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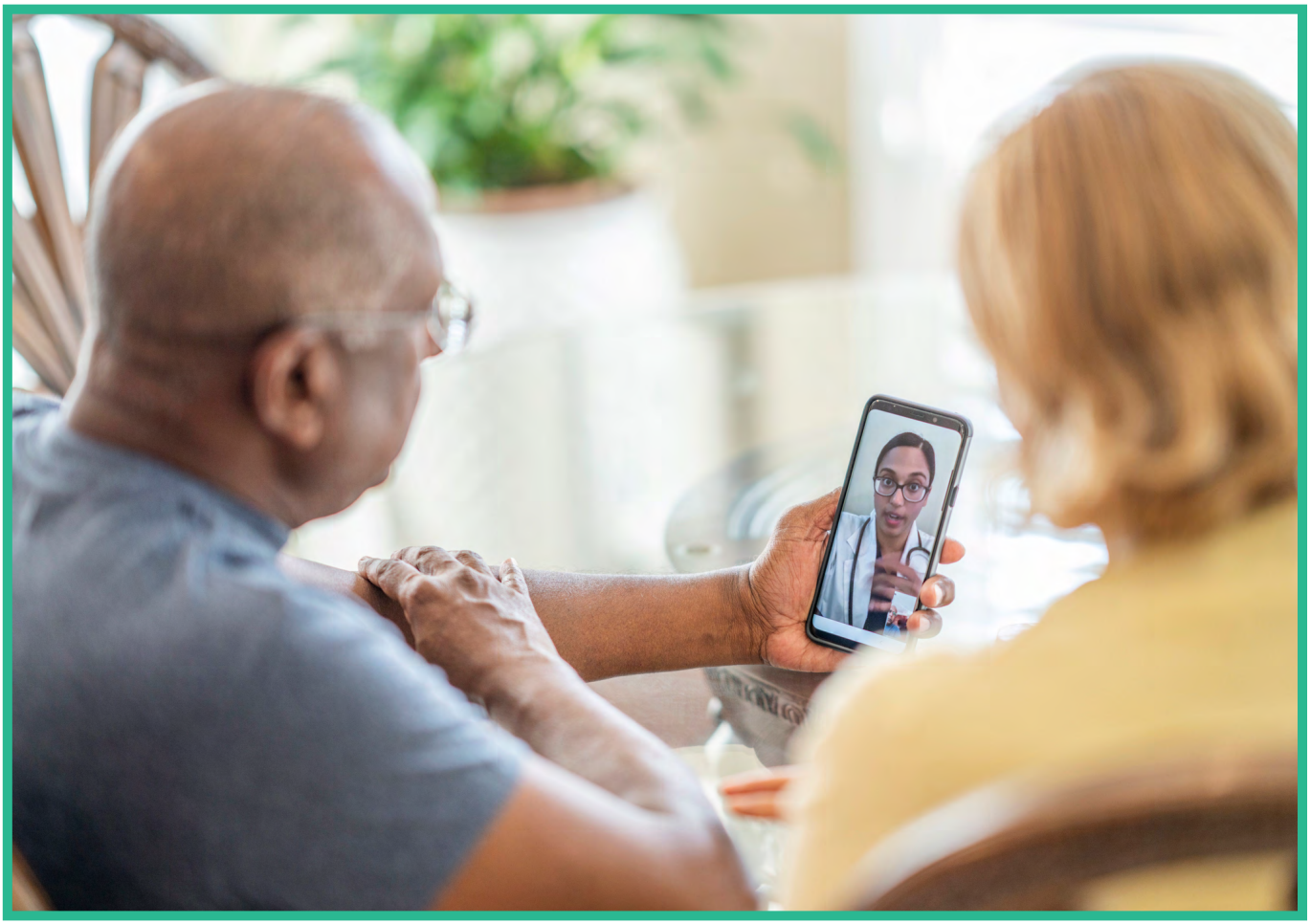
FACT SHEET
KNOWLEDGE • RESOURCES • TRAINING

Telehealth Services



What's Changed?

- Added new CPT and HCPCS codes for CY 2024 (page 3)
- Added new and expanded telehealth services (page 3)
- Extended use of modifier 95 (page 4)
- Clarified place of service codes for professional billing (page 5)

Substantive content changes are in dark red.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

We pay for specific Medicare Part B services that a physician or practitioner provides via 2-way, interactive technology (or telehealth). Telehealth substitutes for an in-person visit, and generally involves 2-way, interactive technology that permits communication between the practitioner and patient.

