

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11175	Date: January 14, 2022
	Change Request 12549

SUBJECT: CY2022 Telehealth Update Medicare Physician Fee Schedule

I. SUMMARY OF CHANGES: As established in Section 1834 (m) Payment for Telehealth Services, of the Social Security Act, this CR concerns adjustments and updates to those services for CY 2022.

There are 2 additional modifiers for CY 2022 as related to Telehealth Services under the Medicare Physician Fee Schedule, specifically telehealth mental health services.

They are:

FQ = A telehealth service was furnished using real-time audio-only communication technology.

and

FR = A supervising practitioner was present through a real-time two-way, audio/video communication technology.

The Telehealth Services List has been updated to reflect minor changes due to various activities, such as the CY 2022 MPFS Final Rule with comment, and legislative changes from the Consolidated Appropriations Act of 2021, from December 27, 2021. TITLE I—MEDICARE PROVISIONS; Subtitle B—Other Medicare Provisions; Sec. 123. Expanding access to mental health services furnished through telehealth.

Contractors are still directed to monitor the List of Telehealth Services on our website for any periodic changes and updates in procedure codes found at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

The CY 2022 MPFS Final Rule with comment also establishes for CY 2022, code Q3014 Medicare Telehealth Originating Site Facility Fee with the MEI adjustment to be \$ 27.59.

Intensive Cardiac Rehabilitation (ICR) codes G0422 and G0423, and Cardiac Rehabilitation (CR) codes 93797 and 93798 have been assigned as category 3 codes on the PFS List of Telehealth Services CY 2022, and will be available up through December 31, 2023.

CMS makes note of a change in the Place of Service (POS) code 02 and 10 in the wider health care insurance industry, but CMS telehealth claims will 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. (Effective January 1, 2017). CMS currently disregards any POS reference to the "Telehealth and the Patient's Home", in the Place of Service (POS) codes 02 and 10. Please follow the directions and requirements of CR 12427, **NEW/MODIFICATIONS TO THE PLACE OF SERVICE (POS) CODES FOR TELEHEALTH.**

EFFECTIVE DATE: January 1, 2022

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 4, 2022

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 11175	Date: January 14, 2022	Change Request: 12549
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SUBJECT: CY2022 Telehealth Update Medicare Physician Fee Schedule

EFFECTIVE DATE: January 1, 2022

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: April 4, 2022

I. GENERAL INFORMATION

A. Background: As established in Section 1834 (m) Payment for Telehealth Services, of the Social Security Act, this CR concerns the adjustments and the updates of those services under the Medicare Physician Fee Schedule as of the CY 2022 Final Rule, effective January 1, 2022, and to any relevant recent Legislation, such as the Consolidated Appropriations Act of 2021, under TITLE I—MEDICARE PROVISIONS; Subtitle B—Other Medicare Provisions, Sec. 123. Expanding access to mental health services furnished through telehealth.

B. Policy: Telehealth Services

As established in Section 1834 (m) Payment for Telehealth Services, of the Social Security Act, this CR concerns adjustments and updates to those services for CY 2022.

There are 2 additional modifiers for CY 2022 as related to Telehealth Services under the Medicare Physician Fee Schedule, specifically telehealth mental health services. They are:

FQ = A telehealth service was furnished using real-time audio-only communication technology.

and

FR = A supervising practitioner was present through a real-time two-way, audio/video communication technology.

The Telehealth Services List has been updated to reflect minor changes due to various activities, such as the CY 2022 MPFS Final Rule with comment, and legislative changes from the Consolidated Appropriations Act of 2021, from December 27, 2021. TITLE I—MEDICARE PROVISIONS; Subtitle B—Other Medicare Provisions; Sec. 123. Expanding access to mental health services furnished through telehealth.

Contractors are still directed to monitor the List of Telehealth Services on our website for any periodic changes and updates in procedure codes found at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

The CY 2022 MPFS Final Rule with comment also establishes for CY 2022, code Q3014 Medicare Telehealth Originating Site Facility Fee with the MEI adjustment to be \$ 27.59.

