Center for Connected Health Policy | THE NATIONAL TELEHEALTH POLICY RESOURCE CENTER

POST PHE BILLING POLICY - FREQUENTLY ASKED QUESTIONS

As we move towards the end of the federal public health emergency (PHE), some but not all temporary pandemic waivers have been scheduled to be extended beyond May 11, 2023. Policies will vary depending on what type of entity you bill as and you may find that while you were able to be reimbursed during COVID-19, after May 11, 2023 you may no longer be able to use telehealth and be reimbursed by Medicare OR you may have to go about it in a different way. Additionally, services or a modality (audio-only) that may have been allowed during the PHE may no longer be eligible once the PHE is over. That is why it is important to carefully read the Centers for Medicare and Medicaid Services (CMS) guidance as there are many details and nuances to consider and your situation may have highly specific elements that require a different approach.

COMMON QUESTIONS	PRACTITIONER BILLING	CLINIC (FQHC/RHC)	HOSPITAL
Can I still bill for telehealth delivered services post-PHE?	Yes	Yes, until December 31, 2024. However, CMS has created a way for FQHCs and RHCs to bill for *video telecommunications technology or audio-only interactions* for mental health visits only - for billing requirements starting Jan. 1, 2025, see CMS's FQHC/RHC Mental Health Visit via telecommunications factsheet.	Physicians, PAs & NPs employed by the hospital providing the service may bill under their individual NPI. (Note: This means the reimbursement amount is the professional fee amount) LCSWs can bill as facility-based providers via OPPS for behavioral health. Acute Hospital at Home program continues until December 31, 2024.

© CENTER FOR CONNECTED HEALTH POLICY/PUBLIC HEALTH INSTITUTE

COMMON QUESTIONS	PRACTITIONER BILLING	CLINIC (FQHC/RHC)	HOSPITAL
Can I still bill for telehealth delivered services post-PHE when the patient is in the home?	Yes, for most services until December 31, 2024. After that date, only a small set of services for certain conditions will be eligible for reimbursement if the patient is in the home.	Yes, until December 31, 2024. After that, only for mental health visits.	Yes, but at the facility rate until December 31, 2024 (which means neither Q3014 nor G0463 can be billed), Acute Hospital at Home until December 31, 2023.
Can I bill for a facility fee when the patient is at home?	No	No	No
What services are still billable to Medicare when telehealth is used?	CMS list through 2023, services for 2024 will be decided through the Physician Fee Schedule. If it is not on the list, it will not be reimbursed if telehealth is used.	CMS list through 2023, services for 2024 will be decided through the Physician Fee Schedule. If it is not on the list, it will not be reimbursed if telehealth is used.	CMS list through 2023, services for 2024 will be decided through the Physician Fee Schedule. If it is not on the list, it will not be reimbursed if telehealth is used.
What services will be reimbursed by Medicare if I use audio-only?	See CMS list through 2023, services reimbursed if audio-only used is noted. After that date, only mental health services will be allowed to be delivered via an audio-only modality. Additionally, CMS indicated in the 2023 Physician Fee Schedule their plans to no longer reimburse for telephone visit codes 99441-99443 after the end of the PHE and 151-day grace period	See CMS list through 2023, services reimbursed if audio-only used is noted.	See CMS list through 2023, services reimbursed if audio-only used is noted.

© CENTER FOR CONNECTED HEALTH POLICY/PUBLIC HEALTH INSTITUTE

COMMON QUESTIONS	PRACTITIONER BILLING	CLINIC (FQHC/RHC)	HOSPITAL
	initially granted under previous legislation.		

ADDITIONAL RECENTLY ASKED QUESTIONS:

Will hospital-only remote outpatient therapy and education services still be reimbursed if provided via telehealth and the patient is at home?

No. CMS' guidance (page 10) notes this program will end with the PHE. If the beneficiary is *in their home* and receives a *mental/behavioral health service from hospital staff through the use of telecommunications technology* and no separate professional service can be billed, then the hospital would bill for the applicable HCPCS C-code describing this service (HCPCS codes C7900 - C7902). CMS FAQ "CMS Waviers, Flexibilties, and the end of the COVID-19 PHE" (page. 6, Dated 5/5/23)

During the PHE, waivers allowed community mental health centers to provide partial hospitalization services via telecommunications technology to a beneficiary who is at home. Will this continue after the PHE?

No. CMS guidance (page 28) notes this program will end with the PHE.

Do you need an in-person visit first with a new patient before you can use telehealth, including when using audio-only?

No. Permanent Medicare telehealth policy has never required an in-person visit to establish new patient care (such as utilizing Evaluation & Management services, CPT codes 99202-99205). In 2025, these services will have to take place in an appropriate physical space and within the geographic locations as prior to the PHE; audio-only will no longer be acceptable (see exception below). If you are providing certain services that are virtual check-ins which can be done via audio-only (otherwise known as a Communication Techology Based Service), post-PHE those services can only be provided to established patients.

© CENTER FOR CONNECTED HEALTH POLICY/PUBLIC HEALTH INSTITUTE

Conversely, for behavioral health services that are not co-occurring with substance use treatment and taking place in patients' homes after January 1, 2025, regardless of geographic location, an in-person visit will be required within 6 months if the care was established during the PHE, and once every 12 months thereafter.

A need for an in-person visit or meeting one of the narrow exceptions when prescribing a controlled substance, at this time appears to be on pause as the Drug Enforcement Agency (DEA) has requested an extension be made on allowing controlled substances to be prescribed without an in-person visit due to the existence of the PHE. See the DEA's press release.

Does a provider have to be licensed in the state they are located in to be able to enroll a physical address with the local Medicare MAC?

During the PHE, CMS allowed licensed physicians and other practitioners to bill Medicare for services provided outside of their state of enrollment. CMS has determined that, when the PHE ends, CMS regulations will continue to allow for a total deferral to state law. Thus, there is no CMS-based requirement that a provider must be licensed in its state of enrollment, though state requirements may exist. See CMS physician fact sheet.

Is it allowed to continue using the place of service code (POS) of where the patient would have been seen if services were delivered in person (i.e. 11, 19 or 22) with the 95 modifier?

Yes, the 2023 Physician Fee Schedule (page 175) notes that Medicare will continue to maintain payment at the POS had the service been furnished in-person (which will allow payments to continue to be made at the non-facility based rate for Medicare services through the latter of the end of CY 2023 or the end of the calendar year in which the PHE ends). After that time, providers would bill 02 if the session was done at one of the approved medical facilities or 10 if it was done with the patient at home. See: CMS Medicare Learning Number Notice 12427.

This fact sheet is made possible by Grant #U6743496 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

© CENTER FOR CONNECTED HEALTH POLICY/PUBLIC HEALTH INSTITUTE