

Part B Insider (Multispecialty) Coding Alert

Part B Coverage: Could New Legislation Open Doors to Telehealth Payments?

Congress' actions could be key to reimbursement for this service.

The Medicare Telehealth Parity Act (HR 5380) made headlines this summer, and many providers are keeping their fingers crossed that it will pass, as it could open a great opportunity for reimbursement.

Over the course of four years, this bill would gradually expand telehealth coverage from the current rural limitation to all areas. In addition, the bill would phase in more sites where telemedicine could be reimbursed, add remote patient management services for select cases, cover video conferencing technology in areas with specific population limits, and allow more practitioners (including audiologists as well as respiratory and physical therapists) to be reimbursed for telehealth services.

Although news on the bill has been quiet for a couple months now, rest assured it is still alive and waiting for lawmakers' next move. Congress took a five-week break after introducing the bill and moved straight into midterm elections, so hang tight.

Multiples Bills on the Table

Meanwhile, be aware that the House has more than one telehealth parity bill in the hopper. In addition to HR 5380, whose top sponsor is **Rep. Mike Thompson (D-CA)** and second sponsor is **Rep. Gregg Harper (R-MS)**, the House has also introduced HR 3306, the Telehealth Enhancement Act of 2013. This bill has Harper as the primary sponsor and Thompson as the second.

"Many of the provisions from HR 3306 were taken from Thompson's bill in the 112th Congress," says **Gary Capistrant**, director of public policy for the American Telemedicine Association (ATA).

The bills, however, do not overlap, Capistrant clarifies. Thompson's bill (HR 5380) leads to full telehealth parity, while Harper's bill (HR 3306) does not. Thompson's bill also introduces a phase-in process as a means to reaching the full parity goal.

Congressional Budget Office Holds the Keys

The next critical next step is getting the **Congressional Budget** Office to score specific items on the telehealth bills. Until lawmakers can see solid monetary estimates, they'll have a hard time deciding what they want to include in a final version of the legislation.

"There are some provisions on the table that may be able to save money," Capistrant says, especially some specific provisions in Thompson's bill that might be no- or low-cost.

On the other hand: The CBO could find the telehealth legislation too open-ended and too costly, Capistrant says. For example, "in the rehab industry, there isn't a good alternative to fee-for-service reimbursement, so the CBO would probably put a very high price tag on this as a fee-for-service change," he says.

Helpful: The House Energy and Commerce Committee's "21st Century Cures" effort is including telehealth in its discussions about health innovation and how the government can help. Additionally, the **Senate Aging Committee** had a discussion on telehealth in September.

These are good signs, according to Capistrant. "Getting specifics on the table and allowing members to show their support for telehealth is important at this stage."

If, however, the telehealth parity legislation hits the president's desk before the end of the year, it probably won't move forward as a standalone bill, Capistrant says. For instance, it could be rolled into a bill the House Energy and Commerce Committee is working on for the 21st Century Cures initiative, he says.

"Thompson's been the champion for ultimate parity, and the idea of phasing in the coverage is an important one," Capistrant observes.

In fact, as phase-in process could be key to warming up lawmakers to the idea of full parity □ by proposing that Medicare have a chance to warm up to the shifts in its resource allocation, should this law pass.

Keep an eye on the Insider for more on the telehealth legislation.