mln MATTERS®
KNOWLEDGE • RESOURCES • TRAINING

Revisions to the Telehealth Billing Requirements for Distant Site Services

MLN Matters Number: MM10583 Revised
Related Change Request (CR) Number: 10583
Related CR Release Date: June 21, 2018
Effective Date: October 1, 2018
Related CR Transmittal Number: R2095OTN
Implementation Date: October 1, 2018

Note: This article was revised on September 6, 2018, to correct the effective date of the GT modifier (annotated in red). That date should be October 1, 2018. All other information remains the same.

PROVIDER TYPE AFFECTED

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

PROVIDER ACTION NEEDED

Change Request (CR) implements requirements for billing modifier GT for Telehealth Distant Site Services. As of October 1, 2018, the GT modifier is only allowed on institutional claims billed by a Critical Access Hospital (CAH) Method II. Make sure your billing staffs are aware of this requirement.

BACKGROUND

Previous guidance instructed providers to submit claims for telehealth services using the appropriate procedure code along with the telehealth modifier GT (via interactive audio and video telecommunications systems). In the Calendar Year (CY) 2017 Physician Fee Schedule (PFS) final rule, payment policies regarding Medicare's use of a new Place of Service (POS) Code describing services furnished via telehealth (POS 02) were finalized and implemented through CR9726. The new POS code became effective January 1, 2017.

In the CY 2018 PFS final rule, the requirement to use the GT modifier was eliminated for all professional claims. CR10152, which implemented that policy, included a business requirement instructing MACs to be aware that the GT modifier is only allowed for distant site services billed when the type of bill is a Method II CAH with a revenue code 96X, 97X, or 98X or with a service line that contains HCPCS code Q3014 or the type of bill is a Method II CAH with revenue code 942 and contains G0420 or G0421. As of October 1, 2018, the GT modifier is only allowed on

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
Medicare Learning Network®

institutional claims billed under CAH Method II. If the GT modifier is billed under any circumstances, except as just outlined for Method II CAHs, the claim line will be rejected with the following remittance codes:

- Group Code CO - Contractual obligation
- Claim Adjustment Reason Code 4 - The procedure code is inconsistent with the modifier used or a required modifier is missing. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Start: 01/01/1995 | Last Modified: 07/01/2017
- Remittance Advice Remarks Code N519 - Invalid combination of HCPCS modifiers.

ADDITIONAL INFORMATION

The official instruction, CR10583, issued to your MAC regarding this change is available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2095OTN.pdf.

If you have questions, your MACs may have more information. Find their website at http://go.cms.gov/MAC-website-list.

DOCUMENT HISTORY

Date of Change	Description
September 6, 2018	This article was revised to correct the effective date of the GT modifier. That date should be October 1, 2018.
June 21, 2018	This article was revised to reflect a revised CR10583 issued on June 20. In the article, the criteria that allows the GT modifier to be present on Method II CAH claim lines is revised. Also, the CR release date, transmittal number, and the Web address of the CR are revised. All other information remains the same.
April 27, 2018	Initial article released.

including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.