

Thank you for joining today's  
webinar. We will begin promptly at  
1:00 pm Central.

**2023 Physician Fee Schedule Update**

Your *First* **STOP** for  
*Rural Health*  
**INFORMATION**



**2023 Physician Fee Schedule Update**

# Housekeeping

- Slides are available at [www.ruralhealthinfo.org/webinars/physician-fee-schedule-update](http://www.ruralhealthinfo.org/webinars/physician-fee-schedule-update)
- Technical difficulties please visit the Zoom Help Center at [support.zoom.us](http://support.zoom.us)

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Your *First STOP* for  
*Rural Health*  
**INFORMATION**



Examining Rural Cancer Prevention and Control Efforts from the  
National Advisory Committee on Rural Health and Human Services

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Question and Answer

Welcome  
Feel free to ask the host and panelists questions

Type your question here...

# Featured Speakers

**Tom Morris**, Associate Administrator for Rural Health,  
Health Resources and Services Administration

**Lindsey Baldwin**, CMS Center for Medicare, Hospital and  
Ambulatory Policy Group, Division of Ambulatory Services

**Kris Corwin**, CMS Center for Medicare, Hospital and Ambulatory  
Policy Group, Division of Practitioner Services



Physician Fee Schedule Updates 2023:  
Behavioral Health and Medicare Telehealth Services



# Disclaimer



This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. This presentation may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Part 1



Part 1: Behavioral Health Updates in the CY 2023 Physician Fee Schedule



# CMS Behavioral Health Strategy



- Strengthen equity and quality in behavioral health care
- Improve access to substance use disorders prevention, treatment and recovery services
- Ensure effective pain treatment and management
- Improve access to and quality of mental health care and services
- Utilize data to inform effective actions and measure impact on behavioral health

# CMS Behavioral Health Strategy Website

**NEW:**

**CMS Behavioral Health Strategy [Website](#)**

**CMS Behavioral Health [Fact Sheet](#)**

**Behavioral Health is a cross cutting initiative under the [CMS Strategic Plan](#).**

The screenshot shows the CMS.gov website with the following elements:

- Header:** CMS.gov logo, "Centers for Medicare & Medicaid Services", and navigation links for "About CMS", "Newsroom", and a search bar.
- Secondary Navigation:** Links for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education.
- Breadcrumbs:** Home > About CMS > Addressing & Improving Behavioral Health.
- Main Section:**
  - Addressing & Improving Behavioral Health** (Section Header)
  - Text: "CMS is embarking on a multi-faceted approach to increase access to equitable and high-quality behavioral health services and improve outcomes for people covered by Medicare, Medicaid (including the Children's Health Insurance Program) and private health insurance."
  - Text: "Review the [CMS Behavioral Health Strategy](#), and get more details on our actions to support these goals."
  - Image:** An illustration of diverse people (including a person in a wheelchair) working together to assemble a large globe made of puzzle pieces, with stylized leaves in the background.
- Behavioral Health Strategy Goals** (Section Header):
  - Strengthen equity and quality in behavioral health care
  - Improve access to substance use disorders prevention, treatment and recovery services
  - Ensure effective pain treatment and management
  - Improve access to and quality of mental health care and services
  - Utilize data to inform effective actions and measure impact on behavioral health
- Resources** (Section Header):
  - Read our [Behavioral Health fact sheet \(PDF\)](#) for more details on our strategy
  - Behavioral health updates from the [2022 CMS Quality Conference](#).
  - CMS launched the new [Chronic Pain Experience Journey Map](#) that identifies both barriers and the importance of effective treatment and management of pain.
  - White House [Fact Sheet](#) on the Strategy to Address Our National Mental Health Crisis.
  - CMS is part of the new [Behavioral Health Coordinating Council](#) to coordinate efforts across HHS.
- Featured video** (Section Header):
  - Text: "\*\*It is recommended to view the video below with Flash disabled in Chrome, Firefox, or Internet Explorer 11 browsers, due to known usability issues with other browsers."
  - Video Player:** A video player showing a thumbnail for "CMS Behavioral Health Strategy" from the "2022 CMS QUALITY CONFERENCE". The speaker is Shari Ling, M.D., CMS Deputy Chief Medical Officer. A "Watch on YouTube" button is visible.
  - View more videos** (Button)
  - Text: "YouTube requires JavaScript to view videos. You will need the latest version of [Adobe Flash Player](#) to watch the video."

