

ARIA



Health Services

ARIA Academy The ABCs of RCM

Telehealth Update



CompuGroup
Medical

Your Presenters

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RCM Services

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01

Introduction and Overview

01

Introduction and
Overview:
How do I bill for
Telehealth?

02

What's old
and maybe
new again

03

What's new
and what's in
limbo

04

Revisit
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About ARIA
Q&A

”

How do I bill for Telehealth?

How do I bill for Telehealth today?

For Medicare and payers who follow Medicare coding and billing guidelines:

- Audio-Visual: E&M 99202-99205 and 99211-99215 with modifier 95, POS 10 (patient's home)
- Audio only: E&M 99202-99205 and 99211-99215 with modifier 93, POS 10 (patient's home)

For other commercial payers:

- Audio-Visual: 98000-98007, POS 10 (patient's home)
- Audio only: 98008-98015, POS 10 (patient's home)



Unfortunately, It is not this simple...

...the diversity of providers and insurance plans require coding variations

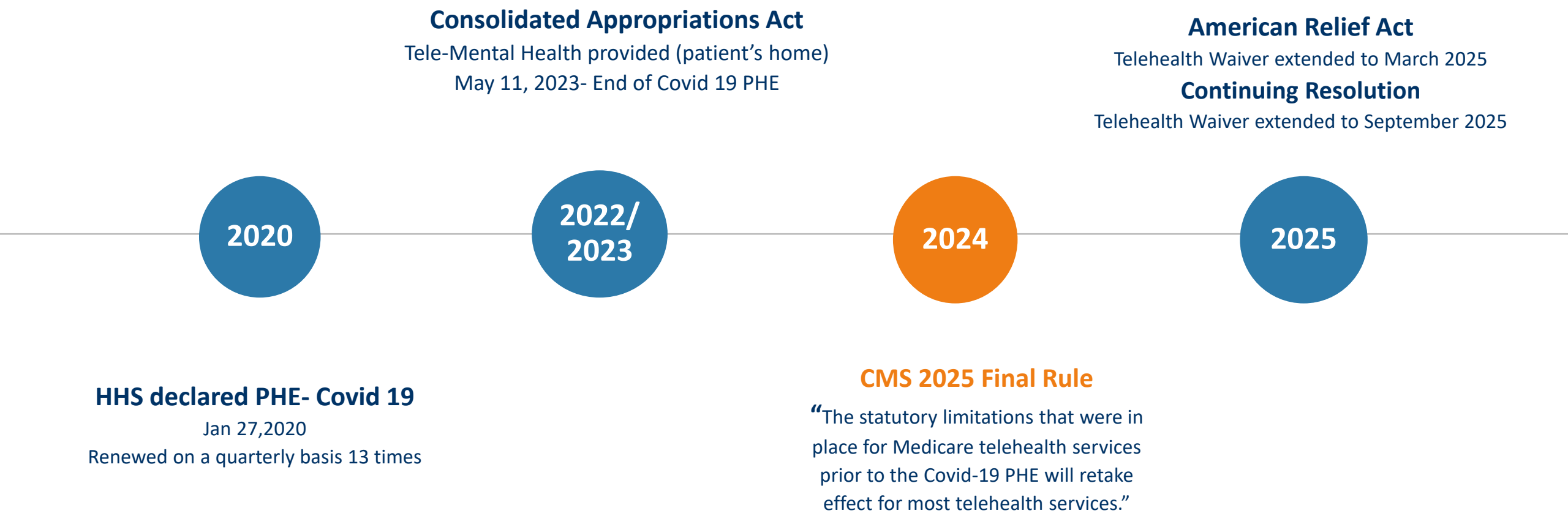
...reimbursement realities might change in September



02

What's old and maybe **new again** (Medicare)

Medicare Telehealth Evolution



Components of Telehealth-Medicare

Originating Site- where the patient is located

Requirement Prior to PHE (Covid-19)

Outside of an (MSA) Metropolitan Statistical Area. Located in a rural area (HPSA) Health Professional Shortage Areas

Distant Site- where the provider is

Office, FQHCs, RHCs, SNFs, etc

Provider Types

Physicians, PA, NPs, nurse-midwives, CNS, CRNA, CPs/CSWs, Registered dietitians or nutrition professionals

Synchronous vs Asynchronous

Live interaction between provider and patient vs “store and forward”

PHE Covid 19 Waiver- (not inclusive list)

