

The End of the Public Health Emergency and Billing Telehealth Services

4/18/2023



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Objective

To make the provider community aware of what to expect at the end of the PHE and share guidelines for telehealth services.

Today's Presenters



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Agenda

Staying Informed

2023 Telehealth Services

Reminders for COVID-19 Telehealth
Services

Staying Informed

Suggested Actions

- During COVID-19 PHE, information and instructions may change and will turn to prior instructions following PHE
 - PHE set to expire on 5/11/2023
 - [U.S. Department of Health & Human Services](#)
- Vital to ensure providers receive latest information
- Take steps to ensure you have access to the latest updates by signing up for email communications
 - [CMS Email Updates](#) and
 - [National Government Services Email Updates](#)
- Routinely check
 - CMS [Current emergencies](#) web page and
 - NGS [COVID-19](#) Medicare Topics web page

CMS Website

The screenshot shows the CMS.gov website homepage. At the top left is the CMS.gov logo with the tagline "Centers for Medicare & Medicaid Services". To the right are links for "About CMS" and "Newsroom", and a search bar labeled "Search CMS.gov". Below the header is a navigation menu with links for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area features a "Strategic Plan" section with a list of goals: Advance Equity, Expand Access, Engage Partners, Drive Innovation, Protect Programs, and Foster Excellence. A large image shows two business professionals looking at a tablet. Below this is a "Coronavirus Disease 2019" section with a brief description and a "Learn More" button.

CMS.gov Centers for Medicare & Medicaid Services

About CMS Newsroom Search CMS.gov

Medicare Medicaid/CHIP Medicare-Medicaid Coordination Private Insurance Innovation Center Regulations & Guidance Research, Statistics, Data & Systems Outreach & Education

Strategic Plan

- Advance Equity
- Expand Access
- Engage Partners
- Drive Innovation
- Protect Programs
- Foster Excellence

Strategic Plan

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

[Learn more →](#)

Coronavirus Disease 2019

Find program guidance and information about our response to COVID-19 and current non-COVID emergencies.

[Learn More →](#)

NGSMedicare Website



The screenshot shows the Medicare website interface. At the top, there is a navigation bar with the National Government Services logo on the left and menu items: HOME, EDUCATION (highlighted with a yellow underline), RESOURCES, EVENTS, ENROLLMENT, and APPS. A search icon is on the right. Below the navigation bar, the breadcrumb path reads "Education > Medicare Topics". The main heading is "COVID-19". On the left side, there is a vertical sidebar menu with the following items: "COVID-19" (highlighted with a blue bar), "Accelerated and Advanced Payment Program", "Appeals", "Claim Billing Guidance", and "COVID-19 Vaccine and Monoclonal Antibody". The main content area features a large "COVID-19" heading followed by a paragraph: "The 2019 Novel Coronavirus (COVID-19) was declared a PHE on 3/13/2020. At the time of this update, the PHE remains in effect. Please visit CMS' Current emergencies web page for complete details on the PHE." Below this is another paragraph: "At National Government Services, the health and well-being of our beneficiaries, providers, our associates and communities is our top priority." The final paragraph states: "CMS' COVID-19 web page is a toolkit for providers who are looking for information on the COVID vaccines, including enrollment and billing of the vaccine administration. There is also a comprehensive CMS Frequently Asked Questions to Assist Medicare Providers document to help you with your questions and concerns."

Modifier CR

- Modifier CR (catastrophe/disaster related)
 - Used on professional and outpatient institutional claims
 - CR modifier is not required on telehealth services
- Mandatory coding for any claim for which Medicare payment is conditioned on the presence of a “formal waiver” including the Section 1135 waiver
- Used to identify claims that are/may be impacted by specific payer/health plan policies related to a national or regional disaster
- Effective 5/12/2023, discontinue the use of Modifier CR

