

Telemedicine – Medicare Changes January 1, 2020

<https://healthcare.trainingleader.com/2020/01/2020-medicare-telemedicine-policy/>

Count Home as Originating Site and 2 Other Sweeping 2020 CMS Telemedicine Changes

This major final rule revises payment policies under Medicare Fee-for-Service (FFS) and makes other policy changes, including implementing provisions of the Bipartisan Budget Act of 2018.

The [Bipartisan Budget Act of 2018](#) made sweeping changes to the way Medicare pays private plans for telemedicine services. Under the act, and effective Jan 1, 2020:

- Medicare FFS beneficiaries who receive telehealth services at home by certain accountable care organizations (ACOs) can have the home treated as an originating site. In such cases, the geographic limitation doesn't apply, CMS doesn't pay an originating-site fee, and CMS doesn't pay for services that are inappropriate to furnish in a home setting.
- Medicare Advantage plans may provide certain supplemental benefits to chronically ill enrollees.
- Medicare Advantage plans may provide certain additional telehealth benefits, beyond what Medicare provides.

Use 3 New Opioid Mat Treatment HCPCS codes as Part of 2020 CMS Telemedicine

The CMS 2020 Medicare Telemedicine Policy sees three new codes describing bundled services for treatment of opioid use disorders. CMS explained that the new codes are classified under Category 1 because they are sufficiently similar to services currently on the list of Medicare telehealth services. These new HCPCS codes include:

- **G2086:** Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy, and group therapy and counseling; at least 70 minutes in the first calendar month.
- **G2087:** Office-based treatment for opioid use disorder, including care coordination, individual therapy, and group therapy and counseling; at least 60 minutes in a subsequent calendar month.
- **G2088:** Office-based treatment for opioid use disorder, including care coordination, individual therapy, and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure).

2020 CMS Telemedicine Rule Removes Location Barriers to Increase Telemedicine Usage Benefit Patients

2020 Telemedicine Policy Changes include greater flexibility for beneficiaries regarding geographical location and more benefits, including:

- The new policy changes allow a Medicare Advantage beneficiary to use her home for an originating site instead of being required to visit a healthcare facility. This is a boost to patient-centered care because Medicare Advantage plans can now expand their telemedicine services to reach all beneficiaries, not just those in rural locations.
- Medicare Advantage plans can offer telemedicine services as part of their basic services — not just supplemental — which means beneficiaries will receive more benefits at a lower cost.

Telemedicine has some obvious benefits such as the means for a patient to see a doctor when they can't get to one due to the nature of her illness or location challenges.

There are other benefits too, which are the ones that affect the patient's actual physical status. In the final rule, CMS details that clinical benefits of telemedicine include:

- The ability to diagnose a medical condition in a patient population without access to clinically appropriate in-person diagnostic services.
- Treatment options for a patient population without access to clinically appropriate in-person treatment options.
- Reduced rate of complications.
- Decreased rate of subsequent diagnostic or therapeutic interventions, future hospitalizations, or physician visits.
- More rapid beneficial resolution of the disease process treatment.
- Decreased pain, bleeding, or other quantifiable symptom.
- Reduced recovery time.