

# The End of the Public Health Emergency and Billing Telehealth Services

7/13/2023



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## Objective

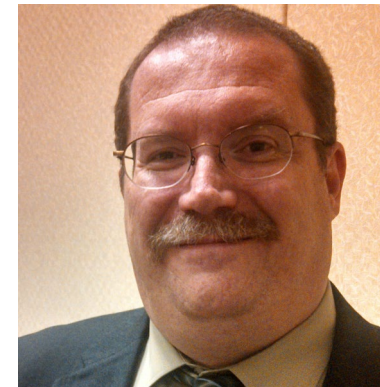
To make the provider community aware of what to expect now that the PHE has ended and share guidelines for telehealth services.



# Today's Presenters

## ■ Provider Outreach and Education, Consultants

- Lori Langevin
- Gail Toussaint
- Nathan Kennedy, CHC, CPC, CPPM, CPC-I, CPB, CPMA AAPC I-10 Approved Trainer



# Agenda

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Staying Informed

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2023 Telehealth Services

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Reminders for COVID-19 Telehealth  
Services

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End of the PHE FAQ's

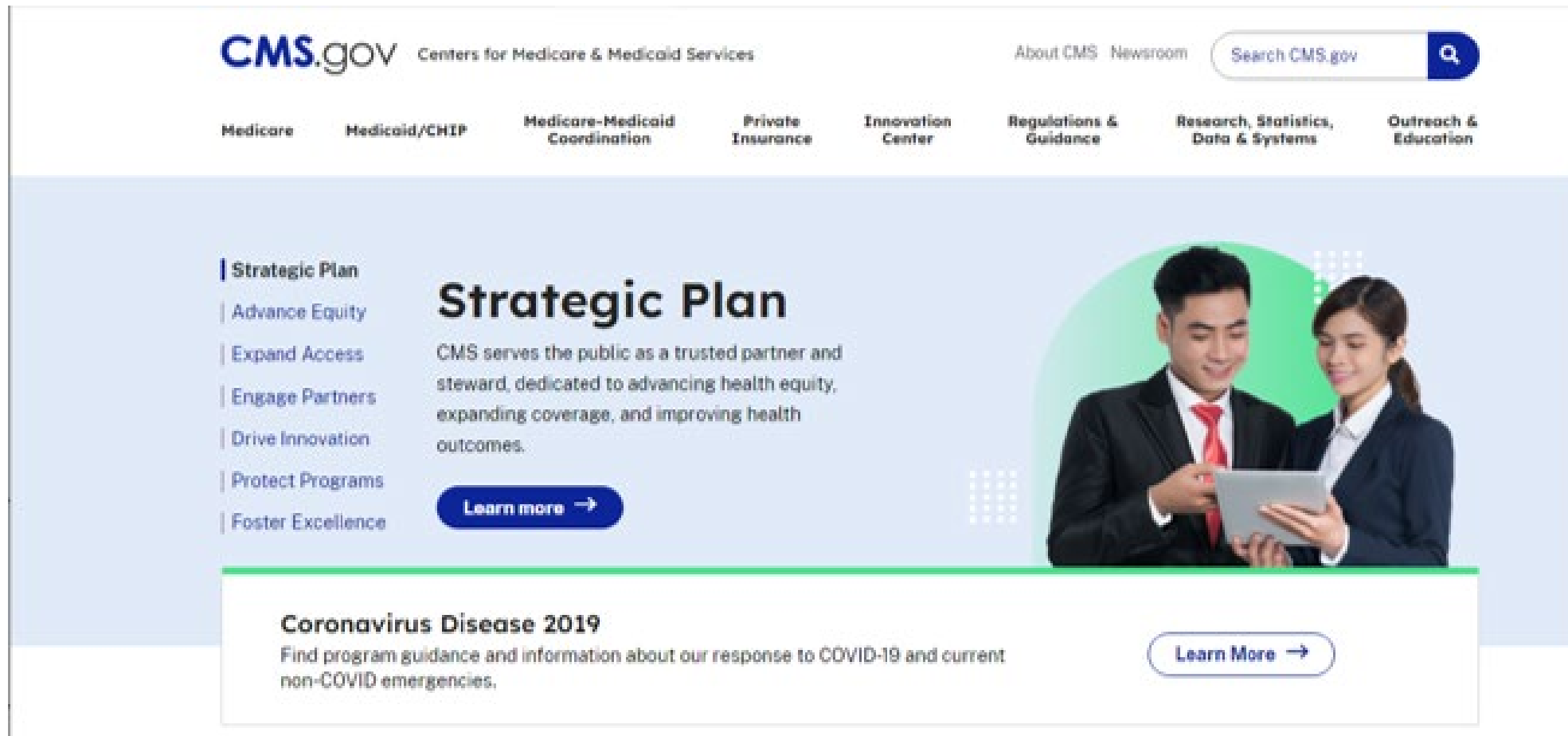
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# Staying Informed