# Behavioral Health Services in the CY 2023 Physician Fee Schedule (PFS) Final Rule



- In the 2022 CMS Behavioral Health Strategy, CMS set a goal to improve access to, and quality of, mental health care services.
- *Incident To changes for Behavioral Health:* In light of the current needs among Medicare beneficiaries for improved access to behavioral health services, in the CY 2023 PFS final rule, we considered regulatory revisions that may help to reduce existing barriers and make greater use of the services of behavioral health professionals, such as licensed professional counselors (LPCs) and Licensed Marriage and Family Therapists (LMFTs). We finalized our proposal to add an exception to the direct supervision requirement under our “incident to” regulation at 42 CFR 410.26 to allow behavioral health services provided under the general supervision of a physician or NPP, rather than under direct supervision, when these services or supplies are provided by auxiliary personnel incident to the services of a physician (or NPP). We believe that this change will facilitate utilization and extend the reach of behavioral health services.
- We also clarified that any service furnished primarily for the diagnosis and treatment of a mental health or substance use disorder can be furnished by auxiliary personnel under the general supervision of a physician or NPP who is authorized to furnish and bill for services provided incident to their own professional services.

# Behavioral Health Services continued



- *Behavioral Health Integration (BHI):*
  - The medical community now widely considers integrating behavioral health care with primary care (behavioral health integration or BHI) an effective strategy for improving outcomes for millions of Americans with mental or behavioral health conditions. In 2017, CMS began making separate payment to physicians and non-physician practitioners supplying BHI services using the Psychiatric Collaborative Care Model (CoCM), as well as a “General BHI” code meant to capture other models of integrated care.
  - In the CY 2023 PFS final rule, we finalized our proposal to create a new General BHI code describing a service personally by clinical psychologists (CPs) or clinical social workers (CSWs) to account for monthly care integration where the mental health furnished by a CP or CSW are serving as the focal point of care integration. Further, we finalized our proposal to allow a psychiatric diagnostic evaluation to serve as the initiating visit for the new general BHI service.
- We also indicated in the final rule that we intend to address payment for new codes that describe caregiver behavioral management training in CY 2024 rulemaking.



Part 2



Part 2: Medicare Telehealth



## Definition of Medicare Telehealth

- Medicare telehealth services are services ordinarily furnished in person that are instead furnished via a telecommunications system and are subject to geographic, site of service, practitioner, and technological restrictions
- Section 1834(m)(4)(F) of the Social Security Act (the Act) defines telehealth services as professional consultations, office visits, and office psychiatry services, and any additional services specified by the Secretary.
- 1834(m) also requires CMS to establish a process for adding or deleting services from the list of telehealth services on an annual basis.
- These services must be performed by a physician or other health care practitioner

# Medicare Telehealth and COVID-19



**PHE flexibilities:** Effective for dates of services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency (PHE), Medicare has made payment for Medicare telehealth services furnished to patients in broader circumstances.

**Payment:** these visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.

**Utilization:** the week before the PHE, only 14,000 patients received a Medicare telehealth service. During the PHE, the last week of April 2020, 1.7 million patients received a Medicare telehealth service - from mid-March through mid-September, of 2020, over 12.8 million - about 38% - patients received a Medicare telehealth service.

# Consolidated Appropriations Act of 2021 (CAA)



- Effective December 27, 2020
- Section 123 of the CAA removed the geographic and site of service restrictions for telehealth when used for the purposes of diagnosis, evaluation, or treatment of a mental health disorder. Section 123 of the CAA also requires that there be an in-person, non-telehealth service within 6 months prior to the furnishing of the telehealth service and at intervals, thereafter, as specified by the Secretary.
- Section 125 of the CAA added rural emergency hospitals to the list of eligible telehealth originating sites, beginning 2023.

