Health. Virtually. Everywhere.

ATA CY2025 Physician Fee Schedule Chart: Proposed vs Final Rule Telehealth Provisions

Issue	Proposals	ATA Position	Final Rule
Telehealth Medicare Flexibilities	Absent Congressional action, beginning January 1, 2025, the statutory limitations that were in place for Medicare telehealth services prior to the COVID-19 PHE will retake effect. Specifically, CMS is not capable of extending the following Medicare flexibilities after CY2024 without Congress including: • Waiving geographic and originating site restrictions. • Allowing Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) to be reimbursed for providing telehealth services. • Delaying the telemental health prior in-person requirement. • Maintaining the expansion of the Medicare Telehealth Provider list to include physical therapy, occupational therapy, and speech therapy (PT/OT/ST) to ensure these providers can be reimbursed for telehealth services.	Urge CMS to work with Congress to ensure these provisions are extended or made permanent after CY2024.	No changes, proposal was finalized.
Medicare Telehealth List	Rather than selectively adjudicating only those services for which we received requests for potential permanent status, it would be appropriate to complete a comprehensive analysis of all provisional codes currently on the Medicare Telehealth Services List before determining which codes should be made permanent. CMS is not making determinations to recategorize provisional codes as permanent until such time as CMS can complete a comprehensive analysis of all such provisional codes which we expect to address in future rulemaking. Added 13 new codes on a provisional (11) or permanent status (2) Home International Normalized Ratio (INR) Monitoring: Add to provisional status Caregiver Training: We are proposing to add these services to the Medicare Telehealth List with provisional status for CY 2025	The ATA supports the addition of the 13 codes but raises concerns on the potential removal of the radiation treatment code.	Some changes from proposed: • Caregiver Training Services added to list on a provisional basis • Radiation Treatment Management Code will be maintained on a provisional basis • Not finalizing as proposed to add INR Monitoring to the list • Preexposure Prophylaxis of Human Immunodeficiency Virus codes added on a permanent basis

As of November 13, 2024

ATA CY2025 Physician Fee Schedule Chart: Proposed vs Final Rule Telehealth Provisions

	Preexposure Prophylaxis (PrEP) of Human Immunodeficiency Virus (HIV): we are proposing to add HCPCS codes G0011 and G0013 to the Medicare Telehealth Services List with a permanent status. Radiation Treatment Management: Proposed to eliminate from Medicare telehealth list		• Safety Planning Intervention code added to list on a permanent basis
Telehealth Frequency Limitations	Remove the telehealth frequency limitations for subsequent hospital inpatient/observation care (99231, 99232, 99233), subsequent nursing facility visits (99307, 99308, 99309, 99310), and critical care consultation services (G0508, G0509), until the end of CY2025.	Supportive, but urges CMS to make these flexibilities permanent.	No changes, proposal was finalized.
Audio Only Services	Revising § 410.78(a)(3) to include two-way, real-time audio-only communication technology for any telehealth service provided in a beneficiary's home, if the distant site physician or practitioner is technically capable of using an interactive telecommunications system, but the patient is not capable of, or does not consent to, the use of video technology.	Supportive, but we urge CMS to not restrict audio-only services to specific circumstances, such as the unavailability of video technology or requiring explicit patient consent for video visits.	No changes, proposal was finalized.
Medicare Provider Location	Allow providers to use their currently enrolled practice locations instead of home addresses when providing telehealth services from their home through CY2025	Supportive, but urge CMS to come up with a permanent fix after CY2025.	No changes, proposal was finalized.

ATA CY2025 Physician Fee Schedule Chart: Proposed vs Final Rule Telehealth Provisions

Virtual Direct Supervision	Adopt a definition of direct supervision that allows the supervising physician or practitioner to provide such supervision via a virtual presence through real-time audio and visual interactive telecommunications for: • those services furnished incident to a physician or other practitioner's professional service, when provided by auxiliary personnel employed by the billing physician or supervising practitioner and working under his or her direct supervision, and for which the underlying HCPCS code has been assigned a PC/TC indicator of "5" and services described by CPT code 99211, and • for office or other outpatient visits for the evaluation and management of an established patient who may not require the presence of a physician or other qualified health care professional.	Supportive	No changes, proposal was finalized.
	For all other services, continue to permit direct supervision through real-time audio and visual interactive telecommunications technology only through December 31, 2025.	Supportive	No changes, proposal was finalized.
	Allow teaching physicians to have a virtual presence for purposes of billing for services furnished involving residents in all teaching settings, but only in clinical instances when the service is furnished virtually (for example, a three-way telehealth visit, with the patient, resident, and teaching physician in separate locations) through December 31, 2025.	Supportive	No changes, proposal was finalized.
Opioid Treatment Programs (OTPs)	• Allow the furnishing of periodic assessments via audio-only telecommunications beginning January 1, 2025. • Allow the OTP intake add-on code to be furnished via two-way audio-video communications technology when billed for the initiation of treatment with methadone (using HCPCS code G2076) if the OTP determines that an adequate evaluation of the patient can be accomplished via an audio-visual telehealth platform.	Supportive	No changes, proposal was finalized.