Intensive Cardiac Rehabilitation (ICR) codes G0422 and G0423, and Cardiac Rehabilitation (CR) codes 93797 and 93798 have been assigned as category 3 codes on the PFS List of Telehealth Services CY 2022, and will be available up through December 31, 2023.

CMS makes note of a change in the Place of Service (POS) code 02 and 10 in the wider health care insurance industry, but CMS telehealth claims will 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. (Effective January 1, 2017)", and currently disregards any POS

reference to the "Telehealth and the Patient's Home". Contractors shall follow CR 12427
NEW/MODIFICATIONS TO THE PLACE OF SERVICE (POS) CODES FOR TELEHEALTH instructions.

CMS will retain all services added to the Medicare telehealth services list on a Category 3 basis until the end of CY 2023 to help determine their status in future Rules.

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

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

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared-System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12549.1	Contractors shall continue to pay for the Medicare telehealth originating site facility fee as 80 percent of, the lesser of the actual charge or \$27.59, as described by HCPCS code Q3014 "Telehealth facility fee", effective for dates of service on and after January 1, 2022.	X	X	X							
12549.2	Contractors shall continue to monitor the List of Telehealth Services on our website for any periodic changes and updates in procedure codes found at: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	X	X								
12549.3	Contractors shall be aware of 2 additional modifiers for CY 2022 as related to Telehealth Services under the Medicare Physician Fee Schedule, specifically in regards to telehealth mental health services. They are "FQ = A telehealth service was furnished using real-time audio-only communication technology" and "FR = A supervising practitioner was present through a real-time two-way, audio/video communication technology".		X	X							
12549.3.1	Contractors shall allow claims to be processed as normal, should these modifiers appear 01 January 2022 or later. No other actions are required when encountering these modifiers, but future directions may be issued the coming year(s). No provider information has been issued for these 2 modifiers.		X	X							

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
12549.4	Contractors shall be aware that CMS makes note of a change in the Place of Service (POS) code 02 and 10 in the wider health care insurance industry, but CMS telehealth claims will 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. (Effective January 1, 2017)). CMS will disregard any POS reference to the "Telehealth and the Patient's Home" in the changed description of code 02 and 10. Contractors shall not reject nor deny telehealth claims with POS = 10. Contractors shall treat any telehealth claims with POS = 10 as POS 02, and leave the POS 10 intact, as received on the claim. Contractors shall follow CR 12427 in regard to POS: "NEW/MODIFICATIONS TO THE PLACE OF SERVICE (POS) CODES FOR TELEHEALTH"		X	X							
12549.5	Contractors shall be aware that Section 125(c) of the Consolidated Appropriations Act of 2021 amended section 1834(m)(4)(C)(ii) of the Social Security Act has added to the list of permissible telehealth originating sites, a "rural emergency hospital", which is a new Medicare provider type effective beginning in CY 2023, with further instructions to occur in future rulemaking.	X	X								
12549.6	Contractors shall be aware that Intensive Cardiac Rehabilitation (ICR) codes G0422 and G0423, and Cardiac Rehabilitation (CR) codes 93797 and 93798 have been assigned as category 3 codes on the PFS List of Telehealth Services CY 2022, and will be available up through December 31, 2023.		X								
12549.7	Contractors shall be aware that CMS permanently establishes separate coding and payment for the longer virtual check-in service described by HCPCS code G2252 (CTBS - Communication Technology-Based Services) for CY 2022.		X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
12549.8	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.		X	X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Larry Chan, 410-786-6864 or Larry.Chan@cms.hhs.gov (CMS-CM-HAPG – Division of Practitioner Services (DPS)) , Patrick Sartini, 410-786-9252 or Patrick.Sartini@cms.hhs.gov (CMS-CM-HAPG – Division of Practitioner Services (DPS))

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

