



Telehealth 2025: What's Changing, What's Staying?

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HCCIntelligence[™] Community– May 22, 2025



MISSION

Universal access to best practice house call programs.



VISION

All in need of house calls get them, because the future of healthcare is in the home.



GOALS & KEY INITIATIVES

Increase Access & Quality

Education & Consulting

Enhance Credibility

Public Awareness & Advocacy Leverage Innovation

Data Analytics for Home-Based Care Transform Healthcare

Interdisciplinary Partnerships



Presenters



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Agenda

- **1. Telehealth Introduction and Launch Considerations**
- 2. Quality Measures
- 3. Extension of Telehealth Flexibility
- 4. Telehealth Pearls
- 5. POS Codes for Telehealth
- 6. Additional Service Opportunities Via Telehealth

Objectives

- Review telehealth policies and coding under the CY2025 Physician Fee Schedule and their impact on homebased medical care.
- Identify best practices for coding, billing, and compliance to maximize reimbursement while maintaining regulatory compliance.
- Explore evolving trends in virtual care, including policy shifts, technology integration, and strategies for sustaining telehealth in home-based care settings.



Telehealth Introduction and Launch Considerations

Telehealth Definition

- The use of electronic information and communications technologies to deliver and support health care services, including:
 - Live audio/video consultations between patients and their healthcare providers
 - Store-and-forward of patient health information
 - Remote patient monitoring
- Services must be provided by a licensed healthcare professional and meet Medicare coverage requirements.



Telehealth Definition - Continued

- Telehealth services can be provided from any location, including the patient's home, as long as the healthcare provider and patient are in the United States.
- Services must be delivered using interactive telecommunications technology, which typically includes audio and/or video capabilities.



Telehealth Use-Cases

- Direct-to-Patient
 - Patient or caregiver uses device to connect with the provider
- Facilitated or Telepresenter
 - Medical assistant, RN, or social worker brings the device to the patient to connect with the provider
 - The telepresenter cannot independently bill for their time

Remote Patient Monitoring Definition

 A subset of telehealth that refers to the collection of personal health and medical data from an individual in one location via electronic communication technologies, and then transmits the information to a provider in a different location.



Telehealth and RPM Launch Considerations

- Will my practice be able to afford the required investment to implement telehealth or RPM?
- What are some examples of how my practice will use telehealth?
- What questions should I ask telehealth technology vendors and how do I begin evaluating them?
- What are my RPM options and how do I order/initiate a solution once I have identified an option?



Quality Measures



Telehealth Effective Metrics

- Tracks disease-specific quality metrics to reduce readmissions
- Fewer ED/Urgent Care referrals for non-critical cases
- Comparable or improved outcomes vs. in-person care
- Helps prevent or reduce illness severity and frequency
- Lower medication prescription rates

Access to Care Improvements

- Faster appointment availability
- Expanded after-hours care options
- Improved access to specialty care
- Supports patient choice of provider
- Increased use of asynchronous care (eVisits, messaging)

Patient Experience Highlights

- High Net Promoter Scores (NPS) from satisfaction surveys
- Low technical issue ("hiccup") rates
- High "would recommend" responses
- Increased website traffic and portal engagement



Financial & Operational Impact

- Optimized staffing ratios per full-time employee (FTE)
- Lower cost per episode or diagnosis-related group
- Reduced total cost of care in value-based models
- Higher wRVUs per clinical FTE



Extension of Telehealth Flexibility



Essential Telehealth Provisions

- Telehealth flexibility was to end 12/31/2024
- American Relief Act extended to 3/31/2025
- Full-Year Continuing Appropriations and Extensions Act extended flexibility until 9/30/2025
- What will happen after 10/1/2025?



Telehealth Pearls



CPT Codes 99441-99443

- Deleted for 2025
 - Telephone-only patient encounters unrelated E/M service in the past seven days and not result in an E/M visit within 24 hours (5-30 minutes)



Medicare Reimbursement for 98016

- Brief communication technology-based service, a virtual check-in, provided by a physician or other qualified healthcare professional to an established patient.
- This service involves 5-10 minutes of medical discussion and is not related to an E/M service provided within the previous seven days or leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

CPT Code	2025 Reimbursement Rate	2025 wRVU
98016	\$15.85 (non-facility)	.30



Virtual Care Options and Reimbursement Opportunities

Video Visits

 If a telehealth visit is conducted using a two-way audio and video telecommunication method, permitting real-time communication between the provider and the patient, you can report the service using the home E/M (CPT 99341- 99345 and CPT 99347-99350). Report the Place of Service (POS) where you would have seen the patient face-to-face (e.g., POS 10 home).

CPT Code	2025 Reimbursement Rate	2025 wRVU
99341	\$47.55	1.00
99342	\$75.69	1.65
99344	\$136.83	2.87
99345	\$193.76	3.88



Non-Physician Practitioners

 Other qualified health care professionals, including licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech-language pathologists, eligible to bill for telehealth services can report Telephone E/M services using the following codes:

CPT Code	2025 Reimbursement Rate	2025 wRVU
98966 (5-10 minutes)	\$12.94	0.25
98967 (11-20 minutes)	\$23.94	0.50
98968 (21-30 minutes)	\$32.99	0.75



Other Audio Only Services

 CMS will also pay for a variety of counseling, education, psychotherapy, and nutrition and therapy services using audio-only technology. Below is a list of services pertinent to homebased care but please refer to Medicare's List of Telehealth Services for a complete list of Medicare audio-only services.

