

TELEHEALTH AND VIRTUAL SERVICES

March 2025

Presented by Noridian Outreach and Education



Elevating Operations, Enabling Care.



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- [Noridian Medicare website](#)
- [CMS website](#)

WEBINAR PROTOCOL

- Lines muted upon entry
- Must be logged into GoToWebinar to receive Continuing Education Unit (CEU)
 - Attend entire webinar
- Webinar questions
 - Keep questions to previous or current slide and scenarios not addressed
 - Unrelated questions or not a Noridian provider? Call Customer Service in your jurisdiction
- Audio or video issues
 - Check your internet connection and system requirements
- Webinar may be recorded
 - High-demand webinars available on website for future viewing

RESOURCES FOR PART A TELEHEALTH

- This presentation is for Part B Providers who bill on 1500 form Providers who bill on UB-04 will find information located on the links listed below:
- [JEA Telehealth](#)
- [JFA Telehealth](#)
- [JEA Rural Health Clinic \(RHC\)](#)
- [JFA Rural Health Clinic \(RHC\)](#)
- [JEA Federally Qualified Health Center \(FQHC\)](#)
- [JFA Federally Qualified Health Center \(FQHC\)](#)

OBJECTIVES

- Review of original telehealth requirements and telehealth allowed with flexibilities
- Understanding coding for telehealth services submitted to Medicare
- Locating the CMS List of Telehealth Services to view what may be billed

RECENT CONGRESSIONAL ACTION

- March 14, [Full-Year Continuing Appropriations Act, 2025](#) extended telehealth flexibilities through September 30, 2025



AGENDA

- Telehealth – Then and Now
- Telehealth and Enrollment
- Billing and Coding
- Documentation
- Communication Technology Based Services
- Resources

TELEHEALTH – THEN AND NOW



TELEHEALTH DEFINED

- Use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration
- Services provided by physician or practitioner using two-way interactive technology
- Substitutes for in-person visit
- Permits real-time communication between practitioner and patient

PERMANENT TELEHEALTH



Approved
Telehealth
Procedure



HIPAA
approved real
time audio
and visual
technology



Distant site
provider
approved
telehealth
specialty



Originating
site patient in
HRSA or MSA
designated
location



Originating
site must be
office or
facility



PERMANENT TELEHEALTH – ORIGINATING SITE

- Telehealth originating site fee
 - Q3014 allows \$31.01 in 2025
- Location of Medicare beneficiary at time of service
- Approved Health Resources & Services Administration (HRSA)
 - [Medicare telehealth payment eligibility analyzer](#)
- No reimbursement for place of service (POS) patient's home
- No facility fee for hospitals, clinics or other eligible locations outside of rural designation
- Payment to physicians, practitioners, and originating sites made only on assignment-related basis

PERMANENT TELEHEALTH – DISTANT SITE

- Distant site service must be:
 - Furnished via interactive two-way audio and video telecommunications system
 - Furnished by physician or authorized practitioner
 - Eligible telehealth service
- Distant site provider bills Part B Medicare for professional services furnished via telehealth
 - Submit appropriate CPT or HCPCS code
 - POS 02 (telehealth provided other than patient's home)

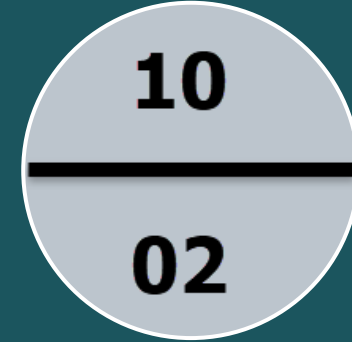
TELEHEALTH FLEXIBILITIES – CURRENT GUIDELINES



Approved
Telehealth
Procedure



HIPAA approved
real time audio and
visual technology



Place of Service
(POS) code 02 or 10
(patient location)



