



CY2022 Telehealth Update Medicare Physician Fee Schedule

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Provider Types Affected

This MLN Matters Article is for hospitals, providers, and home health agencies billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients.

Provider Action Needed

In this Article, you'll learn about:

- The 2 additional modifiers for calendar year (CY) 2022 for telehealth services
- An update to the [Telehealth Services List](#)
- Other changes to the MPFS for telehealth

Make sure your billing staff knows about these changes.

Background

CMS has updated the [Telehealth Services List](#) to show minor changes due to various activities, such as the [CY 2022 MPFS Final Rule](#) and legislative changes from the [Consolidated Appropriations Act of 2021](#).

Due to the provisions of the [Consolidated Appropriations Act of 2021](#), concerning services for the purpose of diagnosis, evaluation, or treatment of mental health disorders, effective on and after the official end of the PHE for COVID-19, you may be able to continue to offer these services as telehealth services. The previous telehealth restrictions limiting Telehealth Mental Health services to only patients residing in rural areas, no longer apply.

The patient's visit "originating sites" of a physician's office, a hospital, or other medical care settings, for telehealth, will also expand to include the patient's home. In [CR 12519](#), we clarified that the patient's home includes temporary lodging such as hotels, or homeless shelters, or other temporary lodging that are a short distance from the patient's actual home, where the "originating site facility fee" doesn't apply.

Medicare telehealth services require that the services occur over real-time audio and visual interactive telecommunications. For purposes of diagnosis, evaluation, or treatment of mental health disorders, if the patient doesn't have the technical capacity or the availability of real-time audio and visual interactive telecommunications, or they don't consent to the use of real-time video technology, we allow audio-only communication for telehealth mental health services to established patients located in their homes.

After the PHE ends, Telehealth Mental Health services may include new or established patients so long as an in-person, face-to-face, non-telehealth service takes place within 6 months of the telehealth mental health services. For patients who had received telehealth mental health services prior to the PHE, or who had telehealth mental health services during the PHE, the in-person face-to-face non-telehealth visit will need to take place if they had been receiving telehealth mental services for over 6 month on the end date of the PHE. This means that all telehealth mental health patients should have had a first in-person visit no later than 6 months after the PHE.

After the PHE and after the initial 6 month in-person visit, all telehealth mental health patients must have a subsequent non-telehealth in-person visit within 12 months of the initial 6 month in-person visit date, for Medicare integrity assurances and for mental health check-in and assessment. However, for all 12 month in-person visits, for that time period in between these subsequent visits, when telehealth mental health services were being provided and received, there can be exceptions to the subsequent 12 month in-person visits, of which must be documented in the patient's medical record noting a reason of the exception (such as a travel hardship, or unavailability of providers or patients in scheduling).

During the initial 6 month in-person visit or during the subsequent 12 month in-person visits, if the original telehealth practitioner is unavailable for the face-to-face visit, we allow the clinician's colleague in the same subspecialty and in the same group practice, to provide the in-person, non-telehealth service to the patient. Face-to-face, in-person visit means exactly that though, and a patient's telehealth visit to a facility originating telehealth site with audio and video real-time telecommunications doesn't substitute for that.

The 2 additional modifiers for CY 2022 relate to telehealth mental health services. The modifiers are:

- FQ - A telehealth service was furnished using real-time audio-only communication technology
- FR - A supervising practitioner was present through a real-time two-way, audio/video communication technology

The [CY 2022 MPFS Final Rule](#) also establishes for CY 2022, code Q3014 Medicare Telehealth Originating Site Facility Fee with the Medical Economic Index (MEI) adjustment to be \$ 27.59.

We've assigned Intensive Cardiac Rehabilitation (ICR) codes G0422 and G0423, and Cardiac Rehabilitation (CR) codes 93797 and 93798 as Category 3 codes on the [Telehealth Services List](#). These 2 codes will be available through December 31, 2023.

We note a change in the Place of Service (POS) codes 02 and 10 in the wider health care insurance industry, but we'll continue to recognize the previous POS 02 code as Telehealth (The location where health services and health related services are provided or received, through a telecommunication system.). We currently disregard any POS reference to the Telehealth and the Patient's Home in the POS codes 02 and 10. Your MAC will follow [CR 12427](#) regarding POS 02 and 10.

Section 125(c) of the Consolidated Appropriations Act of 2021 amended [section 1834\(m\)\(4\)\(C\)\(ii\) of the Social Security Act](#) to add rural emergency hospitals to the list of permissible telehealth originating sites. This is a new Medicare provider type effective beginning in CY 2023.

We're permanently establishing separate coding and payment for the longer virtual check-in service described by HCPCS code G2252 (CTBS-Communication Technology-Based Services) for CY 2022.

More Information

We issued [CR 12549](#) to your MAC as the official instruction for this change.

For more information, [find your MAC's website](#).

Document History

Date of Change	Description
January 19, 2022	Initial article released.

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