



# **CMS PROPOSES EXCITING CHANGES**

## **to Medicare Telehealth Policies for 2024**

*Including New CPT Codes*

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*The Centers for Medicare & Medicaid Services (CMS) is ushering in notable changes to Medicare telehealth policies for 2024. These proposed changes are set to broaden access, enhance convenience, and support healthcare providers, ushering in a new era of healthcare delivery. In this comprehensive blog post, we will provide you with in-depth details about these changes, with a special focus on the new CPT codes.*

## Telehealth

### Flexibilities Extended:

CMS is extending telehealth flexibilities, including waiving geographic and originating site requirements, through the end of CY 2024.

The extension ensures that Medicare beneficiaries across the nation can **access telehealth services with ease, particularly from their homes, removing geographic barriers.**

## Payment for Audio-Only Visits and CPT Codes:

CMS is extending payment for CPT codes for audio-only telephone visits through 2024.

CMS is introducing a new CPT code, 99498, for synchronous audio-only telehealth visits. This code will be used for evaluation and management (E/M) services provided by physicians and qualified healthcare professionals (QHPs) to patients through audio-only communication. **This would replace the current CPT modifier 93 for synchronous audio-only telehealth visits.**





## In-Person Visit Requirements for Telemental Health Services Delayed:

CMS is postponing in-person visit requirements for telemental health services.

This delay ensures that individuals seeking mental health services through telehealth can continue to access care without in-person visit obligations, **promoting mental health accessibility**.

## Payment Rate for Telehealth Services in Patients' Homes:

CMS is proposing to maintain payment for telehealth services in patients' homes at the non-facility payment rate, aligning it with rates for in-person office visits.

This policy change guarantees equitable reimbursement for telehealth services delivered in patients' homes, **bridging the gap between virtual and in-person care**.

## Lifting Frequency Limits and Virtual Supervision:

CMS is proposing to lift the frequency limits on telehealth visits for subsequent hospital and skilled nursing facility visits. It is also allowing direct supervision to be provided virtually.

These changes offer increased flexibility for both healthcare providers and patients, **facilitating more seamless and accessible care delivery**.



## Providers Expanding Telehealth Services and CPT Code Changes:

CMS is expanding payment coverage for Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) services in FQHCs and RHCs.

This expansion permits FQHCs and RHCs to report RPM and RTM services using the existing general care management code, G0511. This code, which currently encompasses general care management services, involving 20 minutes or more of clinical staff time dedicated to chronic care management services or behavioral health integration services, will now also include RPM and RTM services. CMS plans to adjust the reimbursement rate for G0511 based on a weighted average utilization of all services under this code, **ensuring equitable compensation for the spectrum of services provided by FQHCs and RHCs.**

## Request for Information on Digital Therapies:

CMS is actively soliciting input from stakeholders on coverage and payment policies for RPM and RTM services.

Feedback will play a pivotal role in shaping provider education, program guidance, and future rulemaking decisions, particularly in the realm of digital therapies.

The proposed Medicare telehealth policy changes for 2024 are poised to affect healthcare accessibility and quality significantly. Modifications to telehealth services highlight CMS's commitment to keeping pace with evolving healthcare needs. **These changes ensure patients can access care where they are most comfortable, and providers are fairly compensated for their services.**

