ARIZONA TELEMEDICINE PROGRAM WEBINAR SERIES

Presented by

The Southwest Telehealth Resource Center, and the Arizona Telemedicine Program

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• Fellow HRSA Grantees
• All other participants

The **Arizona Telemedicine Program** and **the Southwest Telehealth Resource Center** welcome you to this free CME 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!

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- Webinar is being recorded
- Recordings will be posted on the ATP website
    - http://telemedicine.arizona.edu/webinars/previous

CONTINUING MEDICAL EDUCATION

Outcome Objectives

- Describe the conversion factor and budget neutrality.
- Name two positive and two negative results based on the proposed ruling for 2025.
- Explain where an originating site location eligibility can be ascertained and why a patient's location either at home or in a facility will determine payment.

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Attendance Tracking: Code can be found in the evaluation. If you have not set up your profile yet, please contact Melanie at mesher@telelemedicine.arizona.edu

The Proposed Updates For the 2026 MPFS: Telehealth Billing & Reimbursement

And Other Stuff!

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.

Learning Objectives

- Describe the conversion factor and budget neutrality.
- Name two positive results based on the proposed ruling for 2026.
- Explain where an originating site location eligibility can be ascertained and why a patient's location either at home or in a facility will determine payment.

Let's get a few things out of the way, first

Things to Remember

- The slides will be provided after the webinar is over, as well as a recording, on the SW TRC site: https://telemedicine.arizona.edu/webinars/previous
- Relax: nothing is constant
  - Develop flexibility
  - Find a support system
  - Reframe challenges as opportunities

Look familiar? It is to your patients.

The Federal government took a range of steps to expedite the adoption and awareness of telehealth. Some of the telehealth flexibilities have been made permanent while others are temporary. Telehealth policies allow:

- Medicare patients can receive telehealth services for non-behavioral/mental health care in their home through September 30, 2025.

- https://telehealth.hhs.gov/providers/telehealth-policy/telehealth-policy-updates

The September 30 telehealth cut-off and *Congress*

- Bi-partisan issue: reassurances that telehealth will be continued, but …
  - Congress is off for the month of August
  - September 2: back in session
  - Per this published calendar, 12 House working days and 14 Senate working days

September

Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
	1 Labor Day	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22 Rosh Hashana (begins)	23	24 Rosh Hashana (ends)	25	26	27
28	29	30				

Both chambers in session — Senate only in session — House only in session

REPLY
HAZY. TRY
AGAIN LATER.

What does it mean for you and your patients if no continuance is passed? Do not pass Go …

- Location: pre-pandemic locations
  - The office of a physician or practitioner.
  - A critical access hospital
  - A rural health clinic
  - A Federally qualified health center
  - A hospital
  - A hospital-based or critical access hospital-based renal dialysis center (including satellites).
  - A skilled nursing facility
  - A community mental health center

Locations (cont.)

- A renal dialysis facility (only for purposes of the home dialysis monthly ESRD-related clinical assessment)
- The home of an individual (only for purposes of the home dialysis ESRD-related clinical assessment).
- A mobile stroke unit (only for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke).
- The home of an individual (only for purposes of treatment of a substance use disorder or a co-occurring mental health disorder, furnished on or after July 1, 2019, to an individual with a substance use disorder diagnosis.
- A rural emergency hospital for services furnished on or after January 1, 2023.
- The home of a beneficiary for the purposes of diagnosis, evaluation, and/or treatment of a mental health disorder for services that are furnished during the period beginning on the first day after the end of the emergency period

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.

What about behavioral health?

- Home is a permanent originating site (including the above sites) and no restriction on geographic location
  - If the patient is being treated for substance use disorder (SUD) and also has a behavioral health condition
  - If the patient has a behavioral health condition
    - and was seen at least 6 months prior to the telehealth visit
    - Once in person every 12 months, thereafter

The DEA and HHS

- The Drug Enforcement Administration (DEA), jointly with the Department of Health and Human Services (HHS), has extended the full set of telemedicine flexibilities regarding the prescribing of controlled medications as were in place during the COVID-19 public health emergency (PHE), through December 31, 2025.

https://www.federalregister.gov/documents/2024/11/19/2024-27018/third-temporary-extension-of-covid-19-telemedicine-flexibilities-for-prescription-of-controlled

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."

