

Calendar Year (CY) 2023 Medicare Physician Fee Schedule Proposed Rule

Fact Sheet Highlights



Telehealth Services

For CY 2023, we are proposing several policies related to Medicare telehealth services including making several services that are temporarily available as telehealth services for the PHE available through CY 2023 on a Category III basis, which will allow more time for collection of data that could support their eventual inclusion as permanent additions to the Medicare telehealth services list. We are proposing to extend the duration of time that services are temporarily included on the telehealth services list during the PHE, but are not included on a Category I, II, or III basis for a period of 151 days following the end of the PHE, in alignment with the Consolidated Appropriations Act, 2022 (CAA, 2022).

We are proposing to implement the telehealth provisions in the CAA, 2022 via program instruction or other sub regulatory guidance to ensure a smooth transition after the end of the PHE. **These policies extend certain flexibilities in place during the PHE for 151 days after the PHE ends, such as allowing telehealth services to be furnished in any geographic area and in any originating site setting, including the beneficiary's home, allowing certain services to be furnished via audio-only telecommunications systems,** and allowing physical therapists, occupational therapists, speech-language pathologists, and audiologists to furnish telehealth services. The CAA, 2022 also delays the in-person visit requirements for mental health services furnished via telehealth until 152 days after the end of the PHE. We are proposing that telehealth claims will require the appropriate place of service (POS) indicator to be included on the claim, rather than modifier "95," after a period of 151 days following the end of the PHE and that modifier "93" will be available to indicate that a Medicare telehealth service was furnished via audio-only technology, where appropriate.

Behavioral Health Services

In the 2022 CMS Behavioral Health Strategy, CMS included a goal to improve access to, and quality of, mental health care services and included an objective to "increase detection, effective management, and/or recovery of mental health conditions through coordination and integration between primary and specialty care providers." In CY 2017 and 2018 PFS rulemaking, we received comments that initiating visit services for behavioral health integration (BHI) should include in-depth psychological evaluations delivered by a clinical psychologist (CP), and that CMS should consider allowing professionals who were not eligible to report the approved initiating visit codes to Medicare to serve as a primary hub for BHI services. Considering the increased needs for mental health services, and feedback we have received, we are proposing to create a new General BHI service personally performed by CPs or clinical social workers (CSWs) to account for monthly care integration where the mental health services furnished by a CP or CSW are serving as the focal point of care integration. We are also proposing to allow a psychiatric diagnostic evaluation to serve as the initiating visit for the new general BHI service.

Additionally, in the 2022 CMS Behavioral Health Strategy, CMS set a goal to improve access to, and quality of, mental health care services. Considering the current needs among Medicare beneficiaries for improved access to behavioral health services, we have 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). Therefore, we are proposing to make 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 non-physician practitioner). We believe that this proposed change will facilitate utilization and extend the reach of behavioral health services.