# Suggested Actions

- PHE expired 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
  - NGS [COVID-19](#) Medicare Topics web page

# CMS Website



The screenshot shows the CMS.gov website. At the top, the CMS.gov logo is followed by the text "Centers for Medicare & Medicaid Services". To the right are links for "About CMS" and "Newsroom", and a search bar with the text "Search CMS.gov" and a magnifying glass icon. Below this is a navigation bar 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". To the right of this list is a large image of a man and a woman in business attire looking at a tablet. Below the image is a "Coronavirus Disease 2019" section with the text "Find program guidance and information about our response to COVID-19 and current non-COVID emergencies," and a "Learn More" button. A "Learn more" button is also present in the Strategic Plan section.

**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 →](#)

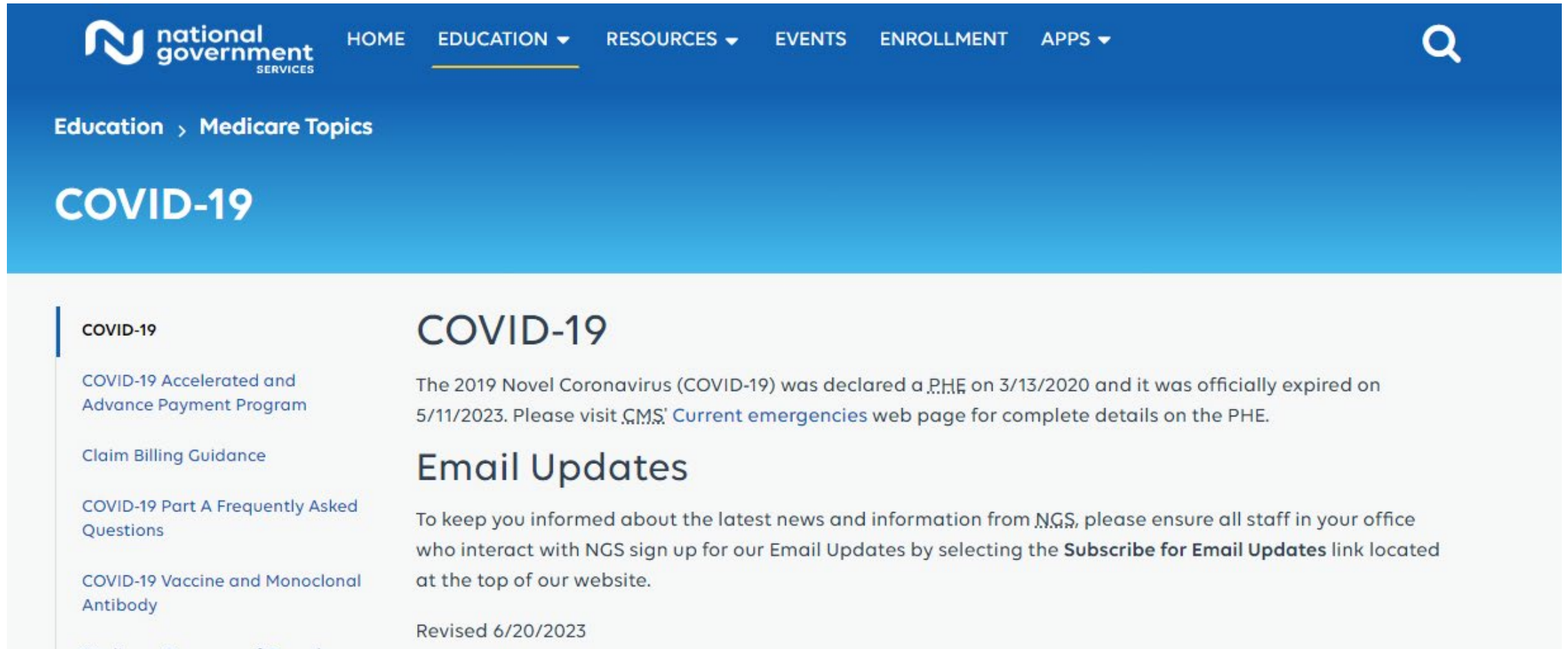
**Coronavirus Disease 2019**

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

[Learn More →](#)



# NGSMedicare Website



The screenshot shows the NGS Medicare website interface. At the top is a blue navigation bar with the NGS logo and links for HOME, EDUCATION (highlighted with a yellow underline), RESOURCES, EVENTS, ENROLLMENT, and APPS. A search icon is on the right. Below the navigation bar, a breadcrumb trail reads 'Education > Medicare Topics'. A large blue banner with the text 'COVID-19' is positioned below the breadcrumb. The main content area has a light blue background. On the left, a sidebar contains a 'COVID-19' section with a vertical blue bar, followed by links: 'COVID-19 Accelerated and Advance Payment Program', 'Claim Billing Guidance', 'COVID-19 Part A Frequently Asked Questions', and 'COVID-19 Vaccine and Monoclonal Antibody'. The main content area features a 'COVID-19' heading, a paragraph about the 2019 Novel Coronavirus (COVID-19) being declared a PHE on 3/13/2020 and expiring on 5/11/2023, with a link to CMS's Current emergencies web page. Below this is an 'Email Updates' heading and a paragraph encouraging staff to sign up for email updates by selecting the 'Subscribe for Email Updates' link at the top of the website. The date 'Revised 6/20/2023' is at the bottom of the main content area.

