

Billing Telehealth Services for Part B Providers

6/25/2025

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Objective

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



Agenda

- [COVID-19 PHE Telehealth Flexibilities Ending 9/30/2025](#)
- [Telehealth Services](#)
- [FAQs](#)
- [Resources](#)

COVID-19 PHE Telehealth Flexibilities Ending 9/30/2025

Telehealth Flexibilities Ending 9/30/2025

- Effective 10/1/2025, the statutory limitations that were in place for Medicare telehealth services before the COVID-19 PHE will retake effect for most telehealth services
 - Geographic restrictions
 - Location restrictions on where you can provide services
 - Limitations on the scope of practitioners who can provide telehealth services

Non-behavioral or Non-mental Telehealth Visits

- There will be originating site requirements and geographic location restrictions
- The originating site is the location of an eligible beneficiary at the time the service is furnished
 - A rural HPSA located either outside of an MSA or in a rural census tract of an MSA; or a county outside of a MSA
 - To see a potential Medicare telehealth originating site's payment eligibility, go to HRSA's [Medicare Telehealth Payment Eligibility Analyzer](#)

Originating Site Eligibility

- Health Resources & Services Administration (HRSA)



The screenshot shows the 'Medicare Telehealth Payment Eligibility Analyzer' tool on the data.HRSA.gov website. The page has a header with the HRSA logo and navigation links. Below the header, there's a breadcrumb trail: Home > Tools > Medicare Telehealth Payment Eligibility Analyzer. The main heading is 'Medicare Telehealth Payment Eligibility Analyzer' with a subtext: 'Check if an address is eligible for Medicare telehealth originating site payment.' Below this, there's a 'Search Criteria' section with instructions: 'Please provide a street address, city, and state or a street address and ZIP Code.' The form includes input fields for 'Street Address' (with a placeholder 'Address'), 'City' (with a placeholder 'City'), 'State/Territory' (a dropdown menu), and 'ZIP Code' (with a placeholder 'ZIP Code').

Originating Sites

- Offices of physicians/practitioners
- Hospitals and critical access hospitals
- Rural health clinics
- Federally qualified health centers
- Skilled nursing facilities
- Community mental health centers
- Hospital-based or CAH-based renal dialysis centers (including satellites)
- Mobile stroke unit (only for purposes of diagnosis, evaluation or treatment of symptoms of an acute stroke)
- Renal dialysis facility (only for purposes of home dialysis monthly ESRD-related clinical assessment)
- The patient's home is a permissible originating site for services provided for diagnosing, evaluating, or treating
 - **Mental health disorders**
 - **Substance abuse disorder**
 - **Monthly ESRD-related clinical assessments**

Behavioral or Mental Telehealth

- For behavioral or mental telehealth, all patients can continue to get telehealth wherever they are located
 - No originating site requirements
 - No geographic location restrictions
- The patient's home is a permissible originating site for services provided for diagnosing, evaluating, or treating
 - Mental health disorders
 - Substance abuse disorder
 - Monthly ESRD-related clinical assessments

Telehealth Services

Full-Year Continuing Appropriations and Extensions Act, 2025

- The Federal government took steps to expedite the adoption and awareness of telehealth and the following telehealth policies will be extended to **9/30/2025**
 - Medicare patients can receive telehealth services for non-behavioral/mental health care in their home
 - No geographic restrictions for originating site for Medicare non-behavioral/mental telehealth services
 - Telehealth services can be provided by all eligible Medicare providers
 - Waiver continues for an in-person visit within six months of an initial Medicare behavioral/mental telehealth service, and annually thereafter
 - Non-behavioral/mental telehealth services can continue to be delivered using audio-only communication platforms
- Reference: [Extensions of Telehealth Access Options](#)

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 also permanently include two-way, real-time audio-only communication technology for any telehealth service furnished to a patient who may receive telehealth services in their home
 - If the distant site physician or practitioner is technically capable of using an interactive telecommunications system, but the patient is not capable of, or does not consent to, the use of video technology

Originating Site

- The location where a patient is located and receives medical services via telehealth
 - Through 9/30/2025
 - Patients can get telehealth wherever they are located
 - No geographic location restrictions
 - After 9/30/2025
 - 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 9/30/2025
 - 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 COVID-19
 - Will remain on the list of telehealth services
- Audio only column was removed

2025 Additions to the Telehealth Services List

- PrEP for HIV
 - G0011, G0013
- Caregiver Training
 - 97550, 97551, 97552, 96202, 96203
- Caregiver Training – Direct Care Strategies
 - G0541, G0542, G0543
- Caregiver Training – Behavior Management
 - G0539, G0540
- Safety Planning Interventions
 - G0560

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 9/30/2025

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 patent 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

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 location instead of their home address 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 **9/30/2025**

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 **9/30/2025**.
 - **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?
 - Physicians and practitioners may continue to use two-way, real-time audio-only communication technology for Medicare telehealth services furnished through **9/30/2025**.
 - Audio-only telehealth services are permitted in all originating sites through 9/30/2025.
 - 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 9/30/2025?
 - 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 patients who may receive Medicare telehealth services in their homes**, 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.
 - The patient’s home is a permissible originating site for services provided for diagnosing, evaluating, or treating
 - Mental health disorders
 - Substance abuse disorder
 - Monthly ESRD-related clinical assessments
 - 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 1/1/2025–9/30/2025

