



Provider Inquiry Assistance

Expansion of Medicare Telehealth Services – JA6130

Related CR Release Date: December 24, 2008

Date Job Aid Revised: January 27, 2009

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

Key Words	MM6130, CR6130, R1654CP, R99BP, Telehealth
Contractors Affected	<ul style="list-style-type: none"> • Medicare Carriers • Fiscal Intermediaries (FIs) • Part A/B Medicare Administrative Contractors (A/B MACs)
Provider Types Affected	Physicians, hospitals, and critical access hospitals (CAHs) submitting claims to Medicare Carriers, FIs, and/or A/B MACs for telehealth services provided to Medicare beneficiaries



In the calendar year 2009 physician fee schedule final rule with comment period (CMS-1403-FC), the Centers for Medicare & Medicaid Services (CMS) added three Healthcare Common Procedure Coding System (HCPCS) codes to the list of Medicare distant site health services for follow-up inpatient telehealth consultations.

New HCPCS Codes Added

Provider Needs to Know...

- These new codes are intended for use by practitioners serving beneficiaries located at qualifying originating sites requiring the consultative input of physicians who are not available for a face-to-face encounter.
- These HCPCS codes are not intended to include the ongoing evaluation and management (E/M) services of a hospital inpatient.
- 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 the *Medicare Benefit Policy Manual* (Publication 100-02, Chapter 15, Section 270: <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf>) and the *Medicare Claims Processing Manual* (Publication 100-04, Chapter 12, Section 190: <http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf>).

- The new HCPCS codes for follow-up inpatient telehealth consultations are listed in the following table and are effective January 1, 2009.

HCPCS Code	Descriptor
G0406	Follow-up inpatient telehealth consultation, limited
G0407	Follow-up inpatient telehealth consultation, intermediate
G0408	Follow-up inpatient telehealth consultation, complex

Definition of Follow-up Inpatient Telehealth Consultations

- Follow-up inpatient telehealth consultations are consultative visits furnished via telehealth to complete an initial consultation, or subsequent consultative visits requested by the attending physician. The initial inpatient consultation may have been provided in person or via telehealth.
- Follow-up inpatient telehealth consultations include monitoring progress, recommending management modifications, or advising on a new plan of care in response to changes in the patient's status or no changes on the consulted health issue.
- Counseling and coordination of care with other providers or agencies would be included as well, consistent with the nature of the problem(s) and the patient's needs.
- The physician or practitioner who furnishes the inpatient follow-up consultation via telehealth cannot be the physician of record or the attending physician, and the follow-up inpatient consultation would be distinct from the follow-up care provided by a physician of record or the attending physician.
- If a physician consultant has initiated treatment at an initial consultation and participates thereafter in the patient's ongoing care management, such care would not be included in the definition of a follow up inpatient consultation and is not appropriate for delivery via telehealth
- Follow-up inpatient telehealth consultations are subject to the criteria for consultation services, as described in Chapter 12, Section 30.6.10 of the *Medicare Claims Processing Manual*.
- Payment for follow-up telehealth inpatient consultations would include all consultation-related services furnished before, during, and after communicating with the patient via telehealth.
- **Pre-service activities** would include, but would not be limited to, reviewing patient data (for example, diagnostic and imaging studies, interim lab work) and communicating with other professionals or family members.
- **Post-service activities** would include, but would not be limited to, completing medical records or other documentation and communicating results of the consultation and further care plans to other health care professionals.

- **No additional E/M service could be billed for work related to a follow up inpatient telehealth consultation.**
- Follow-up inpatient telehealth consultations could be provided at various levels of complexity:
 - Practitioners that take a problem focused interval history, conduct a problem focused examination, and engage in medical decision making that is straightforward or of low complexity would bill a limited service, using **HCPCS G0406 (Follow-up inpatient telehealth consultation, limited)**.
 At this level of service, practitioners would typically spend 15 minutes communicating with the patient via telehealth.
 - Practitioners that take an expanded focused interval history, conduct an expanded problem focused examination, and engage in medical decision making that is of moderate complexity would bill an intermediate service using **HCPCS G0407 (Follow-up inpatient telehealth consultation, intermediate)**.
 At this level of service, practitioners would typically spend 25 minutes communicating with the patient via telehealth.
 - Practitioners that take a detailed interval history, conduct a detailed examination, and engage in medical decision making that is of high complexity would bill a complex service, using **HCPCS G0408 (Follow-up inpatient telehealth consultation, complex)**.
 At this level of service, practitioners would typically spend 35 minutes or more communicating with the patient via telehealth.
- Follow-up inpatient telehealth consultations services must be billed with either the "GT" or "GQ" modifier to identify the telehealth technology used to provide the service.
- Providers can review See Chapter 12, Section 190.6 of the *Medicare Claims Processing Manual* at <http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf> for more information on the use of these modifiers.

Background

- CMS added three follow-up inpatient telehealth consultations to the list of Medicare distant site health services as noted in the calendar year 2009 physician fee schedule final rule with comment period (CMS-1403-FC).
- CMS created these new HCPCS codes specific to the telehealth delivery of follow-up inpatient consultations to re-establish the ability for practitioners to provide and bill for follow-up inpatient consultations delivered via telehealth.

Operational Impact N/A

Reference
Materials

- The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6130.pdf> on the CMS website.
 - The official instruction (CR6130) issued regarding this change was issued in two transmittals. The first transmittal revises the *Medicare Benefit Policy Manual* and is available at <http://www.cms.hhs.gov/Transmittals/downloads/R99BP.pdf> on the CMS website. The second transmittal, which modifies the *Medicare Claims Processing Manual*, is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1654CP.pdf> on the CMS website.
 - Medicare manuals are available at <http://www.cms.hhs.gov/manuals/IOM/list.asp> on the CMS website.
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