- Lifted MSA/HPSA requirement (including patient’s home)
- Allowed FQHCs and RHCs as distant site providers
- Added provider types such as : Physical therapists, occupational therapists
- Allowed applications such as Face-Time, and FB Messenger
- List of covered Services expanded to over 268 services
- Telephone (audio only) services

03

What's new and what's in limbo (AMA/commercial payers)

2025 E&M Telehealth

● **98000**- Synchronous **audio-video** visit for the evaluation and management of a **new** patient, which requires a medically appropriate history and/or examination and **straightforward medical decision making**. When using total time of the date of the encounter for code selection, **15 minutes must be met or exceeded**

● **98001**- **new** patient, **low** MDM, **30** minutes

● **98002**- **new** patient, **moderate** MDM, **45** minutes

● **98003**- **new** patient, **high** MDM, **60** minutes

● **98004**- **established** patient, **straightforward** MDM, **10** minutes

● **98005**- **established** patient, **low** MDM, **20** minutes

● **98006**- **established** patient, **moderate** MDM, **30** minutes

● **98007**- **established** patient, **high** MDM, **40** minutes

● **98008**- Synchronous **audio-only** visit for the evaluation and management of a **new** patient, which requires a medically appropriate history and/or examination and **straightforward medical decision making and more than 10 minutes of medical discussion**. When using total time of the date of the encounter for code selection, **15 minutes must be met or exceeded**.

● **98009**- **new** patient, **low** MDM, **30** minutes

● **98010**- **new** patient, **moderate** MDM, **45** minutes

● **98011**- **new** patient, **high** MDM, **60** minutes

● **98012**- **established** patient, straightforward MDM, **10** minutes

● **98013**- **established** patient, low MDM, **20** minutes

● **98014**- **established** patient, moderate MDM, **30** minutes

● **98015**- **established** patient, high MDM, **40** minutes

● **98016**- Brief communication technology-based service (virtual check-in) by a physician or other qualified health care professional who can report E&M services, provided to an established patient, not originating from a Related E&M provided within the previous 7 days nor leading to an E&M or procedure within the next 24 hours or soonest available appointment., 5-10 minutes of medical discussion.

Office/Outpt E&M	MDM Option	Time Option	2025 Audio-Visual	2025 Audio only
NEW PATIENT				
99202	StraightFWD	15 mins	98000	98008
99203	Low	30 mins	98001	98009
99204	Moderate	45 mins	98002	98010
99205	High	60 mins	98003	98011
ESTABLISHED PATIENT				
99212	StraightFWD	10 mins	98004	98012
99213	Low	20 mins	98005	98013
99214	Moderate	30 mins	98006	98014
99215	High	40 mins	98007	98015
90816 -Brief communication technology-based service (virtual check-in) by a physician or other qualified health care professional who can report E&M services...				

Telehealth Points

- Telephone Calls 99441-99443 are deleted for 2025
- Audio only 98008-98015 requires more than 10 mins of medical discussion

Medicare

- Does not recognize the new telehealth codes 98000-98015.
- Continue to use F2F E&M 99202-99205 and 99211-99215 with modifier 95/GT (audio-visual) or modifier 93/FQ (audio).
- “Interactive telecommunications system” to include audio only if the provider can provide video communication, but the beneficiary is not capable of or does not consent to use of video.
- Will pay for 98016 and deleting G2012. Patient portal discussions
- Place of service (POS) will continue to be: **(02)** for Patient-not in their home and **(10)** for Patient in their home
- Statutory limitations on originating site (patient location) are temporarily rescinded- September 30, 2025 extension
- List of covered services

Coding, Billing and Reimbursement Realities and *Uncertainties*

Modifiers

Audio-visual: 95 or GT

Audio: 93 or FQ

Modifier for FQHCs and RHCs

Some consider mod 95 as informational only

Coding:

AMA/CPT 2025 98XXX codes (no modifiers)?

Medicare's 2024/2025 way (with modifiers)?

Medicare Policy

Revert back to Pre-PHE Covid limitations?

MSA/HPSA will limit the number of Medicare beneficiaries who can avail of Telehealth

Commercial Insurance

May stabilize after Medicare finalizes their Telehealth Policy

**Telehealth
2025**

United Healthcare

Telehealth/Virtual Health Policy, Professional - Reimbursement Policy - UnitedHealthcare Commercial Plans and Individual Exchange



UnitedHealthcare® Commercial and Individual Exchange
Reimbursement Policy
CMS 1500
Policy Number 2025R0046A

Reimbursement Guidelines

Telehealth/Telemedicine Services, Distant Site, Places of Service (POS) 02 and 10

UnitedHealthcare will consider for reimbursement the following Telehealth services when they are rendered via audio and video and reported with either place of service POS 02 or 10.

