

Billing Telehealth Services for Part B Providers

11/6/2024

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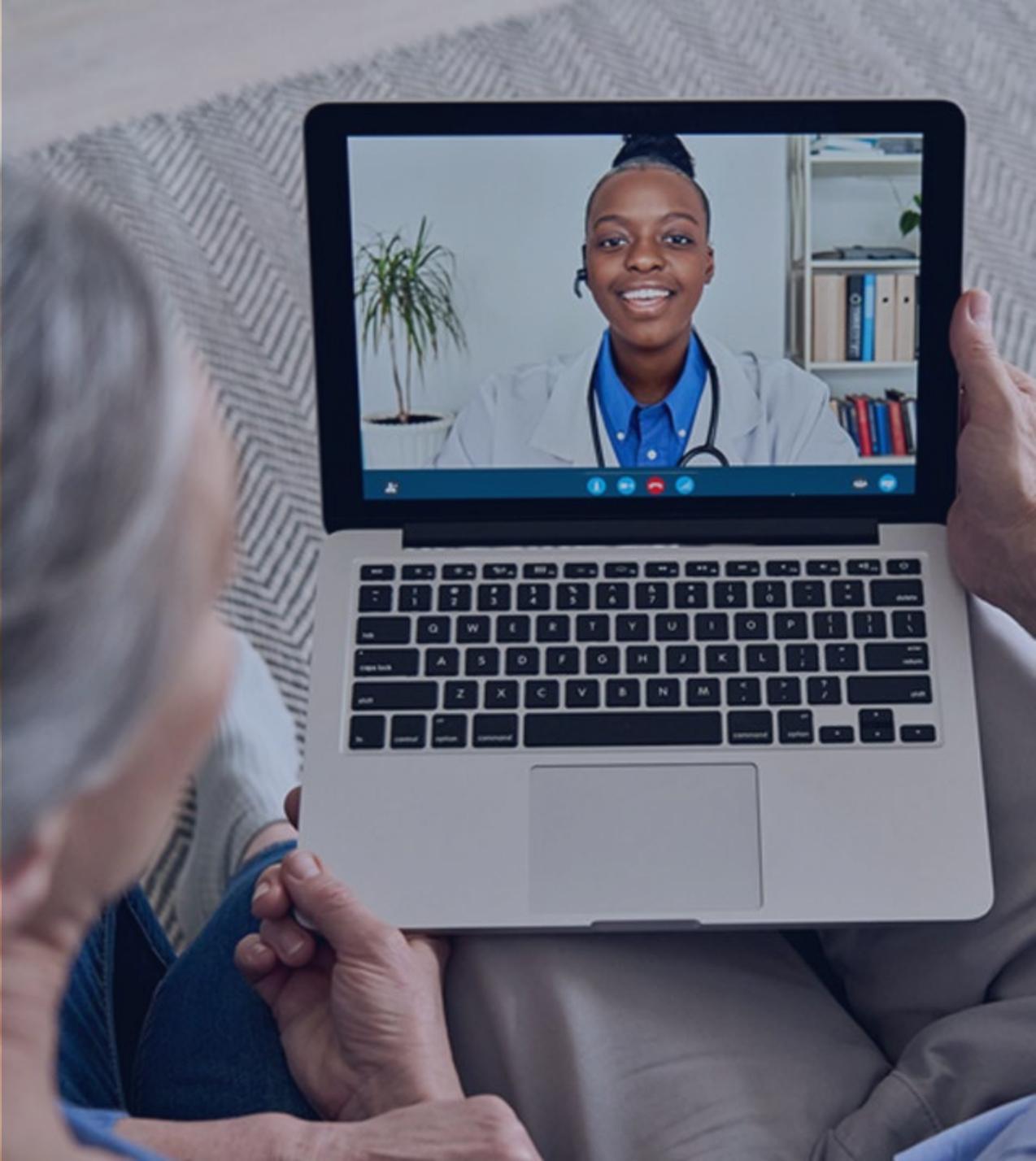
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Objective

To educate the provider community on the proper way to bill telehealth services for 2024 and what to expect in 2025.



Agenda

- [2024 Telehealth Services](#)
- [FAQs](#)
- [2025 Expected Changes to Telehealth Services](#)

2024 Telehealth Services

2024 CMS List of Telehealth Services

- [List of Telehealth 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 2024 \(ZIP\)](#) - Updated 11/13/2023

Medicare Telehealth Originating Site Facility Fee, Q3014

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

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
- Q3014 is not billable for telehealth services when the patient is in their home
- 2024 fee is \$29.96

Medicare Telehealth Services Categorized

- Category Column added 11/1/2023
 - Provisional- will remain on the list for CY 2024
 - Permanent- will remain on the list after 12/31/2024

2024 Telehealth Services

- CY2024 New Additions
- Permanent Category
 - Social Determinants of Health Risk Assessments
 - HCPCS G0136
- Provisional Category
 - Health and Well-Being Coaching Services
 - CPT codes 0591T - 0593T