Effects on provider types

Types of providers: Expanded list of eligible providers no longer eligible

- Qualified occupational therapist
- Qualified physical therapists
- Qualified speech language pathologist, and
- Qualified audiologists

Tele-Details *After* Sept 30, 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 (Medical visit)	Home	Usual place of business regardless of exact location	Not reimbursed CPT+GY modifier

Conversion Factor Proposal: 2026

Budget Neutrality

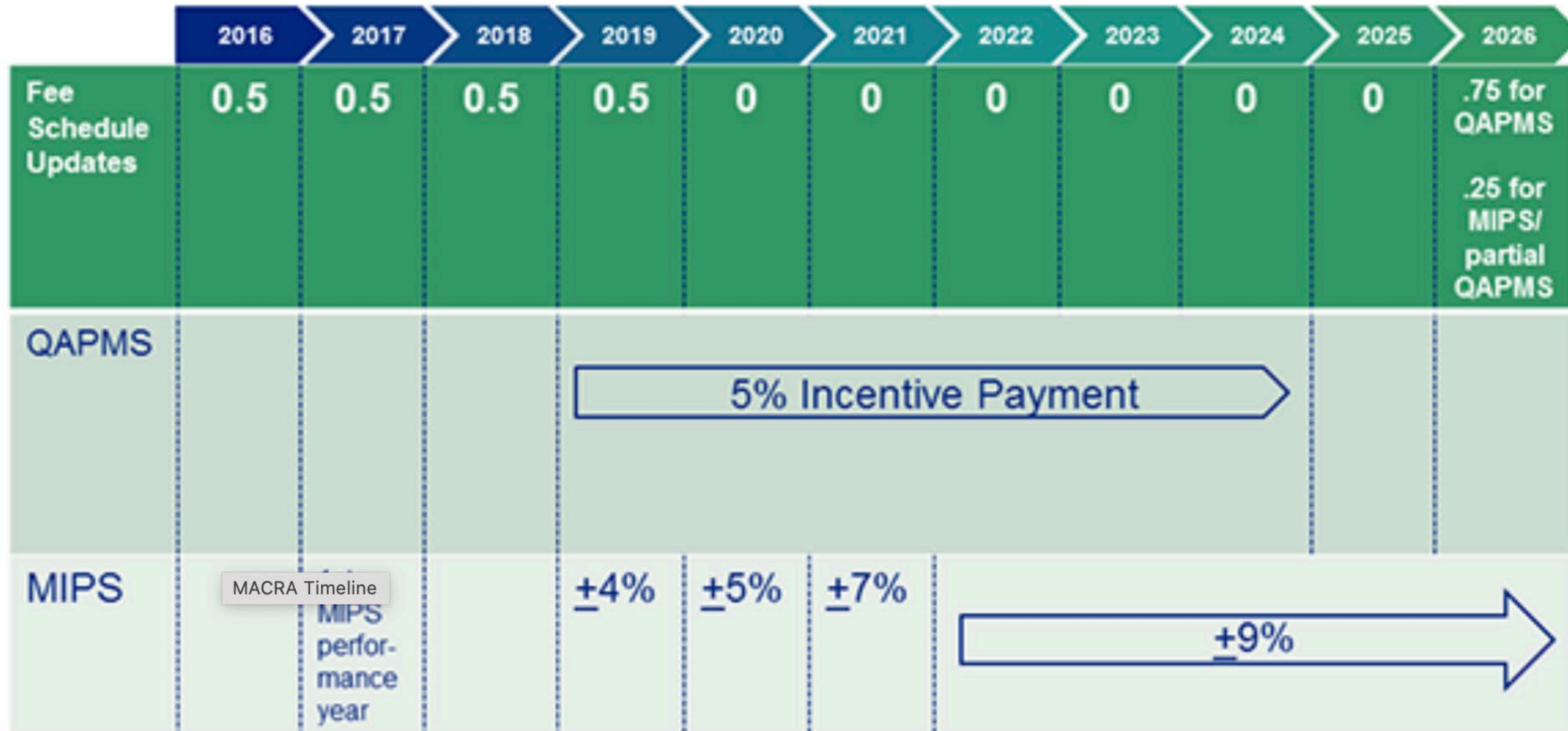
- Section 1848(c)(2)(B)(ii)(II) of the Act requires that increases or decreases in RVUs may not cause the amount of Medicare Part B expenditures for the year to differ by more than $20 million from what expenditures would have been in the absence of these changes. If this threshold is exceeded, we make adjustments to preserve budget neutrality.

