



Related MLN Matters Article #: MM3747

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Related Change Request #: 3747

List of Medicare Telehealth Services

Keywords

CR3747, MM3747, R31BP, Telehealth, ESRD, GT, GQ, G0308, G0309, G0311, G0312, G0314, G0315, G0317, G0318, MCP, Vascular

Provider Types Affected

Physicians and providers billing Medicare carriers for telehealth services

Note: MLN Matters article 3747 was revised on January 14, 2008, to add the reference to MLN Matters article 5628 (<http://www.cms.hhs.gov/MLNMattersArticles/downloads/mm5628.pdf>) that added neurobehavioral status exam (HCPCS 96116), effective January 1, 2008, to the list of Medicare telehealth services.

Key Points

- The effective date of the instruction is January 1, 2005.
- The implementation date is May 2, 2005.
- End Stage Renal Disease (ESRD)-related services (Healthcare Common Procedure Coding System (HCPCS) codes G0308, G0309, G0311, G0312, G0314, G0315, G0317, and G0318) are added to the list of Medicare telehealth services, effective for services furnished on or after January 1, 2005.
- Medicare carriers will pay for these ESRD related services when billed with the telehealth modifiers.
- The use of the telehealth modifiers indicates that a clinical examination of the vascular access site was furnished face-to-face "hands on" by a physician clinical nurse specialist, nurse practitioner, or physician assistant.
- The telehealth modifier "GT" (providing visits through the use of interactive audio and video telecommunications system) and modifier "GQ" (providing visits through the use of asynchronous telecommunications system) are valid when billed with these ESRD related service HCPCS codes.
- The addition of these ESRD related services to the list of Medicare telehealth service does not change the eligibility criteria, conditions of payment, payment or billing procedure regarding Medicare telehealth

services as established in publication 100-2, Chapter 15, Section 270 of the *Medicare Benefit Policy Manual* and publication 100-4 Chapter 12, Section 190 of the *Medicare Claims Processing Manual*.

- To bill for ESRD-related service under the monthly capitation payment (MCP) as a telehealth service, at least one visit must be furnished face to face “hands on” to examine the patient’s vascular access site.
- Examination of the vascular access site must be done by a physician, clinical nurse, specialist, nurse practitioner, or physician assistant.
- Only the facilities, authorized under Section 1834 (m) of the Social Security Act, may serve as a Medicare telehealth-originating site.
- Originating sites only include a physician’s or practitioner’s office, hospital, critical access hospital, rural health clinic, or federally qualified health center.
- Originating sites must be in a non-Metropolitans Statistical Area (MSA) county or a rural health professional shortage area.
- The use of modifier “GO” is only permitted in federally funded telemedicine demonstration programs conducted in Alaska or Hawaii.
- The originating site facility fee payment may be made for each visit furnished through an interactive telecommunications system for ESRD-related services included in the MCP.
- When the physician or practitioner at the distant site furnishes an ESRD-related patient visit included in the MCP through an interactive telecommunications system, the originating site may bill for a telehealth facility fee.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3747.pdf> on the CMS website.

The official instruction (CR3747) regarding this change may be viewed at

<http://www.cms.gov/Transmittals/downloads/R31BP.pdf> on the CMS website.

Publication 100-2, Chapter 15, Section 270 of the *Medicare Benefit Policy Manual* and publication 100-4 Chapter 12, Section 190 of the *Medicare Claims Processing Manual* may be found at

<http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf> and

<http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf> (respectively) on the CMS website.