

# Medicare telehealth information

## Beginning Jan. 1, 2025

On Nov. 1, 2024, the 2025 Medicare Physician Fee Schedule Final Rule (MPFS) was released by the Centers for Medicare & Medicaid Services (CMS). The MPFS finalized CMS rules for telehealth beginning Jan. 1, 2025. Keep in mind, the MPFS applies to Medicare Parts A and B. Differences for Part C, Medicare Advantage, will be highlighted as warranted.

## Key points from the MPFS

- Without Congressional action, beginning April 1, 2025, the statutory limitations that were in place for Medicare telehealth services prior to the COVID-19 public health emergency (PHE) will retake effect for most telehealth services. These include geographic and location restrictions on where the services are provided, and limitations on the scope of practitioners who can provide Medicare telehealth services.
- For calendar year (CY) 2025, CMS is finalizing its proposal to add several services to the Medicare Telehealth Services List, including caregiver training services on a provisional basis and Pre-exposure prophylaxis (PrEP) counseling and safety planning interventions on a permanent basis. CMS will continue the suspension of frequency limitations for subsequent inpatient visits, subsequent nursing facility visits, and critical care consultations for CY 2025.
- Beginning Jan. 1, 2025, CMS finalized a rule that says an interactive telecommunications system may include two-way, real-time, audio-only communication technology for any Medicare telehealth service furnished to a beneficiary in their home, if the distant site physician or practitioner is technically capable of using an interactive telecommunications system, but the patient is not capable of, or does not consent to, the use of video technology.
- CMS acknowledges the Current Procedural Terminology (CPT®) Editorial Panel's decision to delete audio-only telephone services CPT® codes 99441-99443 for 2025. However, Medicare will **not** recognize 16 of the 17 telehealth CPT® codes (98000-98016) added for 2025; CPT® codes 98000-98015 will have an Invalid status. Medicare will only pay separately for brief virtual check-in encounter CPT® code 98016 in lieu of Healthcare Common Procedure Coding System (HCPCS) Level II code G2012, which CMS is deleting due to redundancy.
- Direct supervision through real-time audio and visual interactive telecommunications (not audio-only) will continue to be allowed on qualifying services.
- Certain behavioral and mental health services will be permanently eligible to be offered via telehealth for Medicare patients beginning Jan. 1, 2025. Check CMS's Medicare Telehealth Services List for a list of these services.
- Place of service (POS) codes will continue to have two telehealth designations:
  - 02 Patient not in their home when telehealth services are rendered: or
  - 10 Patient in their home when telehealth services are rendered. POS 10 will continue to be paid at the non-facility rate.

## Frequently asked questions

### Telehealth audio only risk adjustment

**Q: CMS will pay for certain Medicare services conducted by telephone and added certain audio-only services to the list of Medicare telehealth services. Are these audio-only services acceptable for Medicare risk adjustment (MRA) purposes?**

A: Qualifying evaluation and management (E/M) services have been added to the list of Medicare telehealth services and are acceptable if performed using a real-time interactive audio system. However, this applies to *Original Medicare coverage* criteria only and does not address the criteria for Medicare Advantage (MA) risk adjustment data eligibility. Based on CMS' April 10, 2020, health plan management system (HPMS) memo and updates made on Jan. 15, 2021, and May 4, 2022, CarePlus maintains that for these services to qualify for risk adjustment they must be performed using interactive audio telecommunication **simultaneously with video telecommunication** to permit real-time interactive communication.

### Billing audio only visits

*Please be advised that the following guidance may change.*

**Q: How should physician and healthcare professionals bill services that CMS has covered when provided as audio only?**

A: Although services may be covered when provided as audio only, CarePlus requests that providers bill audio-only services using CPT® codes 99202-99215 and the modifier "93" to identify services as being audio only and therefore, not eligible for MA risk adjustment. Billing the CPT® code with the modifier "93" will clearly indicate that the service was provided as audio only. If providers have previously submitted audio-only visits with CPT® codes other than CPT® code mentioned, CarePlus requests providers to correct the service that was billed by submitting corrected claims for those visits using CPT® codes to identify them as audio-only services. Note: Correcting the service that was billed requires a corrected claim, which is a different process than submitting a diagnosis code deletion request.

### Billing audio and video visits

**Q: How should physician and healthcare professionals bill services CMS has covered when provided as real-time interactive audio and video?**

A: For synchronous telemedicine services rendered via real-time interactive audio telecommunication systems during 2025, continue to use Current Procedural Terminology (CPT®) telehealth modifier "95" with appropriate place of service (POS). There are two code options to indicate the POS when a service provided via telehealth is submitted: 1) POS 02 for telehealth services provided other than in patients home, or 2) new POS 10 for telehealth services provided in patients home (which is a location other than a hospital or other facility where the patient receives care in a private residence).