- https://www.federalregister.gov/d/2025-13271/p-3528

Conversion Factor 2026: Two paths this year!

- MACRA (Medicare Access & CHIP (Children's Health Insurance Program) Reauthorization Act)
  - Alternative payment model participants:
    - **$33.59**
    - Increase of $1.24 (+3.8%) from the current conversion factor of $32.35.
- Non-alternative payment model participants (FFS):
  - **$33.42**
  - Increase of $1.07 (+3.3%) from the current conversion factor of $32.35.

It's heeerreee ...



Impacts Per Specialty: Table 92

TABLE 92: CY 2026 PFS ESTIMATED IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY

(A) Specialty	(B) Total: Non-Facility/Facility	(C) Allowed Charges (mil)	(D) Impact of Work RVU Changes	(E) Impact of PE RVU Changes	(F) Impact of MP RVU Changes	(G) Combined Impact
ALLERGY/IMMUNOLOGY	*TOTAL*	$212	0%	7%	0%	7%
	Non-Facility	$204	0%	8%	0%	8%
	Facility	$8	0%	-11%	0%	-11%
ANESTHESIOLOGY	*TOTAL*	$1,595	0%	-1%	0%	-1%
	Non-Facility	$310	0%	7%	0%	7%
	Facility	$1,285	0%	-3%	0%	-3%
EMERGENCY MEDICINE	*TOTAL*	$2,408	0%	-3%	1%	-1%
	Non-Facility	$217	0%	7%	0%	7%
	Facility	$2,191	0%	-4%	1%	-2%
ENDOCRINOLOGY	*TOTAL*	$526	0%	2%	0%	3%
	Non-Facility	$425	0%	6%	0%	6%
	Facility	$101	0%	-11%	0%	-10%
HEMATOLOGY/ONCOLOGY	*TOTAL*	$1,537	0%	0%	0%	0%
	Non-Facility	$984	0%	6%	0%	6%
	Facility	$552	0%	-11%	0%	-11%

Three Factors contributing to this proposal:

- Budget Neutrality
  - Inclusive of GPCI adjustments
- Efficiency Adjustment
- Practice Expense Methodology
  - Current methodology does not take into account the increase in physician employment and decline in privately practicing physicians
  - Proposing to recognize greater indirect costs for office-based practices vs. facility settings

Place of Service Matters

POS 02 vs POS 10 (for a FFS, non-AMP rate of $33.42)

CPT	POS 10 (not a facility aka home, pro fee reimb)	POS 02 (facility, pro fee reimb)
99204	$33.42x5.33 = $178.13	$33.42x3.51 = $117.30
99205	$33.42x7.09 = $237	$33.42x4.80 = $160.40
97091	$33.42x5.19 = $173.45	$33.42x4.11 = $137.36
97092	$33.42x6.05 = $202.19	$33.42x4.77 = $159.41

What about CCM, PCM, RPM, RTM billing?

- These are not telehealth services – they are not on the Medicare telehealth services list
- You must bill with brick & mortar POS code (examples)
  - 11 (non-facility clinic)
  - 19 (Off Campus-Outpatient Hospital)

Proposed Telehealth Changes: The Good, the Bad and the Not-So-Attractive

The Good: New Way to Get Codes on the Medicare telehealth services list

- 5 steps pared back to original 3 steps
  - *Step 1.* Determine whether the service is separately payable under the PFS.
  - *Step 2.* Determine whether the service is subject to the provisions of section 1834(m) of the Act.
  - *Step 3.* Review the elements of the service as described by the HCPCS code and determine whether each of them is capable of being furnished using an interactive telecommunications system as defined in § 410.78(a)(3).
- No provisional versus permanent – just permanent
- Deadline for review for next year is February 10, 2026

The Good and the Bad: Additions and a Deletion

(10) DELETED SERVICES

In section II.I. of this proposed rule, we proposed to delete HCPCS code G0136. This code is currently on the Medicare Telehealth Services List, so it will also be deleted from the list if finalized.

