

Report on Medicare Compliance Volume 32, Number 16. April 24, 2023 CMS OKs Provider-Based Billing for Telehealth Without Facility Fees After PHE Ends

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In a breakthrough for hospitals, CMS says their provider-based departments will be able to bill Medicare for professional services delivered by telehealth to patients at home after the public health emergency (PHE) ends May 11 without corresponding facility fees. In other words, provider-based departments won't jeopardize their status if they bill only professional fees.

A CMS spokesperson told *RMC* that "after the end of the COVID-19 PHE, when a practitioner located in a hospital-based clinic furnishes a Medicare telehealth service, the hospital will no longer be able to bill for either the hospital clinic visit (HCPCS code G0463) or the originating site facility fee (HCPCS code Q3014). However, the practitioner may bill separately for their professional services provided all other Medicare telehealth requirements are met."

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