mln BOOKLET
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# Telehealth & Remote Monitoring





CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

**What's Changed?**

- We added a CMS telehealth resource link for the latest information (pages 4, 6, and 7)
- We added information on how to suppress a practitioner's home address in PECOS (page 6)
- We removed telehealth frequency limitations for subsequent inpatient and nursing facility and critical care consultations (page 8)
- We'll permanently allow teaching and supervising physicians to supervise through virtual presence (page 8)
- We'll continue to pay Rural Health Clinics and Federally Qualified Health Centers for medical telehealth services through December 31, 2026 (page 8)
- Starting in CY 2026, we'll only add services to the Medicare telehealth services list on a permanent basis (page 9)
- We added 5 new CPT and HCPCS codes to the Medicare telehealth services list (page 9)
- For CY 2026, we updated the:
  - Medicare Economic Index (page 10)
  - Originating site fee (page 10)

Substantive content changes are in dark red.

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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 permits communication between the practitioner and patient.

During the COVID-19 public health emergency (PHE), we used emergency waivers and other regulatory authorities so you could provide more services to your patients via telehealth. Visit the CMS Telehealth webpage for the latest information. It's intended to help physicians, practices, and health systems navigate changes to Medicare telehealth policy.

The COVID-19 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 Site

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.

Visit the CMS Telehealth webpage for the latest information.

The patient must be at an authorized originating site located in either:

- A county outside a metropolitan statistical area (MSA)
- A rural health professional shortage area (HPSA) in a rural census tract

There are no geographic restrictions for:

- Treatment of a substance use disorder
- Diagnosis and treatment of mental health disorders
- Home dialysis for ESRD patients
- Diagnosis and treatment of acute stroke

The Health Resources and Services Administration (HRSA) decides HPSAs, and the Census Bureau decides MSAs. To see a potential Medicare telehealth originating site's payment eligibility, go to the HRSA's Medicare Telehealth Payment Eligibility Analyzer.

At the end of each CY, an originating site's geographic eligibility is based on the area's status. This eligibility continues for a full CY.

Authorized originating sites include:

- Physician and practitioner offices
- Hospitals
- Critical access hospitals (CAHs)
- Rural health clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)
- Hospital-based or CAH-based renal dialysis centers (including satellites)
- Skilled nursing facilities
- Community health centers
- Renal dialysis facilities
- Mobile stroke units
- Rural emergency hospitals

The patient's home is a permissible originating site **only for**:

- Diagnosis and treatment of mental health disorders
- Treatment of substance use disorder
- Monthly ESRD-related clinical assessments

## Distant Site

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 be paid for telehealth.

Visit the CMS Telehealth webpage for the latest information.

These providers are eligible to bill Medicare for telehealth services:

- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Clinical psychologists
- Clinical social workers
- Registered dietitians or nutrition professionals
- Certified registered nurse anesthetists
- Marriage and family therapists
- Mental health counselors

**Note:** All distant site providers are subject to state licensing requirements. We require a separate Medicare enrollment for each state where the practitioner provides services.

## Practice Location Enrollment

Distant site practitioners can provide telehealth services from their home. We don't require practitioners with a physical practice location who provide telehealth services from their homes to report their home address on their Medicare enrollment application. Practitioners can enroll and bill from their physical practice location as if they provided the telehealth service in person.

Virtual-only telehealth practitioners who only have a physical practice location at their home address need to enroll it as their practice location. You may choose to suppress your street address details from the public by marking your address as a "home office for administrative or telehealth use only" location in your enrollment application in PECOS. You may also email the Quality Payment Program service center at QPP@cms.hhs.gov.

Find your Medicare Administrative Contractor's (MAC's) website for enrollment requirements, and see our FAQ for more information.

# Telehealth Requirements

## Technology

You must use 2-way, interactive, audio-video technology that allows for communication between the patient and distant site provider. As of January 1, 2025, you may also use 2-way, interactive, audio-only technology if the distant site provider is technically capable of using an audio-video telehealth system and the patient is in their home but isn't capable of, or doesn't consent to, using video technology.

For **behavioral or mental telehealth**, you may use 2-way, interactive, audio-only technology, and the patient must be in their home.