CY 2025 – TELEHEALTH SERVICES

- Telehealth waiver extended through September 30, 2025
 - Includes audio-only telehealth requested by beneficiary
 - Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)
 - Mental Health services, including delay with in-person requirements
 - Starting October 1, 2025, statutory limitations in place for telehealth before COVID-19, retake effect for most services including:
 - Geographic beneficiary restrictions
 - Location restrictions where services provided
 - Limitations on scope of practitioners who provide telehealth
 - CPTs 98000-98015 (telehealth) invalid for Medicare
 - Use appropriate E/M service
 - Append modifier 93 or FQ
 - Review [List of Telehealth Services](#)
- [H.R.10545 – American Relief Act 2025](#)
- [H.R. 1968 – Full-Year Continuing Appropriations and Extensions Act, 2025](#)

TELEHEALTH FLEXIBILITIES

- CMS flexibilities expanded telehealth temporarily under 1135 waiver authority
- Coronavirus Preparedness and Response Supplemental Appropriations Act (CARES ACT)
 - Beneficiaries received access to services without traveling to healthcare facilities
 - Allows for use of interactive telecommunications systems to furnish telehealth services to the extent they require use of video technology, for certain services
- CMS provides List of Medicare Telehealth Services
 - Includes codes allowed on permanent or provisional bases

FLEXIBILITIES THROUGH SEPTEMBER 2025

- Remain same as 2024
- Any geographic location allowed (including home)
- Performed by physician, nurse practitioner, physician assistant, nurse-midwife, clinical nurse specialist, clinical psychologist, clinical social worker, registered dietitian or nutrition professional, certified registered nurse anesthetist, therapist (physical, occupational, speech-language), and audiologist
- Direct supervision allows presence and “immediately available” through real-time audio and visual telecommunications
- Delays requirement for in-person visit for mental health telehealth services

2025 AUDIO ONLY TELEHEALTH

- Telephone CPT codes 99441-99443 deleted
- Provider performing telehealth must have audio and video communication technology
- Patient may only have audio available or may not consent to video
 - Patient determines audio only telehealth
 - Append modifier 93 or FQ
- Submit appropriate evaluation and management service or service provided



TELEHEALTH AND ENROLLMENT



TELEMEDICINE LOCATIONS ON ENROLLMENT APPLICATIONS

- Definition:
 - Location the telemedicine service(s) took place
- Telemedicine location examples, not all-inclusive list:
 - Suite
 - Office building
 - Providers home address
- Telemedicine location must be provided on the enrollment application for state service takes place:
 - Telemedicine service provided from providers home in California
 - Group or organization must be currently enrolled in California
 - Telemedicine location must be provided as “telemedicine location”

ELIGIBLE PRACTITIONERS

- Physician MD, DO
- Nurse Practitioners
- Physician Assistant
- Clinical Nurse Specialist
- Nurse Midwives
- Certified Registered Nurse Anesthetists
- Registered Dietitians
- Nutritional Professional
- Independent Psychologists
- Clinical Social Workers
- Mental health counselors
- Marriage and family therapists
- Temporary
 - Physical therapist
 - Occupational therapist
 - Speech language pathologist
 - Audiologist

TEMPORARY TELEHEALTH PROVIDERS

- Medicare telehealth service reimbursed
 - Physical Therapist
 - Speech Therapist
 - Occupational Therapist
 - Must amend appropriate therapy modifier
 - GP, GO, or GN (addition 95)
 - KX when applicable
- Based on CARES Act and for duration of COVID-19 PHE

PROVIDER LICENSE VS ENROLLMENT

- Provider must be enrolled in state they are sitting
 - Location of provider
- Practitioners must be licensed in both states where patient receives, and provider presents
 - State licensure requirements (not CMS requirements)
- Example:
 - Patient located in California and provider in Florida. Provider must be enrolled with Medicare Administrative Contractor in state of Florida

PROVIDERS LOCATED OUTSIDE UNITED STATES – NEVER ALLOWED

- Section 1862(a)(4) of the act and our corresponding regulations 42 CFR 411.9 prohibits Medicare payment for services that are not furnished within the United States. This exclusion remains in effect during a PHE and is not affected by telehealth flexibilities put in place for the COVID PHE.



