

Telehealth Services After the PHE

May 18, 2023

Reimbursement will require you to know which waivers to Medicare coverage and payment policies ended May 11. CMS has since published an overwhelming amount of information regarding continuing and ending coverages that will impact the payment policies of services and supplies.

Facts About Coverage Post PHE

Here are some highlights of what has changed as of May 11, 2023, (or later) for telehealth services billed under Medicare Part B:

- ⇒ Virtual check-in codes (G2012, G2010, G2252) and remote patient monitoring codes will only be allowed for established patients after the PHE ends.
- ⇒ Medicare will continue to pay for audio-only telephone services billed with CPT® codes 99441-99443 through Dec. 31, 2024, when appropriate and all required elements in the code descriptions are met. The payment parity to CPT® codes 99212-99214 is also extended through Dec. 31, 2024.
- ⇒ Behavioral and mental health services (CPT 90785-90840) are now permanently added to the Medicare Telehealth Services List and may be provided using audio-only equipment through Dec. 31, 2024.
- ⇒ All other services on the Medicare Telehealth Services list, unless otherwise indicated, require audio-video equipment permitting two-way, real-time interactive communication. CMS will update the list for 2024 using standard protocols.

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- ⇒ Incident-to services via virtual supervision will no longer be allowed after Dec. 31, 2023.
- ⇒ When the PHE ends, CMS will continue to allow for a total deferral to state law regarding licensure requirements for billing Medicare for services provided outside of their state of enrollment. State laws may override this freedom, however.
- ⇒ Practitioners must resume reporting their home address on the Medicare enrollment beginning Jan. 1, 2024.
- ⇒ All telehealth platforms must be HIPAA compliant starting the day after the end of the PHE (May 12). Smart phone video options such as FaceTime and Skype will no longer be an option for telehealth after the PHE ends, per the Office of Civil Rights.
- ⇒ Place of service (POS) codes will continue to be used based on where the patient would have been seen had they been seen in person. However, POS 02 *Patient not in their home when telehealth services are rendered* or POS 10 *Patient in their home when telehealth services are rendered* may be reported, as appropriate. Reporting these specific POS codes will result in facility reimbursement.
- ⇒ Modifier 95 *Synchronous telemedicine service rendered via real-time interactive audio and video telecommunications system* will continue to be used for audio and video services for Medicare telehealth through 2024.

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⇒ Modifier 93 *Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system* must be used, as of Jan. 1, 2023, for all audio-only services. Many commercial payers have instructed providers to append this modifier to services listed in Appendix T of CPT 2023.