During the COVID-19 public health emergency (PHE), we used emergency waiver and other regulatory authorities so you could provide more services to your patients via telehealth. Section 4113 of the Consolidated Appropriations Act, 2023 extended many of these flexibilities through December 31, 2024, and made some of them permanent.

The COVID-19 public health emergency (PHE) ended at the end of the day on May 11, 2023. View Infectious diseases for a list of waivers and flexibilities that were in place during the PHE.

Originating Sites

An originating site is the location where a patient gets physician or practitioner medical services through telehealth. Before the COVID-19 PHE, patients needed to get telehealth at an originating site located in a certain geographic location.

Through December 31, 2024, all patients can get telehealth wherever they're located. They don't need to be at an originating site, and there aren't any geographic restrictions.

After December 31, 2024:

- For non-behavioral or mental telehealth, there may be originating site requirements and geographic location restrictions
- For behavioral or mental telehealth, all patients can continue to get telehealth wherever they're located, with no originating site requirements or geographic location restrictions

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 December 31, 2024, all providers who are eligible to bill Medicare for professional services can provide distant site telehealth.

Telehealth Requirements

Technology

- For most non-behavioral or mental telehealth, you must use 2-way, interactive, audio-video technology. Section 4113 of the Consolidated Appropriations Act, 2023 allows you to use audio-only telehealth for some non-behavioral or mental telehealth through December 31, 2024.
- For behavioral or mental telehealth, you may use 2-way, interactive, audio-only technology.

Other Requirements

- For Alaska or Hawaii federal telemedicine demonstrations only, you may send medical information to a physician or practitioner by telehealth to review later
- Through December 31, 2024:
  - You may use telehealth to conduct hospice care eligibility recertification
  - For behavioral or mental telehealth, you don't have to conduct an in-person visit within 6 months of the initial telehealth visit or annually thereafter
  - We've extended the Acute Hospital Care at Home Program, which heavily relies on telehealth for hospitals to provide inpatient services, including routine services, outside the hospital

Currently Covered Telehealth

CY 2024, we're adding new codes to the list of Medicare telehealth services, including:

- CPT codes 0591T - 0593T for health and well-being coaching services, which we're adding on a temporary basis
- HCPCS code G0136 for Social Determinants of Health Risk Assessment, which we're adding on a permanent basis

We recommend you:

- See the complete List of Telehealth Services
- Review Provider Billing Medicare FFS Telehealth for billing and coding information for Medicare Fee-for-Service claims

New for CY 2024

Based on several telehealth-related provisions of the Consolidated Appropriations Act (CAA), 2023 and the CY 2024 PFS final rule, we're:

- Temporarily 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
- Temporarily expanding the definition of telehealth practitioners to include qualified occupational therapists (OTs), physical therapists (PTs), speech-language pathologists (SLPs), and audiologists
- Adding mental health counselors and marriage and family therapists as distant site practitioners for purposes of providing telehealth services

- Continuing payment for telehealth services rural health clinics (RHCs) and federally qualified health centers (FQHCs) provided using the methodology established for those telehealth services during the PHE
- Temporarily delaying the requirement for an in-person visit with the physician or practitioner within 6 months before initiating mental health telehealth services, and, again, at subsequent intervals as the Secretary determines appropriate, as well as similar requirements for RHCs, FQHCs, and hospital outpatient departments (HOPDs)
- Allowing teaching physicians to use audio or video real-time communications technology when the resident provides Medicare telehealth services in all residency training locations through the end of CY 2024
- Temporarily removing frequency limitations in 2024 for:
    - Subsequent inpatient visits
    - Subsequent nursing facility visits
    - Critical care consultation
- Allowing hospitals of PT, OT, SLP, diabetes self-management training (DSMT) and medical nutrition therapy (MNT) services that remain on the Medicare Telehealth Services List to continue to bill for these services when provided remotely in the same way they've been during the PHE except that:
    - For outpatient hospitals, patients' homes no longer need to be registered as provider-based entities to allow for hospitals to bill for these services
    - The 95 modifier is required on claims from all institutional providers, except for Critical Access Hospitals (CAHs) electing Method II, as soon as hospitals needing to do so can update their systems

Telehealth Billing & Payment

- Bill covered telehealth to your Medicare Administrative Contractor (MAC). They pay you the appropriate telehealth amount under the Physician Fee Schedule (PFS).
- Submit professional telehealth claims using the appropriate CPT or HCPCS code.
- If you performed telehealth through asynchronous telehealth, add the telehealth GQ modifier with the professional service CPT or HCPCS code. You're certifying you collected and sent the asynchronous medical file at the distant site from a federal telemedicine demonstration conducted in Alaska or Hawaii.
- Distant site practitioners billing telehealth under the CAH Optional Payment Method II must submit institutional claims using the GT modifier.
- If you're located in, and you reassigned your billing rights to, a CAH and elected the outpatient Optional Payment Method II, the CAH bills the MAC for telehealth. The payment is 80% of the PFS distant site facility amount for the distant site service.