BILLING AND CODING



TELEHEALTH LISTING OF ACCEPTABLE CODES

- Provides list of services payable under Medicare fee schedule furnished via telehealth
- List includes codes
 - Added on permanent basis
 - Added on provisional (temporary) basis
 - Limitation of payments included on this list
 - Non covered
 - Not Valid for Medicare
 - Statutory excluded
 - Bundled code
 - [List of Telehealth Services](#)

PLACE OF SERVICE (POS)

- POS where the patient is located at time of service
 - 02 – telehealth provided other than patient’s home
 - 10 – telehealth provided in patient’s home
- Exception for provider types adding modifier 95
 - POS will be where provider is located

MODIFIERS

- 93 or FQ – telehealth performed via audio only
- 95 – two situations
 - By hospital provider performing telehealth visit to beneficiary in their home
 - Outpatient therapy service furnished via telehealth by physical, occupational, or speech language therapist
 - Must amend appropriate therapy modifier
 - GP, GO, or GN (addition 95)
 - KX when applicable (over threshold amounts)

ADDITIONAL MODIFIERS

- Two additional scenarios telehealth modifiers required on professional claims:
 - Modifier GQ – Used when telehealth services are furnished via
 - asynchronous (store and forward) technology for federal telemedicine demonstration project in Alaska and Hawaii
 - Modifier G0 – Diagnosis and treatment of acute stroke

PREVENTIVE SERVICES PROVIDED VIA TELEHEALTH

- Alcohol Misuse Screening and Counseling
- Annual Wellness Visit
- Counseling to Prevent Tobacco Use
- Depression Screening
- Diabetes Self-Management Training
- [Medicare Preventive Services](#)
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease
- IBT for Obesity
- Lung Cancer Screening
- Medical Nutrition Therapy
- Prolonged Preventive Services
- STI Screening and HIBC to Prevent STIs

PREVENTIVE SERVICES TELEHEALTH INDICATOR

The screenshot displays the 'Medicare Preventive Services' page on the MLN Educational Tool. The page features a navigation bar with 'Back to MLN' and 'Print' buttons. Below the navigation, there are tabs for 'Overview', 'Telehealth Eligible Services', 'FAQs', and 'Resources'. The main content area is a grid of service tiles, each with a telehealth indicator (T) where applicable. A legend at the bottom left identifies the telehealth indicator.

Medicare Preventive Services						
Select a Service		FAQs		Resources		
Alcohol Misuse Screening & Counseling (T)	Annual Wellness Visit (T)	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use (T)
COVID-19 Vaccine & Administration	Depression Screening (T)	Diabetes Screening	Diabetes Self-Management Training (T)	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening
Hepatitis B Shot & Administration	Hepatitis C Screening	HIV PrEP (T)	HIV Screening	IBT for Cardiovascular Disease (T)	IBT for Obesity (T)	Initial Preventive Physical Exam
Lung Cancer Screening (T)	Mammography Screening	Medical Nutrition Therapy (T)	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services (T)	Prostate Cancer Screening
Screening Pap Test	Screening Pelvic Exam	STI Screening & HIBC to Prevent STIs (T)	Ultrasound AAA Screening			

T
Telehealth Eligible

MENTAL HEALTH TELEHEALTH

- Certain mental health may be rendered via audio only if patient doesn't have access to visual technology
 - Providers must have visual and audio technology
- Delaying in-person requirements
 - Visit six months before providing telehealth mental health services
 - Visits at least once every 12 months after beginning telehealth
- CMS MLN Booklet – [Medicare & Mental Health Coverage](#)

MENTAL HEALTH TELEHEALTH 2

- Regulation 42 CFR 410.78(b)(3)(xiv) describe two exceptions to in-person requirements
 1. Patients already receiving telehealth behavioral health services and have circumstances where in-person care may not be appropriate
 2. Groups with limited availability for in-person behavioral health visits have flexibility to arrange for practitioners to provide in-person and telehealth visits with different practitioners, based on availability
- Beginning 2024, Mental Health Counselors (MHCs) and Marriage and Family Therapists (MFTs) can provide and bill Medicare telehealth services

DIRECT SUPERVISION

- Incident-to services may be provided via telehealth
 - Distant-site physician's service under direct supervision of billing practitioner via virtual presence
- Provider supervising healthcare service present virtually via audio and visual technology rather physically present
- Audio only not sufficient to meet direct supervision requirements

