

# 2023 CMS Updates to Telehealth

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The end of the current public health emergency (PHE) is slated for May 11, 2023. After that date some telehealth waivers will remain in place through December 24, 2023.

## The Good News

Under the congressional spending package enacted in December 2022, certain flexibilities will be **extended until December 31, 2024**.

### Flexibilities that will be extended include:

- Originating site and geographic location waiver – this allows patients to have a telehealth visit from their home (or another site) not just CMS designated originating sites.
- Extends temporary qualifying providers (e.g., physical therapists, occupational therapists, speech language pathologists, audiologists, and dietitians) the option to furnish distant site services.
- CMS will continue covering audio-only telehealth visits for Medicare beneficiaries.
- Delays the in-person visit requirement for mental telehealth visits.
- Medical nutrition therapy (MNT) and diabetes self-management training (DSMT) may be provided via telehealth by registered dietitians and nutrition professionals as distant site providers.
- Behavioral health visits: no geographical restrictions, patient's home can be an originating site, and telephone calls are payable as telehealth visits for Medicare patients.
- Continue to use place of service codes where the provider normally sees patients OR 02 if provider only sees telehealth patients OR 10 for some commercial carriers (contact your local carriers).
- For Medicare patients use modifier 93 for audio services only (starting January 1, 2023) for all providers including FQHCs and RHCs (replacing modifier FQ).
- Reimbursement for Q3014 Originating site payment is now \$28.61 for 2023.
- Virtual supervision will continue (after the PHE ends) to be **allowed through December 31, 2023, only** unless Congress makes changes to the current law.

## The Not So Good News

### After the PHE ends on May 11, 2023:

- Providers performing telehealth services from their home, must report their home address to Medicare through the Medicare enrollment portal **AFTER December 31, 2023**.
- All telehealth platforms must be HIPAA compliant without exception.
- Coinsurance and deductibles will once again apply – no more 0% cost share for the patient.
- Providers will be required to have a face-to-face visit with a patient prior to prescribing controlled substances.
- Remote patient monitoring and virtual check-in codes will only be allowed for established patients.

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For detailed state and federal information regarding telehealth visit the Center for Connected Health Policy site at <https://www.cchpca.org/> .

For 2023 Physician Fee Schedule information from CCHP regarding telehealth go to <https://www.cchpca.org/2022/11/FINAL-2023-MEDICARE-PHYSICIAN-FEE-SCHEDULE.pdf>

For the most up to date Medicare covered Telehealth services listing, go to <https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes>

ATA  
<https://www.americantelemed.org/>

Center for Connected Health Policy  
<https://www.cchpca.org>

National Consortium of Telehealth Resources Center  
<https://www.telehealthresourcecenter.org/>

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Telehealth billing <u>DURING</u> the public health emergency (PHE)		Telehealth billing <u>AFTER</u> the public health emergency (PHE)
Approved telehealth codes	For a complete list of approved telehealth codes, visit: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>	
Place of service	For use through December 31, 2024  11, 19, or 22 - The place of service where the provider normally sees patient OR 02 if provider only sees telehealth patients OR 10 for some commercial carriers (contact your local carriers)	Starts January 1, 2025  POS 02 POS 10 (available for behavioral health and certain services allowed in patient's home)
Modifiers	For use through December 31, 2024  <ul style="list-style-type: none"> <li>95 for Medicare and most commercial payors</li> <li>93 Synchronous telemedicine service rendered via telephone or other real-time interactive <b>audio-only</b> telecommunications system</li> <li>CR: waives certain DME and copay/coinsurance</li> <li>GQ: for distant site claim provided in the demonstration program in Alaska and Hawaii</li> <li><b>GT is no longer required for professional claims</b> – but some commercial payors use GT instead of 95</li> </ul>	Starts January 1, 2025  <ul style="list-style-type: none"> <li>95 for Medicare and most commercial payors</li> <li>93 Synchronous telemedicine service rendered via telephone or other real-time interactive <b>audio-only</b> telecommunications system</li> <li>GQ: for distant site claim provided in the demonstration program in Alaska and Hawaii</li> <li><b>GT is no longer required for professional claims</b> – but some commercial payors use GT instead of 95</li> </ul>
Originating site (where patient is located)	For use through December 31, 2024  No site restrictions – patient's home can be used for a telehealth visit	Starts January 1, 2025  Originating site must be either*: 1) a county outside of a Metropolitan Statistical Area (MSA) <b>OR</b> 2) within a Rural Health Professional Shortage Area (HPSA) <b>AND</b> Conducted at an eligible originating site
Eligible originating sites	For use through December 31, 2024  No site restrictions during the PHE	Starts January 1, 2025  <ul style="list-style-type: none"> <li>Physician and practitioner offices</li> <li>Hospitals</li> <li>Critical Access Hospitals (CAH)</li> <li>Rural Health Clinics (RHC)</li> <li>Federally Qualified Health Centers (FQHC)</li> <li>Hospital-based or CAH-based Renal Dialysis Centers (including satellites)</li> <li>Skilled Nursing Facilities (SNF)</li> </ul>