**national government SERVICES**

HOME EDUCATION RESOURCES EVENTS ENROLLMENT APPS

Education > Medicare Topics

## COVID-19

**COVID-19**

COVID-19 Accelerated and Advance Payment Program

Claim Billing Guidance

COVID-19 Part A Frequently Asked Questions

COVID-19 Vaccine and Monoclonal Antibody

## COVID-19

The 2019 Novel Coronavirus (COVID-19) was declared a PHE on 3/13/2020 and it was officially expired on 5/11/2023. Please visit [CMS' Current emergencies](#) web page for complete details on the PHE.

## Email Updates

To keep you informed about the latest news and information from NGS, please ensure all staff in your office who interact with NGS sign up for our Email Updates by selecting the **Subscribe for Email Updates** link located at the top of our website.

Revised 6/20/2023

# 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 returned to editing to tie travel allowance to specimen collection
  - ✓ Specimen collection codes (G2023 and G2024 and C9803) were only active during the PHE and ended on 5/11/2023
- 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

# 2023 Telehealth Services



# 2023 CMS List of Telehealth Services

Home > Medicare > Telehealth > 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 05/09/2023

### Medicare Telehealth Originating Site Facility Fee, Q3014

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

# List of Medicare Telehealth Services

- [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 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 calendar year 2023

# Telehealth Originating Site Facility Fee Payment Amount

- HCPCS code Q3014
  - 2023 fee is \$28.64
    - ✓ MEI increase for 2023 is 3.8%
  - Applies to traditional telehealth services
  - By submitting Q3014, the originating site authenticates they are located in either a rural HPSA or non-MSA county
  - Q3014 is NOT billable for telehealth services when the patient is located in their home

