hospice recertification requirement (90d)
- DEA RULE on Telehealth RX will change???
- PAYMENT: ?End of reimbursement at higher non-facility rate.
- BILLING: New AMA CPT Telehealth Codes
- BILLING: end of CMS 99441-443 and Audio Only other than MH services?



Extra: NEW SERVICES related to Telehealth



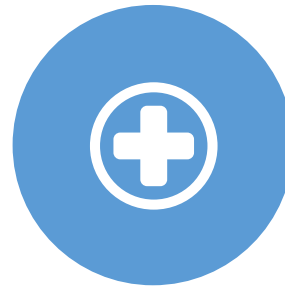
Community Health
Integration



Principal Illness
Navigation



Health and Well Being
Coaching



Acute Hospital at Home
Extended

NEW CODES: Community Health Integration

COMMUNITY HEALTH INTEGRATION AND PRINCIPAL ILLNESS NAVIGATION CODES

Code	Description	Medicare allowance
G0019	Community health integration services performed by certified or trained auxiliary personnel, which may include 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 ability to diagnose or treat problem(s) addressed in an initiating E/M visit ...	\$79.24
G0022	Community health integration services, each additional 30 minutes per calendar month	\$49.44
G0023	Principal Illness Navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, which may include a patient navigator or certified peer specialist; 60 minutes per calendar month, in the following activities ...	\$79.24
G0024	Principal Illness Navigation services, additional 30 minutes per calendar month	\$49.44

New Codes: Principal Illness Navigation

CMS defines navigation services this way.

“In the context of healthcare, it refers to providing individualized help to the patient (and caregiver, if applicable) to identify appropriate practitioners and providers for care needs and support, and access necessary care timely, especially when the landscape is complex and delaying care can be deadly.”

NEW CODES: Principal Illness Navigation

- The navigator may be someone who has had the disease or condition being treated
- Can be initiated on an E/M Telehealth Visit
- HCPCS codes: G0023, G0024, G0140, G0146
- PIN services may be initiated at an E/M visit to address a condition that places the patient at high risk for hospitalization, acute decompensation, or other serious decline
- Condition requires frequent monitoring and adjustment of a disease plan or treatment regimen, or assistance from a caregiver.

NEW TEMPORARY CODES: COACHING

The approved TEMPORARY Category III Health and Well-Being Coaching Codes are allowed Telehealth Codes and include:

- 0591T Health and Well-Being Coaching face-to-face; individual, initial assessment
- 0592T individual, follow-up session, at least 30 minutes
- 0593T group (two or more individuals), at least 30 minutes

AMA defines a health coach as a “non-physician health care professional certified by [NBHWC](#) or the [NCHEC](#).”

For a health coach to be able to utilize these new codes, they will need to be certified by either of these professional organizations.

Acute Hospital at Home Extended

- Trial was a success
- Patients no more likely to be readmitted.
- Saves money
- Patient satisfaction
- Utilizes telehealth for success
- Allowed to continue through Dec 31, 2024