- For the duration of the PHE, to limit infection exposure, we revised the definition of direct supervision to include virtual availability of the supervising physician or practitioner using interactive audio/video real-time communications technology.
- We will continue this policy through the end of the year in which the PHE ends.
- In the 2022 and 2023 Final Rules, we solicited comment on whether this revised definition should continue following the PHE, and if so, in what circumstances.

# Consolidated Appropriations Act of 2022 (CAA, 2022)



- Effective March 15, 2022
- Extends several telehealth flexibilities for 151 days following the end of the PHE including:
  - Allowing the originating sites for telehealth services to include any site in the United States at which the Medicare beneficiary is located at the time the service is furnished, including their home;
  - Allowing Federally Qualified Health Centers and Rural Health Clinics to serve as telehealth service providers (i.e., serve as a distant site); and
  - Continuing to provide coverage and payment for telehealth services furnished via an audio-only telecommunications system.



# Medicare Physician Fee Schedule Final Rule for Calendar Year 2023 (1 of 2)



- We finalized the addition of many services that are temporarily available for the PHE on the Medicare Telehealth Services List through 2023 on a Category 3 basis to allow for collection of data to support their potential permanent inclusion.
- We finalized that service that are temporarily available for the duration of the PHE will remain on the Medicare Telehealth Services List through the 151-day period following the end of the PHE.
- We finalized that, for Medicare telehealth services, we will continue to maintain payment with the Place of Service (POS) code had the service been furnished in-person, and this will allow payments to continue to be made at the non-facility-based rate for Medicare telehealth services through the latter of the end of CY 2023 or the end of the calendar year in which the PHE ends.

# Medicare Physician Fee Schedule Final Rule for Calendar Year 2023 (2 of 2)



- We finalized the permanent addition of HCPCS G codes for Prolonged Services and Chronic Pain Management to the Medicare Telehealth Services List.
- We solicited comment on whether the flexibility to meet the immediate availability requirement for **direct supervision** through the use of real-time, audio/video technology should potentially be made permanent. We also solicited comment regarding the possibility of permanently allowing immediate availability for direct supervision through virtual presence using real-time, audio/video technology for only a subset of services, as we recognize that it may be inappropriate to allow direct supervision without physical presence for some services due to potential concerns over patient safety.

- After a period of 151 days, which begins the day after the final day of the PHE, Medicare telehealth services will again be subject to all statutory and regulatory requirements including geographic and site of service restrictions, with the exception of services for the diagnosis, evaluation, or treatment of a mental health and/or SUD disorder, which will continue to be furnishable to established patients when the originating site is the patient's home; these will continue to be available as audio-only services.
- Following the 151-day extension, practitioners will be able to bill using POS code 02, if they want to also separately bill for a facility payment. This is in addition to CMS continuing the flexibility allowing practitioners to bill using the POS code that they would have used had the service been furnished in-person, until the later of 2023 or the year in which the PHE ends. This will allow for payments at the non-facility PFS payment rate.
- Under current policy, the immediate availability requirement for direct supervision will no longer be met via virtual presence following the year in which the PHE ends.
- Services that were not permanently added on a Category 1 or 2 basis, or that were not added through the end of 2023 on a Category 3 basis, will no longer be available as telehealth services following 151 days after the end of the PHE.

# Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)



## Regulatory changes regarding use of telecommunications:

- In the CY 2022 PFS final rule, CMS finalized its proposal to revise the regulatory language for RHC or FQHC mental health visits to include visits furnished using interactive, real-time telecommunications technology. This change allows RHCs and FQHCs to report and receive payment for mental health visits furnished via real-time telecommunication technology when visits take place in-person, including audio-only visits when the beneficiary is not capable of, or does not consent to, the use of video technology. CMS also finalized that an in-person, non-telehealth visit must be furnished at least every 12 months for these services; however, exceptions to the in-person visit requirement may be made based on beneficiary circumstances (with the reason documented in the patient's medical record) and more frequent visits are also allowed under our policy, as driven by clinical needs on a case-by-case basis.

Division of Practitioner Services

[divisionofpractitionerservices@cms.hhs.gov](mailto:divisionofpractitionerservices@cms.hhs.gov)




Thank you! We are happy to answer any questions you may have.

Thank You



# Questions?


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