



Provider Inquiry Assistance

Update to List of Medicare Telehealth Services – JA6458

Related CR Release Date: April 24, 2009

Date Job Aid Revised: May 11, 2009

Effective Date: January 1, 2009

Implementation Date: May 26, 2009

Key Words MM6458, CR6458, R105BP, R1716CP, Telehealth

Contractors Affected

- Part A/B Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers
- Fiscal Intermediaries (FIs)

Provider Types Affected Hospitals, provider-based renal dialysis facilities, physicians, and practitioners who bill Medicare Carriers, FIs, or A/B MACs for End-Stage Renal Disease (ESRD)-related Medicare telehealth services



- Change Request (CR) 6458, updates the list of Medicare telehealth services to reflect the coding changes for ESRD-related services that became effective during the 2009 Healthcare Procedural Coding System (HCPCS) update.
- The list of approved telehealth services is updated to reflect the deletion of the ESRD-related G-codes and the addition of the CPT codes. The established policy for telehealth services has not changed.

Coding Changes for ESRD-related Services

- Provider Needs to Know...**
- Effective January 1, 2009, Medicare Carriers or A/B MACs will pay for the following CPT codes according to the appropriate physician or practitioner fee schedule amount when submitted with a GT or GQ modifier:
 - 90951
 - 90952
 - 90954

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- 90955
 - 90957
 - 90958
 - 90960
 - 90961.
- **Effective January 1, 2009, FIs or A/B MACs will pay for the following Current Procedural Terminology (CPT) codes according to the appropriate physician or practitioner fee schedule amount when submitted with a GT or GQ modifier by critical access hospitals that have elected Method II on Type of Bill 85X:**
 - 90951
 - 90952
 - 90954
 - 90955
 - 90957
 - 90958
 - 90960
 - 90961.

Background

- The 2009 HCPCS update added several new CPT procedure codes related to ESRD services and deleted the related G-codes, effective for dates of service on or after January 1, 2009.
- A number of these ESRD-related services are on the list of approved telehealth services.
- The list of approved telehealth services has been updated to reflect the deletion of the G-codes and the addition of the CPT codes.

**Operational
Impact**

- Contractors do not have to reprocess claims for CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961 with dates of service on or after January 1, 2009.
 - Contractors will, however, adjust any claims for these services that provider bring to their attention.
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**Reference
Materials**

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6458.pdf> on the CMS website.

The official instruction (CR6458) was issued in two transmittals. The transmittal revising the *Medicare Benefit Policy Manual* is at <http://www.cms.hhs.gov/Transmittals/downloads/R105BP.pdf> on the CMS website.

The transmittal conveying changes to the *Medicare Claims Processing Manual* is at <http://www.cms.hhs.gov/Transmittals/downloads/R1716CP.pdf> on the CMS website