Place of Service (POS) Codes:

Institutional Billing

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 employed by hospitals through December 31, 2024

Professional billing

Starting January 1, 2024, use:

- **POS 02: Telehealth Provided Other than in Patient's Home**

  Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.

- **POS 10: Telehealth Provided in Patient's Home**

  Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.

- Starting January 1, 2024, we pay for telehealth services you provide to patients in their homes at the non-facility PFS rate. See MLN Matters Article MM13452.

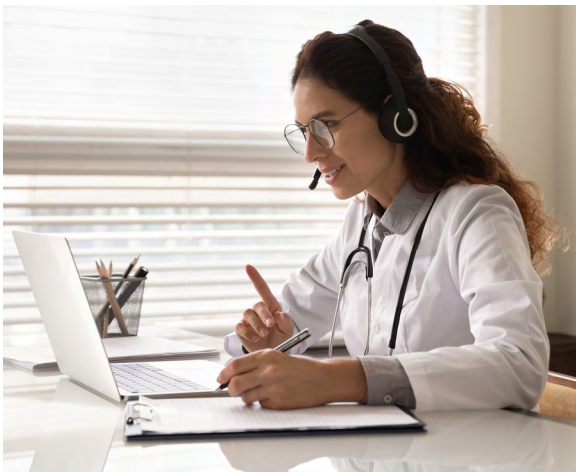
Telehealth Originating Sites Billing & Payment

HCPCS Code Q3014 describes the Medicare telehealth originating sites facility fee. Bill your MAC for the separately billable Part B originating site facility fee. The payment amount for HCPCS code Q3014 (Telehealth originating site facility fee) is 80% of the lesser of the actual charge ($28.64 for CY 2023 services and $29.96 for CY 2024 services). We base this on the percentage increase in the Medicare Economic Index (MEI) as defined in section 1842(i)(3) of the Social Security Act. The 2023 MEI increase is 3.8%. The patient is responsible for any unmet deductible amount and coinsurance. See MLN Matters Article MM12982 to learn about the CY 2023 Medicare Physician Fee Schedule Final Rule Summary.

Note: The originating site facility fee doesn't count toward the number of services used to determine partial hospitalization services payment when a community mental health center (CMHC) serves as an originating site.

Telehealth Home Health: New G-Codes

Starting January 1, 2023, you may voluntarily report the use of telehealth technology in providing home health (HH) services on HH payment claims. See MLN Matters Article MM12805 for more information.



Starting July 1, 2023, you must include on HH claims:

- G0320: Home health services you furnish using synchronous telehealth you render via real-time audio-video telehealth
- G0321: Home health services you furnish using synchronous telehealth you render via telephone or another real-time, interactive, audio-only telehealth
- G0322: The collection of physiologic data the patient digitally stores or transmits to the HH agency

When using the 3 codes above:

- Report the use of remote patient monitoring that spans a number of days as a single line item showing the start date of monitoring and the number of days of monitoring in the Units field
- Submit services you provide via telehealth in line-item detail
- Report each service as a separate dated line under the appropriate revenue code for each discipline providing the service
- Document in the medical record to show how telehealth helps to achieve the goals outlined in the plan of care
- Only report these codes on Type of Bill 032x
- Only report these codes with revenue codes 042x, 043x, 044x, 055x, 056x, and 057x

Consent for Care Management & Virtual Communication Services

We require patient consent for all services, including non-face-to-face services. You may get patient consent at the same time you initially provide the services. Direct supervision isn't required to get consent. In general, auxiliary personnel under general supervision of the billing practitioner can get patient consent for these services. The person getting consent can be an employee, independent contractor, or leased employee of the billing practitioner.

Resources

- MLN Matters Article MM12427
- Section 190 of the Medicare Claims Processing Manual, Chapter 12
- Telehealth Policy Changes after the COVID-19 PHE
- Tips for Telehealth Success

Regional Office Rural Health Coordinators

Get contact information for CMS Regional Office Rural Health Coordinators who offer technical, policy, and operational help on rural health issues.