



Provider Inquiry Assistance

Telehealth Services in Indian Health Service (IHS) or Tribal Providers – JA6493

Related CR Release Date: July 24, 2009

Date Job Aid Revised: August 4, 2009

Effective Date: January 1, 2009

Implementation Date: January 4, 2010

Key Words MM6493, CR6493, R1776CP, Telehealth, Indian, Tribal, IHS

Contractors Affected

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

Provider Types Affected IHS and tribal providers who bill Medicare Carriers, FIs, or A/B MACs for providing telehealth services to Medicare beneficiaries



- Change Request (CR) 6493 expands the instructions for telehealth services (effective January 1, 2009) to include IHS and tribal providers as eligible to receive the telehealth originating site facility fee.
- The CR also clarifies the payment basis to the distant site physician or practitioner.

- Effective January 1, 2009, IHS and tribal providers are included in the telehealth service polices (presented below) and eligible to receive:
 - The originating site facility fee (generated from an originating site facility service in which the beneficiary is presented to the distant site practitioner); and
 - The payment to the distant site physician or practitioner (usually a professional consultation).

Provider Needs to Know...

Originating Site Facility

- The originating site facility fee is equal to \$23.72 for the period January 1, 2009, through December 31, 2009.
- For telehealth services provided on or after January 1 of each subsequent calendar year (CY), the telehealth originating site facility fee is increased as of the first day of the year by the percentage increase in the Medicare Economic Index.

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- For CY 2009, the payment amount is 80 percent of the lesser of the actual charge or \$23.72.
 - No clinic visit is to be billed if this is the only service received.
 - The following facility types are authorized by law to be eligible for payment of the telehealth originating site facility fee when a beneficiary is presented to a distant site practitioner:
 - The office of a physician or practitioner;
 - A hospital (inpatient or outpatient);
 - A critical access hospital;
 - A rural health clinic; and
 - A federally qualified health center.

Note: Except for the federal telemedicine demonstration in Alaska and Hawaii, eligibility of originating sites is limited to rural health professional shortage areas and counties not classified as a metropolitan statistical area.

- IHS/tribal facilities should submit claims for the originating site facility fee on types of bills (TOB) 12x, 13x, 71x, 73x, or 85x, using HCPCS code Q3014 and revenue code 0780.

Distant Site Practitioner Services

- Distant site practitioners include only physicians and selected medical practitioners, specifically physician assistants, nurse practitioners, clinical nurse specialists, certified nurse-midwives, clinical social workers, clinical psychologists, or registered dietitian, or nutrition professionals.
- Distant site practitioners services are payable as if they were provided face-to-face, using the Medicare Physician Fee Schedule (MPFS). They are based on 80% of the MPFS payment amount for a physician and the appropriate step down percentages for other practitioners. The usual Part B coinsurance and deductible apply, but are waived for IHS/tribal facilities.
- Billing providers should use the following Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes on claims for distant site practitioner services:
 - Consultations (CPT codes 99241 - 99255)
 - 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);
 - Individual medical nutrition therapy (HCPCS codes G0270, 97802, and 97803);
 - Neurobehavioral status exam (CPT code 96116); and

- Follow-up inpatient telehealth consultations (HCPCS codes G0406, G0407, and G0408).
- Providers must include either the GT modifier (for interactive telecommunications) on their claims, or the GQ modifier (for the store and forward communication) if used in the federal telemedicine demonstration in Alaska or Hawaii.

Background

- Section 223 of the Medicare, Medicaid and State Children's Health Insurance Program Benefits Improvement and Protection Act of 2000 (BIPA) (Revision of Medicare Reimbursement for Telehealth Services) amended Section 1834 of the Social Security Act (the Act) to provide for an expansion of Medicare payment for telehealth services.
- With this amendment, effective October 1, 2001, coverage and payment for Medicare telehealth includes consultation, office visits, individual psychotherapy, and pharmacologic management delivered via a telecommunications system.
- An interactive telecommunications system is required as a condition of payment.
- BIPA does allow the use of asynchronous "store and forward" technology in delivering these services when the originating site is a federal telemedicine demonstration program in Alaska or Hawaii.
- BIPA does not require that a practitioner present the patient for interactive telehealth services.

Operational Impact

Medicare contractors will not search their files to find and adjust claims with dates of service on or after January 1, 2009, that were processed prior to the January 4, 2010, implementation date of CR6493. However, they will adjust such claims that are brought to their attention

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6493.pdf> on the CMS website.

The official instruction (CR6493) issued regarding this change may be found at <http://www.cms.hhs.gov/Transmittals/downloads/R1776CP.pdf> on the CMS website. The updated *Medicare Claims Processing Manual*, Chapter 19 (Indian Health Services), Sections 100.16 (Payment for Telehealth Services to Indian Health Service/Tribal Facilities and Practitioners), 100.16.1 (*FI--Payment for Telehealth Services to Indian Health Service/Tribal Facilities and Practitioners*), 100.16.2 (*FI – Telehealth Originating Site Facility Fee – Medicare Part B – Payment Policy*) and (*FI – Telehealth Originating Site Facility Fee – Medicare Part B – Claims Processing*) is attached to this CR.

Providers might also want to review the following for more information on telehealth services:

- The *Medicare Claims Processing Manual*, Chapter 12 (Physicians/Non-physician Practitioners), Section 190 (Medicare Payment for Telehealth Services) at <http://www.cms.hhs.gov/manuals/downloads/clm104c12.pdf>; and
 - The *Medicare Benefit Policy Manual*, Chapter 15 (Covered Medical and Other Health Services), Section 270 (Telehealth Services) at <http://www.cms.hhs.gov/manuals/Downloads/bp102c15.pdf> on the CMS website.
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