mln BOOKLET
KNOWLEDGE • RESOURCES • TRAINING

Telehealth & Remote Patient Monitoring

What's Changed?

- We extended some telehealth flexibilities through September 30, 2025, for:
  - Originating site and using audio-only for non-behavioral and non-mental telehealth visits (page 4)
  - Medicare providers who are eligible to provide telehealth services (page 4)
  - Hospice care eligibility recertification (page 5)
  - In-person visit requirements for behavioral and mental health services (page 5)
  - Acute Hospital Care at Home Program (page 5)
  - Non-behavioral and non-mental telehealth services provided at Federally Qualified Health Centers and Rural Health Clinics (page 5)
- We removed CPT code 98016 from page 6 because it's considered a Communication Technology Based Service and isn't Medicare telehealth

Substantive content changes are in dark red.

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

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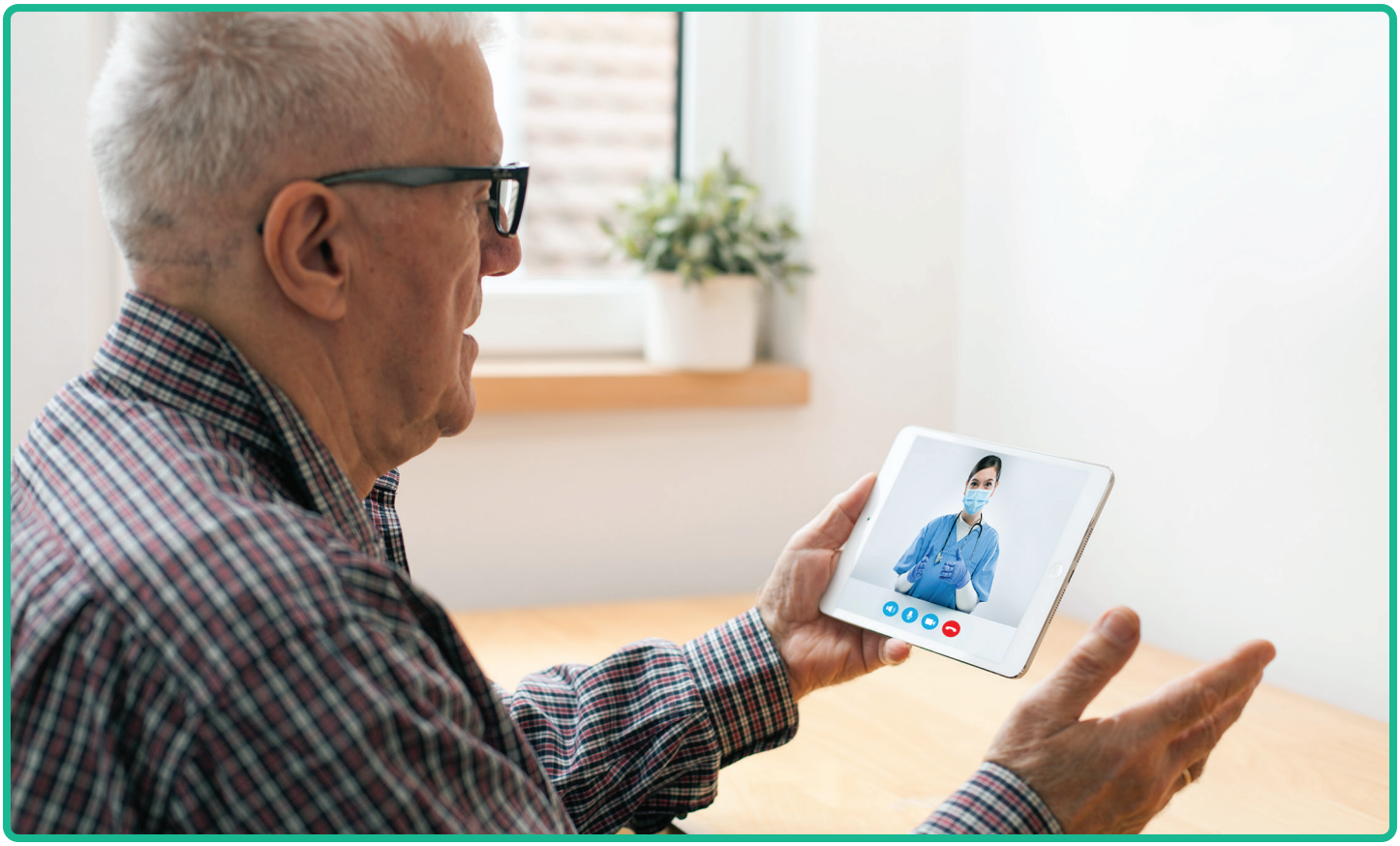
We pay for specific Medicare Part B services that a physician or practitioner provides via 2-way, interactive technology (or telehealth). Telehealth substitutes for an in-person visit and involves 2-way, interactive technology that permits communication between the practitioner and patient.

