

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



News Flash – The results of the sixth annual Medicare Contractor Provider Satisfaction Survey (MCPSS) conducted by the Centers for Medicare & Medicaid Services (CMS) are now available. This survey offers Medicare Fee-For-Service (FFS) providers an opportunity to give CMS feedback on their satisfaction, attitudes, perceptions, and opinions about the services provided by their respective contractor. Specifically, respondents rated Medicare FFS contractors on seven key business functions of the provider-contractor relationship: Provider Inquiries, Provider Outreach and Education, Claims Processing, Appeals, Provider Enrollment, Medical Review, and Provider Audit and Reimbursement. To learn more about the results, visit <http://www.cms.gov/Research-Statistics-Data-and-Systems/Research/MCPSS/index.html> on the CMS website.

MLN Matters® Number: MM7504 **Revised**

Related Change Request (CR) #: CR 7504

Related CR Release Date: November 18, 2011

Effective Date: January 1, 2012

Related CR Transmittal #: R151BP and R2354CP

Implementation Date: January 3, 2012

Expansion of Medicare Telehealth Services for CY 2012

Note: This article was updated on August 8, 2012, to reflect current Web addresses. Previously, it was revised on April 19, 2012, to add a reference to SE1209 (<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1209.pdf>) to alert providers how new Medicare provider inquiry screens provide the date on which a beneficiary is next eligible for certain frequency-limited telehealth services. All other information remains unchanged.

Provider Types Affected

Physicians, hospitals (including critical access hospitals (CAH)), and other providers who bill Medicare carriers, fiscal intermediaries (FI), or Medicare Administrative Contractors (A/B MAC) for providing telehealth services to Medicare beneficiaries will be affected by this article.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2010 American Medical Association.

Provider Action Needed



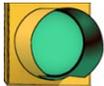
STOP – Impact to You

Effective Jan 1, 2012, you may begin billing your FI, carrier, or A/B MAC for CPT codes 99406 – 999407 and HCPCS codes G0436 – G0437 for smoking cessation services furnished as Medicare telehealth services when all other Medicare telehealth qualifications have been met. CR7504 also announces that the initial telehealth consultation codes (G0425 – G0427) used for hospital inpatients may also be billed for telehealth services with a Place of Service (POS) code for the emergency department when all other Medicare telehealth qualifications have been met



CAUTION – What You Need to Know

CR 7504, from which this article is taken, announces that (effective January 1, 2012) the Centers for Medicare & Medicaid Services (CMS) is adding four smoking cessation services codes to the list of Medicare telehealth services for CY 2012.



GO – What You Need to Do

You should make sure that your billing staffs are aware of these additional Smoking Cessation codes for Medicare telehealth services for CY 2012.

Background

In the calendar year 2012 physician fee schedule final rule with comment period, the Centers for Medicare & Medicaid Services (CMS) is adding four smoking cessation services codes to the list of Medicare distant site telehealth services. The additional codes, effective January 1, 2012, are:

- CPT codes 99406 (Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes); and 99407 (Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes); and
- HCPCS codes G0436 (Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes); and G0437 (Smoking and tobacco cessation counseling visit for the asymptomatic patient; intensive, greater than 10 minutes).

CMS is also revising the initial inpatient telehealth consultation code descriptors to allow practitioners to report these services furnished to emergency department patients. The code descriptors, effective January 1, 2012, are:

- HCPCS code G0425 (Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth)
- HCPCS code G0426 (Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth)

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- HCPCS code G0427 (Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth)

For your claims with dates of service on or after January 1, 2012:

- Your carrier or A/B MAC will accept and pay these codes according to the appropriate physician or practitioner fee schedule amount when submitted with a GQ modifier (Via asynchronous telecommunications system) or GT modifier (Via interactive audio and video telecommunications system);
- Your FI or A/B MAC will accept and pay such claims when submitted with a GQ or GT modifier by CAHs that have elected Method II on Type of Bill (TOB) 85X; and
- Your carrier or A/B MAC will pay initial inpatient telehealth consultation codes G0425-G0427 with the GT or GQ modifier when billed with place of service (POS) emergency department in addition to inpatient hospital or skilled nursing facility.

Additional Information

Further information regarding Telehealth is available in the “Telehealth Services Fact Sheet” at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf> on the CMS website.

You can find more information about the new Smoking Cessation codes for telehealth services by going to CR7504, which was issued via two transmittals. The first transmittal revises the “Medicare Benefit Policy Manual” and is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R151BP.pdf> and the second updates the “Medicare Claims Processing Manual” and is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2354CP.pdf> on the CMS website.

If you have any questions, please contact your FI, carrier, or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

News Flash - Protect Your Patients. Protect Your Family. Protect Yourself. Flu seasons are unpredictable and can be severe. Each year, approximately 90 percent of seasonal flu-related deaths and more than 60 percent of seasonal flu-related hospitalizations occur in people 65 years and older. Please encourage your Medicare patients to get an annual flu shot. A flu shot is important for healthcare workers too, who may spread the flu to high risk patients. The flu vaccine plus its administration are covered Part B benefits. The flu vaccine is NOT a Part D-covered drug. For more information on coverage and billing of the flu vaccine and its administration, and related educational provider resources, visit the following CMS webpages: [Medicare Learning Network® Preventive Services](#) and [Immunizations](#). **Get the Flu Vaccine -- Not the Flu.**

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