TEACHING PHYSICIANS

- Teaching physician may supervise in-person or through interactive telecommunications technology during key portion(s) of service
- All levels of E/M in primary care centers may be provided under direct supervision or interactive telecommunication
- CMS MLN Booklet - [Guidelines for Teaching Physicians, Interns & Residents](#)

RURAL AND FEDERALLY QUALIFIED

- Able to bill originating site facility fee – Q3014
- Rural Health Clinic (RHC)
 - Revenue code 0780
- Federally Qualified Health Center (FQHC)
 - Revenue code 0780
- RHCs and FQHCs authorized to serve as distant practitioners for Telehealth services



DOCUMENTATION



CONSENT

- Can be obtained either verbal or written
- At time of visit arrangement or during
- Obtained by ancillary personal under general supervision
- Can be obtained annually
- Must be documented
- Informs patient of cost share obligations
 - Should not interfere with provision of services

DOCUMENTATION REQUIREMENTS

- Telemedicine includes phone call, virtual visits, audio and video, email, portal
- Same as any face-to-face patient encounter
- Statement indicating service provided via telemedicine
 - Patient location
 - Provider location
 - Names of all persons participating in telemedicine service and role in encounter

DOCUMENTATION REQUIREMENTS ₂

- Include threshold number of clinical staff or physician time for face-to-face patient encounter
 - Examples
 - Start and stop time, or total time
 - Discussion
 - Beneficiary response

IN SUMMARY TELEHEALTH

- Use of audio and video capabilities
- CMS waived video requirement when beneficiary requests
- List of Medicare Telehealth Services
- Considered as in-person visits paid at same rate
- POS 02 and 10 for telehealth services
- Modifier 95 reported on limited telehealth services

COMMUNICATION TECHNOLOGY BASED SERVICES



WHAT IS TELECOMMUNICATION

- Telecommunication:
 - Brief Communication Technology Based Service (CTBS) to allow patients to check in with practitioner via telephone or another telecommunication device
 - Remote evaluation of recorded video and/or images
- Telemedicine services are generally provided without patient present
 - Most common services are reading radiology reports, providing interpretation on laboratory, other test results
 - Not considered telehealth
 - POS where provider is located – 02 or 10 not billed
 - No telehealth modifiers

TELEMEDICINE BILLABLE CODES

Telemedicine Service	Description	HCPCS CPT	Place of Service (POS)
Virtual Check-in	A brief (5-10 min) check in with provider via phone or other telecommunication device to decide whether an office visit or other service is needed	G2252 98016 G0071 (RHC or FQHC)	POS equal to as if furnished in person
Remote image or video review	Remote evaluation or recorded video and/or images submitted by an established patient, including interpretation with follow-up	G2010	POS equal to as if furnished in person
E-Visit	A communication between patient and provider through online portal	98970, 98971, and 98972	POS equal to as if furnished in person

VIRTUAL CHECK-IN COMMUNICATE BY PHONE, OR IMAGE

- Brief CTBS check-in with patient's practitioner via telephone or other telecommunications device to decide if office or other service needed
- Remote brief evaluation, assessment or communication
 - Includes follow up within 24 hours, not originating from related service in previous seven days or leading to service in next 24 hours
- Typically initiated by patient
 - Practitioner may need to educate beneficiaries on availability of service prior to patient initiation
- Verbally consent to receive virtual check-in services
- Coinsurance and deductible apply

VIRTUAL CHECK-IN COMMUNICATE BY PHONE, OR IMAGE ₂

- Qualified providers or Qualified Healthcare Professionals (QHP) may communicate with beneficiaries through “virtual modalities”
 - G2010 – Remote evaluation of recorded video and/or images
 - G2252 – Brief virtual check-in by physician or QHP; 11-20 minutes
 - G0071 – Billed when performed by RHC and FQHC
 - 98016 – Communication technology-based service (usually by phone); 5-10 minutes
 - Replaces G2012 in 2025
- Providers with Evaluation and Management (E/M) billing capabilities

