



News Flash - A Special Edition MLN Matters provider education article is now available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/SE0837.pdf> on the CMS website. This Special Edition article assists all providers who will be affected by Medicare Administrative Contractor (MAC) implementations. It provides information to make you aware of what to expect as your FI or carrier transitions its work to a MAC. This article alerts providers as to what to expect and how to prepare for the MAC implementations and will help to minimize any disruption in your Medicare business.

MLN Matters® Number: MM6458

Related Change Request (CR) #: 6458

Related CR Release Date: April 24, 2009

Effective Date: January 1, 2009

Related CR Transmittal #: R105BP and R1716CP

Implementation Date: May 26, 2009

Note: This article was updated on December 20, 2012, to reflect current Web addresses. All other information remains unchanged.

Update to List of Medicare Telehealth Services

Provider Types Affected

Hospitals, provider-based renal dialysis facilities, physicians, and practitioners who bill Medicare Carriers, Fiscal Intermediaries (FIs), or Medicare Administrative Contractors (MACs) for End Stage Renal Disease (ESRD)-related Medicare telehealth services

Provider Action Needed

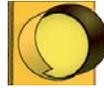


STOP – Impact to You

This article is based on Change Request (CR) 6458, which updates the list of Medicare telehealth services to reflect the coding changes for ESRD-related services that took effect during the 2009 Healthcare Procedural Coding System (HCPCS) update.

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.



CAUTION – What You Need to Know

The list of approved telehealth services is updated to reflect the deletion of the ESRD-related G-codes and the addition of the CPT codes. The established policy for telehealth services has not changed.



GO – What You Need to Do

You should use the updated codes and advise your billing staff of the coding changes.

Background

The 2009 HCPCS update added several new Current Procedural Terminology (CPT) procedure codes related to ESRD services and deleted the related G-codes, effective for dates of service on or after January 1, 2009. A number of these ESRD-related services are on the list of approved telehealth services. The list of approved telehealth services has been updated to reflect the deletion of the G-codes and the addition of the CPT codes. The established policy for telehealth services has not changed.

Code Changes

- **Effective January 1, 2009**, carriers and MACs will pay for CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961 according to the appropriate physician or practitioner fee schedule amount when submitted with a GT or GQ modifier.
- **Effective January 1, 2009**, FIs or MACs will pay for CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961 according to the appropriate physician or practitioner fee schedule amount when submitted with a GT or GQ modifier by critical access hospitals that have elected Method II on Type of Bill 85X.

Note: Contractors do not have to search their files and reprocess claims for CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961 with dates of service on or after January 1, 2009, but will adjust any claims for these services that you bring to their attention.

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Additional Information

For complete details regarding this Change Request (CR) please see the official instruction (CR6458) issued to your Medicare contractor. That instruction was issued in two transmittals. The transmittal revising the Medicare Benefit Policy Manual is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R105BP.pdf> on the CMS website. The transmittal conveying changes to the Medicare Claims Processing Manual is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1716CP.pdf> on the CMS website.

If you have questions, please contact your Medicare contractor 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.

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