

TeleBehavioral Health 501 Training Series

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Behavioral Health Institute (BHI)

Training, Workforce and Policy Innovation Center

The Behavioral Health Institute is a Center of Excellence where innovation, research and clinical practice come together to improve mental health and addiction treatment.

The BHI brings the expertise of Harborview Medical Center/UW Medicine and other university partners together to address the challenges facing Washington's behavioral health system through:

- Clinical Innovation
- Research and Evaluation
- Workforce Development and Training
- Expanded Digital and Telehealth Services and Training

The BHI serves as a regional resource for the advancement of behavioral health outcomes and policy, and to support sustainable system change.



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Northwest Regional Telehealth Resource Center (NRTRC)

Telehealth Technical Assistance Center



The NRTRC delivers telehealth technical assistance and shares expertise through individual consults, trainings, webinars, conference presentations, and the web.

Their mission is to advance telehealth programs' development, implementation, and integration in rural and medically underserved communities.

The NRTRC aims to assist healthcare providers, organizations, and networks in implementing cost-effective telehealth programs to increase access and equity in rural and medically underserved areas and populations.

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Speaker Disclosures

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DISCLAIMER

Please be aware that policy changes may take place after the original date of this presentation.

Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Please consult with legal counsel, billing & coding experts, and compliance professionals, as well as current legislative and regulatory sources, for accurate and up-to-date information.



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TeleBehavioral Health 501

Nitty Gritty of Billing for TeleBehavioral Health

CAROL YARBROUGH MBA CPC OCS CHC

AUGUST 16, 2024



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Learning Objectives:

- Learn where to locate the Medicare List of Telehealth Services
- Understand why CPT modifiers should match the modality of the service
- Outlook for continued reimbursement and anything new for BH introduced in the 2025 Medicare Physician Fee Schedule

Medicare List of Telehealth Services

Where did it come from?

The Social Security Act 1834(m)

Payment for Telehealth Services

"... services that are furnished via a telecommunications system by a physician ... or a practitioner ... to an eligible telehealth individual enrolled under this part notwithstanding that the individual physician or practitioner providing the telehealth service is not at the same location as the beneficiary. ..."

Payment Terms

- Distant Site: amount equal to the amount that such physician or practitioner would have been paid ... had such service been furnished without the use of a telecommunications system.
- Originating Site Payment (Q3014)
 - Started at \$20 in 2001:
 - Home is not an originating site

(F) Telehealth service.—

- (i) In general.—... means professional consultations, office visits, and office psychiatry services (identified as of July 1, 2000, by HCPCS codes 99241–99275, 99201–99215, 90804–90809, and 90862 (and as subsequently modified ...)), and any additional service specified by the Secretary.
- (ii) Yearly update.—The Secretary shall establish a process that provides, on an annual basis, for the addition or deletion of services (and HCPCS codes), as appropriate, to those specified in clause (i) for authorized payment under paragraph (1).

The List of Medicare Telehealth Services

- July 1, 2000:
 - Total of 29 CPT codes
 - Consultations (CPT codes 99241 - 99275) – 10 codes.
 - Office or other outpatient visits (CPT codes 99201 - 99215) – 10 codes.
 - Individual psychotherapy (CPT codes 90804 - 90809) – 6 codes.
 - Pharmacologic management (CPT code 90862) – 1 code.
- January 1, 2024:
 - Total of 268 CPT codes
 - Permanent: 112 CPT codes
 - Provisional: 156 CPT codes (through end of 2024)

Yearly Update: The List's Location

List of Telehealth Services

List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

[List of Telehealth Services for Calendar Year 2024 \(ZIP\)](#) - Updated 11/13/2023

Medicare Telehealth Originating Site Facility Fee, Q3014

Time Period	MEI (%)	Facility Fee for Q3014
2024	4.6%	\$29.96
2023	3.8%	\$28.64

- <https://www.cms.gov/medicare/coverage/telehealth/list-services>

Things to Note

	A	B	C	D	E	F
1		LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2024 - updated November 13, 2023				
2	▼	HCPCS ▼	Short Descriptor ▼	Can Audio-Only Interaction Meet the Requirements? ▼	Category ▼	
3	1	0362T	Bhv id suprt assmt ea 15 min	No	provisional	
4	2	0373T	Adapt bhv tx ea 15 min	No	provisional	
5	3	0591T	Hlth&wb coaching indiv 1st	Yes	provisional	
6	4	0592T	Hlth&wb coaching indiv f-up	Yes	provisional	
7	5	0593T	Hlth&wb coaching indiv group	Yes	provisional	
8	6	77427	Radiation tx management x5	No	provisional	
9	7	90785	Psytx complex interactive	Yes	permanent	
10	8	90791	Psych diagnostic evaluation	Yes	permanent	
11	9	90792	Psych diag eval w/med srvc	Yes	permanent	
12	10	90832	Psytx w pt 30 minutes	Yes	permanent	
13	11	90833	Psytx w pt w e/m 30 min	Yes	permanent	
14	12	90834	Psytx w pt 45 minutes	Yes	permanent	
15	13	90836	Psytx w pt w e/m 45 min	Yes	permanent	
16	14	90837	Psytx w pt 60 minutes	Yes	permanent	
17	15	90838	Psvtx w pt w e/m 60 min	Yes	permanent	