### Telehealth documentation requirements

**Q: Are there additional documentation requirements associated with telehealth services?**

A: As a best practice, CarePlus recommends documenting in the medical record whether a visit was conducted via interactive audio telecommunication simultaneously with video telecommunication or through other virtual mechanisms, such as audio only.

## Key telehealth risk adjustment information

The Centers for Medicare & Medicaid Services (CMS) recognizes diagnoses for risk adjustment purposes under the following conditions: The visit must be an allowable inpatient, outpatient or professional service, **and** the visit must be a face-to-face encounter. In its May 4, 2022, HPMS memo, CMS clarified that telehealth services provided using an **interactive audio telecommunication simultaneously with video telecommunication** to permit real-time interactive communication satisfies the face-to-face requirement for purposes of risk adjustment data eligibility.

	Medicare-covered services	Qualifies for MRA	Physician location	Submission place of service (POS)	Common CPT® and HCPCS codes
Telehealth (interactive audio and video telecommunications system that permits real-time interactive communication)	X	X	Home/office/facility	Use CPT telehealth modifier “95” with any POS**	99202 – 99215 (office or outpatient visit) G0425 – G0427 (telehealth consultations, emergency department or initial inpatient)
Telephonic visit (audio only)	X		Home/office/facility	Use CPT telehealth modifier “93” with any POS**	99202 – 99215 (office or outpatient visit)
Virtual check-in (5 to 20 minute visit)	X	X*	Home/office/facility	Any POS	G2010, G2252, 98016
E-visit (use of patient portal)	X		Home/office/facility	Any POS	99421, 99422, 99423

\* CPT® code 98016 qualifies for risk adjustment encounter data system (EDS) submission and should be used for virtual check-in visits that use interactive audio telecommunication simultaneously with video telecommunication. CarePlus maintains that any service rendered that is audio only does not meet the face-to-face requirement for risk adjustment. Therefore, if an audio-only visit is conducted, use the evaluation and management (E/M) codes, as appropriate, as well as telehealth modifier “93” to indicate an audio only visit.

\*\* For a service provided via telehealth (i.e., modifier “95” for audio/video, modifier “93” for audio only), there are now two code options to indicate the place of service (POS): 1) POS 02 for telehealth services provided other than in patients home, or 2) new POS 10 for telehealth services provided in patients home (which is a location other than a hospital or other facility where the patient receives care in a private residence).

## Telehealth reference guide

CarePlus' priority during the COVID-19 outbreak was to support the safety and well-being of the patients, communities and healthcare providers we serve. Accordingly, during the public health emergency (PHE), CarePlus expanded access to telehealth and other virtual services to support providers caring for their CarePlus patients. To make working with us simpler, we have developed the reference guide below, which lists direct links to helpful telehealth information.

Telehealth reference guide	
Centers for Medicare & Medicaid Services (CMS) guidance	<b>Medicare telemedicine healthcare provider fact sheet</b> <a href="http://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet">www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet</a> <b>Medicare Learning Network Booklet on Telehealth Services</b> <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf">www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf</a>
Annual Wellness Visit	<b><a href="https://www.ruralhealthinfo.org/care-management/annual-wellness-visits">https://www.ruralhealthinfo.org/care-management/annual-wellness-visits</a></b> <b>Annual Wellness Visits can be conducted via telehealth (simultaneous real-time video and audio only)</b>
Practitioner assessment form (PAF)	<b>CarePlus will accept PAFs completed during a visit using real-time interactive audio and video telecommunications system</b>
Active member summary	<b>CarePlus will accept Member Summary with clinical inference completed during a visit using real-time interactive audio and video telecommunications system</b>
2025 Medicare Physician Fee Schedule – full text	<a href="https://public-inspection.federalregister.gov/2024-25382.pdf">https://public-inspection.federalregister.gov/2024-25382.pdf</a>
2025 Medicare Physician Fee Schedule – fact sheet	<a href="https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2025-medicare-physician-fee-schedule-final-rule">https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2025-medicare-physician-fee-schedule-final-rule</a>
CMS List of Telehealth Services	<a href="https://www.cms.gov/medicare/coverage/telehealth/list-services">https://www.cms.gov/medicare/coverage/telehealth/list-services</a>
American Academy of Professional Coders (AAPC) telehealth website*	<a href="https://www.aapc.com/resources/telemedicine">https://www.aapc.com/resources/telemedicine</a>

\* CarePlus provides these links for informational purposes only. Given the ever-changing telehealth requirements CarePlus does not guarantee the reliability or accuracy of information on the sites.

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