During the COVID-19 public health emergency (PHE), we used emergency waivers and other regulatory authorities so you could provide more services to your patients via telehealth. Section 4113 of the Consolidated Appropriations Act, 2023 extended many of these flexibilities through December 31, 2024, and made some of them permanent. Section 2207 of the Full-Year Continuing Appropriations and Extensions Act, 2025 extended many of these flexibilities through September 30, 2025.

Starting October 1, 2025, the statutory limitations that were in place for Medicare telehealth services before the COVID-19 PHE will retake effect for most telehealth services. These include:

- Geographic restrictions
- Location restrictions on where you can provide services
- Limitations on the scope of practitioners who can provide telehealth services

The COVID-19 public health emergency (PHE) ended at the end of the day on May 11, 2023. View Infectious diseases for a list of waivers and flexibilities that were in place during the PHE.



Originating Site

An originating site is the location where a patient gets physician or practitioner medical services through telehealth. Before the COVID-19 PHE, patients needed to get telehealth at an originating site located in a certain geographic location.

Through September 30, 2025, COVID-19 PHE telehealth flexibilities allow patients to get telehealth wherever they're located. They don't need to be at an originating site, and there aren't any geographic restrictions.

Starting October 1, 2025:

- For **non-behavioral or non-mental telehealth**, there are originating site requirements and geographic location restrictions.
- For **behavioral or mental telehealth**, all patients can continue to get telehealth wherever they're located, with no originating site requirements or geographic location restrictions. The patient's home is a permissible originating site for services provided for diagnosing, evaluating, or treating:
  - Mental health disorders
  - Substance abuse disorder
  - Monthly ESRD-related clinical assessments

Distant Site

A distant site is the location where a physician or practitioner provides telehealth. Before the COVID-19 PHE, only certain types of distant site providers could provide and be paid for telehealth. Through September 30, 2025, all providers eligible to bill Medicare for professional services can provide distant site telehealth.

Through CY 2025, distant site practitioners may continue to use their currently enrolled practice location instead of their home address when providing Medicare telehealth services from their home.

Telehealth Requirements

Technology

For most **non-behavioral or non-mental telehealth**, you must use 2-way, interactive, audio-video technology. Section 2207 of the Full-Year Continuing Appropriations and Extensions Act, 2025 allows you to use audio-only telehealth for some non-behavioral or non-mental telehealth through September 30, 2025.

As of January 1, 2025, you may also use 2-way, interactive, audio-only technology if the distant site provider is technically capable of using an audio-video telehealth system and the patient is in their home but isn't capable of, or doesn't consent to, using video technology.

For **behavioral or mental telehealth**, you may use 2-way, interactive, audio-only technology. The patient must be in their home.

Other Requirements

For Alaska or Hawaii federal telemedicine demonstrations only, you may send medical information to a physician or practitioner by telehealth to review later.

