ARIZONA TELEMEDICINE PROGRAM WEBINAR SERIES

ARIZONA TELEMEDICINE PROGRAM

SOUTHWEST TRC TELEHEALTH RESOURCE · CENTER™

Presented by

The Southwest Telehealth Resource Center, and the Arizona Telemedicine Program

Land Acknowledgement

We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. The Southwest Telehealth Resource Center represents CO, AZ, NM, NV and the Four Corners Region with a combined total of 72 recognized tribes. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

Welcome

- SWTRC region
- Fellow HRSA Grantees
- All other participants

The **Arizona Telemedicine Program** and **the Southwest Telehealth Resource Center** welcome you to this webinar series.

The practice & delivery of healthcare is changing, with an emphasis on **improving quality, safety, efficiency, & access to care**.

Telemedicine can help you achieve these goals!

Webinar Tips & Notes

- When you joined the webinar your phone &/or computer microphone was muted
- Time is reserved at the end (and maybe during) for Q&A, please use the **Chat function** to ask questions
- Please fill out the post-webinar evaluation
- Webinar is being recorded
- Recordings will be posted on the ATP website
    - http://telemedicine.arizona.edu/webinars/previous

Office Hours: The 2025 MPFS

Or – STUMP THE CODER

Presenter:
Carol Yarbrough, MBA, CPC, OCS, CHC
National Billing and Reimbursement Expert

Disclaimer

The opinions expressed in this presentation and on the following slides are solely those of the presenter and not necessarily those of the organizations sponsoring this webinar. The organizations do not guarantee the accuracy or reliability of the information provided herein.