VIRTUAL CHECK-IN BY ADDITIONAL PROVIDER TYPE

- Clinicians (physical therapists, occupational therapists, speech language pathologists, CPs) who may not independently bill E/M codes may bill these codes
 - G2250 – Remote assessment of recorded video and/or images
 - G2251 – Brief communication technology-based service (usually by phone); 5-10 minutes

E-VISITS ONLINE PATIENT PORTAL COMMUNICATION

- Communication between patient, physician, certain other practitioners
 - Through online patient portal
- Established patient
 - During COVID-19 PHE patient can be new or established
- CPT and HCPCS codes
 - 99421-99423, 98970-98972
- Coinsurance and deductible apply

E-VISITS

- Providers eligible to bill Medicare for E/M visits (example: physicians, nurse practitioners) use these codes

CPT	DESCRIPTIONS
99421	Online digital evaluation and management service, for or established patient, for up to 7 days, cumulative time during 7 days; 5–10 minutes
99422	Online digital evaluation and management service, for or established patient, for up to 7 days cumulative time during 7 days; 11– 20 minutes
99423	Online digital evaluation and management service, for or established patient, for up to 7 days, cumulative time during 7 days; 21 or more minutes

NON-PHYSICIAN E-VISIT CODE

CPT	Descriptions
98970	Qualified nonphysician health care professional online digital evaluation and management service, for established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.
98971	Qualified nonphysician health care professional online digital evaluation and management service, for established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

TELEPHONE SERVICES PHONE COMMUNICATION

- Audio only evaluation and assessment services
 - 98966-98968 – telephone assessment and management service; time based
 - 99441-99443 – Deleted telephone E/M codes
- Place of service where provider call took place



IN SUMMARY

- Virtual check-in provided via telephone or other communication device using G2010, G2250-G2252, 98016, and G0071
- E-visit communications provided through online portal
- Do not amend modifier 95



RESOURCES



CMS RESOURCES

- CMS dedicated telehealth website page
 - [Telehealth Page](#)
- Medicare Learning Network (MLN)
 - [Telehealth & Remote Patient Monitoring](#)

NORIDIAN TELEHEALTH AND COVID 19 RESOURCES

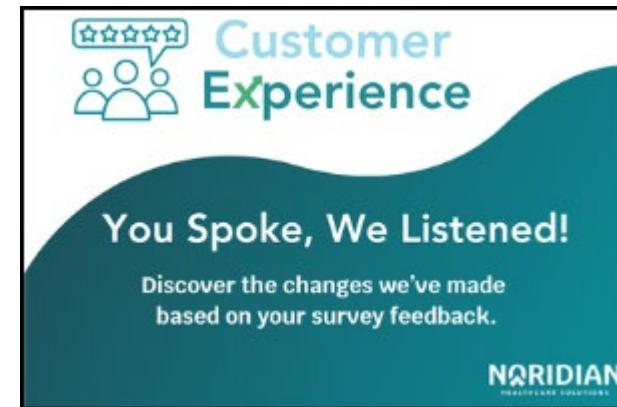
- [JEB Telehealth](#)
- [JFB Telehealth](#)

NORIDIAN RESOURCES

- [Jurisdiction E Part B Website](#)
- 855-609-9960
- [JEB Noridian Medicare Portal](#)
- [Jurisdiction F Part B Website](#)
- 877-908-8431
- [JFB Noridian Medicare Portal](#)

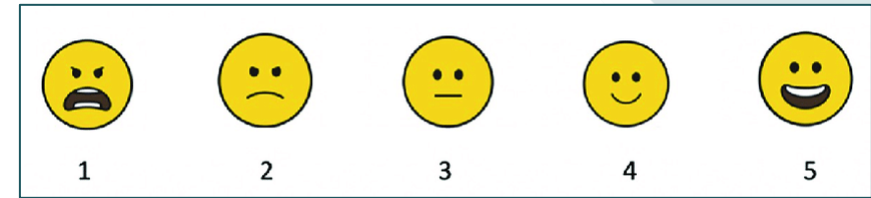
TAKE THE MAC CUSTOMER EXPERIENCE (MCE) SURVEY!

