



EXPANDED MEDICARE REIMBURSEMENT for Virtual Care Likely in 2019

BY JOSEPH M. BUCARO

THE FINAL 2019 Physician Fee Schedule and Quality Payment Program is expected to bring about significantly expanded Medicare reimbursement for virtual care. A proposed rule, which would create three new virtual care codes, was issued by CMS in July of this year. CMS accepted comments through September 10, 2018 on the proposed rule. If the rule becomes final, it will be a significant step by CMS to recognize the shift in the way patients interact with their providers, as Medicare would reimburse for significantly more virtual interaction between patients and providers, rather than requiring in-person visits.

Currently, CMS only provides reimbursement for non-office visits through telehealth services. In order to be reimbursed for telehealth services, patients must be physically at an “originating site,” which only includes physician offices, hospitals, and other qualified health care centers. This prevents providers from consulting with their patients while they are at their home. The physician is also required to be at a qualified “distant site” in order to bill for their services, and must use “interactive, real-time telecommunication technology” to interact with their patients. This means

providers must use video calling, rather than a traditional phone call, in order to receive reimbursement.

These strict requirements have made it difficult for providers to expand their practices to include virtual care. The proposed rule to the 2019 Physician Fee Schedule and Quality Payment Program would create three new virtual care codes that would not have the same requirements as traditional telehealth services.

The first code in the proposed rule is called “Brief Communication Technology-based Services,” and would allow for a brief telephone call between a physician and patient to determine if further care is needed in person to be billed to Medicare. The doctor’s time spent on the phone and making an initial assessment would be billable to Medicare under this code. While CMS would only allow providers to bill under the new code for established patients, the patient would not have to be at an originating site, and video conferencing would not be required.

The second of the three potential new virtual care codes is called “Evaluation of Asynchronous Images and Video,” and would allow a physician to review videos or images captured by a patient in order to evaluate the patient’s condition to

determine if an office visit is necessary. Again, the physician would have to have an established relationship with the patient before billing under the code. CMS is also considering bundling the remote review of videos and images by a physician with any office visits that occur due to the physician’s review.

The third and final potential new billing code is called “Interprofessional Internet Consultation,” and would allow physicians to bill for consulting with an outside expert about a certain patient’s condition. CMS believes this could reduce costly referrals to specialists by paying a primary care physician to speak with a specialist about a certain issue, rather than referring the patient for a full office visit. Physicians would have to receive a patient’s consent before billing under this code.

If the proposed rule becomes final, it will significantly expand physicians’ ability to bill for services that have been outside the current reimbursement model for telehealth services. This will allow providers to take advantage of the always growing use of technology in their practices.

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