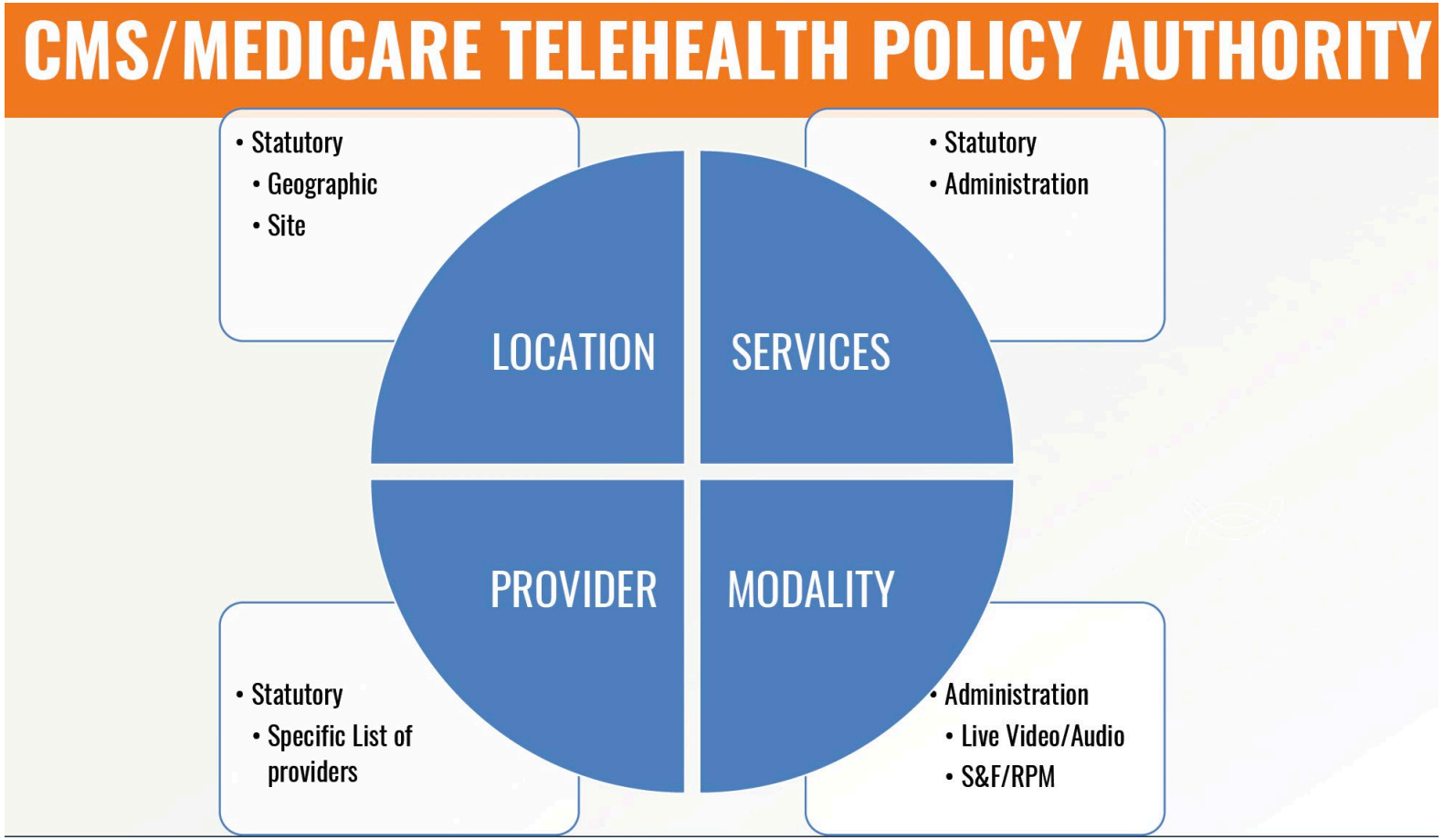
Agenda

- Overview: Why is Medicare telehealth like this
- Social Security Act provisions and changes
- Pre-submitted Q&A
- Q&A (chat / raise hand / during webinar or after)

Things to consider during this Webinar

- What type of clinic do you work in? Facility or non-facility
- Where are your patients? Home (non-facility), facility, SNF, RHC, FQHC
- What type of services do you provide? Behavioral health (including SUD) or medical (home ESRD, Neuro-stroke)
- What is your geographic location? MSA, HRSA-designated physician shortage area

Statutory vs Administrative



Q: Can a pro-fee be billed if the patient is not at eligible originating site? No

What are they?	
The office of a physician or practitioner	A skilled nursing facility
A critical access hospital	A community mental health center
A rural health clinic	A renal dialysis facility
A Federally qualified health center	The home of an individual (only for purposes of the home dialysis
A hospital	A mobile stroke unit
A hospital-based or critical access hospital-based renal dialysis center (including satellites)	The home of an individual (only for purposes of treatment of a substance use disorder or a co-occurring mental health disorder
	A rural emergency hospital

HRSA eligibility locator tool: https://data.hrsa.gov/tools/medicare/telehealth

Input address: 435 East Glenn Street, Tucson, AZ, 85705

Geocoded address: 435 East Glenn Street, Tucson, Arizona, 85705

✖ No

No, the geocoded address is not eligible for Medicare telehealth payment.

The Medicare Telehealth Payment Eligibility Analyzer uses a combination of data from the Rural Health Grants Eligibility Analyzer and Medicare Physician Bonus Payment Eligibility Analyzer tools to determine eligibility for Medicare telehealth payment. For additional details on these analyses, please see the results associated with the links below.

Question: Can FQHCs and RHCs continue to use telehealth?

"CMS will continue to allow on a temporary basis payment to FQHCs and RHCs for nonbehavioral health visits that use telecommunications technology...[allowing] nonmental health services to be provided via telehealth by FQHCs and RHCs through 2025 by continuing to use the code G2025 to bill."

Places of Service as of 2025

POS	Short Definition	Patient Location	Provider Location	Reimb
02	Telehealth Provided Other than in Patient's Home	Eligible originating site and geo-location	Facility clinic (usual place of business regardless of exact location)	Facility pro fee rate
02 (19/22)	Off Campus-Outpatient Hospital or On Campus-Outpatient Hospital	Home	Facility clinic (usual place of business regardless of exact location)	Not reimbursed CPT+GY modifier
10	Telehealth Provided in Patient's Home: Beh Health + Med Mgmt (E/M CPT)	Home	POS 11 / non-facility clinic POS 19, 22 / facility clinic	Non-facility rate
10	Telehealth Provided in Patient's Home (Medicine visit)	Home	Usual place of business regardless of exact location	Not reimbursed CPT+GY modifier

Revised SSA § 410.78(a)(3): Audio Only

- System includes two-way, real-time audio-only communication technology for any telehealth service furnished to a beneficiary in their home
- Can use audio only if the provider has audio and video equipment but is not using for specific instances
- It's up to the patient: either they are not capable of, or don't consent to the use of video technology.
- Modifier 93 or FQ required
  - FQHCs & RHCs use the “FQ” modifier

Meet the requirements with an attestation:

This encounter was conducted via audio-only telehealth, despite the clinic's audio-video capabilities, due to [reason: e.g., patient preference, lack of video capability, or technical limitations]. The patient was informed of the limitations of audio-only communication, and verbal consent was obtained to proceed.

