

CMS Proposes to Expand List of Medicare Telehealth Services

On July 6, 2012, the Centers for Medicare & Medicaid Services (CMS) released its proposed Medicare Physician Fee Schedule (MPFS) for the 2013 calendar year, expanding Medicare coverage to additional telehealth services. The proposed rule would also make a technical revision to amend the description of telehealth consultation services furnished to emergency department patients. If implemented as proposed, the rule would provide coverage for several new preventative services when furnished via telehealth.

CMS currently considers public requests when adding to the list of Medicare telehealth services. As requests are received, they are assigned to one of the following two categories for review:

- **Category 1** – Comprised of services that are similar to professional consultations, office visits and office psychiatry services that are currently on the list of telehealth services. In reviewing these requests, CMS examines the similarities between the requested and existing telehealth services for the roles of, and interactions between, the beneficiary and physician at the distant site and, if necessary, the telepresenter. The similarities in the telecommunications systems used are also considered.
- **Category 2** – Comprised of services that are not similar to the current list of telehealth services. In reviewing these requests, CMS assesses: (1) whether the service is accurately described by the corresponding code when delivered via telehealth; and (2) if the use of a telecommunications system to deliver the service produces a demonstrated clinical benefit to the patient.

Requests to expand the list of Medicare telehealth services must be submitted and received no later than the last day of each calendar year to be considered for the next rulemaking cycle. The following is a brief summary of the Healthcare Common Procedure Coding System (HCPCS) codes for which CMS proposes in calendar year (CY) 2013 to extend telehealth coverage:

- G0396 and G0397 – Alcohol and/or substance abuse (other than tobacco) structured assessment, brief intervention (15 to 30 minutes) and other intervention (greater than 30 minutes)
- G0442 – Annual alcohol misuse screening (15 minutes)
- G0443 – Brief face-to-face behavioral counseling for alcohol misuse (15 minutes)
- G0444 – Annual screening for depression (15 minutes)
- G0445 – High-intensity behavioral counseling to prevent sexually transmitted infections; face-to-face, individual counseling including education, skills training and guidance on ways to change sexual behavior (30 minutes, semi-annually)
- G0446 – Annual individual, face-to-face intensive behavioral therapy for cardiovascular disease (15 minutes)
- G0447 – Face-to-face intensive behavioral therapy for obesity (15 minutes)

Additionally, CMS proposes to make a technical correction to the description for telehealth consultations provided to emergency department patients. In the CY 2012 MPFS final rule, CMS changed the code descriptors for initial inpatient telehealth consultation G-codes to reflect telehealth consultations provided to emergency department patients in addition to inpatient telehealth consultations. In the proposed rule, CMS proposes to amend the description of the services within the regulation at 42 C.F.R. § 414.65(a)(1)(i).



Public comments on the additional telehealth services and other provisions of the MPFS proposed rule are due by September 5, 2012.

Squire Sanders lawyers have significant experience in telemedicine, structuring telehealth arrangements. We continue to monitor regulatory changes in telemedicine and are available to counsel clients on these matters. For more information regarding how we can assist you, please contact your principal Squire Sanders lawyer or one of the lawyers listed below.

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