Telehealth Services

The content in this Medicare Learning Network® educational product does not reflect waivers and flexibilities issued pursuant to section 1135 of the Act or short-term regulatory changes made in response to COVID-19. The Centers for Medicare & Medicaid Services (CMS) has issued blanket waivers and flexibilities and made temporary changes to its rules to prevent gaps in access to care for beneficiaries affected by the COVID-19 public health emergency. Please visit MLN Matters® Article SE20011 for up-to-date information and a complete list of COVID-19 blanket waivers and flexibilities, and temporary regulatory changes.

What's Changed?

- CMS changed frequency limitation for subsequent nursing facility visits from 30 days to 14 days

You'll find substantive content updates in dark red font.

Introduction

Medicare pays specific Part B physician or practitioner services provided through a telecommunications system. Telehealth services substitute for an in-person visit.

Originating Sites

An originating site is the location where a Medicare patient gets physician or practitioner medical services through a telecommunications system. The patient must go to the originating site for the services located in either:

- County outside a Metropolitan Statistical Area (MSA)
- Rural Health Professional Shortage Area (HPSA) in a rural census tract

The Health Resources and Services Administration (HRSA) decides HPSAs and the Census Bureau decides MSAs. Find potential Medicare telehealth originating site payment eligibility at HRSA's Medicare Telehealth Payment Eligibility Analyzer.

Regardless of location, providers qualify as originating sites if they participate in a federal telemedicine demonstration project approved by (or getting funding from) HHS.

Each December 31 of the prior Calendar Year (CY), CMS bases an originating site's geographic eligibility on the area's status. This eligibility continues for a full CY. Authorized originating sites include:

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Patients with End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

> The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act removed originating site geographic conditions and added an individual's home as a permissible originating telehealth services substance use disorder or co-occurring mental health treatment site.

Note: Medicare doesn't apply originating site geographic conditions to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and patient homes when practitioners provide monthly ESRD-related medical evaluations in patient homes. Independent Renal Dialysis Facilities aren't eligible originating sites.

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The 2018 Bipartisan Budget Act removed originating site geographic conditions and added eligible originating sites to diagnose, evaluate, or treat acute stroke symptoms. Get more information on how to use the new billing modifier in MLN Matters® Article MM10883.

Distant Site Practitioners

Distant site practitioners who can provide and get paid for covered telehealth services (subject to state law) include:

- Physicians
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Certified Nurse-Midwives (CNMs)
- Clinical Nurse Specialists (CNSs)
- Certified Registered Nurse Anesthetists (CRNAs)
- Clinical Psychologists (CPs) and Clinical Social Workers (CSWs)
  - CPs and CSWs can't bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They can't bill or get paid for CPT codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professionals

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You must use an interactive audio and video telecommunications system that permits real-time communication between you at the distant site and the patient at the originating site.

CMS allows sending medical information to a physician or practitioner by telehealth to review later only in Alaska or Hawaii federal telemedicine demonstration programs.

A physician, NP, PA, or CNS must provide at least 1 ESRD-related hands-on visit (not telehealth) each month to examine the patient's vascular access site.

The subsequent nursing facility services frequency limitation provided via telehealth is now 14 days, not 30 days.

Currently Covered Telehealth Services

Find the complete List of Telehealth Services by downloading the ZIP and opening the Excel or text files.

Telehealth Services Billing & Payment

Submit professional telehealth service claims using the appropriate CPT or HCPCS code.

If you performed telehealth services through an asynchronous telecommunications system, add the telehealth GQ modifier with the professional service CPT or HCPCS code (for example, 99201 GQ). You're certifying you collected and sent the asynchronous medical file at the distant site from a federal telemedicine demonstration project conducted in Alaska or Hawaii.

Submit telehealth services claims, using Place of Service (POS) 02-Telehealth, to indicate you provided the billed service as a professional telehealth service from a distant site. Distant site practitioners billing telehealth services under the CAH Optional Payment Method II must submit institutional claims using the GT modifier.

Bill covered telehealth services to your Medicare Administrative Contractor (MAC). They pay you the appropriate telehealth services amount under the Medicare Physician Fee Schedule (PFS). 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 services. The payment is 80% of the Medicare PFS distant site facility amount for the distant site service.

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.

Note: The originating site facility fee doesn't count toward the number of services used to determine partial hospitalization services payment when a CMHC serves as an originating site.

Resources

- Health Professional Shortage Area Physician Bonus Program
- Medicare Claims Processing Manual, Chapter 12
- Physician Fee Schedule Final Rule
- Telehealth

Rural Providers Helpful Websites

- American Hospital Association Rural Health Care
- CMS Rural Health
- National Association of Rural Health Clinics
- National Rural Health Association
- Rural Health Clinics Center
- Rural Health Information Hub

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.