



## CSR Inquiry Assistance

Related Medlearn Matters Article #: MM4204

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### *List of Medicare Telehealth Services*

#### Key Words

MM4204, CR4204, Telehealth, Nutrition, Therapy, MNT, G0270, 96802, 97803, GT, GQ, Dietitians, CMS-1502-FC

#### Provider Types Affected

Registered dietitians, nutrition professionals, and other providers of Medicare telehealth services billing Medicare carriers or fiscal intermediaries (FIs) for such services

#### Key Points

- The effective date of the instruction is January 1, 2006.
- The implementation date is April 3, 2006.
- CR4204 expands the list of Medicare telehealth services to include individual medical nutrition therapy (MNT) (as represented by HCPCS codes G0270, 97802 and 97803); and adds registered dietitians and nutrition professionals to the list of practitioners eligible to furnish and receive payment, for telehealth.
- The use of a telecommunications system may substitute for a face-to-face "hands on" encounter for consultation, office visits, individual psychotherapy, pharmacologic management, psychiatric diagnostic interview examination, and end-stage renal disease related services included in the monthly capitation payment (except for one visit per month to examine the access site).
- In the calendar year 2006 Physician Fee Schedule-Final Rule (CMS-1502-FC), the Centers for Medicare & Medicaid Services (CMS) expanded the list of Medicare telehealth services to include individual MNT as described by HCPCS codes G0270, 97802, and 97803.
- Effective January 1, 2006, the telehealth modifiers "GT" (via interactive audio and video telecommunications system) and modifier "GQ" (via asynchronous telecommunications system) are valid when billed with these HCPCS codes.
- Since certified registered dietitians and nutrition professionals (as defined in 42 CFR, Section 410.134) are the only practitioners permitted by law to furnish MNT, registered dietitians and nutrition professionals have been added to the list of practitioners who may furnish and receive payment for a telehealth service.

- Publication 100-02 (*Medicare Benefit Policy Manual*), Chapter 15, Sections 270.2 and 270.4, and Publication 100-04 (*Medicare Claims Processing Manual*), Chapter 12, Section 190, have been revised to implement this addition to the list of Medicare telehealth services.
- This expansion to the list of Medicare telehealth services does not change the eligibility criteria, conditions of payment, payment or billing methodology applicable to Medicare telehealth services as set forth in these manuals.
- If the distant site is a critical access hospital (CAH) that has elected Method II, and the physician or practitioner has reassigned his/her benefits to this CAH, it should bill its regular fiscal intermediary for the professional Telehealth services provided, using any of the revenue codes 096x, 097x or 098x. All requirements for billing distant site telehealth services apply.
- You must use an interactive audio and video telecommunications system that permits real-time communication between the distant site physician, or practitioner, and the Medicare beneficiary, and as a condition of payment, the patient must be present and participating in the telehealth visit.
- The only exception to this interactive telecommunications requirement is in the case of Federal telemedicine demonstration programs conducted in Alaska or Hawaii. In these circumstances, Medicare payment is permitted for Telehealth services when asynchronous store-and-forward technology is used.

### Important Links

<http://www.cms.hhs.gov/MedlearnMattersArticles/downloads/mm4204.pdf>

You can find more information about Telehealth services by going to <http://www.cms.hhs.gov/Transmittals/downloads/R790CP.pdf> and <http://www.cms.hhs.gov/Transmittals/downloads/R43BP.pdf> on the CMS web site.