Service	CPT Code	2025 Reimbursement Rate	2025 wRVU
Advance Care Planning	99497 – 30 minutes	\$79.57	1.50
Advance Care Planning	99498 – additional 30 minutes	\$68.90	1.40
Annual Wellness Visits	G0438	\$160.44	2.60
Smoking Cessation Services	99406	\$13.91	0.24



Other Audio Only Services - Continued

Service	CPT Code	2025 Reimbursement Rate	2025 wRVU
Alcohol and/or substance abuse	G0396 - 15-30 minutes	\$33.64	0.18
Annual Alcohol Misuse Screening and Counseling	G0442 – 15 minutes	\$17.14	0.18
Chronic Care Management (CCM) Care Planning Services	G0506 (only can be billed once)	\$60.81	0.87

Service	Description	CPT Code	2025 Reimbursement Rate	2025 wRVU
Virtual Check-In	Includes a minimum 5-10- minute medical discussion by a physician or other qualified healthcare professional with the patient/caregiver; this cannot include clinical staff time	98016	\$15.85	0.30
Virtual Check-In	Includes a minimum 11–20- minute medical discussion by a physician or other qualified healthcare professional with the patient/caregiver; this cannot include clinical staff time	G2252	\$25.55	.50



Service	Description	CPT Code	2025 Reimbursement Rate	2025 wRVU
Remote Evaluation of recorded video and/or image (photo)	Pre-recorded image and/or video of sufficient quality provided by the patient or caregiver	G2010	\$11.97	0.18
Remote assessment of recorded video and/or image (photo) by a non- physician healthcare professional	Reported by providers without E/M within their scope of practice including licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech- language pathologists	G2250	\$11.97	0.18



Service	Description	CPT Code	2025 Reimbursement Rate	2025 wRVU
Online Digital E/M Services or E-Visits	Online digital E/M, established patient by a qualified provider (i.e., physician, nurse practitioner, physician assistant), cumulative 7 days, 5-10 minutes	99421	\$14.56	0.25
Online Digital E/M Services or E-Visits	Online digital E/M, established patient by a qualified provider (i.e., physician, nurse practitioner, physician assistant), cumulative 7 days, 11-20 minutes	99422	\$28.46	0.50

Service	Description	CPT Code	2025 Reimbursement Rate	2025 wRVU
Online Digital E/M Services or E-Visits	Online digital E/M, established patient by a qualified provider (i.e., physician, nurse practitioner, physician assistant), cumulative 7 days, 21 minutes or more	99423	\$44.96	0.80
Online Digital E/M Services or E-Visits	Online digital assessment and management, established patient, by a qualified non- physician healthcare professional (i.e., licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech- language pathologists) cumulative 7 days, 5-10 minutes;	98970	\$11.32	0.25



Service	Description	CPT Code	2025 Reimbursement Rate	2025 wRVU
Online Digital E/M Services or E-Visits	Online digital assessment and management, established patient, by a qualified non-physician healthcare professional, cumulative 7 days, 11-20 minutes	98971	\$21.35	0.44
Online Digital E/M Services or E-Visits	Online digital assessment and management, established patient, by a qualified non-physician healthcare professional, cumulative 7 days, 21 minutes or more	99422	\$28.46	0.50



POS Codes for Telehealth



In-Home and Assisted Living Facilities

- POS 12: Service provided in the patient's private residence
- POS 13: Service provided in an Assisted Living Facility
- Modifier 95: Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunication System
- Modifier 93: Audio Only



Additional Service Opportunities Via Telehealth



Telehealth Opportunities

- Chronic Care Management
- Advanced Care Planning
- Transitional Care Management
- Caregiver Support
- Skin, wound condition monitoring/management

Caregiver Support Training via Telehealth

CPT Code	2025 Reimbursement Rate	2025 wRVU
97550 – First 30 minutes	\$52.08	1
97551 – Each additional 15 minutes	\$25.55	0.54
97552 – Group caregiver training	\$22.00	0.23
96202 – Multiple family group training, first 60 minutes	\$23.29	0.43
96203 - Multiple family group training, each additional	\$5.82	0.12



Caregiver Support Training via Telehealth -Continued

HCPCS Code	2025 Reimbursement Rate	2025 wRVU
G0541 - No patient present train initial 30 minutes	\$52.08	1
G0542 - No patient present train additional 15 minutes	\$25.55	0.54
G0543 - Group training without patient	\$22.00	0.23
G0539 – Initial care training 30 minutes	\$52.08	0.43
G0540 – Train for caregiver additional 15 minutes	\$25.55	0.54



Where to Learn More



HCCIntelligence[™] Community

Members can access a recording of today's webinar and presentation deck via My HCCI Learning Hub™

For more information, please review the following educational resources from HCCI:

Online course:

<u>Telehealth in Home-Based Primary Care</u>

HCCIntelligence[™] Premier Resources:

- Home-Based Medical Care: Telehealth Guidelines & Coding Requirements
- Home-Based Medical Care: Superbill Worksheet

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Welcome Dana, HCCIntelligence[™] Community Member!

Membership Renewal: December 31st, 2026





HCCIntelligence[™] Community

July 29, 2025



Webinar: Revolutionizing Home-Based Care: Unveiling the Power of Advanced Primary Care Management

- **Comprehensive Overview**: Provide an introduction to Advanced Primary Care Management (APCM), highlighting key principles, benefits, and strategies for implementation in home-based settings.
- **Improving Patient Outcomes**: Explore how APCM enhances patient care through personalized plans, proactive health management, and integrated care coordination.
- **Overcoming Challenges**: Discuss common obstacles in adopting APCM in home-based care and present practical solutions and best practices to address these issues
- **Billing and Coding Practices:** Review accurate billing and coding practices specific to APCM in homebased primary care to ensure compliance and efficiency.

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