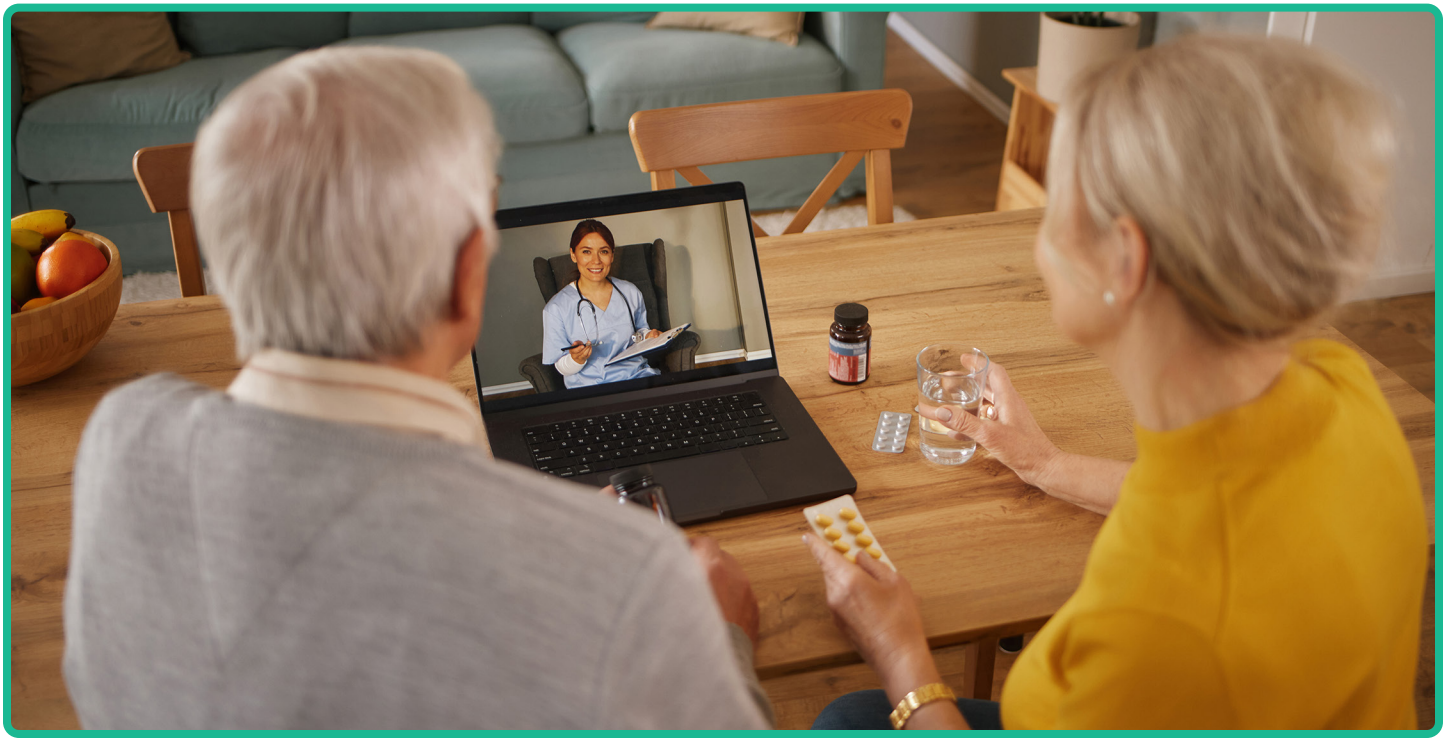
## Behavioral & Mental Health

You must conduct an in-person visit within 6 months of the initial telehealth visit and annually thereafter. See the exception to this requirement at 42 CFR 410.78(b)(3)(xiv)(B).

Visit the CMS Telehealth webpage for the latest information.

## 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.



## Currently Covered Telehealth

- We permanently removed telehealth frequency limitations on:
  - Subsequent inpatient visits (CPT codes 99231, 99232, and 99233)
  - Subsequent nursing facility visits (CPT codes 99307, 99308, 99309, and 99310)
  - Critical care consultations (HCPCS codes G0508 and G0509)
- Teaching physicians may permanently have virtual presence when billing for services provided involving residents in all teaching settings but only in clinical situations when they provide the service virtually (for example, a 3-way telehealth visit with the patient, resident, and teaching physician in separate locations)
- For services without a 010 or 090 global surgery indicator, we permanently revised the definition of direct supervision that allows the supervising physician or practitioner to provide supervision through a virtual presence using real-time audio-visual interactive telecommunications
- As of January 1, 2025, opioid treatment programs (OTPs) may provide the following services if all Medicare requirements are met and the applicable SAMHSA and DEA requirements permit using these technologies at the time the OTP provides each service:
  - Periodic assessments via audio-only telecommunications
  - Intake add-on code via 2-way audio-video communications technology when billed for the initiation of treatment with methadone (HCPCS code G2076) if the OTP determines they can accomplish an adequate evaluation of the patient via audio-visual telehealth platform
- We'll continue to pay RHCs and FQHCs for:
  - Non-behavioral and non-mental telehealth services using the national average payment rates for comparable services under the Physician Fee Schedule (PFS) through December 31, 2026
  - Behavioral and mental health telehealth services under the RHC all-inclusive rate and FQHC Prospective Payment System, respectively

For more information on what's covered, we recommend:

- Checking the complete List of Telehealth Services
- Reviewing provider billing and coding Medicare Fee-for-Service claims for the latest telehealth guidance

## New for CY 2026

We removed the distinction between provisional and permanent services for the Medicare telehealth services list. We now consider all services we add to the list to be permanent.

Based on several telehealth provisions in the CY 2026 PFS final rule, we added these services to the Medicare telehealth services list:

- Multiple family group psychotherapy (CPT code 90849)
- Group behavioral counseling for obesity (HCPCS code G0473)
- Infectious disease add-on (HCPCS code G0545)
- Auditory integrated sound processor (CPT codes 92622 and 92623)

## Telehealth Billing & Payment

- Bill covered telehealth to your MAC. We pay for telehealth services you provide to patients in their homes at the non-facility PFS rate.
- 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 Codes

### Institutional Billing

Use modifier 95 for outpatient therapy services provided via telehealth by qualified physical therapists, occupational therapists, or speech language pathologists employed by hospitals.

