



Telehealth Services



What's Changed?

We made significant updates to explain recent policy changes.

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.

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.

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.

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

- Get the complete [List of Telehealth Services](#)
- Review [Provider Billing Medicare FFS Telehealth](#) for billing and coding information for Medicare Fee-for-Service claims

Telehealth Billing & Payment

- Bill covered telehealth to your Medicare Administrative Contractor (MAC). They pay you the appropriate telehealth amount under the Medicare 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 critical access hospital (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 Medicare PFS distant site facility amount for the distant site service.

- Place of Service (POS) Codes:
 - For 2023, continue billing telehealth claims with the POS indicator you'd bill for an in-person visit. You must use Modifier 95 to identify them as telehealth through December 31, 2023.
 - After December 31, 2023, use POS 02-Telehealth to indicate you provided the billed service as a professional telehealth service when the originating site is other than the patient's home. Use POS 10-Telehealth for services when the patient is in their home.

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). 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

- [Chapter 12, Section 190 of the Medicare Claims Processing Manual](#)
- [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.

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