



2025 CPT Updates – Professional Evaluation & Management (E/M) and Medicine Changes

December 12, 2024

Webinar FAQ Document

- 1. Question:** Are there designated Place of Service (POS) codes for telemedicine services (e.g. 02, 10, 11, etc.)?

Answer: There are two POS codes that are available for telehealth services. They are:
02 Telehealth Provided Other than in Patient's Home
10 Telehealth Provided in Patient's Home¹

- 2. Question:** For the new telemedicine service codes, are there changes to the associated telehealth modifiers, such as FQ and 93?

Answer: There are no changes to the telehealth modifiers, such as FQ *The service was furnished using audio-only communication technology*, 93 *Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System* and 95 *Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System*.

There are significant changes to coverage of telehealth services for Medicare patients. The Centers for Medicare & Medicaid Services (CMS) does not have authority to change legislation, and provisions allowing for all of the flexibilities for telehealth are ending at the end of 2024. Legislation would be necessary to change the Social Security Act (SSA) statutes covering telehealth services.²

- 3. Question:** How do we determine our originating site status for CMS?

Answer: The term originating site is the site where the patient is located. Appropriate originating sites are listed in the SSA:

- “(ii) Sites described.—The sites referred to in clause (i) are the following sites:
- (I) The office of a physician or practitioner.
 - (II) A critical access hospital (as defined in section 1861(mm)(1)).
 - (III) A rural health clinic (as defined in section 1861(aa)(2)).
 - (IV) A Federally qualified health center (as defined in section 1861(aa)(4)).
 - (V) A hospital (as defined in section 1861(e)).

- (VI) A hospital-based or critical access hospital- based renal dialysis center (including satellites).
- (VII) A skilled nursing facility (as defined in section 1819(a)).
- (VIII) A community mental health center (as defined in section 1861(ff)(3)(B))
- (IX) A renal dialysis facility, but only for purposes of section 1881(b)(3)(B).
- (X) The home of an individual, but only for purposes of section 1881(b)(3)(B) or telehealth services described in paragraph (7).”³

4. **Question:** Have you heard of any payers who are instructing providers to use codes 98000-98015?

Answer: While there are third-party payers who do cover virtual services, Vitalware® has not seen anything regarding their coverage of Current Procedural Terminology (CPT®) codes 98000-98015.

5. **Question:** As Medicare will not cover new telehealth codes, what codes will be reported for audio-only encounters for Medicare patients since 99441-99443 will be deleted?

Answer: At the beginning of the year, the flexibilities surrounding telehealth will be over and audio-only encounters will only be allowable for certain clinical scenarios. CMS has indicated that providers should use the codes on their list of telehealth services.⁴

6. **Question:** Can you clarify with Medicare patients, you can only use the telehealth services if they are in a rural area?

Answer: Without legislative action, the flexibilities surrounding telehealth are ending at the end of 2024. SSA statutes regarding originating site/distant site providers will be reinstated, as well as geographical restrictions where the patient must be located in a rural area. There are a few exceptions, such as for the diagnosis and treatment of patients with mental health disorders, which includes substance abuse disorders.⁵

7. **Question:** Is there written guidance from CMS somewhere that we are to use E/Ms with 93 modifier for telephone visits?

¹ Medicare, Coding and Billing, “Place of Service Code Set,” available at: <https://www.cms.gov/medicare/coding-billing/place-of-service-codes/code-sets>

² The Social Security Act Subsection 1834 Special Payment Rules for Particular Items and Services, “(m) Payment for Telehealth Services,” available at: <https://www.ssa.gov/OP-Home/ssact/title18/1834.htm>

³ The Social Security Act Subsection 1834 Special Payment Rules for Particular Items and Services, “(m) Payment for Telehealth Services,” available at: <https://www.ssa.gov/OP-Home/ssact/title18/1834.htm>

⁴ Medicare, Coverage, Telehealth, “List of Telehealth Services,” available at: <https://www.cms.gov/medicare/coverage/telehealth/list-services>

⁵ Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, CMS-1807-F, D. Payment for Medicare Telehealth Services Under Section 1834(m) of the Act, “e. Audio-Only Communication Technology,” pages 97760-97762, available at: <https://www.federalregister.gov/d/2024-25382>

Answer: CMS addressed the topic in the Calendar Year (CY) 2025 Medicare Physician Fee Schedule (MPFS) Final Rule. Rural Health Centers (RHCs) and Federally Qualified Health Centers (FQHCs) may report modifier FQ, and other providers may append modifier 93.⁶

- 8. Question:** CMS states that a phone is not allowed to be used for telehealth services. Do you know if this means phones in general, or if it's just excluding phone-proprietary apps, such as FaceTime?

Answer: CMS stated in the CY 2025 MPFS Final Rule that there are certain instances where audio-only visits may be reported. The provider must have audio-video capability. The patient may not have the capability to have video access. The final rule did not discuss any applications.⁷

- 9. Question:** Do the new audio-only codes include phone calls?

