

Physician Fee Rule Expands Medicare Telehealth, Relies On RUC Recommendations

CMS added numerous codes to its list of telehealth services in the 2018 Medicare Physician Fee Schedule final rule. The agency also announced the agency is adopting recommendations from the American Medical Association's Medicare Association-Relative Value Scale Update Committee (RUC), without as many refinements as in the past.

In recent years, CMS considered RUC recommendations but often made modifications. Throughout the 2018 Physician Fee Schedule, CMS directly references recommendations from the RUC and follows the group's recommendations with very few edits. At no point in the rule does CMS explain why it is leaning more heavily on the RUC's recommendations than it has in recent years.

The new codes in the physician fee schedule expand Medicare telehealth billing to visits to determine low dose computed tomography eligibility.

The agency also finalized a proposal to eliminate the required reporting for telehealth modifier GT for professional claims in an effort to reduce administrative burden for practitioners.

The American Hospital Association praised the changes, saying it is "supportive of the agency's policies to make payment for new telehealth services, although we urge a more expansive approach toward telehealth coverage."