TABLE 9: SERVICES PROPOSED FOR ADDITION TO THE MEDICARE TELEHEALTH SERVICES LIST FOR CY 2026

Category	HCPCS	Short Descriptor
Multiple-Family Group Psychotherapy	90849	Multiple family group psytx
Group Behavioral Counseling for Obesity		G0473 Group behave couns 2-10
Infectious Disease Add-On	G0545	Inherent visit to inpt
Auditory Osseointegrated Sound Processor	92622	Dx aly aud oi snd prcsr 1st
	92623	Dx aly aud oi snd prcsr each

Medical Telehealth (with all the caveats)

- Proposed permanent change to Medicare list: no frequency limitations
  - Subsequent inpatient visits (99231-99233)
  - Subsequent nursing facility visits (99307-99310)
  - Critical care consultations (G0508, G0509)

§410.32(b)(3): Supervision Defined

Supervision Level	Physician Presence Required?	Key Characteristics
General	No	Direction and control, but not on-site.
Direct	Yes (in office suite)	Must be immediately available during the service.
Personal	Yes (in room)	Must be physically present in the room during the procedure.

The Good: virtual direct supervision

- Current allowed virtual supervision:
  - Incident to a physician's services when provided by auxiliary personnel 1) employed by the physician and 2) working under their direct supervision and for which the underlying HCPCS code has been assigned a PC/TC indicator of ‘5’ [which means: **Incident to** — Codes are **not subject to separate PC and TC payment** because they are bundled services (e.g., service is always furnished “incident to” another service).]; and
  - Services described by CPT code 99211 (office and other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional).

More on Direct Supervision

- Exclusive of audio-only, extension to services described under § 410.26, except for services that have a global surgery indicator of 010 or 090.
  - Contemplating 000 global days (such as endoscopy)
- This is the same for FQHCs/RHCs, too
- Proposal to modify for
  - **cardiac,**
  - **pulmonary,** and
  - **intensive cardiac rehabilitation**

The Not-So-Attractive: Teaching Physician Supervision

- No: Within an urban locale, using telehealth "**may not allow the teaching physician to have personal oversight and involvement over the management of the portion of the case for which the payment is sought**."
- Yes: In **rural settings**, "teaching physicians may continue utilizing audio/video real-time communications technology to fulfill the presence requirement, provided they maintain active, real-time observation and participation in the service. This geographical distinction aligns with our longstanding commitment to enhancing Medicare beneficiary access to covered services in rural areas."

Serve as an originating site?

- Q3014: 2026 reimbursement of $31.85
- Since 2001, the payment increased from $20 (about 60%)

FQHCs and RHCs – proposal for telehealth services

- If Congress does not pass an extension, CMS proposes:
  - G2025: medical visit services furnished using telecommunications technology, including services furnished using audio-only communications technology
  - Reimbursement based on the average amount for all Medicare telehealth services paid under the PFS, weighted by volume for those services reported under the PFS
  - Thru 12/31/2026

FQHC and RHCs – proposal for behavioral health services

- Beginning October 1, 2025, there must be an in-person mental health service furnished within 6 months ***prior*** to the audio-video or audio-only service
- An in-person mental health service (without the use of telecommunications technology) must be provided at least every 12 months … unless, for a particular 12-month period, the physician or practitioner and patient agree that the risks and burdens outweigh the benefits associated with furnishing the in-person item or service, and the practitioner documents the reasons for this decision in the patient's medical record.

Considerations for Virtual Care Options

Remote Physiological Monitoring

Every 30 days

- 99453 (one-time only, but requires +16 days to report)
- 99XX4 (2-15 days)
- 99454 (+16 days, every 30 days)

Monthly Mgmt

- 99XX5 (10-19 minutes)
- 99457 (20 minutes)
- +99458 (add'l 20 minutes)

Remote Therapeutic Monitoring

- Every 30 days
  - 98975 (one time only)
  - Every 30 days
    - 98976 – resp
    - 98XX4 – 2-15 days
    - 98977 – MSK
    - 98XX5 – 2-15 days
    - 98978 – CBT
    - No proposed, reduced days' code – good incentive to comment!!!

Monthly Mgmt

- 98XX7 (10-19 min)
- 98980 (20 min)
- +98981 (add'l 20 min)

Submit a comment to the Rule!

