

Billing Telehealth Services for Part B Providers

3/11/2025

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Today's Presenters

Lori
Langevin

Provider Outreach and
Education Consultant



Gail
Toussaint

Provider Outreach and
Education Consultant



Nathan
Kennedy, CHC,
CPC, CPMA, CPC-I,
CPPM, CBP

Provider Outreach and
Education Consultant





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Objective

To educate the provider community on the proper way to bill telehealth services



Agenda

- [Telehealth Services](#)
- [FAQs](#)
- [Resources](#)

Telehealth Services

Telehealth Extension 3/31/2025

- Section 3207 of the American Relief Act, 2025 extended waivers until 3/31/2025
 - Continue to pay claims through 3/31/2025 with the same flexibilities as 2024
 - Geographic location will not be limited to non-MSA (rural) areas for patients to receive telehealth
 - May receive telehealth service regardless of geographic location
 - Patients may continue to receive telehealth services within their home
 - No practitioner restrictions to render services via telehealth
 - Behavioral health waiver of required in person visits within six months prior to telehealth and every 12 months after the initiation of telehealth continues
- Previously these flexibilities were extended through 12/31/2024 due to the bipartisan Consolidated Appropriations Act (CAA), 2023

Interactive Telecommunications System

- CMS is maintaining the general definition of interactive telecommunications system to mean multimedia communications equipment that includes, at minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and the distant site physician/practitioner
- Also maintaining the requirement that distant site physicians/practitioners must have the technical capability to use an interactive telecommunications system that includes two-way, real-time, interactive audio and video communications at the time that an audio-only telehealth service is furnished

Interactive Telecommunications System – Audio Only

- Interactive telecommunications system may include two-way, real-time, audio only communication for
 - Beneficiary in their home
 - Distant site physician/practitioner using an interactive telecommunications system and the beneficiary is not capable of, or does not consent to, the use of video technology
 - Practitioners have the option to use the “FQ” or the “93” modifiers where appropriate

Originating Site

- An originating site is the location where a patient is located and receives medical services via telehealth
- Through 3/31/2025
 - Patients can get telehealth wherever they are located
 - No geographic location restrictions
- After 3/31/2025
 - For non-behavioral telehealth services, there **may be** originating site requirements and geographic location restrictions
 - For behavioral or mental telehealth services, all patients can continue to get telehealth wherever they are located, with no originating site requirements or geographic location restrictions

Telehealth Originating Site Facility Fee

- Originating sites are paid an originating site facility fee for telehealth services by billing HCPCS code Q3014
- Separately billable Part B payment
 - 2025 fee is \$31.01
 - 2024 fee is \$29.96
- Q3014 is not billable and does not apply for telehealth services when the patient is in their home
 - CMS clarified a patient's home includes temporary lodging such as hotels, or homeless shelters, or other temporary lodging that are a short distance from the patient's actual home

Distant Site

- A distant site is the location where a physician or practitioner provides telehealth
- Through 3/31/2025
 - All providers who are eligible to bill Medicare for professional services can provide distant site telehealth

2025 CMS List of Telehealth Services

- [List of Telehealth Services](#)

Telehealth
List of Telehealth Services
Requests for Additions
CMS Review Criteria
Useful Links
Changes and Deletion of Services

List of Telehealth Services

List of services payable under the Medicare [Physician Fee Schedule](#) when furnished via telehealth.

[List of Telehealth Services for Calendar Year 2025 \(ZIP\)](#)

Medicare Telehealth Originating Site Facility Fee, Q3014

Time Period	MEI (%)	Facility Fee for Q3014
2025	3.5%	\$31.01
2024	4.6%	\$29.96

Medicare Telehealth Services Categorized

- Category Column added 11/1/2023
 - Provisional
 - Provisional codes may be granted permanent status or be removed in a future year
 - No set time frame for reevaluation
 - Services will be monitored for patient safety
 - Provisional status will never be assigned when it is improbable that the code would ever achieve permanent status
 - Permanent
 - Codes that were always on the CMS telehealth list before COVID19
 - Will remain on the list of telehealth services
- Audio only column was removed

