CMS Waives the Geographic Site Location and Originating Site Location for Telehealth Services Provided in the Comprehensive Care Joint Replacement Payment Model

Information on the Comprehensive Care Joint Replacement Model:

On November 16, 2015, the Centers for Medicare & Medicaid Services (CMS) published the final regulations for the Comprehensive Care Joint Replacement (CCJR) Model, which will apply bundled payments for lower extremity joint replacement (LEJR) surgery. Bundled payments in this model will include all of the care provided to a Medicare beneficiary for the replacement of a lower extremity joint, including the care provided by the hospital, the physicians, and the post-cate care providers, up to 90-days post-discharge.

Patients captured in the episode bundle must be discharged with either MS-DRG 469 (*Major joint replacement or reattachment of lower extremity with major complications and comorbidities*) or MS-DRG 470 (*Major joint replacement or reattachment of lower extremity without major complications and comorbidities*). The episode includes all the related services and items provided to the Medicare beneficiary and payable under Medicare Part A and Part B.

The payment model, which begins on **April 1, 2016,** will last for five years whereby the CMS Innovation Center will collect data on the cost and quality of LEJR for the providers participating in the bundle. With the implementation of this payment model, CMS has for the first time, required providers in the designated metropolitan statistical areas (MSAs) to participate.[1] Counties that are participating can be found on the Data.CMS.gov website: MSAs for CCJR Payment Bundle Model. The list of participating hospitals is also available and may be accessed here: CCJR Participating Hospitals

Provision of Telehealth Services by Infections Disease Physicians within the CCJR Payment Model

An important part of this payment bundle has been overlooked by many providers who may think that the CCJR payment bundle does not affect them. This is an opportunity for infectious disease physicians to render ID services via telehealth to patients who may have developed a joint infection from LEJR surgery or other related infection (i.e. relating to the LEJR).

CMS Waives the Geographic Site Requirement for Telehealth Services in the CCJR Model

CMS has provided for the provision of telehealth services within the CCJR payment bundle by waiving two telehealth provisions that currently exist with statute; the geographic site requirement and the originating site requirement.[2] Under the CCJR, CMS will now allow the beneficiary **to be located in any geographic location**, and will not be required to be in a rural Health Professional Shortage Area (HPSA) located either outside of a MSA or in a rural census tract or a county outside of a MSA as is currently required.[3] Therefore, any service that is on the

list of Medicare-approved telehealth services and reported on a claim with an ICD-10 diagnosis code not considered an exclusion from the CCJR may be furnished to a beneficiary regardless of the beneficiary's geographic location.[4]

Originating Site Requirement Waived for Telehealth Services Provided under the CCJR Model

CMS has also waived the originating site requirements for telehealth services provided within the CCJR payment model whereby the beneficiary **may be able to receive telehealth services in their home or place of residence**.[5] Absent the waiver, a beneficiary cannot be located in their home or place of residence to receive telehealth services. The two telehealth waivers described in the CCJR payment model only pertain to those beneficiaries that are captured in the model. Otherwise all other telehealth requirements remain as codified in statute.

HCPCS G Codes Established for Use of In-Home Telehealth Services in the CCJR Model

In addition to the waiver of certain Medicare telehealth regulations under the CCJR payment model, CMS created new HCPCS "G" codes to report the **provision of telehealth services within the patient's home**. The G codes are to be used only for Medicare patient claims within the Medicare approved CCJR model and will be effective for payment beginning on April 1, 2016. The new codes parallel the long standing CPT® evaluation and management (E&M) codes for new and established patients. The G codes are valued with work and malpractice relative value units (RVUs) that are equivalent to the existing work and malpractice RVUs for new and established patient E&M codes.[6] The G codes for reporting telehealth services within the CCJR model for Medicare beneficiaries in the home or place of residence may be found here: HCPCS G Codes for Telehealth Services CCJR Payment Model

Summary:

Under the CCJR payment model, ID physicians may bill for telehealth services provided to Medicare beneficiaries, following all other regulations and guidance, except that under the CCJR the geographic location (i.e. the beneficiary may be located in any geographic region) and originating site location requirements have been waived to include the provision of telehealth services within the patient's home or place of residence.

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[1] MSAs are counties that associated with an urban area with population of at least 50,000.
[2] Geographic site requirements are codified in section 1834(m)(4)(C)(i)(I) through (III) of the Social Security Act, and the originating site requirements are codified in section 1834(m)(4)(C)(ii)(I) through (VIII) of the Social Security Act.
[3] Federal Register, Vol. 80, No. 226, page 73454.
[4] Ibid.
[5] Ibid.
[6] Federal Register, Vol. 80, No. 226, page 73450.