Through September 30, 2025:

- You may use telehealth to conduct hospice care eligibility recertification
- For behavioral or mental telehealth, you don't have to conduct an in-person visit within 6 months of the initial telehealth visit or annually thereafter
- We've extended the Acute Hospital Care at Home program, which heavily relies on telehealth for hospitals to provide inpatient services, including routine services, outside the hospital

Currently Covered Telehealth

- We'll temporarily suspend telehealth frequency limitations on subsequent inpatient and nursing facility visits (CPT codes 99231, 99232, 99233, 99307, 99308, 99309, and 99310) and on critical care consultations (HCPCS codes G0508 and G0509) through CY 2025
- Teaching physicians may have virtual presence when billing for services provided involving residents in all teaching settings but only in clinical situations when they provide the service virtually (for example, a 3-way telehealth visit with the patient, resident, and teaching physician in separate locations) through December 31, 2025
- For all services, we've extended the definition of direct supervision that allows the supervising physician or practitioner to provide supervision through a virtual presence using real-time audio-visual interactive telecommunications through December 31, 2025
- For a subset of services, we've permanently adopted the definition of direct supervision that allows the supervising physician or practitioner to provide supervision through a virtual presence using real-time audio-visual interactive telecommunications
- We'll continue to pay Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) for:
  - Non-behavioral and non-mental telehealth services through September 30, 2025, using the national average payment rates for comparable services under the Physician Fee Schedule (PFS) through December 31, 2025
  - Behavioral and mental health telehealth services under the RHC all-inclusive rate (AIR) and FQHC Prospective Payment System (PPS), respectively
- We'll delay the in-person visit requirements for behavioral and mental health visits that RHCs and FQHCs provide via telecommunications technology until January 1, 2026

For more information on what's covered, we recommend:

- Checking the complete List of Telehealth Services
- Reviewing provider billing and coding Medicare Fee-for-Service claims for the latest telehealth guidance

New for CY 2025

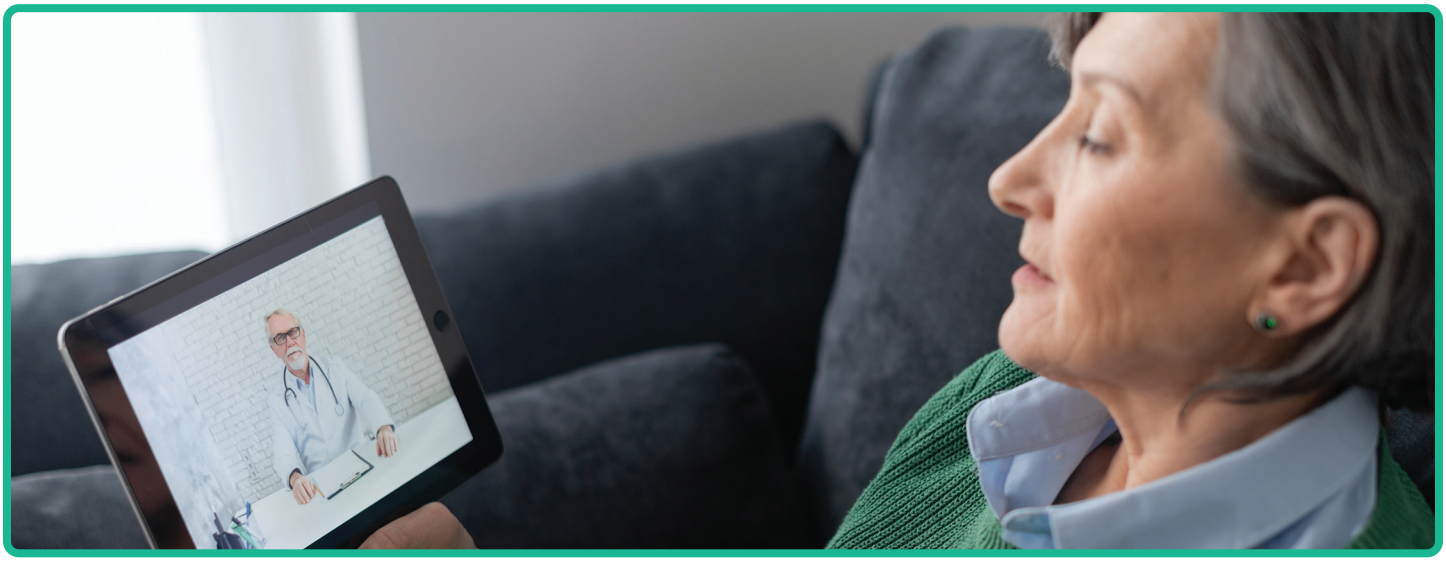
Medicare breaks down telehealth services into 2 categories—permanent and provisional. We aren't recategorizing any codes from provisional to permanent for CY 2025 because we'll conduct a comprehensive analysis of all provisional codes.