ATA CY2025 Physician Fee Schedule Chart: Proposed vs Final Rule Telehealth Provisions

Advancing Access to Behavioral Health Services	***Safety Planning Interventions*** Create an add-on G-code that would be billed along with an E/M visit or psychotherapy when safety planning interventions are personally performed by the billing practitioner in a variety of settings.	Did not comment	Finalizing HCPCS code G0560 as a standalone code that can be billed in 20-minute increments. CMS added HCPCS code G0560 to the Medicare Telehealth list.
	Post-Discharge Telephonic Follow-up Contacts Intervention (FCI) Create a monthly billing code (HCPCS code G0544) to describe the specific protocols involved in furnishing post-discharge follow-up contacts that are performed in conjunction with a discharge from the emergency department for a crisis encounter, as a bundled service describing four calls in a month, each lasting between 10- 20 minutes.	Supportive	No changes, proposal was finalized.
	Digital Mental Health Treatment (DMHT) • Create three new HCPCS codes (G0552, G0553, and G0554) for DMHT devices modeled on coding for RTM services. • Devices must be cleared by the FDA to be payable by Medicare.	Supportive of new codes but caution against requiring that these are FDA cleared devices as this may be too limiting.	Finalized payment under HCPCS code G0552 for DMHT devices furnished incident to professional behavioral health services used in conjunction with ongoing behavioral health treatment under a behavioral health treatment plan of care. Finalized HCPCS code G0553 and G0554 with refinements. See page 597 of PFS for more details. Clarified that the definition of DMHT device as proposed would include devices cleared under section 510(k) of the FD&C Act or granted De Novo authorization by FDA. In both instances, however, the device would need to be classified under 21 CFR 882.5801 to be payable under this policy.

ATA CY2025 Physician Fee Schedule Chart: Proposed vs Final Rule Telehealth Provisions

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs)	***Virtual Direct Supervision*** Allow virtual presence flexibility on a temporary basis, that is, the presence of the physician (or other practitioner) would include virtual presence through audio/video real-time communications technology (excluding audio-only) through December 31, 2025.	Supportive but urge CMS to not exclude audio only.	No changes, proposal was finalized.
	Payment Allow payment, on a temporary basis, for non-behavioral health visits furnished via telecommunication technology under the methodology that has been in place for these services during and after the COVID-19 PHE through December 31, 2024. For payment for non-behavioral health visits furnished via telecommunication technology in CY 2025, we will calculate the payment amount based on the average amount for all PFS telehealth services on the telehealth list, weighted by volume for those services reported under the PFS	Supportive	No changes, proposal was finalized.
	Telemental health in-person requirement Continue to delay the in-person visit requirement for mental health services furnished via communication technology by RHCs and FQHCs to beneficiaries in their homes until January 1, 2026.	Support, but would like permanence	No changes, proposal was finalized.
Advanced Primary Care Management Services (APCM)	Establish coding and payment under the PFS for a new set of APCM services described by three new HCPCS G-codes.	Supportive as this provides enhanced opportunities for the beneficiary and any caregiver to communicate with the care team/practitioner	No changes, proposal finalized. More details below. Adopt the three new APCM codes GPCM1, GPCM2, and GPCM3 and the finalized HCPCS codes are as follows: G0556, G0557 and G0558.

		regarding the beneficiary's care through the use of asynchronous non-face-to-face consultation methods other than telephone, such as secure messaging, email, internet, or patient portal, and other communication-technology based services.	Finalized as proposed in section II.G.2 of this final rule to make payment for advanced primary care management (APCM) services furnished by a physician or other qualified health care professional who is responsible for all primary care (for example, physicians and non-physician practitioners, including nurse practitioners, physician assistants, certified nurse-midwives and clinical nurse specialists), and serve as the continuing focal point for all needed health care services during a calendar month.
Medicare Diabetes Prevention Program (MDPP)	• Did not address allowing virtual only providers to participate in the MDPP. • Update the term "online delivery" to "online" to align with both the MDPP "distance learning" term and the CDC DPRP "online (non-live)" term. • Revise the definition of the MDPP "online" delivery mode to specify that sessions delivered entirely through the internet via phone, tablet, or laptop in an asynchronous (non-live) format, where participants engage with the content at their own pace without a live component.	The ATA was disappointed and urges CMS to allow virtual only suppliers to participate in the MDPP. The ATA supported the other two proposals.	No changes in final rule.

ATA CY2025 Physician Fee Schedule Chart: Proposed vs Final Rule Telehealth Provisions

Remote Monitoring	Did not address RTM and RPM 16-day data collection requirement over a 30-day period.	The ATA urged CMS to take action on this restriction.	No changes in final rule, but concern addressed through the AMA CPT Editorial Committee. *At the CPT Editorial Committee's September meeting they addressed this industry-wide concern by creating a new code for 2-15 days of data collection This code will go into effect beginning January 2026. We should expect to see payment rates for this new code in the CY2026 PFS.
Outpatient Therapists	CMS did not extend the flexibility that allows hospital-employed physical therapists (PTs), occupational therapists (OTs), and speech-language pathologists (SLPs) to continue billing for telehealth services beyond CY2024.	The ATA stated that it is crucial for Congress to act to ensure that PTs, OTs, SLPs, and audiologists can continue providing telehealth services. Following congressional action, we urge CMS to align its payment policies accordingly to support these essential services.	No changes in final rule.