Modifiers and Place of Service

Common Modifiers for Behavioral Health

Modifier	Description
25	Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service
93	Synchronous telemedicine service rendered via telephone or other real-time interactive audio-only telecommunications system
FQ	Service furnished using audio-only communication technology
95	Synchronous telemedicine service via real-time audio and video telecommunications
GT	<p>Via interactive audio and video telecommunication systems.</p> <p>Note: The GT modifier is only allowed on institutional claims billed by CAH Method II providers.</p>
FR	The supervising practitioner was present through two-way, audio and video communication technology

Use 93 or FQ for audio only?

- ... Additionally, a modifier designated by CMS must be appended to the claim for services described in this paragraph to verify that these conditions have been met.
- These are CPT modifier “93” and, for RHCs and FQHCs, Medicare modifier “FQ” (Medicare telehealth service was furnished using audio-only communication technology).
- Practitioners have the option to use the “FQ” or the “93” modifiers or both where appropriate and true, since they are identical in meaning.

Excerpted from proposed 2025 MPFS

Feedback from attendees? Have you been getting paid using either or have payers been specifying a preference?

Place of Service 10

Telehealth Provided in Patient's Home

Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.)

- Reimbursement paid at the non-facility PFS rate.
- Focused on behavioral health practitioners who saw more patients via telehealth than in person and may continue to do so

POS 10 paid at non-facility rate

- Some MACs were paying at professional fee-facility rate and corrected payment, per MPFS 2024.
- However – this changes the Online Manual and POS 10 will now pay at non-facility rate *from now on*:
 - SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to inform MACs that Claims for covered Telehealth services using POS 10, if payable by Medicare, shall be paid at the Medicare Physician Fee Schedule non-facility rate and to revise the Internet Only Manual (IOM) Publication (Pub) 100-04 references to payment differentials based on Place of Service codes for Telehealth services.
- <https://www.cms.gov/files/document/r12671cp.pdf>

Place of Service 02

Telehealth Provided Other than in Patient's Home

Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.; and

- Reimbursement paid at the PFS facility rate
- this applies to ***non-home originating sites*** such as physician's offices and hospitals.

Examples

- Psychiatrist and patient meet; provider prescribes Rx and also administers psychotherapy, via telehealth
 - 99214-25 + 90833; no modifier, POS 10
- Teaching psychiatrist joins resident and patient encounter; provider prescribes Rx, attests to E/M and psychotherapy, via telehealth
 - 99214-25-FR + 90833-FR; POS 10
- Clinician and patient meet for psychotherapy, via audio-only
 - 90845-93; POS 10

What's the \$ difference?

CPT	Definition	Facility Reimb	Non-Facility Reimb
90834	Psytx w pt 45 min	\$90.19	\$103.20

Addendum B – Relative Value Units and Related Information Used in CY 2024 Final Rule

CPT ¹ / HCPCS	Mod	Status	Not Used for Medicare Payment	DESCRIPTION	Work RVUs ²	Non- Facility PE RVUs ²	Facility PE RVUs ²	Mal- Practice RVUs ²	Total Non-Facility RVUs ²	Total Facility RVUs ²
90834		A		Psytx w pt 45 minutes	2.35	0.69	0.30	0.06	3.10	2.71
90836		A		Psytx w pt w e/m 45 min	1.99	0.66	0.36	0.08	2.73	2.43
90837		A		Psytx w pt 60 minutes	3.47	1.01	0.44	0.09	4.57	4.00
90838		A		Psytx w pt w e/m 60 min	2.62	0.89	0.49	0.11	3.62	3.22

Outlook for Behavioral Health and What's New for 2025

This current year as set out by the 2024 MFPS

- As authorized by the Consolidated Appropriations Act of 2023, H.R. 2617 version dated Dec. 29, 2022.
 - Marriage and family therapists (MFTs)
 - Mental health counselors (MHCs)
- Medicare Part B pays MFTs and MHCs for these services at 75% of what a clinical psychologist is paid under the Medicare Physician Fee Schedule.

<https://www.cms.gov/medicare/payment/fee-schedules/physician-fee-schedule/marriage-and-family-therapists-mental-health-counselors>

Remote Therapeutic Monitoring

- 98975 - Remote therapeutic monitoring (eg, therapy adherence, therapy response); initial set-up and patient education on use of equipment
- 98978 - Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to **monitor cognitive behavioral therapy**, each 30 days
- 98980 - Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes
 - +98971 (add'l 20 minutes)

The Proposed 2025 MPFS Updates

- New Service: Digital Mental Health Treatment Devices
- eConsult Codes
- Updates to Opioid Treatment Programs
- Delay in Requiring In-Person Visit Requirements for Mental Health Services

What's New on the List, Provisionally?