- Only 1,528 comment letters submitted as of 8/9/25
- This is your once-a-year chance to effect change by making your voice heard
- Make sure you differentiate between what CMS can change (below) versus what Congress needs to do by Sept 30 (telehealth extension)
  - RVUs
  - Services on the telehealth list
  - SDoH being deleted (G0136)
  - Support for CBT/RTM valuation as well as a 2-15 day HCPCS
- Deadline: Sept 12, 2025 midnight

Don't forget about that other Oct 1 occurrence

New ICD-10 codes! 487 Codes!

Chapter / Disease Category	New Codes
Ch. 19: Injury, Poisoning & External Causes (S00–T88)	213
Ch. 12: Skin & Subcutaneous Tissue (L00–L99)	116
Ch. 1: Infectious & Parasitic Diseases	~2
Ch. 2: Neoplasms (C00–D49)	~3
Ch. 3: Blood & Immune Disorders	~3
Ch. 4: Endocrine, Nutritional & Metabolic	~23
Ch. 6: Nervous System Diseases (G00–G99)	~10

Codes cont.

Chapter / Disease Category	**New Codes**
Ch. 7: Eye & Adnexa Diseases (H00–H59)	~17
Ch. 9: Circulatory System (I00–I99)	~4
Ch. 13: Musculoskeletal System (M00–M99)	~1
Ch. 14: Genitourinary System (N00–N99)	~5
Ch. 17: Congenital Malformations (Q00–Q99)	~23
Ch. 18: Symptoms & Abnormal Findings (R00–R99)	~21
Ch. 20: External Causes of Morbidity (V01–Y99)	~20
Ch. 21: Health Status & Contact Reasons (Z00–Z99)	~26
Other Chapters Combined	~41

What are you going to do?

Hope for the best, prepare for the

Change what is on your care menu!

- RPM
- RTM
- Chronic care management
- Principal care management
- Transition care management
- PIN (in-person)
- CHN (in-person)
- Contract with a brick-and-mortar clinic or facility to secure your POS 11, 19 or 22 for all care management billing

99024 – make sure you bill it! And Comment!

- **Comment Solicitation on Strategies for Improving Global Surgery Payment Accuracy**
- For CY 2026, as part of an iterative process towards improving the accuracy of global surgical service valuation and payment, we are soliciting public comment to ascertain what next steps we could take to improve the accuracy of payment for global surgical packages. We are specifically seeking comment related to the procedure shares and what the procedure shares should be based on when the transfer of care modifier(s) are applied for the 90-day global packages. We are also seeking comment and stakeholder input as to current practice standards and division of work between surgeons and providers of post-operative care.

What was left out?

- Distant site providers use their practice location instead of their home address when enrolling to provide Medicare telehealth services from home.
- Without any extension proposal, this allowance will end January 1, 2026.
- Comment, comment, comment!
  - CMS must read every comment. The rule (and link for public comments) is here: https://www.federalregister.gov/documents/2025/07/16/2025-13271/medicare-and-medicaid-programs-cy-2026-payment-policies-under-the-physician-fee-schedule-and-other

Any questions?

Resources

PFS
- https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2026-medicare-physician-fee-schedule-pfs-proposed-rule-cms-1832-p

CCHP Fact Sheet:
- https://www.cchpca.org/2025/07/PROPOSED-2026-PHYSICIAN-FEE-SCHEDULE-FINAL.pdf

OPPS
- https://www.cms.gov/newsroom/fact-sheets/calendar-year-2026-hospital-outpatient-prospective-payment-system-opps-and-ambulatory-surgical

PYAPC
- https://www.pyapc.com/insights/hcrr-98-99-two-part-2026-medicare-physician-fee-schedule-proposed-rule/
- **MLN Matters/CMS Telehealth & RPM Brochure** https://www.cms.gov/files/document/mln901705-telehealth-remote-patient-monitoring.pdf

Locations for Originating Sites (Code of Federal Regulations)
- https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.78

Social Security Act – section 1834(m): Telehealth
- https://www.ssa.gov/OP_Home/ssact/title18/1834.htm

ICD-10 Update
- https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2026/ICD-10-CM-October-2025-Guidelines.pdf

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Please participate in this brief evaluation and find the code number and instructions for today's session to log your attendance for CME credit.

See the Chat

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