

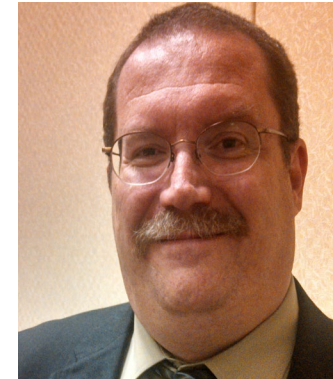
The End of the Public Health Emergency and Billing Telehealth Services

12/20/2023

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Today's Presenters

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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.



Agenda

Staying Informed

2023/2024 Telehealth Services

Reminders for COVID-19 Telehealth Services

End of the PHE FAQ's

The background is a dark blue gradient. On the right side, there are large, overlapping, semi-transparent blue geometric shapes, including a large 'S' and 'N' that form a stylized logo. In the bottom-left corner, there is a pattern of small, light blue dots.

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

Modifiers CR and CS

- Modifier CR (catastrophe/disaster related)
 - Effective 5/12/2023, discontinue the use of Modifier CR
- Modifier CS modifier waived cost sharing requirements
 - 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) were only active during the PHE and ended on 5/11/2023
 - ✓ C9803 – this code can still be billed but depending on the additional services billed it will often be packaged into other services rendered
- 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

2023/2024 Telehealth Services

2023/2024 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.

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 2024 \(ZIP\)](#) - Updated 11/02/2023

Medicare Telehealth Originating Site Facility Fee, Q3014

Time Period	MEI (%)	Facility Fee for Q3014
2024	4.6%	\$29.96
2023	3.8%	\$28.64

Medicare Telehealth Services Categorized

- 2023 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
- 2023/2024 Category column showing on the list of telehealth services
 - CMS added 11/1/2023
 - Provisional- will remain on the list for CY 2024
 - Permanent- will remain on the list after 12/31/2024

Originating Sites

- Before the COVID-19 PHE
 - Patients needed to get telehealth at an originating site located in a certain geographic location
- Through 12/31/2024
 - All patients can get telehealth wherever they are located
 - They do not need to be at an originating site, and there are not any geographic 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

Telehealth Originating Site Facility Fee Payment Amount

- HCPCS code Q3014
 - 2023 fee is \$28.64
 - ✓ MEI increase for 2023 is 3.8%
 - 2024 fee is \$29.96
 - ✓ MEI increase for 2024 is 4.6%
 - 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

Distant Sites

- A distant site is the location where a physician or practitioner provides telehealth
- Before the COVID-19 PHE
 - Only certain types of distant site providers could provide and get paid for 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

- For 2023, continue billing telehealth claims with the POS indicator you'd bill for an in-person visit
 - You must use modifier 95 to identify them as telehealth through 12/31/2023
- After 12/31/2023
 - 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
 - ✓ To be paid at the facility rate
 - Use POS 10-Telehealth for services when the patient is in their home
 - ✓ Beginning in CY 2024, telehealth services furnished to people in their homes will be paid at the non-facility PFS rate (higher rate on fee schedule)
 - This is to protect access to mental health and other telehealth services by aligning with telehealth-related flexibilities that were extended via the CAA, 2023

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

- 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: CY2022 Telehealth Update Medicare Physician Fee Schedule](#)

Major Medicare Telehealth Flexibilities Not Affected

- Flexibilities will remain in place through December 2024 due to the bipartisan Consolidated Appropriations Act (CCA), 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 that Medicare pays for 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

- 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
 - CMS stated this waiver will continue through 12/31/2024
- Reference: [Physicians and Other Clinicians: CMS Flexibilities to Fight COVID](#) (updated 11/6/2023)

Medicare Physician Supervision Requirements

- CMS has temporarily modified the regulatory definition of direct supervision, which requires the supervising physician or practitioner to be “immediately available” to furnish assistance and direction during the service, to include “virtual presence” of the supervising clinician through the use of real-time audio and video technology
 - Direct supervision through virtual presence will continue through at least the end of CY 2023
- For CY 2024, CMS is finalizing that they will continue to define direct supervision to permit the presence and immediate availability of the supervising practitioner through real-time audio and video interactive telecommunications through 12/31/2024
 - CMS believes that extending this definition of direct supervision through 12/31/2024, aligns the timeframe of this policy with many of the previously discussed PHE-related telehealth policies that were extended under provisions of the CAA, 2023