- **Did you know you can provide feedback for more than just the Education team?**
 - Noridian has surveys for: Appeals, Audit & Reimbursement, Contact Center, EDI, Education, Medical Review, Portal, Provider Enrollment and the Website
- View our You Spoke, We Listened webpage(s) to see a list of improvements we have made to our services based on your feedback!



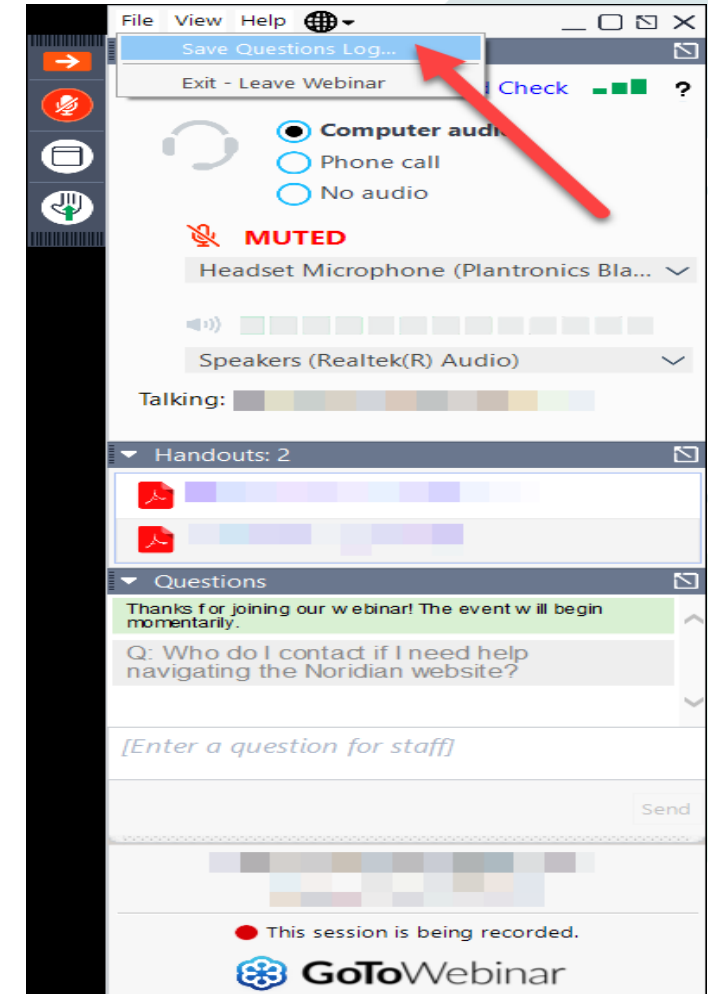
ALL MAC CUSTOMER EXPERIENCE (MCE) SURVEY

- POE Survey
 - Webinars (three chances!)
 - Via QR code below and last slide after Resources
 - Via automated email one hour after event
 - Via email with CEU within one business day of event
 - POE Webpages (Schedule of Events, ACM)
 - YouTube Tutorials
- Feedback Appreciated
 - Drive Change
 - Identify Best Practices
 - Every Result Reviewed



ASKING QUESTIONS

- Verbal questions
 - Raise hand using green arrow
 - Lower hand using red arrow
- Written questions
 - Questions field and click “Send”
- Ask same question only once
 - Either verbally or written
- Download Q&A
 - File > Save Questions Log
 - Must download before webinar closes
 - Must be using desktop GoToWebinar



THANK YOU!



Elevating Operations, Enabling Care.



CLOSING REMINDERS

QUESTIONS

- Keep to slides provided
- Ask written or verbal
- No scenarios
- Lower hand when answered
- Unrelated questions? Call Customer Service in your jurisdiction
- Not a Noridian provider? Send questions to your respective MAC

CEUS

- Emailed within one day after the event
- Must attend entire webinar
- Telephone-only ineligible
- No index number for AAPC members
 - CMS/MAC Sponsored
- Not reissued for past events

SATISFACTION SURVEY

- Feedback is Appreciated
 - Emoji rating
 - Drive Change and Best Practices
 - Every Result Reviewed
- Scan the QR code below:

