



Revision of Definition of the Physician Supervision of Diagnostic Procedures, Clarification of DSMT Telehealth Services, and Establishing a Modifier for Expanding the Use of Telehealth for Individuals with Stroke

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Related Change Request (CR) Number: 11043

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Related CR Transmittal Number: R251BP and R4173CP

Implementation Date: January 2, 2019

PROVIDER TYPES AFFECTED

This MLN Matters Article is intended for physicians, providers and suppliers billing Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries.

WHAT YOU NEED TO KNOW

This article is based on CR 11043, which:

- Revises the definition of "Personal Supervision" of the Physician Supervision of Diagnostic Procedures indicator to specify that procedures performed by a Registered Radiologist Assistant (RRA) or a Radiology Practitioner Assistant (RPA) may be performed under direct supervision
- Adds instructions to use modifier G0 (G zero) to identify Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke
- Clarifies requirements for when Diabetes Self-Management Training (DSMT) services may be paid as a telehealth service

Please be sure your staffs are aware of these changes.

BACKGROUND

The Physician Supervision of Diagnostic Procedures indicator specifies a level of physician supervision required for certain diagnostic tests. The levels of supervision are "general," "direct," and "personal" supervision, and each of these levels of supervision have a corresponding indicator value assigned to each diagnostic procedure.

The Centers for Medicare & Medicaid Services (CMS) is revising its policy to specify that beginning with dates of services on or after January 1, 2019,, diagnostic procedures that are furnished by a Radiologist Assistant, who CMS defines as either RRAs, who are certified by The American Registry of Radiologic Technologists, and RPAs, who are certified by the Certification Board for Radiology Practitioner Assistants, require only a direct level of physician supervision, when permitted by state law and state scope of practice regulations. CMS notes that for diagnostic imaging tests requiring a general level of physician supervision, this policy revision does not change the level of physician supervision to direct supervision. Otherwise, the diagnostic imaging tests must be performed as specified elsewhere under 42 Code of Federal Regulations (CFR), section 410.32(b).

Be aware that beginning with dates of services on or after January 1, 2019, the description for Physician Supervision of Diagnostic Procedures indicator "03" on the Medicare Physician Fee Schedule is revised to say the following:

"03 = Procedure must be performed under the personal supervision of a physician. (Diagnostic imaging procedures performed by a Registered Radiologist Assistant (RRA) who is certified and registered by The American Registry of Radiologic Technologists (ARRT) or a Radiology Practitioner Assistant (RPA) who is certified by the Certification Board for Radiology Practitioner Assistants (CBRPA) and is authorized to furnish the procedure under state law, may be performed under direct supervision)."

Special rules for telehealth services for acute stroke telehealth services

Section 50325 of the Bipartisan Budget Act of 2018 amended section 1834(m) of the Social Security Act (the Act) by adding a new paragraph (6) that provides special rules for telehealth services furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke (acute stroke telehealth services), as determined by the Secretary.

Specifically, section 1834(m)(6)(A) of the Act removes the restrictions on the geographic locations and the types of originating sites where acute stroke telehealth services can be furnished. Section 1834(m)(6)(B) of the Act specifies that acute stroke telehealth services can be furnished in any hospital, critical access hospital, mobile stroke units (as defined by the Secretary), or any other site determined appropriate by the Secretary, in addition to the current eligible telehealth originating sites. Section 1834(m)(6)(C) of the Act limits payment of an originating site facility fee to acute stroke telehealth services furnished in sites that meet the usual telehealth restrictions under section 1834(m)(4)(C) of the Act. This CR instructs MACs on billing procedures for these services.

CR 11043 clarifies CMS policy to accept new informational HCPCS modifier G0 (G zero) to be used to identify Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke. Modifier G0 is valid for all:

- Telehealth distant site codes billed with Place of Service (POS) code 02 or Critical Access Hospitals, CAH method II (revenue codes 096X, 097X, or 098X) **or**
- Telehealth originating site facility fee, billed with HCPCS code Q3014.

Diabetes Self-Management Training (DSMT) Services

CMS is clarifying DSMT policy to specify that all 10 hours of the initial DSMT training and the two (2) hours of annual follow-up DSMT training may be furnished via telehealth in cases when injection training is not applicable.

ADDITIONAL INFORMATION

The official instruction, CR11043, was issued to your MAC regarding this change via two transmittals. The first updates the Medicare Claims Processing Manual and it is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R4173CP.pdf>. The second transmittal updates the Medicare Benefit Policy Manual and it is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R251BP.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
December 10, 2018	Initial article released.

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