DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

News Flash –

REVISED product from the Medicare Learning Network® (MLN)

- "Contractor Entities At A Glance: Who May Contact You About Specific Centers for Medicare & Medicaid Services (CMS) Activities," Educational Tool, ICN 906983, Downloadable only.

MLN Matters® Number: MM7900 Revised	Related Change Request (CR) #: CR 7900
Related CR Release Date: February 12, 2013	Effective Date: January 1, 2013
Related CR Transmittal #: R167BP and R2657CP	Implementation Date: No later than January 25, 2013

Expansion of Medicare Telehealth Services for Calendar Year (CY) 2013

Note: This article was revised on February 13, 2013, to reflect the revised CR7900 issued on February 12. The article was revised to show a revised transmittal number, release date, and Web address for accessing the CR. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians, other providers, and suppliers who submit claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or A/B Medicare Administrative Contractors (A/B MACs)) for telehealth services provided to Medicare beneficiaries.

Provider Action Needed

STOP – Impact to You

This article is based on Change Request (CR) 7900 which updates the list of Medicare telehealth

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services in the “Medicare Benefit Policy Manual” and the “Medicare Claims Processing Manual”.

CAUTION – What You Need to Know

In the Calendar Year (CY) 2013 physician fee schedule proposed rule with comment period, the Centers for Medicare & Medicaid Services (CMS) is proposing to add 8 codes to the list of Medicare distant site telehealth services. Additionally, the 2013 Healthcare Procedural Coding System (HCPCS) update will replace several Current Procedural Terminology (CPT) codes related to psychotherapy services and a number of these services are on the list of approved telehealth services. Therefore, CR7900 updates the list of approved telehealth services to reflect these code changes and it replaces several CPT codes related to psychotherapy services.

GO – What You Need to Do

See the Background and Additional Information Sections of this article for further details regarding these changes.

Background

Beginning January 1, 2010, CMS eliminated the use of all consultation codes, except for inpatient telehealth consultation G-codes. CMS no longer recognizes office/outpatient or inpatient consultation CPT codes for payment of office/outpatient or inpatient visits. Instead, physicians and practitioners were instructed to bill a new or established patient office/outpatient visit CPT code or appropriate hospital or nursing facility care code, as appropriate to the particular patient, for all office/outpatient or inpatient visits.

CMS has approved the use of a telecommunications system to substitute for an in-person encounter for professional consultations, office visits, office psychiatry services, and a limited number of other Physician Fee Schedule (PFS) services. The conditions of payment for Medicare telehealth services, including qualifying originating sites and the types of telecommunications systems recognized by Medicare, are subject to the provisions of 42 CFR 410.78 (see http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr410_main_02.tpl on the Internet). Payment for these services is subject to the provisions of 42 CFR 414.65 (see http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr414_main_02.tpl on the Internet).

In the calendar year 2013 PFS proposed rule with comment period, CMS is proposing to add 8 codes to the list of Medicare distant site telehealth services. Additionally, the 2013 HCPCS update will replace several CPT procedure codes related to psychotherapy services, and a number of these services are on the list of approved telehealth services. The established policy for these telehealth services has not changed.

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CMS is proposing to add the eight services contained in the following table to the List of Medicare Telehealth Services for CY 2013. CR7900 instructs that the HCPCS codes for these services should be added to the List of Medicare Telehealth Services:

HCPCS Code	Descriptor
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (for example, AUDIT, DAST) and brief intervention, 15 to 30 minutes
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment (for example, AUDIT, DAST) and intervention greater than 30 minutes
G0442	Annual alcohol misuse screening, 15 minutes
G0443	Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes.
G0444	Annual Depression Screening, 15 minutes.
G0445	High-intensity behavioral counseling to prevent sexually transmitted infections, face-to-face, individual, includes: education, skills training, and guidance on how to change sexual behavior, performed semi-annually, 30 minutes.
G0446	Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes.
G0447	Face-to-face behavioral counseling for obesity, 15 minutes.

CR7900 also adds relevant policy instructions to the manuals regarding the addition of these codes.

The following CPT codes should be added to the List of Telehealth Services to replace codes that will be deleted for CY 2013:

- CPT codes 90832, 90833, 90834, 90836, 90837, 90838 to report individual psychotherapy services, reported with CPT codes 90804 – 90809 prior to CY 2013;
- CPT codes 90791, 90792 to report psychiatric diagnostic interview examination, reported with CPT code 90801 prior to CY 2013; and
- HCPCS code G0459 to report telehealth services previously reported by deleted CPT code 90862 when furnished to inpatients. Services furnished to outpatients can be reported with appropriate E/M codes currently on the list of telehealth services.

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CR7900 revises the "Medicare Claims Processing Manual" (Chapter 12, Section 190.3 (List of Medicare Telehealth Services)) and the "Medicare Benefit Policy Manual" (Chapter 15, Section 270.2 (List of Medicare Telehealth Services)) which are included as attachments to CR7900.

Additional Information

Further information regarding telehealth services is available at http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/index.html on the CMS website. You can also find information about submitting requests for adding services to the list of Medicare telehealth services at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Criteria.html on the CMS website.

The official instruction, CR7900, was issued to your FI, carrier, or A/B MAC via two transmittals. The first updates the "Medicare Benefit Policy Manual" and it is at http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R167BP.pdf on the CMS website. The second transmittal updates the "Medicare Claims Processing Manual," which is available at http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2657CP.pdf on the CMS website.

If you have any questions, please contact your FI, carrier and/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 - Flu Season is Here- According to the Centers for Disease Control and Prevention, flu activity is beginning to increase and further increases are expected in the coming weeks and months. Now is the time to protect against flu before activity increases in the community. About 5 to 20 percent of the population gets the flu each year and more than 200,000 people are hospitalized because of flu-related complications. Make each office visit an opportunity to talk with your patients about the importance of getting an annual flu vaccination and a pneumococcal vaccination according to the recommended schedule. This message also serves as a reminder for you to get your seasonal flu vaccination to protect yourself, your family, and your patients.

Remember – the Influenza and pneumococcal vaccines and their administration fees are covered Part B benefits. Influenza and pneumococcal vaccines are NOT Part D-covered drugs.

CMS has posted the 2012-2013 Seasonal Influenza Vaccines Pricing list. You may also refer to the MLN Matters® Article #MM8047, "Influenza Vaccine Payment Allowances - Annual Update for 2012-2013 Season."

Please visit the CMS Medicare Learning Network® Preventive Services Educational Products and CMS Immunizations web pages for more information on coverage and billing of the flu and pneumococcal vaccines and their administration fees.

While some providers may offer the flu vaccine, those who don't can help their patients locate a vaccine provider within their local community. The HealthMap Vaccine Finder is a free, online service where users can find nearby locations offering flu vaccines.

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