- Behavior Mgmt Services
 - 96202- Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes
 - +96203 – each addl 15 min increment
 - GCTB1 - Caregiver training in behavior management/modification for caregiver(s) of a patient with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face; initial 30 minutes
 - +GCTB2 (each add'l 15 min)

CMS Behavioral Health Strategy

- *GSPI1: Safety planning interventions, including assisting the patient in the identification of the following personalized elements of a safety plan: recognizing warning signs of an impending suicidal crisis; employing internal coping strategies; utilizing social contacts and social settings as a means of distraction from suicidal thoughts; utilizing family members, significant others, caregivers, and/or friends to help resolve the crisis; contacting mental health professionals or agencies; and making the environment safe; (List separately in addition to an E/M visit or psychotherapy).*
- 20 minutes, proposed wRVU of 1.09

Another Proposal – *not* telehealth

- GFCI1: *Post discharge telephonic follow-up contacts performed in conjunction with a discharge from the emergency department for behavioral health or other crisis encounter, per calendar month.*
- We propose that the billing practitioner would need to meet a threshold of at least one real-time telephone interaction with the patient in order to bill HCPCS code GFCI1, and that unsuccessful attempts to reach the patient would not qualify as a real-time telephone interaction.
- Proposed wRVU of 1.00

The DHMT Codes

- **Digital Mental Health Treatment Devices:** Three new HCPCS codes for DMHT devices modeled on coding for RTM services. The proposed codes and payments would only apply to FDA-cleared devices.
- Proposed codes:
 - GMBT1: Supply and onboarding of the device
 - GMBT2: First 20 minutes of monthly treatment management
 - GMBT3: Additional 20 minutes of monthly treatment management
- Modeled on coding for Remote Therapeutic Monitoring services
 - Contractor pricing for GMBT1 – varies based on device cost
 - CPT codes 98980/98981 = GMBT2/GMBT3

DHMT

- “Software devices cleared by the Food and Drug Administration (FDA) that are intended to treat or alleviate a mental health condition, in conjunction with ongoing behavioral health care treatment under a behavioral health treatment plan of care, by generating and delivering a mental health treatment intervention that has a demonstrable positive therapeutic impact on a patient’s health.”

eConsult Codes proposal

- **eConsults:** six G codes for providers limited by statute to services for the diagnosis and treatment of mental illness to mirror current interprofessional consultation CPT codes used by practitioners who are eligible to bill E/M visits.
 - If finalized, this would allow for better integration of behavioral health specialty treatment into primary care and other settings.
 - Clinical Psychologists, Clinical Social Workers, Marriage and Family Therapists, and Mental Health Counselors

eConsult Codes

- GIPC1 (Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review),
- GIPC2 (Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 11-20 minutes of medical consultative discussion and review),
- GIPC3 (Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 21-30 minutes of medical consultative discussion and review)

eConsult Codes (cont.)

- GIPC4 (Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 31 or more minutes of medical consultative discussion and review),
- GIPC5 (Interprofessional telephone/internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, 5 minutes or more of medical consultative time), and
- GIPC6 (Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes).

Opioid Treatment Program Updates

- Periodic assessments to be done by OTPs via audio-only.
 - Health equity concerns: broadband access gaps.
 - “audio-only telehealth encounters are more prominent among individuals who are older, Black, Hispanic, American Indian/Alaska Native, Spanish-speaking, living in areas with low broadband access, low-income, and with public insurance.”
- Depends on whether audio-only is permitted by SAMHSA and DEA requirements at the time the service is furnished
- Use of initiation of methadone treatment (depends on DEA and SAMHSA)
- Social Determinants of Health (SDOH) assessment as part of OTP intake activities (G0136)

THE DELAY

- "Delaying the enforcement" of in-person visit requirements until January 1, 2026.
- The in-person visit requirement is Congressionally mandated – CMS does not have the authority to waive it, but suggesting a delay of enforcement may be met with approval.

Audio Only – Updates

- 99441 – 99443
 - Deleted as of 2025 from AMA CPT Book
 - According to CMS, telephone is bundled into other services
- Gone – however
 - Modifier 93 can be applied due to new definition under proposal

Additional Free Resources for Washington State Behavioral Health Providers

EDUCATIONAL SERIES:

- UW Traumatic Brain Injury – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO
- **UW TelePain series**

PROVIDER CONSULTATION LINES

- **UW Pain & Opioid Provider Consultation Hotline**
- Psychiatry Consultation Line
- Partnership Access Line (pediatric psychiatry)
- Perinatal Psychiatry Consultation Line