2025 Addition to the Medicare Telehealth Services List - PrEP

Category	HCPCS	Long Description	Finalized Status
PrEP for HIV	G0011	Individual counseling for preexposure prophylaxis (PrEP) by physician or QHP to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15-30 minutes	Permanent
PrEP for HIV	G0013	Individual counseling for preexposure prophylaxis (PrEP) by clinical staff to prevent human immunodeficiency virus (HIV), includes HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence	Permanent

2025 Addition to the Medicare Telehealth Services List – Caregiver Training

Category	HCPCS	Long Description	Finalized Status
Caregiver Training	97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls], instrumental adls [iadls], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Provisional
Caregiver Training	97551	Each additional 15 minutes (list separately in addition to code for primary service)	Provisional
Caregiver Training	97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls], instrumental adls [iadls], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Provisional

2025 Addition to the Medicare Telehealth Services List – Caregiver Training – Multiple-Family

Category	HCPCS	Long Description	Finalized Status
Caregiver Training	96202	Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	Provisional
Caregiver Training	96203	Each additional 15 minutes (List separately in addition to code for primary service)	Provisional

2025 Addition to the Medicare Telehealth Services List – Caregiver Training – Direct Care Strategies

Category	HCPCS	Long Description	Finalized Status
Caregiver Training	G0541	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face; initial 30 minutes	Provisional
Caregiver Training	G0542	Each additional 15 minutes (List separately in addition to code for primary service) (Use G0542 in conjunction with G0541)	Provisional
Caregiver Training	G0543	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present), face-to-face with multiple sets of caregivers	Provisional

2025 Addition to the Medicare Telehealth Services List – Caregiver Training – Behavior Management

Category	HCPCS	Long Description	Finalized Status
Caregiver Training	G0539	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes	Provisional
Caregiver Training	G0540	Each additional 15 minutes	Provisional

2025 Addition to the Medicare Telehealth Services List – Safety Planning Interventions

Category	HCPCS	Long Description	Finalized Status
Safety Planning Interventions	G0560	Safety planning interventions, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal or substance use-related crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts or risky substance use; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health or substance use disorder professionals or agencies; and making the environment safe; (List separately in addition to an E/M visit or psychotherapy)	Permanent

Place of Service Codes

- POS 02- Telehealth to indicate you provided the billed service as a professional telehealth service when the originating site is other than the patient's home
- POS 10- Telehealth for services when the patient is in their home
- For POS 19, 21, 22, 23
 - Use **POS 10** and **modifier 95** when the clinician is in the hospital and the patient is in the home, as well as for outpatient therapy services provided via telehealth by qualified PTs, OTs, or SLPs through 3/31/2025

POS Codes for Telehealth Services

POS	Provider Location (Distant Site) Physician/NPP/PT/OT/SLP	Patient Location (Originating Site)	Modifier 95	Q3014 Originating Site Fee
02	Providers office (different from the office or facility where the patient is located) or the providers' home	Office or facility	No	Yes, for the patient location
10	Providers office or home	Patients home or current residence	No	No
10	Hospital location	Patients home or current residence	Yes, to denote telehealth will pay at nonfacility rate	No

Clarification - Place of Service 02 and 10

- CMS issued Change Request 13582 which became effective on 1/1/2024
 - [Billing and Payment for Telehealth Services with Place of Service \(POS\) 10](#)
- CR 13582 did not provide new information
 - Manualized past instructions and clarified that POS 02 is paid as a facility service, versus POS 10 which is paid at the nonfacility rate
 - This is identified in [CMS Internet-only-Manual \(IOM\) Publication 100-04, Medicare Claims Processing Manual, Chapter 26, Section 10.5](#) in the place of service listing
 - CR 13582 included an update to the IOM where CMS indicated in “Special Considerations for Telehealth Claims (Code 02, 10)” that the POS may be used and must be paired with the appropriate telehealth modifier (93 for audio-only and modifier 95 for audio/video)
 - This is new information as the 2024 CMS Physician Fee Schedule Final Rule indicates there are only specific instances for the use of modifier 95
- If you choose to use modifier 93 or 95, keep in mind
 - These are informational modifiers that do not impact the payment or allowance of the service provided and as such should be listed after any payment modifiers
 - Modifier 93 would not apply to audio only mental health services as CMS has issued specific policy for those services to be billed with modifier FQ
 - It would not be appropriate to bill FQ and 93