Answer: New CPT® codes 98007-98015 are available to report synchronous audio-video visit for the evaluation and management of a patient. This is meant to represent a telephone call.⁸

- 10. Question:** You said that Medicare will not be covering the 98000-98015 series codes and that we should still use the 99202-99215 for telehealth. It's my understanding that Medicare will no longer be covering telehealth visits, and that visits will need to be back in the office. Is this correct?

Answer: Yes, at the end of 2024, the flexibilities for telehealth services are returning to the regulations in place before the COVID-19 pandemic. The geographic restrictions and originating site/distant site practitioner restrictions will be reinstated. There are a few exceptions.⁹

- 11. Question:** Is a pharmacist now included as a nonphysician qualified healthcare professional?

Answer: Yes. Any technical or clinical staff employed by the physician or physician group, working under the "incident to" guidelines, and allowed by state law to provide

⁶ Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, CMS-1807-F, D. Payment for Medicare Telehealth Services Under Section 1834(m) of the Act, "e. Audio-Only Communication Technology," page 97760, available at: <https://www.federalregister.gov/d/2024-25382>

⁷ Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, CMS-1807-F, D. Payment for Medicare Telehealth Services Under Section 1834(m) of the Act, "e. Audio-Only Communication Technology," page 97760, available at: <https://www.federalregister.gov/d/2024-25382>

⁸ CPT® 2025 Professional Manual, "Evaluation and Management / Telemedicine Services," pages 17-20

⁹ Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, CMS-1807-F, D. Payment for Medicare Telehealth Services Under Section 1834(m) of the Act, "e. Audio-Only Communication Technology," pages 97760-97762, available at: <https://www.federalregister.gov/d/2024-25382>

the service would fall within the definition. The CPT® Manual did not provide much detail, but was discussed during the CPT® Symposium.¹⁰

- 12. Question:** The telehealth codes seems to address the outpatient setting. What if it is an inpatient setting and if the physician is not able see the patient in person due to weather or some other abnormal circumstance and perform an audio/visual visit. What codes would be reported?

Answer: New codes 98000-98015 mirror the office and other outpatient visits. CPT® indicated they likely would not create additional codes to mirror other sections in the evaluation and management section.

It is important to remember that Medicare is returning to the pre-pandemic regulations for telehealth visits. While the physician in their office meets the definition for being a distant site practitioner, the patient would need to be located in an appropriate originating site, which does not include the patient's home. There are few exceptions, such as the service is to diagnose or treat a patient with a mental health disorder, which includes substance abuse disorder.¹¹

- 13. Question:** So if patient is in a nursing home or assisted living and provider performs a audio-video visit and patient has a Medicare or MR plan how do we bill this? Do we use the NH/AL codes 99304-99350 or the new 980xx codes?

Answer: Medicare will not recognize new CPT® codes 98000-98015. Instructions are providers should use the codes on the list of telehealth services. Remember, the geographical restrictions will revert back to the pre-pandemic regulations at the end of the year. The patient would need to be located in a rural area.¹²

- 14. Question:** In yesterday's 2025 CPT updates webinar, you mentioned that Medicare was going to continue to allow telephone visits to be billed with an E/M code and a -93 modifier. I heard another presenter mention this but can't find anything in writing from a reputable source that confirms this. Do you happen to have a solid resource for this information that you could direct me to? I'd appreciate any help I can get! Thanks!

Answer: Discussion of telehealth coverage and modifier usage was part of the CY 2025 MPFS Final Rule.

¹⁰ CPT® 2025 Professional Manual, "Medicine / Education and Training for Patient Self-Management," pages 883-884

¹¹ Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, CMS-1807-F, "(18) Telemedicine Evaluation and Management (E/M) Services (CPT Codes 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, and 98016)," pages 97789-97794, available at: <https://www.federalregister.gov/d/2024-25382>

¹² Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, CMS-1807-F, "(18) Telemedicine Evaluation and Management (E/M) Services (CPT Codes 98000, 98001, 98002, 98003, 98004, 98005, 98006, 98007, 98008, 98009, 98010, 98011, 98012, 98013, 98014, 98015, and 98016)," pages 97789-97794, available at: <https://www.federalregister.gov/d/2024-25382>

It is important to remember that telehealth regulations are returning to the pre-pandemic regulations. This means that the geographic restrictions will resume, meaning the patient must be in a rural area. The requirements for originating site and distant site providers are returning. Be sure that the service is meeting the telehealth regulations.¹³

¹³ Medicare and Medicaid Programs; CY 2025 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies, CMS-1807-F, D. Payment for Medicare Telehealth Services Under Section 1834(m) of the Act, “e. Audio-Only Communication Technology,” pages 97760-97762, available at: <https://www.federalregister.gov/d/2024-25382>