### Professional Billing

As of January 1, 2024, use:

- **Place of service (POS) 02 – Telehealth Provided Other than in Patient's Home:** The location where you provide health services and health-related services through telecommunication technology. The patient isn't located in their home when receiving health services or health-related services through telecommunication technology.
- **POS 10 – Telehealth Provided in Patient's Home:** The location where you provide health services and health-related services through telecommunication technology. The patient is in their home (which is a location other than a hospital or other facility where the patient gets care in a private residence) when receiving health services or health-related services through telecommunication technology.

## Originating Site Facility Fee

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 ($31.04 for CY 2025 services and $31.85 for CY 2026 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 2026 MEI increase is 2.7%. The patient is responsible for any unmet deductible amount and coinsurance.

**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 serves as an originating site.

## Telehealth Home Health

As of July 1, 2023, you must report the use of telehealth technology in providing home health (HH) services on HH payment claims. See MLN Matters® article MM12805 for more information.

You must submit the use of telecommunications technology on the HH claims using the following 3 HCPCS codes:

- G0320: Home health services furnished using synchronous telemedicine rendered via real-time two-way audio and video telecommunications system
- G0321: Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
- G0322: The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)

When using HCPCS codes G0320–G0322:

- Report the use of remote patient monitoring that spans several days as a single line item showing the start date of monitoring and the number of days of monitoring in the Units field (G0322)
- 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
- Report 2 occurrences of G0320 or G0321 on the same day for the same revenue code as separate line items
- Only report these codes on type of bill 032x
- Only report these codes with revenue codes 042x, 043x, 044x, 055x, 056x, and 057x
- If more than 1 discipline is using the remote monitoring information during the billing period, home health agencies may choose which revenue code to report on the remote monitoring line item

## Consent for Care Coordination & 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. We don't require direct supervision to get consent. In general, auxiliary personnel under general supervision of the billing practitioner can get patient consent for these services. The person receiving consent can be an employee, independent contractor, or leased employee of the billing practitioner.

## Remote Monitoring

Remote monitoring allows a patient to collect their own health data (for example, blood pressure) using a connected medical device that automatically transmits the data to their provider. The provider then uses this data to treat or manage the patient's condition. Remote monitoring includes both remote physiological monitoring and remote therapeutic monitoring (RTM).

- **Remote physiological monitoring** involves using non-face-to-face technology to monitor and analyze a patient's physiological metrics. Examples of physiological metrics include:
  - Oxygen saturation
  - Blood pressure
  - Blood sugar or blood oxygen levels
  - Weight loss or gain
- **RTM** captures non-physiological data, which can be self-reported, related to a therapeutic treatment. This includes data on a patient's musculoskeletal or respiratory system. RTM can also monitor treatment adherence and treatment response. A connected medical device transmits the patient's information.

## Remote Monitoring Requirements

- Remote physiologic monitoring, but not RTM, requires an established patient relationship
- Only physicians and non-physician practitioners eligible to provide evaluation and management services can bill remote monitoring services
- For remote physiologic monitoring:
  - You must monitor an acute or chronic condition
  - You must collect data for 2–15 or 16+ days out of 30 days, depending on the code descriptor (doesn't apply to treatment management codes 98980, 98981, 99457, and 99458)
- Only 1 practitioner can bill for remote monitoring per patient in a 30-day period
- You can't bill remote physiologic monitoring and RTM together
- Monitoring must be medically reasonable and necessary
- You may bill remote physiologic monitoring and RTM, but not both, concurrently with the following care management services for the same patient if you don't count time and effort twice: Chronic care management, transitional care management, behavioral health integration, principal care management, and chronic pain management
- For patients who receive a procedure or surgery and related services that we cover under a global surgery payment, practitioners may bill for remote monitoring services if the services address an underlying condition that isn't linked to the global procedure
- We require patient consent at the time you provide RPM services
- You must electronically collect physiologic data and automatically upload it to a secure location where the data can be available for analysis and interpretation by the billing practitioner
- The device used to collect and transmit the data must meet the definition of a medical device defined by FDA
- Auxiliary personnel can provide remote monitoring services under the general supervision of the billing practitioner

## Remote Monitoring Components

Remote monitoring consists of 3 main components, each building off the step before it.

1. Patient education and device setup: How to use the device and how to accurately collect data
2. Device supply: Device examples, connecting the device so you can read results, and how often patients should use devices
3. Treatment management: Reviewing patient data to improve patient health outcomes

See the CY 2021, CY 2022, CY 2024, and CY 2026 PFS Final Rules for more information on billing processes and policy.

## Resources

- 42 CFR 410.78
- Additional Oversight of Remote Patient Monitoring in Medicare Is Needed – Office of Inspector General Report
- Medicare Claims Processing Manual, Chapter 12, section 190
- Telehealth policy updates
- Telehealth.HHS.gov