Modifier CS

- CS modifier waives cost sharing requirements
- MLN Matters® [SE20011 Revised: Medicare FFS Response to the PHE on COVID-19](#)
- DOS on/after 3/18/2020: Cost-sharing does not apply for COVID-19 testing-related services, which are medical visits
 - Append CS modifier to E/M service performed
 - ✓ When E/M service leads to COVID-19 testing
 - ✓ Allows E/M to be paid at 100% of the fee schedule
- Effective 5/12/2023, modifier CS will no longer bypass cost sharing for COVID-19 evaluation

PHE Expiration

- Effective 5/12/2023
 - P9603/P9604 will return to editing to tie travel allowance to specimen collection
 - Laboratory billing requirements for ordering/referring required for COVID-19 related testing
 - Ambulance waiver for extension of timely filing no longer in place
 - Ambulance destination modifiers local editing back in place
 - ✓ Ambulance policy will be followed once again

Helpful Resources

- [Fact Sheet - CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency](#)
- [HHS Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap](#)
- [Creating a Roadmap for the End of the COVID-19 Public Health Emergency](#)
- [CMS Coronavirus waivers & flexibilities](#)
 - Includes updated provider specific fact sheets
- [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19](#)

2023 Telehealth Services

2023 CMS List of Telehealth Services

- Telehealth
- Submitting a Request
- Request for Addition
- CMS Criteria for Submitted Requests
- Review
- Deletion of Services
- Changes
- Adding Telehealth Services
- List of Telehealth Services**

List of Telehealth Services

List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

In the CY 2023 Final Rule, CMS finalized alignment of availability of services on the telehealth list with the extension timeframe enacted by the CAA, 2022. The CAA, 2023 further extended those flexibilities through CY 2024. We have updated and simplified the Medicare Telehealth Services List to clarify that these services will be available through the end of CY 2023, and we anticipate addressing updates to the Medicare Telehealth Services List for CY 2024 and beyond through our established processes as part of the CY 2024 Physician Fee Schedule proposed and final rules.

[List of Telehealth Services for Calendar Year 2023 \(ZIP\)](#) - Updated 02/13/2023

Medicare Telehealth Originating Site Facility Fee, Q3014

Time Period	MEI (%)	Facility Fee for Q3014
2023	3.8%	\$28.64

Telehealth Origination Site Facility Fee Payment Amount

- MEI increase for 2023 is 3.8%
- HCPCS code Q3014
- 2023 fee \$28.64
- This would apply to traditional telehealth services
 - By submitting Q3014 HCPCS code, the originating site authenticates they are located in either a rural HPSA or non-MSA county

Medicare Telehealth Services

■ Categories

- Category 1
 - ✓ Services that are similar to professional consultations, office visits, and office psychiatry services that are currently on the list of telehealth services
- Category 2
 - ✓ Services that are not similar to the current list of telehealth services
- Category 3 (temporary category)
 - ✓ Services added to the list during the PHE for the COVID -19 pandemic
 - ✓ Services will remain on the list through the calendar year in which the PHE ends

Medicare Telehealth Services, Cont.

- CY2023
- Category 1 code additions
 - G0316, G0317, and G0318, G3002, and G3003
- Category 2 codes have no new additions
- Category 3 codes added for the PHE will remain on the list until 12/31/2023
 - CMS will address updates to the Medicare Telehealth Services List for CY 2024 and beyond through as part of the CY 2024 Physician Fee Schedule proposed and final rules
- [List of Telehealth Services](#)
- Federal Register -TABLE 11: Services Requested for Addition to the Medicare Telehealth Services List for CY2023 (includes category assignment)
 - [Federal Register / Vol. 87](#)
 - Pages 45 - 46

Medicare Mental Health Telehealth Services

- Effective immediately on and after the official end of the PHE, mental health disorders may continue to be offered as telehealth services
- Service for the purpose of diagnosis, evaluation and treatment of mental health disorders will no longer be restricted to beneficiaries residing in rural areas
- Originating sites expanded to include
 - Beneficiary Home
 - Temporary Lodging (hotels, homeless shelters, nursing homes)
 - Originating site facility fee does not apply

