

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



MLN Matters® Number: MM9428

Related Change Request (CR) #: CR 9428

Related CR Release Date: March 11, 2016

Effective Date: January 1, 2015

Related CR Transmittal #: R221BP and R3476CP

Implementation Date: April 11, 2016

Telehealth Services

Provider Types Affected

This MLN Matters® Article is intended for providers submitting claims to Medicare Administrative Contractors (MACs) for telehealth services provided to Medicare beneficiaries.

What You Need to Know

Change Request (CR) 9428:

- Informs MACs that the list of telehealth services that were once available through the manual updates will now be displayed at <http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/> on the Centers for Medicare & Medicaid Services (CMS) website.
- Adds Certified Registered Nurse Anesthetists (CRNAs) to the list of Medicare practitioners who may bill for covered telehealth services.
- Removes the telehealth language from [Chapter 15](#), Section 270 of the “Medicare Benefit Policy Manual” and puts a reference in the text to see [Chapter 12](#), Section 190 of the “Medicare Claims Processing Manual” for further information regarding telehealth service.

The text added to Chapter 12 of the “Medicare Claims Processing Manual” addresses the following topics:

- Payment for ESRD-Related Services as a Telehealth Service;

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- Payment for Subsequent Hospital Care Services and Subsequent Nursing Facility Care Services as Telehealth Services;
- Payment for Diabetes Self-Management Training (DSMT) as a Telehealth Service;
- Originating Site Facility Fee Payment Methodology; and
- Payment Methodology for Physician/Practitioner at the Distant Site.

Several conditions must be met for Medicare to make payments for telehealth services under the Medicare Physician Fee Schedule (MPFS). The service must be on the list of Medicare telehealth services and meet **all** of the following additional requirements:

- The service must be furnished via an interactive telecommunications system;
- The service must be furnished by a physician or authorized practitioner;
- The service must be furnished to an eligible telehealth individual; and
- The individual receiving the service must be located in a telehealth originating site.

Additional Information

The official instruction, CR9248, was issued to your MAC via two transmittals. The first updates the “Medicare Benefit Policy Manual” and it is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R221BP.pdf> on the CMS website. The second transmittal updates “Medicare Claims Processing Manual” and it is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3476CP.pdf> on the CMS website. The actual manual updates are attached to each transmittal.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

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