

Related Change Request (CR) #: 3747

MLN Matters Number: MM3747

Related CR Release Date: April 1, 2005

Related CR Transmittal #: 31 and 517

Effective Date: January 1, 2005

Implementation Date: May 2, 2005

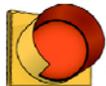
Note: This article was updated on February 4, 2013, to reflect current Web addresses. This article was previously revised on January 14, 2008, to add the reference to MLN Matters article 5628 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm5628.pdf>) that added neurobehavioral status exam (HCPCS 96116), effective January 1, 2008, to the list of Medicare telehealth services. All other information remains unchanged.

List of Medicare Telehealth Services

Providers Affected

Physicians and providers billing Medicare carriers for telehealth services

Provider Action Needed



STOP – Impact to You

Effective for services provided on or after January 1, 2005, the Centers for Medicare & Medicare Services (CMS) added Healthcare Common Procedure Coding System (HCPCS) codes G0308, G0309, G0311, G0312, G0314, G0315, G0317, and G0318 (for ESRD-related services) to the list of Medicare telehealth services, effective January 1, 2005. Medicare carriers will pay for these ESRD related services when billed with the telehealth modifiers.



CAUTION – What You Need to Know

Providers treating ESRD beneficiaries should also be aware that the above telehealth modifiers “GT” or “GQ” are valid when billed with one of the above mentioned HCPCS codes.



GO – What You Need to Do

Be sure staff is aware of the addition of these ESRD related services to the list of Medicare telehealth services and the appropriate billing procedures.

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Background

In the final rule published November 7, 2003, (68 FR 63216) CMS established new G codes for managing patients on dialysis with payments varying based on the number of visits provided within each month. Under this methodology, separate codes are billed for providing one visit per month, two to three visits per month, and four or more visits per month.

The lowest payment amount applies when a physician provides one visit per month; a higher payment is provided for two to three visits per month. To receive the highest payment amount, a physician would have to provide at least four ESRD-related visits per month. The G codes are reported once per month for services performed in an outpatient setting that are related to the patient's ESRD.

Since changing the payments for managing patients on dialysis, CMS has received a number of comments from the nephrology community expressing concerns that the change in payments results in hardships for rural and isolated areas, especially in frontier areas where physicians would be required to make multiple long-distance trips during a month to see their patient or vice versa.

To address this issue, CMS added ESRD related services under the monthly capitation payment (MCP) to the list of Medicare telehealth services in the physician fee schedule final rule published November 15, 2004 (69FR 66276). ESRD related services included in the MCP with 2 or 3 visits per month, and ESRD related services with 4 or more visits per month, may be paid as Medicare telehealth service.

To bill for ESRD related service under the 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.

Prior to the issuance of CR 3747, the list of Medicare telehealth services only included consultations (CPT codes 99241-99275); office and other outpatient visits (CPT codes 99201-99215); individual psychotherapy (CPT codes 90804 – 90809); pharmacologic management (CPT code 90862); and psychiatric diagnostic interview examination (CPT code 90801), effective for services on or after March 1, 2003.

This article and related CR 3747 informs that the ESRD related services (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. 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 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.

Addition of the above 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 and publication 100-4 Chapter 12, Section 190 of the Medicare Benefit Policy Manual. Thus, originating sites only include a physician's or

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practitioner's office, hospital, critical access hospital, rural health clinic, or federally qualified health center. Originating sites must be in a non-Metropolitan Statistical Area (MSA) county or a rural health professional shortage area. Also, the use of modifier "GQ" is only permitted in federally funded telemedicine demonstration programs conducted in Alaska or Hawaii.

Clarification for originating sites billing for the telehealth originating site facility fee

With regard to ESRD-related services included in the MCP, the originating site facility fee payment may be made for each visit furnished through an interactive telecommunications system. 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.

Example: A 70-year-old ESRD beneficiary receives two ESRD-related visits through an interactive telecommunications system and the required face-to-face visit (to examine the vascular access site) during the month of November. In this scenario, the originating site should bill for two originating site facility fees as described by HCPCS code Q3014, and the MCP physician at the distant site should bill for ESRD-related services with 2 to 3 visits as a telehealth service, e.g. G0318 GT.

Additional Information

The official instructions issued to your carrier regarding this change may be found by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R31BP.pdf> and <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R517CP.pdf> on the CMS website.

If you have questions regarding this issue, contact your carrier on their toll-free number, which is available at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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