

CMS Manual System

Pub 100-02 Medicare Benefit Policy

Transmittal 43

Department of Health & Human Services (DHHS)

Center for Medicare & Medicaid Services (CMS)

Date: DECEMBER 23, 2005

Change Request 4204

SUBJECT: List of Medicare Telehealth Services

I. SUMMARY OF CHANGES: In the calendar year 2006 physician fee schedule-final rule, the list of Medicare telehealth services was expanded to include individual medical nutrition therapy as described by HCPCS codes G0270, 97802 and 97803. A registered dietitian and nutrition professional were added to the list of practitioners that may furnish and receive payment for a telehealth service. Chapter 15, sections 270.2 and 270.4 have been revised to implement this addition to the list of Medicare telehealth services.

NEW/REVISED MATERIAL

EFFECTIVE DATE: January 01, 2006

IMPLEMENTATION DATE: April 03, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	15/270.2/List of Medicare Telehealth Services
R	15/270.4/Payment-Physician/Practitioner at a Distant Site

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-02	Transmittal: 43	Date: December 23, 2005	Change Request 4204
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SUBJECT: List of Medicare Telehealth Services

I. GENERAL INFORMATION

A. Background: As part of CMS' process for adding services to the list of Medicare telehealth services, CMS added individual medical nutrition therapy (MNT) as represented by HCPCS codes G0270, 97802 and 97803 to the list of Medicare telehealth services. Additionally, since a certified registered dietitian and nutrition professional as defined in 42 CFR, §410.134 are the only practitioners permitted by law to furnish MNT, a registered dietitian and nutrition professional have been added to the list of practitioners that may furnish and receive payment for a telehealth service. This addition to the list of telehealth services and list of practitioners eligible to furnish a telehealth service was announced in the calendar year 2006 physician fee schedule, final rule (CMS-1502-FC).

B. Policy: The list of Medicare telehealth services has been expanded 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. 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 Pub. 100-02, chapter 15, section 270 and Pub. 100-04, chapter 12, section 190. For example, originating sites only include a physician's or practitioner's office, hospital, critical access hospital (CAH), rural health clinic, or Federally qualified health center. Originating sites must be located in either a non-MSA county or rural health professional shortage area. An interactive audio and video telecommunications system must be used permitting real-time communication between the distant site physician or practitioner and the Medicare beneficiary. As a condition of payment, the patient must be present and participating in the telehealth visit. The only exception to the interactive telecommunications requirement is in the case of Federal telemedicine demonstration programs conducted in Alaska or Hawaii. In this circumstance, Medicare payment is permitted for telehealth services when asynchronous store and forward technology is used. For more information on Medicare telehealth payment policy and claims processing instructions see Pub. 100-02, chapter 15, section 270 and Pub. 100-04, chapter 12, section 190.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4204.1	Effective January 1, 2006, local part B Carriers shall pay for HCPCS codes G0270, 97802, and 97803 according to the appropriate physician or practitioner fee schedule amount when submitted with a GT or GQ modifier.			X					
4204.2	Effective January 1, 2006, local FIs shall pay for HCPCS codes G0270, 97802, and 97803 when submitted with a GT or GQ modifier, by hospital or CAH outpatient departments. FISS shall make the necessary changes to allow for this payment.	X				X			
4204.3	Contractors do not have to search their files and reprocess claims for HCPCS codes G0270, 97802, and 97803 with dates of service on or after January 1, 2006. However, contractors shall adjust any claims for these services that are brought to their attention.	X		X		X			

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
4204.4	A provider education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. You will receive notification of the article release via the	X		X					

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
F I S S	M C S					V M S	C W F		
	established "medlearn matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.								

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2006</p> <p>Implementation Date: April 3, 2006</p> <p>Pre-Implementation Contact(s): Policy: Craig Dobyski (410) 786-4584; Craig.Dobyski@cms.hhs.gov</p> <p>Carrier Claims Processing: Kathy Kersell (410) 786-2033; Kathleen.Kersell@cms.hhs.gov</p> <p>FI Claims Processing for CAH Method II claims: Doris Barham, (410) 786-6146; Doris.Barham@cms.hhs.gov.</p> <p>All other institutional billing questions on telehealth services should be directed to: Gertrude Saunders, (410) 786-5888; Gertrude.Saunders@cms.hhs.gov.</p> <p>Post-Implementation Contact(s): Appropriate Regional Office</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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270.2 – List of Medicare Telehealth Services

(Rev. 43, Issued: 12-23-05; Effective: 01-01-06; Implementation: 04-03-06)

Furnished by CMS

The use of a telecommunications system may substitute for a face-to-face, “hands on” encounter for consultations, office visits, individual psychotherapy, pharmacologic management and psychiatric diagnostic interview examination. These services and corresponding current procedure terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes are listed below.

Consultations (CPT codes 99241 - 99275).

Office or other outpatient visits (CPT codes 99201 - 99215).

Individual psychotherapy (CPT codes 90804 - 90809).

Pharmacologic management (CPT code 90862).

Psychiatric diagnostic interview examination (CPT code 90801) (Effective March 1, 2003).

End stage renal disease related services (HCPCS codes G0308, G0309, G0311, G0312, G0314, G0315, G0317, and G0318). (Effective January 1, 2005).

Individual Medical Nutrition Therapy (HCPCS codes G0270, 97802, and 97803) (Effective January 1, 2006).

270.4 – Payment – Physician/Practitioner at a Distant Site

(Rev. 43, Issued: 12-23-05; Effective: 01-01-06; Implementation: 04-03-06)

Furnished by CMS

The term “distant site” means the site where the physician or practitioner providing the professional service is located at the time the service is provided via a telecommunications system.

The payment amount for the professional service provided via a telecommunications system by the physician or practitioner at the distant site is equal to the current fee schedule amount for the service provided. Payment for telehealth services (see §270.2) should be made at the same amount as when these services are furnished without the use of a telecommunications system. For Medicare payment to occur, the service must be within a practitioner’s scope of practice under State law. The beneficiary is responsible for any unmet deductible amount and applicable coinsurance.

Medicare Practitioners Who May Receive Payment at the Distant Site (i.e., at a Site Other Than Where a Beneficiary Is)

As a condition of Medicare Part B payment for telehealth services, the physician or practitioner at the distant site must be licensed to provide the service under State law. When the physician or practitioner at the distant site is licensed under State law to provide a covered telehealth service (see §270.2) then he or she may bill for and receive payment for this service when delivered via a telecommunications system.

Medicare practitioners who may bill for a covered telehealth service are listed below (subject to State law):

Physician;

Nurse practitioner;

Physician assistant;

Nurse midwife;

Clinical nurse specialist;

Clinical psychologist;

Clinical social worker; *and*

Registered dietitian or nutrition professional.

* Clinical psychologists and clinical social workers cannot bill for psychotherapy services that include medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for the following CPT codes: 90805, 90807, and 90809.