Based on several telehealth provisions in the CY 2025 PFS final rule, we've added these services to the Medicare Telehealth Services List:

- Caregiver training services, which we're adding on a provisional basis
  - CPT codes 97550, 97551, 97552, 96202, and 96203
  - HCPCS codes G0539–G0543
- Pre-exposure prophylaxis (PrEP) counseling services, which we're adding permanently
  - HCPCS code G0011
  - HCPCS code G0013
- Safety planning intervention services for patients in crisis (HCPCS code G0560), which we're adding permanently

As of January 1, 2025, opioid treatment programs (OTPs) may provide the following services if all Medicare requirements are met and the applicable SAMHSA and DEA requirements permit the use of these technologies at the time the OTP provides each service:

- Periodic assessments via audio-only telecommunications
- Intake add-on code via 2-way audio-video communications technology when billed for the initiation of treatment with methadone (HCPCS code G2076) if the OTP determines they can accomplish an adequate evaluation of the patient via audio-visual telehealth platform



Telehealth Billing & Payment

- Bill covered telehealth to your Medicare Administrative Contractor (MAC). They pay you the appropriate telehealth amount under the PFS.
- Submit professional telehealth claims using the appropriate CPT or HCPCS code.
- If you performed telehealth through asynchronous telehealth, add the telehealth GQ modifier with the professional service CPT or HCPCS code. You're certifying you collected and sent the asynchronous medical file at the distant site from a federal telemedicine demonstration conducted in Alaska or Hawaii.
- Distant site practitioners billing telehealth under the critical access hospital (CAH) optional payment Method II must submit institutional claims using the GT modifier.
- 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. The payment is 80% of the PFS distant site facility amount for the distant site service.

Place of Service Codes

Institutional Billing

Use modifier 95 for outpatient therapy services provided via telehealth by qualified physical therapists, occupational therapists, or speech language pathologists employed by hospitals.

Professional Billing

As of January 1, 2024, use:

- **Place of service (POS) 02: Telehealth Provided Other than in Patient's Home:** The location where you provide health services and health-related services, through telecommunication technology. The patient isn't located in their home when receiving health services or health-related services through telecommunication technology.
- **POS 10: Telehealth Provided in Patient's Home:**
  - The location where you provide health services and health-related services through telecommunication technology. The patient is in their home (which is a location other than a hospital or other facility where the patient gets care in a private residence) when receiving health services or health-related services through telecommunication technology.
  - As of January 1, 2024, we pay for telehealth services you provide to patients in their homes at the non-facility PFS rate. See MLN Matters® article MM13452.

Telehealth Originating Site 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. The payment amount for HCPCS code Q3014 (Telehealth originating site facility fee) is 80% of the lesser of the actual charge ($29.96 for CY 2024 services and $31.04 for CY 2025 services). We base this on the percentage increase in the Medicare Economic Index (MEI) as defined in section 1842(i)(3) of the Social Security Act. The 2025 MEI increase is 3.6%. The patient is responsible for any unmet deductible amount and coinsurance.

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

Telehealth Home Health

As of July 1, 2023, you must report the use of telehealth technology in providing home health (HH) services on HH payment claims. See MLN Matters article MM12805 for more information.

You must submit the use of telecommunications technology on the HH claims using the following 3 HCPCS codes:

- G0320: Home health services furnished using synchronous telemedicine rendered via real-time two-way audio and video telecommunications system
- G0321: Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
- G0322: The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)

When using HCPCS codes G0320–G0322:

- Report the use of remote patient monitoring that spans several days as a single line item showing the start date of monitoring and the number of days of monitoring in the Units field (G0322)
- Submit services you provide via telehealth in line-item detail
- Report each service as a separate dated line under the appropriate revenue code for each discipline providing the service
- Document in the medical record to show how telehealth helps to achieve the goals outlined in the plan of care
- Report 2 occurrences of G0320 or G0321 on the same day for the same revenue code as separate line items
- Only report these codes on type of bill 032x
- Only report these codes with revenue codes 042x, 043x, 044x, 055x, 056x, and 057x
- If more than 1 discipline is using the remote monitoring information during the billing period, home health agencies may choose which revenue code to report on the remote monitoring line item