CY2024

- Expanding the scope of telehealth originating sites for services provided via telehealth to include any site in the U.S. where the patient is at the time of the telehealth service, including a person's home
- Expanding the definition of telehealth practitioners to include qualified OTs, PTs, SLPs and audiologists
- Adding mental health counselors and marriage and family therapists as distant site practitioners for purposes of providing telehealth services

Originating Site

- An originating site is the location where a patient is located and receives medical services via telehealth
- Through 12/31/2024
 - Patients can get telehealth wherever they are located
 - No geographic location restrictions
- After 12/31/2024
 - 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

Distant Site

- A distant site is the location where a physician or practitioner provides telehealth
- Through 12/31/2024
 - All providers who are eligible to bill Medicare for professional services can provide distant site telehealth

Place of Service Codes

- Dates of service for 2023
 - Continue billing telehealth claims with the POS indicator you'd bill for an in-person visit and append the 95 modifier
- Starting 1/1/2024, use
 - 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
 - POS 19, 21, 22, 23
 - Use 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 12/31/2024

POS Codes for Telehealth Services

- Effective with DOS on/after 1/1/2024

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
19, 21, 22, 23	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](#)
- This change request did not provide new information; it 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
- Included in this change request 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. Modifier 93 has not been indicated as necessary for any audio-only services by CMS**
- 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**
 - For CY 2024: providers performing telehealth services from their homes may enter their office address in Box 32 Reference: [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID](#) (updated 11/6/2023)
 - For CY 2025: telehealth services performed from home will require the provider's home address and inclusion of the home address in PECOS

Mental Health Telehealth Services

- Mental health disorders will continue to be offered as telehealth services
- 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 12/31/2024

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

Mental Health Telehealth Modifiers

- 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
- MLN Matters® [MM12549 Revised: CY2022 Telehealth Update Medicare Physician Fee Schedule](#)
- FQ and FR modifiers are for mental health telehealth services only

Major Telehealth Flexibilities

- Flexibilities will remain in place through December 2024 due to the bipartisan Consolidated Appropriations Act (CAA), 2023
 - Medicare beneficiaries can
 - Access telehealth services in any geographic area in the U.S., rather than only those in rural areas
 - Stay in their homes for telehealth visits rather than traveling to a health care facility
 - Certain telehealth visits can be delivered audio-only if someone is unable to use both audio and video

Reporting Home Address

- Through 12/31/2024, CMS will allow 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
- Reference: [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID](#)

Physician Supervision Requirements

- CMS will permit the presence and immediate availability of the supervising practitioner through real-time audio and video interactive telecommunications through 12/31/2024

Teaching Physicians

- CMS will continue to allow teaching physicians to use audio/video real-time communications technology to be present when the resident furnishes Medicare telehealth services in all residency training locations through the end of CY 2024
 - This means MSA as well as non-MSA teaching physicians
 - This virtual presence will meet the requirement that the teaching physician be present for the key portion of the service

Removal of Frequency Limitations on Certain Telehealth Services to Continue

- CMS removed these frequency limitations until 12/31/2024
 - 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 (established patients only)
 - 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
 - The Consolidated Appropriations Act, 2023 provides for an extension for this flexibility through 12/31/2024
- 98966–98968
 - Telephone assessment and management service
 - Listed on the 2024 CMS list of telehealth codes as permanent codes
 - Clinical Psychologists, PT/OT/SLP, Optometrists, Nonphysician practitioners (including Nurse Practitioner, Clinical Nurse Specialist, Physician Assistant, Certified Nurse Midwife), LCSWs, RDs and NPs

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

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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?
 - 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?
 - Based on the Consolidated Appropriations Act of 2023, Medicare beneficiaries can continue to receive telehealth services from their home through 12/31/2024.
 - Note: If the beneficiary is receiving the service at their home; the physician may not bill for an originating site fee (Q3014).

FAQ Five

- How should I bill a telehealth service with a date of service in 2023?
 - For 2023, continue billing telehealth claims with the POS indicator you would bill for an in-person visit. You must use modifier 95 to identify them as telehealth through 12/31/2023.

FAQ Six

- What is the appropriate use for modifier 95 in CY 2024?
 - 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.

FAQ Seven

- 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).

2025 Expected Changes to Telehealth Services

2025 Proposal for Telehealth Services

- Several services will be added to the CMS Medicare Telehealth Services List on a provisional basis
 - Demonstration prior to initiation of home International Normalized Ratio (INR) monitoring and caregiver training services
- Continuing the suspension of frequency limitations for subsequent inpatient visits, subsequent nursing facility visits, and critical care consultations
- Continue to permit the distant site practitioner to use their currently enrolled practice location instead of their home address when providing telehealth services from their home
- An interactive telecommunications system may include two-way, real-time audio-only communication technology for any telehealth service furnished to a beneficiary 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

2025 Proposal for Direct Supervision

- 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 physician or supervising practitioner to provide such supervision through real-time audio and visual interactive telecommunications
- CMS is specifically proposing that the physician or supervising practitioner may provide such virtual direct supervision for services furnished incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his or her direct supervision and for which the underlying HCPCS code has been assigned a PC/TC indicator of office or other outpatient visit 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 under the direct supervision of the supervising physician or other practitioner, CMS is proposing to continue to define "immediate availability" to include real-time audio and visual interactive telecommunications technology