During the session, I assessed the patient’s health status, reviewed symptoms, and provided therapeutic interventions. All components of a standard in-person evaluation, including [key elements: e.g., medication management, symptom review, safety assessment], were addressed.

Conversion Factor 2025 – it won't feel like parity

- PFS reduced by 2.8% for CY 2025 compared to CY 2024.

CPT	Non-Facility Total RVUs	Natl Avg Reimb CY2024 ($33.29)	Proposed Natl Avg Reimb CY2025 ($32.36)
99202	2.17	$72.23	$70.22
99203	3.35	$111.51	$108.41
99204	5.02	$167.10	$162.45
99205	6.62	$220.36	$214.22

Behavioral Health

- In-person visit requirement postponed until 2026
- When required
  - In-person clinic visit with the behavioral health provider within 6 months before the first mental health telehealth service happens
  - The Secretary of Health will determine subsequent intervals
- This also includes RHCs/FQHCs

Medical Telehealth

- No frequency limitations in 2025 for:
  - Subsequent inpatient visits (99231-99233)
  - Subsequent nursing facility visits (99307-99310)
  - Critical care consultations (G0508, G0509)

New Permanent Codes

- G0011: Individual counseling for pre-exposure prophylaxis (PrEP) by **physician or QHP** to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence, 15-30 minutes)
- G0013: Individual counseling for pre-exposure prophylaxis (PrEP) by **clinical staff** to prevent human immunodeficiency virus (HIV), includes: HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence)

Supervision – Both BH and Medical

- “Immediate availability” still means
  - The superivising provider uses live video.
  - Changed permanently for certain incident-to services that are "tech" only (no mod 26 or pro fee expected)
- Teaching physicians and residents can use telehealth with a patient, but everyone must be at their own "station" so that the modality is taught, but not just used for billing

Medicare Telehealth Services List additions

- Temporary
  - G0248 – Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results

Caregiver Training Services' Comparison (temporary addition)

CPT	Definition	HCPCS	Definition
97550	Caregiver training services – generalized (30 min)	GCTD1	Direct Care Caregiver Training Services (30 min) (specific condition i.e., ulcer)
97551	Add-on each add'l 15 min	GCTD2	Add-on each add'l 15 min
97552	Group caregiver training	GCTD3	Group Direct caregiver training

Caregiver Behavior Mgmt/Modification Training (Temporary Addition)

CPT	Definition	HCPCS	Definition
96202	Group Caregiver training in behavior mgmt/modification (30 min)	GCTB1	Individual Caregiver training in behavior mgmt/modification (30 min)
96203	Add-on each add'l 15 min	GCTB2	Add-on each add'l 15 min

OPPS – Virtual Direct Supervision of CR, ICR, PR Services thru end of 2025

Extension of Virtual Direct Supervision of CR, ICR, PR Services and Diagnostic Services Furnished to Hospital Outpatients through December 31, 2025.

§ 410.27(a)(1)(iv)(B)(1) and § 410.28(e)(2)(iii) revised

Cardiac Rehab, Intensive Cardiac Rehab and Pulmonary Rehab

No HOPD / fee Reimbursement

- The Proposed 2025 OPPS Rule asked for comments about facility HOPDs receiving payment
  - Use of G0463 not approved
  - 17 E/M telehealth codes not accepted by CMS' MPFS – they already have codes that work just fine (99202-99215)

Q: Home Health? – 3 G codes

- G0320: Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system
- G0321: Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
- G0322: The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (for example, remote patient monitoring)

Home Health (cont.)

- Must be in the Plan of Care – although not paid it must be reported for information purposes
- The Medicare Physician Fee Schedule (PFS) assigns this code status X, Statutory Exclusion: These codes represent an item or service that is not in the statutory definition of "physician services" for fee schedule payment purposes.

Those AMA Telehealth Codes

- 99441, 99442 and 99443 are deleted by the AMA CPT
- Telephone services returned to a bundle status when telehealth flexibilities end on December 31, 2024 (Per the CAA 2023)
- Use CPT modifier “93” and, for RHCs and FQHCs, Medicare modifier “FQ” (Medicare telehealth service was furnished using audio-only communication technology). Practitioners have the option to use the “FQ” or the “93” modifiers or both where appropriate and true, since they are identical in meaning.