Consent for Care Management & Virtual Communication Services

We require patient consent for all services, including non-face-to-face services. You may get patient consent at the same time you initially provide the services. We don't require direct supervision to get consent. In general, auxiliary personnel under general supervision of the billing practitioner can get patient consent for these services. The person receiving consent can be an employee, independent contractor, or leased employee of the billing practitioner.

Remote Patient Monitoring

Remote patient monitoring (RPM) allows a patient to collect their own health data (for example, blood pressure) using a connected medical device that automatically transmits the data to their provider. The provider then uses this data to treat or manage the patient's condition. RPM includes both remote physiological monitoring and remote therapeutic monitoring.

- **Remote physiological monitoring** involves using non-face-to-face technology to monitor and analyze a patient's physiological metrics. Examples of physiological metrics include:
  - Oxygen saturation
  - Blood pressure
  - Blood sugar or blood oxygen levels
  - Weight loss or gain
- **Remote therapeutic monitoring (RTM)** captures non-physiological data, often self-reported, related to a therapeutic treatment. This includes data on a patient's musculoskeletal or respiratory system. RTM can also monitor treatment adherence and treatment response. A connected medical device transmits the patient's information.

RPM Requirements

- Remote physiologic monitoring, but not RTM, requires an established patient relationship
- Only physicians and non-physician practitioners eligible to provide evaluation and management services can bill RPM services
- Remote physiologic monitoring:
  - You must monitor an acute or chronic condition
  - You must collect data for at least 16 days out of 30 days (doesn't apply to treatment management codes 99457, 99458, 98980, and 98981)
- Only 1 practitioner can bill for RPM per patient in a 30-day period
- You can't bill remote physiologic monitoring and RTM together
- Monitoring must be medically reasonable and necessary
- You may bill remote physiologic monitoring and RTM, but not both, concurrently with the following care management services for the same patient if you don't count time and effort twice: chronic care management, transitional care management, behavioral health integration, principal care management, and chronic pain management
- Practitioners who aren't receiving the global periods of surgery service payment can bill for RPM services
- We require patient consent at the time you provide RPM services
- You must electronically collect physiologic data and automatically upload it to a secure location where the data can be available for analysis and interpretation by the billing practitioner
- The device used to collect and transmit the data must meet the definition of a medical device defined by FDA
- Auxiliary personnel can provide RPM services under the general supervision of the billing practitioner

RPM Components

RPM consists of 3 main components, each building off the step before it.

1. Patient education and device setup: How to use the device; how to accurately collect data
2. Device supply: Device examples; connecting the device so you can read results; how often patients should use devices
3. Treatment management: Reviewing patient data to improve patient health outcomes

RPM CPT and HCPCS Codes

CPT/HCPCS Code	Description	Time	Audio-only coverage
99091	Monthly review of data	30 minutes	N/A
99453	Initial setup and monitoring	N/A	N/A
99454	Monthly review of RPM data	16 or more days over a 30-day period	N/A
99457	Patient-provider communication related to RPM data	20 minutes	Yes
99458	Patient-provider communication related to RPM data	Additional 20 minutes	Yes
98975	RTM device setup and patient education	N/A	N/A
98976	RTM monitoring, respiratory	16 or more days over a 30-day period	N/A
98977	RTM monitoring, musculoskeletal	16 or more days over a 30-day period	N/A
98980	Patient-provider communication related to therapeutic device	20 minutes	Yes
98981	Additional time required for 98975–98978 or 90980	Additional 20 minutes	Yes

See CY 2021, CY 2022, and CY 2024 of the PFS Final Rules for more information on billing processes and policy.

Resources

- Additional Oversight of Remote Patient Monitoring in Medicare is Needed – Office of Inspector General Report
- Medicare Claims Processing Manual, Chapter 12, section 190
- Telehealth Policy Changes After the COVID-19 PHE
- Telehealth.HHS.gov