

FINAL CMS 2021 PFS CHANGES- TELEHEALTH AND MORE HIGHLIGHTS

The Centers for Medicare & Medicaid Services (CMS) has released the new FINAL RULE as of December 1, 2020. This new rule identifies major changes to various areas of services, RVUs, documentation and coding. CMS aims to build upon the momentum for telehealth that was adopted during this current pandemic. The major changes and expansion for telehealth are:

- CMS added more than 60 services to the Medicare telehealth list.
- A new third temporary category to the Medicare telehealth list during the pandemic was added.
 - These services will stay on the Medicare telehealth list through the end of the calendar year when the public health emergency related to COVID-19 ends.
 - CMS added 12 services to the Cat. 3 telehealth list (*see below*).
- A limit for nursing facility telehealth visits of one visit every 14 days.
- Two new HCPCS codes for licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists and speech-language pathologists to provide telehealth services.
 - These clinicians can provide brief online assessments and management services as well as virtual check-ins and remote evaluation.
- The final rule clarified telehealth rules don't apply if the clinician and patient are in the same location during virtual visits to limit COVID-19 exposure.
- CMS established a separate payment for audio-only services (originally presented during the March 31, 2020, COVID-19 interim rule).

Expanding Coverage to New Services and Providers

The final rule implemented new telehealth services that can be reimbursed under Medicare, as follows:

- 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); and*
- *Prolonged Services (HCPCS code G2212).*

Changes to E&M: Payment, Documentation, Provider, Supervision Changes

According to CMS, “This finalized policy marks the most significant updates to E/M codes in 30 years, reducing burden on doctors imposed by the coding system and rewarding time spent evaluating and managing their patients’ care.”

- Changes in RVUs including significant increases for E/M visit codes.
- E&M office/outpatient visits
- CMS clarified in the 2021 final rule payment policies related to the Remote Physiologic Monitoring services (RPM) described by CPT codes 99453, 99454, 99091, 99457, and 99458.
 - Only physicians and NPPs who are eligible to furnish E/M services may bill RPM services.
 - RPM services may be medically necessary for patients with acute conditions as well as patients with chronic conditions.
- Finalized that direct supervision may be provided using real-time, interactive audio and video technology through the end of the calendar year in which the PHE ends or December 31, 2021.

Further Finalized Rules

- Clarifying the definition of HCPCS add-on code G2211 (formerly referred to as GPC1X), previously finalized for office/outpatient **E/M visit complexity**, and refining the utilization guidelines for this code.
 - The proposed rule, assumes that this code would be reported with 100% of office/outpatient E/M visits by specialties that rely on office/outpatient E/M visits to report the majority of their services.
 - Finalizing separate payment for a new HCPCS code, G2212, describing prolonged office/outpatient E/M visits to be used in place of CPT code 99417 (formerly referred to as CPT code 99XXX) to clarify the times for which prolonged office/outpatient E/M visits can be reported.
- CMS clarification that **pharmacists** may fall within definition of auxiliary personnel under our “incident to” guidelines. As such, pharmacists may provide services incident to the services, and under the appropriate level of supervision, of the billing physician /APP, if payment for the services is not made under the Medicare Part D benefit.
- Permanent policy following the COVID-19 PHE, will allow certain **APPs** such as nurse practitioners and physician assistants to supervise the performance of diagnostic tests within their scope of practice and state law, as they maintain required statutory relationships with supervising or collaborating physicians.

Coding/Documentation and E&M
Questions?
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