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

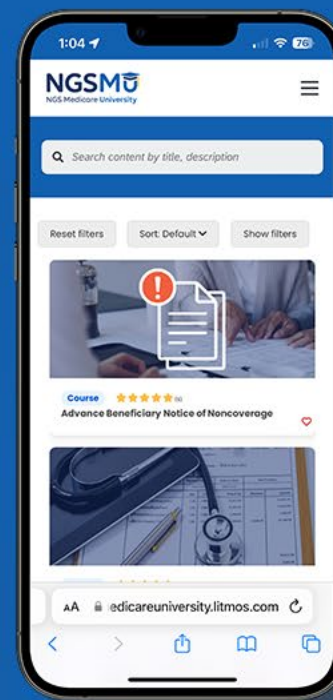
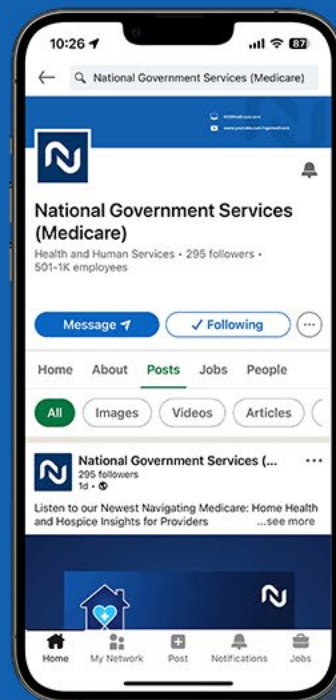
Helpful Resources

- MLN® Booklet: [Telehealth Services](#)
- [Telehealth policy updates | Telehealth.HHS.gov](#)
- [Telehealth – NGS Medicare](#)
- [NGS Telehealth FAQs](#)
- [CMS Telehealth FAQs 1/8/2025](#)



Questions?

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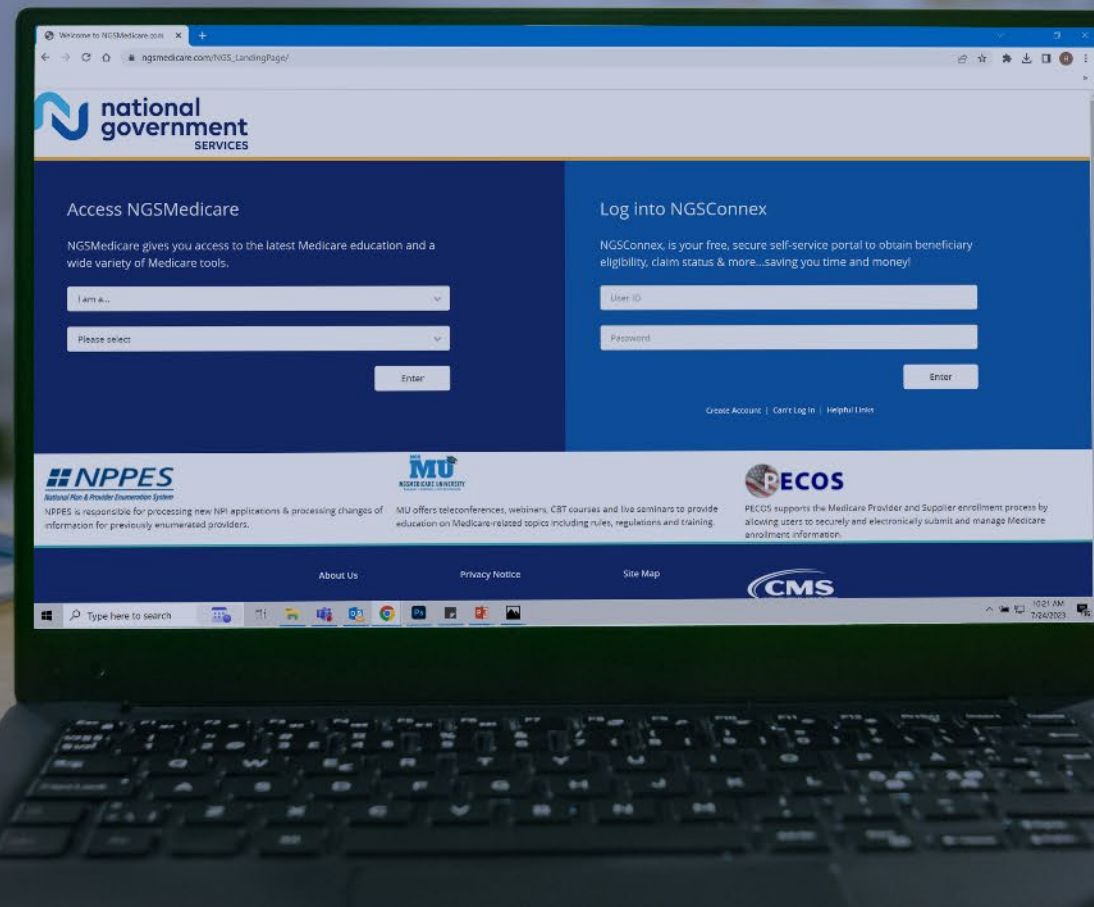


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