Teaching Physicians

- Originally, CMS indicated effective 5/12/2023, 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 clarified this practice can continue for all teaching physician services through 12/31/2023
 - This means 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
- Per the CY 2024 final rule, 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 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 Medicare Telehealth Services to Continue

- During the PHE, CMS removed frequency restrictions for the following listed codes furnished via Medicare telehealth
 - 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)
- CMS removed these frequency limitations until 12/31/2023
- For CY 2024, CMS is also removing these frequency limitations

Reminders for COVID-19 Telehealth Services

Telephone Services

- 99441–99443
 - Telephone E/M service by a practitioner or qualified health care professional
 - Use modifier 95 for the remainder of CY 2023
 - ✓ **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
 - **5/9/2023** – added to the CMS list of telehealth codes
 - ✓ Use modifier 95 for the remainder of CY 2023
 - **11/2/2023** – 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

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
 - 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 One

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 copayment required as these services pay at 100% of the Clinical Laboratory Fee Schedule.

FAQ Two

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 Three

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 Four

4. Where can I find the HIPAA compliant platforms that can be used for Medicare telehealth services?
 - A. 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 Five

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

FAQ Six

6. Are principal care management and chronic care management services allowed for telehealth?
 - A. No, CMS has not included these codes on the telehealth list so they cannot be provided via telehealth.

FAQ Seven

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

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
- MLN[®] Fact Sheet: [Telehealth Services](#) (Updated June 2023)

Questions?

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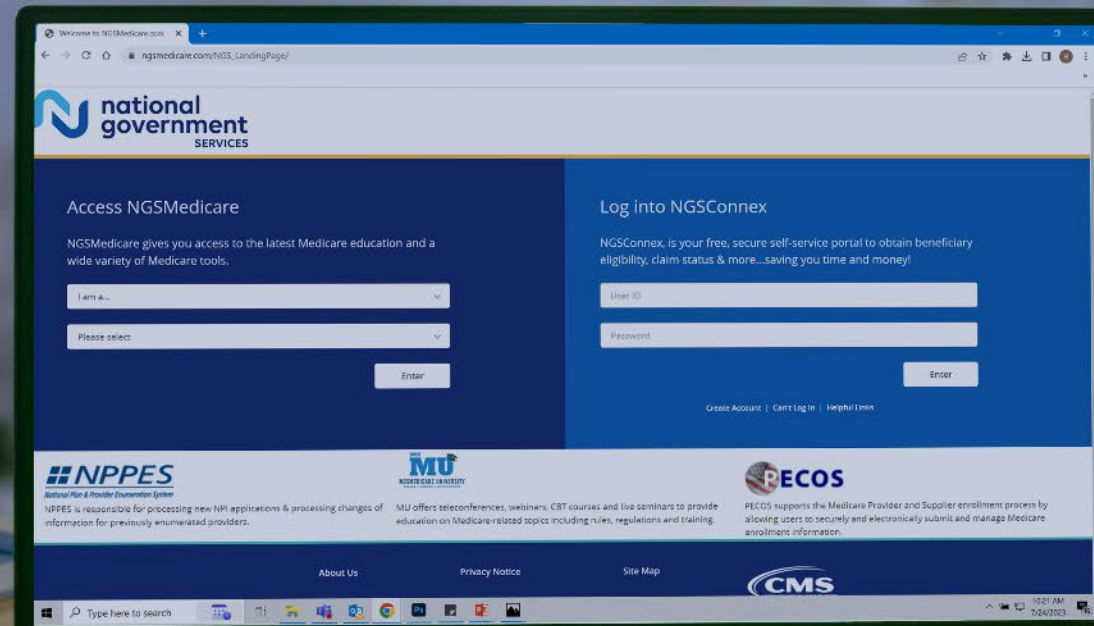
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