Address on a Telehealth Claim

- When the **provider** is located at a **hospital** site
 - Use the address of the hospital site in Box 32
- When the **provider** is located at an **office** site
 - Use the address of the office site in Box 32
- When the **provider** is located at his/her **home**
 - Providers performing telehealth services from their homes may enter their office address in Box 32
 - Through CY 2025, CMS will continue to permit distant site practitioners to use their currently enrolled practice locations instead of their home addresses when providing telehealth services from their home

Mental Health Telehealth Services

- Will continue to be offered indefinitely as telehealth for the purpose of diagnosis, evaluation, or treatment of mental health disorders
- Originating sites expanded to include
 - Beneficiary home
 - Temporary lodging (hotels, homeless shelters, nursing homes)
 - Originating site facility fee (Q3014) does not apply
- Delaying the requirement for an in-person visit with the physician or practitioner within six months prior to the initiating mental health telehealth service until 3/31/2025

Mental Health Telehealth Services, Cont.

- Audio only communication is permitted for established patients in their home if
 - They don't have the technical capacity
 - They don't have the availability of real-time audio and visual interactive telecommunication
 - They don't consent to the use of two-way, audio/video technology
- Medical record should support the reason for using audio-only communication
- FQ and FR modifiers are for mental health telehealth services
 - FQ modifier - a telehealth service furnished using real-time audio-only communication
 - FR modifier - a supervising practitioner was present through a real-time two-way, audio/video communication technology
 - Reference: MLN Matters® [MM12549 Revised: CY2022 Telehealth Update Medicare Physician Fee Schedule](#)

Removal of Frequency Limitations on Certain Telehealth Services to Continue

- CMS removed these frequency limitations until 12/31/2025
 - A subsequent inpatient visit could be furnished via telehealth, without the limitation that the visit is once every three days (CPT codes 99231-99233)
 - A subsequent skilled nursing facility visit could be furnished via telehealth, without the limitation that the telehealth visit is once every 14 days (CPT codes 99307-99310)
 - Critical care consult codes could be furnished via telehealth beyond the once per day limitation (HCPCS codes G0508-G0509)

Telephone Services

- 99441–99443 - Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an **established patient**
 - Consolidated Appropriations Act, 2023 provided an extension to allow these codes through 12/31/2024
 - As of 1/1/2025, these codes are not payable and were deleted from CPT
 - For audio only, providers would bill E/M codes with modifier 93 for audio only services
- 98966–98968 - Telephone assessment and management service
 - Permanent codes on the CMS list of telehealth codes
 - Clinical Psychologists, PT/OT/SLP, Optometrists, Nonphysician practitioners (including Nurse Practitioner, Clinical Nurse Specialist, Physician Assistant, Certified Nurse Midwife), LCSWs, RDs and NPs
 - These codes will deny for MDs and DOs

Physician Supervision Requirements

- CMS is finalizing, for a certain subset of services that are required to be furnished under the direct supervision of a physician or other supervising practitioner, to **permanently** adopt a definition of direct supervision that allows the supervising physician or practitioner to provide such supervision via a virtual presence through real-time audio and visual interactive telecommunications
 1. Services furnished incident to a physician or other practitioner's professional service, when provided by auxiliary personnel employed by the billing physician or supervising practitioner and working under his or her direct supervision, and for which the underlying HCPCS code has been assigned a PC/TC indicator of "5" and services described by CPT code 99211
 2. And for office or other outpatient visits for the evaluation and management of an established patient who may not require the presence of a physician or other qualified health care professional
- For all other services furnished incident to that require the direct supervision of the physician or other supervising practitioner, CMS will continue to permit direct supervision be provided through real-time audio and visual interactive telecommunications technology only through 12/31/2025

Teaching Physicians

- CMS to continue allowing teaching physicians to have a virtual presence to bill for services furnished by residents in all teaching settings through 12/31/2025
 - This means MSA as well as non-MSA teaching physicians
 - Note: only in clinical instances when the service is furnished virtually
 - Example, a three-way telehealth visit, with the patient, resident, and teaching physician all parties in separate locations
 - This virtual presence will continue to meet the requirement that the teaching physician be present for the key portion of the service