# Medicare Mental Health Telehealth Services

- Mental health disorders will 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 (Q3014) 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
  - 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 2023, 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

- Originally, CMS indicated that effective 5/12/2023 (after the PHE expired) only teaching physicians in residency training sites located outside of a metropolitan statistical area (MSA) may meet the presence for the key portion requirement through audio/video real-time communications technology
- CMS has since clarified that information through the [CMS Waivers, Flexibilities, and the End of the COVID-19 Public Health Emergency](#) dated 5/19/2023, which now allows for this practice to continue for all teaching physician services through 12/31/2023
  - This means that MSA as well as non-MSA teaching physicians may continue to same practice to meet the requirement of being physically present with the resident during the key portions of the service



# 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
- Now that the PHE has ended, all applicable rules for furnishing these services, unless otherwise specified, will 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
- The Consolidated Appropriations Act, 2023 provides for an extension for this flexibility through 12/31/2024

## ■ 98966–98968

- Telephone assessment and management service
- **Effective 5/9/2023**, on the CMS list of telehealth codes; use modifier 95
- 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 end of 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



# End of the PHE FAQs

# FAQ #1

1. Will Medicare beneficiaries be required to have a physician order to receive a laboratory conducted COVID-19 test now that the PHE has ended?

A. Yes, a physician order will be required for COVID-19 laboratory testing as with other laboratory testing. Also, as with all clinical lab services, there will continue to be no co-payment required as these services pay at 100% of the Clinical Laboratory Fee Schedule.

# FAQ #2

2. During the PHE our pharmacy went in and provided COVID-19 vaccines to nursing home patients. Are we still allowed to provide these vaccines?

A. Pharmacies are still permitted to furnish vaccines in nursing homes. However, as of 7/1/2023 SNFs must serve as the billing entity for any vaccines furnished to patients in a Part A covered SNF stay under consolidated billing

# FAQ #3

3. Is the GT modifier not accepted for telehealth services after the PHE or at the end of December?

A. The GT modifier is not used for professional services submitted to Medicare. Medicare Part B recognizes modifier 95 for telehealth services billed with the place of service that would have been billed if the service were provided face-to-face.

# FAQ #4

4. With the end of the PHE, will HIPAA compliant telehealth platforms only be allowed, or can we continue to use any platform?

A. The Department of Health and Human Services HIPAA regulations require a HIPAA compliant platform be used. The PHE allowed for enforcement discretion during the PHE and that was extended through 8/9/2023. The [Notification of Enforcement Discretion for Telehealth](#) contains information regarding a compliant HIPAA platform.

# FAQ #5

5. Are both POS 02 and/or POS 10 to be billed to Medicare?

A. POS 02 is used for telehealth services. CMS allowed providers during the PHE alternative billing to bill for the place of service that the service would have been provided in, if it were administered in person along with modifier 95. This allows the provider to receive the complete allowance instead of being allowed at the lower facility rate. This waiver continues through 12/31/2024. CMS indicated they have not identified a need for POS 10 to be utilized in Medicare billing.

# FAQ #6

6. For mental health services provided via telehealth do we need to bill with both modifier 95 and FQ?

A. Yes, both modifiers are used to indicate different pieces of information so both would be required if the service is provided via telehealth.

# FAQ #7

7. Can principal care management and chronic care management services be permanently allowed for telehealth?

A. No, CMS has not included these codes on the telehealth list so they cannot be provided via telehealth.



# FAQ #8

8. I thought CMS was permanently allowing the beneficiary to have telehealth sessions in their homes. Is there an end date to this?

A. CMS has indicated on their website that based on the Consolidated Appropriations Act of 2023, Medicare beneficiaries can continue to receive telehealth services from their home through 12/31/2024. However, if the beneficiary is receiving the service at their home the physician may not bill for an originating site fee (Q3014).

# 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](#)

# Questions?

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



medicare **mobile**

Text NEWS to 37702; Text GAMES to 37702



youtube.com/ngsmedicare