2025 Proposal for Teaching Physicians

- CMS to continue the current policy to allow teaching physicians to have a virtual presence for purposes of billing for services furnished involving residents in all teaching settings
 - 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
 - CMS is requesting information to help us consider whether and how best to expand the array of services included under the primary care exception in future rulemaking

2025 Expectations

- The Consolidated Appropriations Act, 2023, extended many Medicare telehealth flexibilities for people with Medicare through 12/31/2024, such as
 - Access to telehealth services in any geographic area in the United States, rather than only in rural areas
 - Allowing patients to stay in their homes for telehealth visits that Medicare pays for rather than requiring travel to a health care facility
 - Certain Medicare telehealth visits can be delivered using audio-only technology (such as a telephone) if someone is unable to use both audio and video, such as a smartphone or computer
- Unless new legislation is passed, there will be geographic restrictions on telehealth services as well as restrictions on home visits

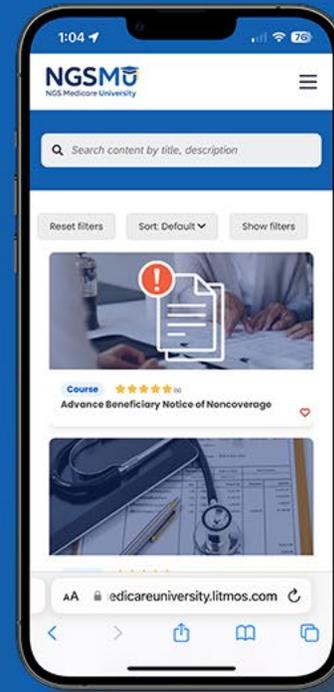
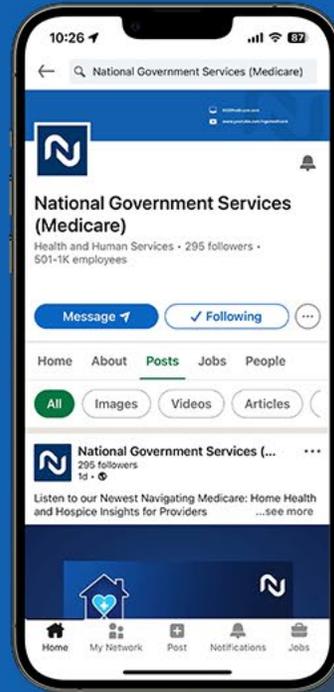
Helpful Resources

- [CMS Coronavirus waivers & flexibilities](#)
 - Includes updated provider-specific fact sheets
- MLN[®] Fact Sheet: [Telehealth Services](#)
- [Calendar Year \(CY\) 2025 Medicare Physician Fee Schedule Proposed Rule | CMS](#)



Questions?

Thank you!



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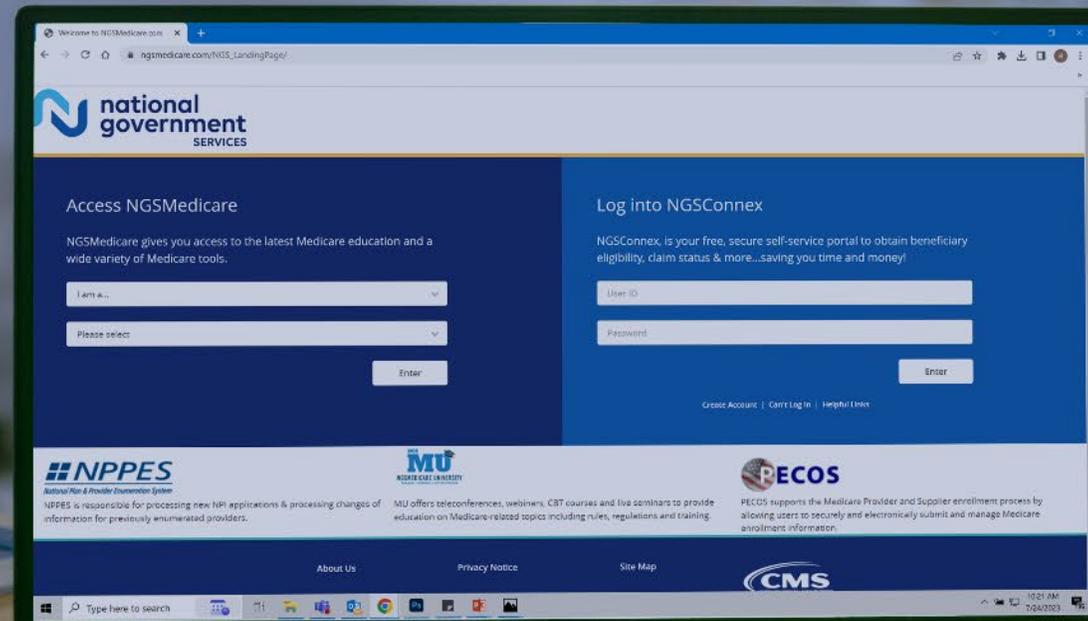


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