- Services recognized by the Centers for Medicare and Medicaid Services (CMS), and
- Services recognized by the American Medical Association (AMA) included in Appendix P of the CPT code set, and
- Additional services identified by UnitedHealthcare that can be effectively performed via Telehealth.

See the Telehealth Eligible Services Code List in the Attachments section.

The Distant Site is where the rendering provider is housed during a Telehealth encounter and is reported on the claim with POS 02 or 10 in Box 24B on the 1500 claim form.

- POS 02: Telehealth Provided Other than in Patient's Home – 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.
- POS 10 (effective 1/1/2022): Telehealth Provided in Patient's Home – 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.

04

Revisit Documentation Requirements

1 Patient (informed) consent-

- What telehealth is, benefits and risks, security measures
- Financial obligations- copay or co-insurance

2 Type of HIPAA compliant Equipment/Application used

- CMS 100-04, Chapter 12, Section 190- An interactive telecommunications system is required as a condition of payment; Exception Federal demonstration program in AK or HI
- Two-way interactive audio-video

3 If audio-only: explanation why video was not used

- Patient refused or patient is not capable of video.
- Modifier 93 for phone calls

**Telehealth Note
requirements and
best practices**

**Accepted by all
payers to include
Medicare**

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4 Patient location

02- Other than patient's home

10- Patient's home

5 Provider location

6 Time- based requirements

- 98008 to 98015 require 10 minutes of medical discussion
- 98000 to 98015 can also be chosen using the Time option. Total time must be stated.

7 Templates Alert/Reminder

- "Heart sounds normal; no gallops or murmurs appreciated"
- "Abdomen is soft, non-tender to palpation"

**Telehealth Note
requirements and
best practices**

**Accepted by all
payers to include
Medicare**

Other Telehealth Considerations

- Network Restrictions- network designated telehealth providers (not patient's PCP)
- Payer policies on coverage and payment
- State laws and regulations- licensed out of state?
- Malpractice Insurance





Thank you for your time

Join us next month for

[Registration Link](#)

REFERENCES

<https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2025-medicare-physician-fee-schedule-final-rule>

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

[How to bill Medicare for telehealth in 2025 | AAFP](#)

<https://data.hrsa.gov/tools/shortage-area/by-address>

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Prior Sessions



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Prior Recordings

Session	Webinar Recording	Slides
G2211: If you're not using it, you should be	https://vimeo.com/910949283/0ab093b15a	Link
RCM 101 – Better Lab Billing	https://vimeo.com/933452761/659a9c4afd	Link
RCM 101 – The Life of a Clean Claim	https://vimeo.com/935472137/43ed7fd65f	Link
Role Management	https://vimeo.com/951990621/67b79ee8a1	Link
Credentialing 101	https://vimeo.com/990761145/b1f4748db8	Link
Top 5 Common Modifiers	https://vimeo.com/1003771384/373ed993e7	Link
Locum Tenens and Incident-To Billing	https://vimeo.com/968246870/40b2feca27	Link
ICD-10 Updates and Common Dx Challenges	https://vimeo.com/1026176483/1479b45adc	Link
Coding Tactics to get paid for G2211 and AWW	https://vimeo.com/1013311918/bd72126c15	Link

ABOUT ARIA

Flexible services to meet the needs of any practice
regardless of size, specialty, or technology

Experience Counts

30 years of experience

30+ practice management technologies, not just CGM's

50+ specialties served in numerous settings and practice sizes



**Coding
Services and
Regulatory
Assistance**



**Denial and
Appeal
Management**



Aging AR



**Detailed
Reporting**




**Credentialing
& Enrollment
Services**



**Business
Process
Outsourcing**

ARIA RCM Services Ranked #1





Congratulations Team on your well-deserved Award!! I have so much confidence that we are in such good hands with the firm's support people and how they handle everything.

Everything that they do is done very well and if asked in a timely manner.

We love working with (our account executives). Thank you so much to them to all of the assistance that we have had for our office.

The reporting is very helpful and the RCM team is responsive

The RCM team is a major asset to our business. Not only have they met their goals over the last few months, but they have been there for any problems that arise regarding our revenue and even helped me print reports for out HSA grant applications.

Very happy with the partnership. Our team is very responsive and always pleasant to work with.

I appreciate my RCM team so much. My rep is amazing and always so helpful and quick with any issues I have. They make a great addition to my office staff.

Q&A

ARIA



Health Services

Synchronizing Healthcare.



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