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Telehealth billing <u>DURING</u> the public health emergency (PHE)		Telehealth billing <u>AFTER</u> the public health emergency (PHE)
		<ul style="list-style-type: none"> <li>Community Mental Health Centers (CMHC)</li> <li>Mobile Stroke Units (for treatment and diagnosis of acute stroke)</li> <li>Patient home for               <ul style="list-style-type: none"> <li>ESRD if patient receiving home dialysis</li> <li>Substance/Opioid abuse and co-occurring mental health disorders if patient in treatment</li> </ul> </li> </ul>
<b>Eligible providers</b>	<b>For use through December 31, 2024</b> <ul style="list-style-type: none"> <li>Physician</li> <li>Nurse Practitioner (NP)</li> <li>Physician Assistant (PA)</li> <li>Clinical Nurse Specialist (CNS)</li> <li>Nurse Midwife</li> <li>Certified Registered Nurse Anesthetist (CRNA)</li> <li>Psychologist (CP)</li> <li>Clinical Social Worker (CSW)</li> <li>Registered Dietician (RD)</li> <li>Physical Therapist (PT), Occupational Therapist (OT), Speech Language Pathologist (SLP)</li> <li>Rural Health Clinic (RHC)</li> <li>Federally Qualified Health Center (FQHC)</li> </ul>	<b>Starts January 1, 2025</b> <ul style="list-style-type: none"> <li>Physician</li> <li>Nurse Practitioner (NP)</li> <li>Physician Assistant (PA)</li> <li>Clinical Nurse Specialist (CNS)</li> <li>Nurse Midwife</li> <li>Certified Registered Nurse Anesthetist (CRNA)</li> <li>Clinical Psychologist (CP)</li> <li>Clinical Social Worker (CSW)</li> <li>Registered Dietician (RD)</li> <li>Nutritional professionals</li> </ul>
<b>Patient Consent</b>	<b>No clearly defined end date</b>  May be verbally obtained at the time of the telehealth visit	<b>No clearly defined end date – would suggest documenting within the record once PHE end.</b>  Must be documented within the electronic record
<b>HIPAA compliant telehealth platform required?</b>	<b>ENDS LAST DAY OF PHE</b>  May use FaceTime, Skype, Zoom, and other video communication to conduct telehealth visit with the patient. However – public facing platforms (e.g., Facebook Live and TikTok) are not approved platforms.	<b>STARTS DAY AFTER PHE ENDS</b>  HIPAA compliant platforms are required
<b>Audio-only visits coverage</b>	<b>For use through December 31, 2024</b>  Codes 99441-99443 along with 91 other codes on the list are approved as telephone only services (See column D on the CMS list)	<b>Starts January 1, 2025</b>  Codes 99441-99443 are no longer covered once the PHE has ended. *

\*Behavioral health has additional permanent flexibilities.

# 2022 CMS Changes and Updates to Telehealth

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## General principles of documentation still apply

- It's a shift, not a new standard
- Reason for service is still necessary
- Don't overgeneralize the note
- Remember to document the rationale in your thinking
- Beware of note bloat
- Don't copy & paste – still a no-no
- More documentation doesn't always mean a higher code
- Be intentional with documenting key information
- Key elements for telehealth service documentation:
  - Consent
  - Patient and provider location
  - Names of who is participating in the call
  - Audio with video or audio only
  - Date the patient was last seen
  - Time or Medical Decision Making

## Telehealth Resources

- KZA Telehealth Solutions Center  
<https://www.karenzupko.com/KZA-telehealth-solution-center>
- ATA  
<https://www.americantelemed.org/>
- Center for Connected Health Policy  
<https://www.cchpca.org>
- National Consortium of Telehealth Resources Center  
<https://www.telehealthresourcecenter.org/>