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 a virtual call
- Medical record should support the reason for using audio-only communication

Medicare Mental Health Telehealth Modifiers

- MLN Matters® [MM12549: CY2022 Telehealth Update Medicare Physician Fee Schedule](#)
 - Effective Date: 1/1/2022
 - Implementation Date: 4/1/2022
- FQ – A telehealth service was furnished using real-time audio-only communication technology
 - Two exceptions
 - ✓ Beneficiary is not capable of two-way audio/video technology
 - ✓ Beneficiary does not consent to the use of two-way, audio/video technology
- FR – A supervising practitioner was present through a real-time two-way, audio/video communication technology

Major Medicare Telehealth Flexibilities Not Affected

- Flexibilities will remain in place through December 2024 due to the bipartisan Consolidated Appropriations Act (CCA), 2023
 - Can access telehealth services in any geographic area in the U.S., rather than only those in rural areas
 - Can stay in their homes for telehealth visits that Medicare pays for rather than traveling to a health care facility
 - Certain telehealth visits can be delivered audio-only (such as a telephone) if someone is unable to use both audio and video, such as a smartphone or computer
- Reporting Home Address
 - During the PHE, CMS allowed practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from their currently enrolled location
 - When the PHE ends, waiver will continue through 12/31/2023

Expiration of PHE Flexibilities for Direct Supervision Requirements

- Direct supervision through virtual presence will continue through at least the end of CY 2023
- After the end of the calendar year in which the PHE ends, telehealth services can no longer be performed by clinical staff incident to the billing provider/practitioner who directly supervises the service through their virtual presence

Teaching Physicians

- After the PHE, teaching physicians only in residency training sites located outside of a metropolitan statistical area may direct, manage and review care furnished by residents through audio/video real-time communications technology

Removal of Frequency Limitations on Certain Medicare Telehealth Services to End

- During the PHE, CMS removed frequency restrictions for the following listed codes furnished via Medicare telehealth
- After the PHE, all applicable rules for furnishing these services, unless otherwise specified, will once again take effect
 - A subsequent inpatient visit could be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days (CPT codes 99231-99233)
 - A subsequent skilled nursing facility visit could be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 14 days (CPT codes 99307-99310)
 - Critical care consult codes could be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation (HCPCS codes G0508-G0509)

Reminders for COVID-19 Telehealth Services

Telephone Services

- 99441–99443
 - Telephone E/M service by a practitioner or qualified health care professional
 - 4/30/2020 added to telehealth services; use modifier 95
 - ✓ **Note:** Medicare payment for CPT codes 99441-99443 is equivalent to the Medicare payment for office/outpatient visits with established patients effective 3/1/2020
 - Physicians (including Osteopaths, Podiatrists, and Optometrists), Dentists, Nonphysician Practitioners (including Nurse Practitioner, Clinical Nurse Specialist, Physician Assistant, Certified Nurse Midwife) and Maxillofacial Surgeon
 - After the PHE ends, the Consolidated Appropriations Act, 2023 provides for an extension for this flexibility through 12/31/2024
- 98966–98968
 - Telephone assessment and management service
 - Not 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, Registered Dietitians (RDs) and Nutrition Professionals (NPs)

Reminders for Telehealth Services

- On/after 3/1/2020 and through CY2023
 - Bill audio or audio/video telehealth service with modifier 95 (professional telehealth service from a distant site)
 - ✓ Continue to bill modifier 95 through the latter of the end of the year in which the PHE ends or CY2023
 - POS equal to what it would have been (if were performed face-to-face) in the absence of a PHE
 - CR modifier not required on telehealth services
 - Telehealth services are professional services billed as distant site

Telehealth Documentation

- Same as any face-to-face patient encounter, except a statement needed indicating service was telehealth, along with
 - Patient location
 - Provider location
 - Names of all persons participating in the telemedicine service and their role in the encounter
- Time-based services, document start/stop time or total time
- Teaching physician may use audio/video telecommunications during key portions of service

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.



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