

Q&A Summary

Ch-Ch-Ch-Changes: Learn About Telehealth Policy for 2023
November 15, 2022

The following questions were submitted during the LIVE Webinar session held on November 15th 2022. This Q&A document is purely for informational purposes and is not an exact transcription. CTRC does not provide legal advice or coding services. CTRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services mentioned below. For more information or questions, contact CTRC at CalTRC@OCHIN.org

Q: Can I treat patients in a different state?

A: You can only treat patients in states that you are licensed. There are some states which have exceptions for reciprocity. For more information, [check out this resource](#).

Q: What are the new telehealth billing codes that have been introduced?

A: Chronic Pain Management: HCPCS codes, G3002 and G3003, and valuation for chronic pain management and treatment services (CPM) for CY 2023.

Q: Is the PHE still happening?

A: According to current legislation, the PHE will continue up until April 11th.

Q: Can I prescribe controlled substances via telehealth?

A: I recommend that you do not prescribe controlled substances via telehealth. For more information, [check out this resource](#).

Q: What codes were deleted for 2023?

A: Hospital Observation Services E/M codes 99217-99220 • Consultations E/M codes 99241 and 99251 • Nursing Facility Services E/M code 99318 • Domiciliary, Rest Home (eg, Boarding Home), or Custodial Care Services E/M codes 99324-99238, 99334-99337, 99339, 99340 • Home or Residence Services E/M code 99343 • Prolonged Services E/M codes 99354-9935.

Q: Should hospitals submit a separate 012x type of bill (TOB) for the telehealth originating site facility fee charges during an inpatient stay?

A: Yes, hospitals and critical access hospitals should bill their A/B/MAC for the originating site facility fee on a 12x TOB using the date of discharge as the line-item date of service. More information [can be found here](#).

Q: What are the billing codes for Remote Therapeutic Monitoring?

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A:

CPT CODE	DESCRIPTION	BILLING FREQUENCY PER PATIENT	REIMBURSEMENT (\$)
98975	Initial set-up & patient education	Once per episode	\$20.17*
98977	RTM device & data transmission	Once each 30 days	\$58.25*
98980	First 20 minutes of RTM treatment management services in a month	Once per calendar month	\$51.79*
98981	Each additional 20 minutes of RTM treatment management services in a month	Multiple times per calendar month	\$41.97*

Q: Can outpatient therapy services that are furnished via telehealth and separately paid under Part B be reported on an institutional claim (e.g., UB-04) during the COVID-19 PHE?

A: Yes, outpatient therapy services that are furnished via telehealth, and are separately paid and not included as part of a bundled institutional payment, can be reported on institutional claims with the “-95” modifier applied to the service line. This includes Critical Access Hospital (CAH) – 85X (CAHs may separately provide and bill for PT, OT, and SLP services on 85X bill type).

Q: Which health care providers are permitted to furnish distant site telehealth services for RHCs and FQHCs during the COVID-19 PHE?

A: ... physicians and certain nonphysician practitioners such as nurse practitioners, physician assistants and certified nurse midwives. Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish telehealth services ...

Q: Are there changes to the direct supervision requirements for RHCs and FQHCs?

A: In general, the requirements for direct supervision have been modified for the duration of the COVID19 PHE to include the use of a virtual supervisory presence through the use of interactive audio and video telecommunications technology.



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Q: Can I provide gender-affirming care or abortion resources in states which ban them?

A: Cross-state treatment can only be done if the provider is licensed in the state. If you are not licensed in the state, you cannot provide any form of care. For more information, [click here](#).