Telehealth Documentation

- Same as any face-to-face patient encounter, along with
 - Statement indicating service was telehealth
 - Patient location
 - Provider location
 - Names of all persons participating in the service and their role in the encounter
- Time-based services, document start/stop time or total time

FAQs

FAQ One

- Where can I find the HIPAA compliant platforms that can be used for Medicare telehealth services?
 - The Department of Health and Human Services HIPAA regulations require a HIPAA compliant platform be used. The [Notification of Enforcement Discretion for Telehealth](#) contains information regarding a compliant HIPAA platform.

FAQ Two

- Is modifier FQ needed on all mental health services?
 - No, modifier FQ is used for a mental health telehealth service that was furnished using real-time audio-only communication technology.

FAQ Three

- What are the payment rates for outpatient telehealth services in CY 2024 and CY 2025?
 - Telehealth services performed for a patient who is located at a facility-based site (POS 02) will be paid at the facility rate.
 - Telehealth services performed for a patient who is located at a home/residential site (POS 10) will be paid at the nonfacility PFS rate.
 - The nonfacility rate allows higher reimbursement in order to encourage patient access to all approved telehealth services from home, including mental health services.

FAQ Four

- Is there an end date to allowing the beneficiary to have telehealth sessions in their homes?
 - Patients may continue to receive telehealth services within their home in place of an originating site for all services, not just behavioral health until 3/31/2025.
 - Note: If the beneficiary is receiving the service at their home; the physician may not bill for an originating site fee (Q3014).

FAQ Five

- Can Medicare beneficiaries continue to receive audio-only telehealth services?
 - Pursuant to the American Relief Act, 2025, physicians and practitioners may continue to use two-way, real-time audio-only communication technology for Medicare telehealth services furnished through 3/31/2025.
 - Audio-only telehealth services are permitted in all originating sites through 3/31/2025.
 - In general, audio-only telehealth services are only permitted if the beneficiary is in their home.
 - All other originating sites are medical facilities that have the infrastructure and broadband capacity to support two-way, audio/video communication technology.
 - Patients would not have the same heightened expectation of privacy when video is used for a Medicare telehealth service in a medical facility as they would in their home.

FAQ Six

- What happens to audio-only telehealth services after 3/31/2025?
 - Physicians and practitioners may continue to use two-way, real-time audio-only communication technology to furnish Medicare telehealth services in accordance with the revised definition of “interactive telecommunications system”.
 - Per CY 2025 PFS final rule, CMS permanently changed the definition of “interactive telecommunications system” to include two-way, real-time audio-only communication technology for any telehealth service furnished to a patient in their **home**, provided that the furnishing physician or practitioner is technically capable of using audio-video communication technology and that the beneficiary is not capable of or does not consent to using audio-video communication technology.
 - Audio-only can be used for both new and established patients.
 - Beneficiaries who are receiving remote mental health services, as defined in the CY 2023 and 2024 OPPTS Final Rules, furnished by hospital-employed staff in their homes may **permanently** receive these via audio-only communication technology.

FAQ Seven

- What is the appropriate use for modifier 95?
 - For CY 2024, modifier 95 should be added to all outpatient telehealth services, by both physicians and therapists, when the physician or therapist (PT/OT/SLP) is in the hospital and the patient is at home.
 - Modifier 95 would also apply for dates of service 1/1/2025 – 3/31/2025

FAQ Eight

- What are the rules for providers who want to perform telehealth services for a patient located in a state where the provider is not licensed?
 - CMS/Medicare does not dictate the guidelines for this scenario because they are decided by each state individually. When considering cross-state telehealth services, providers are advised to review information at [Licensing across state lines | Telehealth.HHS.gov](https://www.hhs.gov/telehealth/cross-state-licensing).