One Code 98016 adopted – Virtual Check-In

- Brief communication technology-based service – 5-10 minutes
- Physician or other qualified health care professional who can report evaluation and management services
- Established patient
- Can't be a follow-up question (related) from a visit that happened in the last 7 days
  - Not a discussion about a lab test or radiology service that was ordered during that last E/M – that is a bundled service
  - Can't be an agreement to follow-up with the provider
- National wRVU: .30
- ~ $10

Behavioral Health Digital Devices

- Three new HCPCS codes to monitor how **digital mental health treatment** devices are used as part of overall behavioral health care.
- Devices would be furnished incident to or integral to professional behavioral health services used in conjunction with ongoing behavioral health care treatment under a behavioral health treatment plan of care.
- Use these codes instead of the Remote Therapeutic Monitoring codes

New HCPCS for B.H. RTM

HCPCS	Definition	Comment	RVUs & Payment	Natl Payment
G0552	Supply, education and training	Incident-to Billing provider must dx the patient and rx or order	Carrier priced/suggest current 98975	~$20
G0553	20 minutes of mgmt time with one synchronous interaction	Each month; Can be incident-to	Carrier priced/suggest 98980	~$50
G0554	Add-on code: add'l 20 minutes	Each month; Can be incident-to	Carrier priced/suggest 98981	~$40

Not Telehealth - Behavioral Health eConsults

G0546 – G0551:Codes established to include clinical psychologists, clinical social workers, marriage and family therapists, and mental health counselors. These codes will mirror the current interprofessional consultation CPT codes used by practitioners eligible to bill E/M visits.

The treating/requesting practitioner and the consulting provider do not have to be in the same organization to furnish interprofessional consultation services.

Patient consent is required.

Innovation Center "Remote services"

- If you're not enrolled in the program, they are not for you:
- G9187 (BPCI home visit)
  - G9481-G9489: remote e/m visits
- G9490 (CMMI home visit)
  - G9868-G9870 – asynch tele-visit)
  - G9978-G9986: remote e/m visits

Remember: if it's not on the Medicare Telehealth Services list, it's not telehealth – for most of us

Considerations for Virtual Care Options

Remote Physiological Monitoring

- Current: 16+ days required to bill
  - 99453 (one-time only)
  - 99454 (every 30 days)
- 2026: 2-15 days required to bill
- New for 2025: G0511 *no* longer used for care management in FQHCs and RHCs
  - Use the RPM Codes: 99453, 99454, 99457, 99458

2026: new RPM service codes

85	Remote Monitoring	● 99XX4 ● 99XX5 ● 98XX4 ● 98XX5 ● 98XX6 ● 98XX7	▲99454 ▲99457 ▲99458 ▲98975 ▲98976 ▲98977 ▲98978 ▲98980 ▲98981	Revise the Digitally Stored Data Services/Remote Physiologic Monitoring guidelines; add a remote physiologic monitoring device supply code (99XX4) for 2 to 15 calendar days; revise code 99454; revise the Remote Physiologic Monitoring Treatment Management services guidelines; add a new code (99XX5) for remote physiologic monitoring treatment management services to include 10 minutes of service; revise codes 99457, 99458; revise the Remote Therapeutic Monitoring Services guidelines; revise codes 98975, 98976, 98977, 98978; add remote treatment monitoring device supply codes (98XX4, 98XX5, 98XX6) to report respiratory, musculoskeletal and cognitive behavioral therapy for 2-15 calendar days; revise the Remote Therapeutic Monitoring Treatment Management services guidelines; add a new Remote therapeutic monitoring treatment management services code (98XX7) to include 10 minutes of service; revise codes 98980, 98981

Sounds like telehealth but it's not

Transitional Care Management

- 99495: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge
- 99496: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge

Collaborative Care Management: Question as to why audio not allowed

99492

Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements:

- outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional;
- initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan;
- review by the psychiatric consultant with modifications of the plan if recommended;
- entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant; and
- provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.

https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/AHCCCSCoveredBHServicesManual.pdf

Any further questions?

Resources

PFS

- https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other

Fact sheet:

- https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2025-medicare-physician-fee-schedule-final-rule

CCHP Fact Sheet:

- https://www.cchpca.org/2024/11/CY-2025-PFS-FINAL.pdf

OPPS

- https://www.federalregister.gov/documents/2024/11/27/2024-25521/medicare-and-medicaid-programs-hospital-outpatient-prospective-payment-and-ambulatory-surgical

Fact sheet:

- https://www.cms.gov/newsroom/fact-sheets/cy-2025-medicare-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-0

Social Security Act (Telehealth)

- https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.78

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Your opinion is valuable to us.
Please participate in this brief evaluation.

See the Chat

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