



Provider Inquiry Assistance

Expansion of Medicare Telehealth Services for Calendar Year (CY) 2010 – JA6705

Related CR Release Date: December 18, 2009

Date Job Aid Revised: January 19, 2010

Effective Date: January 1, 2010

Implementation Date: January 4, 2010

Key Words MM6705, CR6705, R1881CP, R118BP, Expansion, Telehealth

Contractors Affected

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

Provider Types Affected Provider types affected are physicians, hospitals, and skilled nursing facilities (SNFs), submitting claims to Medicare Carriers, FIs, and/or A/B MACs for telehealth services provided to Medicare beneficiaries.



- The Centers for Medicare & Medicaid Services (CMS) added three Healthcare Common Procedure Coding System (HCPCS) codes (96150-96152) to the list of Medicare distant site telehealth services for individual health and behavior assessment and intervention (HBAI) services.
- CMS also added three new HCPCS codes (G0425-G0427) for initial inpatient telehealth consultations and expanded coverage of HCPCS codes G0406-G0408 for follow-up inpatient telehealth consultations, to include telehealth services furnished to beneficiaries in a SNF.
- These changes are discussed in the CY 2010 physician fee schedule final rule (with comment period (CMS-1413-FC)).

Provider Needs to Know...

- The list of Medicare telehealth services was expanded to include:
 - **Individual HBAI**, as described by:
 - **HCPCS code 96150** (Initial Assessment): Practitioners conducting the initial assessment of the patient to determine the biological, psychological, and social factors affecting the patient's physical health and any treatment problems;
 - **HCPCS code 96151** (Re-Assessment): Practitioners conducting a re-assessment of the patient to evaluate the patient's condition and determine the

need for further treatment. A re-assessment may be performed by a clinician other than the one who conducted the patient's initial assessment; and

- **HCPCS code 96152** (Intervention - Individual): Practitioners conducting intervention services provided to an *individual* to modify the psychological, behavioral, cognitive, and social factors affecting the patient's physical health and well-being. Examples include increasing the patient's awareness about his or her disease and using cognitive and behavioral approaches to initiate physician prescribed diet and exercise regimens; and
- **Initial inpatient telehealth consultations** provided at various levels of complexity as described by:
 - **HCPCS code G0425** (Problem Focused): Practitioners taking a problem-focused history, conducting a problem-focused examination, and engaging in medical decision making that is straightforward. At this level of service, practitioners would typically spend 30 minutes communicating with the patient via telehealth;
 - **HCPCS code G0426** (Detailed): Practitioners taking a detailed history, conducting a detailed examination, and engaging in medical decision making that is of moderate complexity. At this level of service, practitioners would typically spend 50 minutes communicating with the patient via telehealth; and
 - **HCPCS code G0427** (Comprehensive): Practitioners taking a comprehensive history, conducting a comprehensive examination, and engaging in medical decision making that is of high complexity. At this level of service, practitioners would typically spend 70 minutes or more communicating with the patient via telehealth.
- **The following telehealth modifiers are required when billing for telehealth services with codes 96150-96152 and G0425-G0427:**
 - "GT" (via interactive audio and video telecommunications system); and
 - "GQ" (via asynchronous telecommunications system).

Note: Consistent with existing telehealth policy, all telehealth services must be billed with either the "GT" or the "GQ" modifier to identify the telehealth technology used to provide the service.

- Effective January 1, 2010, the following is valid when billed for telehealth services furnished to beneficiaries in hospitals or SNFs:
 - Follow-up inpatient telehealth consultations, as described by:
 - **HCPCS code G0406:** Follow-up inpatient telehealth consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth;
 - **HCPCS code G0407:** Follow-up inpatient telehealth consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth; and
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- **HCPCS code G0408:** Follow-up inpatient telehealth consultation, complex, physicians typically spend 35 minutes or more communicating with the patient via telehealth.

Note: Codes G0406-G0408 have been effective since January 1, 2009, but were only valid for telehealth services provided to a beneficiary in an inpatient hospital. As of January 1, 2010, these three codes are also billable for telehealth services furnished to beneficiaries in a SNF.

- Effective January 1, 2010, CMS eliminated the use of all American Medical Association, Current Procedural Terminology (CPT) consultation codes. (See the MLN Matters® article at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6740.pdf> for full details.) Because revisions in consultation services payment policy affect telehealth policy, CR6705 includes references to the revisions relevant to professional consultations furnished via telehealth.
- **Effective January 1, 2010, CMS will no longer recognize:**
 - Office/outpatient consultation CPT codes **99241-99245**.
 - Instead, physicians and practitioners are instructed to bill a new or established patient visit CPT code in the range of CPT codes 99201-99215, as appropriate to the particular patient, for all office/outpatient visits furnished via telehealth; and
 - Initial inpatient consultation CPT codes 99251-99255.
 - Instead, CMS created HCPCS codes G0425-G0427 specific to the telehealth delivery of initial inpatient consultations to retain the ability for practitioners to furnish and bill for initial inpatient consultations delivered via telehealth.
- 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* (Chapter 15, section 270) and the *Medicare Claims Processing Manual* (Chapter 12, Section 190). These manuals are available at <http://www.cms.hhs.gov/Manuals/IOM/list.asp> on the CMS website.

Background

- As noted in the CY 2010 physician fee schedule final rule with comment period (CMS-1413-FC; see <http://edocket.access.gpo.gov/2009/pdf/E9-26502.pdf>), CMS did the following:
 - Added three codes to the list of Medicare distant site telehealth services for individual health and HBAI services;
 - Added three codes for initial inpatient telehealth consultations; and
 - Expanded the definition of follow-up inpatient telehealth consultations to include consultative visits furnished via telehealth to beneficiaries in SNFs as well as hospitals.
- These codes are included in CY 2010 HCPCS- annual update. CR6705 adds the relevant policy instructions to the manuals, as finalized in the regulations.

Operational Impact	N/A
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The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6705.pdf> on the CMS website.

Reference
Materials

The official instruction (CR6705) 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/R118BP.pdf> and the second transmittal, which modifies the *Medicare Claims Processing Manual*, is available at <http://www.cms.hhs.gov/Transmittals/downloads/R1881CP.pdf> on the CMS website.