FAQ Nine

- Can audio-only telehealth services be provided to Medicare beneficiaries who reside at an assisted living facility?
 - If the patient is in an assisted living facility, they may receive services via audio/video connection, but not audio-only.
 - It is a facility and would have the infrastructure and broadband capacity to support two-way, audio/video communication technology

Resources

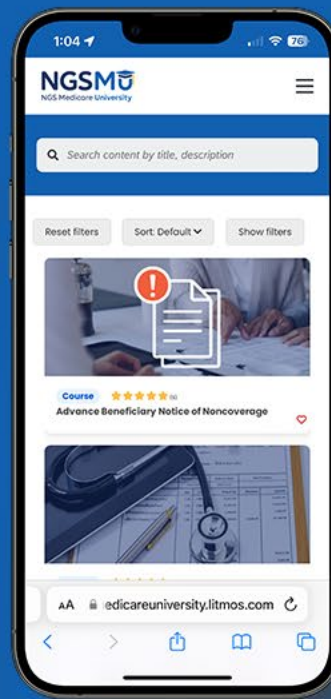
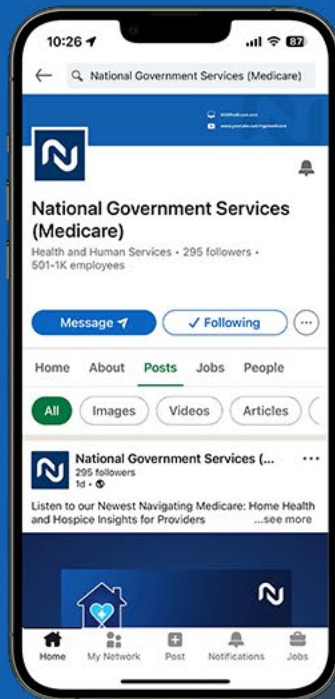
Helpful Resources

- MLN[®] Fact Sheet: [Telehealth Services](#)
- [Telehealth – NGS MEDICARE](#)
- [NGS Telehealth FAQs](#)
- [CMS Telehealth FAQs 1-8-2025](#)



Questions?

Thank you!



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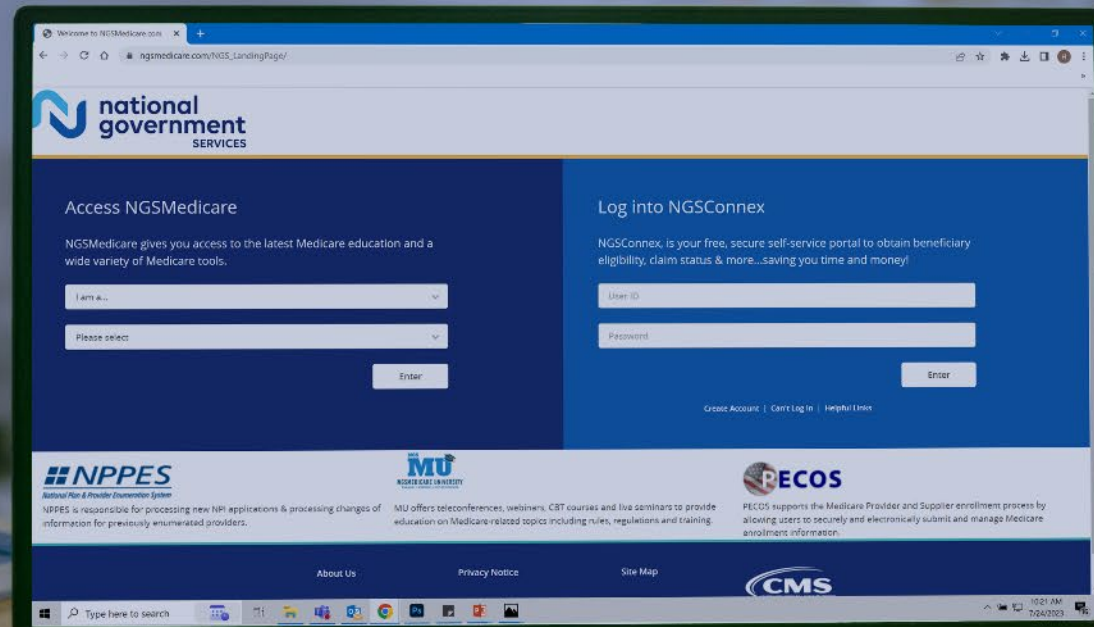


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