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Welcome to Medicare Learning Network® Podcasts at the Centers for Medicare and Medicaid Services, or “CMS.” These podcasts are developed and produced by the Medicare Learning Network® within CMS, and they provide official information that health care professionals can trust.

Are you a physician or practitioner who furnishes Part B services from a distant site? Then this podcast is for you. Based on the “Telehealth Services” Fact Sheet, it provides important information on originating sites, distant site practitioners, telehealth services, and billing and payment information.

Let’s start out with the background. The information in this podcast applies only to the Medicare Fee-for-Service Program, also known as Original Medicare. Medicare pays for a limited number of Part B services furnished by a physician or practitioner to an eligible beneficiary through a telecommunications system. For eligible telehealth services, the use of a telecommunications system substitutes for an in-person encounter.

Next, we will discuss originating sites. An originating site is the location of an eligible Medicare beneficiary at the time the service furnished through a telecommunications system occurs. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in either:

One (1) – a rural Health Professional Shortage Area, or “HPSA,” located either outside of a Metropolitan Statistical Area, or M-S-A, or in a rural census tract; or

Two (2) – a county outside of a M-S-A.

The Health Resources and Services Administration, or “HRSA” determines “HPSAs,” and the United States Census Bureau determines M-S-As. Please see page two (2) of the “Telehealth Services” Fact Sheet for the website to “HRSA’s” website tool to determine a potential originating site’s eligibility for Medicare telehealth payment.

Entities that participate in a Federal telemedicine demonstration project approved by, or receiving funding from, the Secretary of the Department of Health and Human Services as of December 31, 2000, qualify as originating sites regardless of geographic location. Each calendar year, the geographic eligibility of an originating site is established based on the status of the area as of December 31st of the prior calendar year and such eligibility continues for the full calendar year. The eight originating sites authorized by law are located on page two (2) of the Fact Sheet:

First – The offices of physicians or practitioners;

Second – Hospitals;

Third – Critical Access Hospitals, or CAHs;

Fourth – Rural Health Clinics;



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Fifth – Federally Qualified Health Centers;

Sixth – Hospital-based or CAH-based Renal Dialysis Centers (including satellites)

Seventh – Skilled Nursing Facilities, or SNFs; and

Eighth – Community Mental Health Centers, or CMHC

Please note that Independent Renal Dialysis Facilities are not eligible originating sites.

Now, let's discuss distant site practitioners. Practitioners at the distant site who may furnish and receive payment for covered telehealth services, subject to State law, include the following eight practitioners:

One (1) – Physicians;

Two (2) – Nurse practitioners, or N.P.s;

Three (3) – Physician assistants, or P.As;

Four (4) – Nurse-midwives;

Five (5) – Clinical nurse specialists, or CNS; or

Six (6) – Certified registered nurse anesthetists;

Seven (7) – Clinical psychologists, or C-Ps, and social workers, or C-S-Ws. C-Ps and C-S-Ws cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology, or C-P-T, codes nine zero seven nine two (90792), nine zero eight three three (90833), nine zero eight three six (90836), and nine zero eight three eight (90838); and

Eight (8) – Registered dietitians or nutrition professionals.

Next, we will discuss telehealth services. As a condition of payment, you must use an interactive audio and video telecommunications system that permits real-time communication between you, at the distant site, and the beneficiary, at the originating site. Asynchronous "store and forward" technology is permitted only in Federal telemedicine demonstration programs conducted in Alaska or Hawaii. The chart on pages three (3) and four (4) of the fact Sheet provides the calendar year 2015 list of Medicare telehealth services.

Please note for ESRD-related services, a physician, NP, PA, or CNS must furnish at least one "hands on" visit (not telehealth) each month to examine the vascular access site.

Now, let's discuss billing and payment for professional services furnished through telehealth. You should submit claims for telehealth services using the appropriate C-P-T or "HCPCS" code for the professional service along with the telehealth modifier G-T, "through interactive audio and video telecommunications system" (for example, nine nine two zero one [99201] G-T). By coding and billing the G-T modifier with a covered telehealth procedure code, you are certifying that the beneficiary was present at an eligible originating site when you furnished the telehealth service. By coding and billing the G-T modifier with an E-S-R-D related service telehealth code, you are certifying that you furnished one "hands on" visit per month to examine the vascular access site.

For Federal telemedicine demonstration programs conducted in Alaska or Hawaii, you should submit claims using the appropriate C-P-T or "HCPCS" code for the professional service along with the telehealth modifier G-Q if you performed telehealth services "through an asynchronous telecommunications system" (for example, nine nine two zero one [99201] G-Q). By using the G-Q modifier, you are certifying that the

asynchronous medical file was collected and transmitted to you at the distant site from a Federal telemedicine demonstration project conducted in Alaska or Hawaii.

You should bill the Medicare Administrative Contractor, or MAC, for covered telehealth services. Medicare pays you the appropriate amount under the Medicare Physician Fee Schedule, or P-F-S, for telehealth services. When you are located in a CAH and have reassigned your billing rights to a CAH that has elected the Optional Payment Method, the CAH bills the MAC for telehealth services and the payment amount is eighty (80) percent of the Medicare P-F-S for telehealth services.

Last, we will discuss billing and payment for the originating site facility fee. Originating sites are paid an originating site facility fee for telehealth services as described by “HCPCS” code Q three zero one four (3014). You should bill the MAC for the originating site facility fee, which is a separately billable part B payment.

NOTE: When a CMHC serves as an originating site, the originating site facility fee does not count toward the number of services used to determine payment for partial hospitalization services.

There are additional resources to help you with your telehealth services. These resources can be found on page five (5) of the “Telehealth Services” Fact Sheet.

More questions? To learn more about telehealth services contact your Medicare Administrative Contractor or visit our website at [www.cms.gov](http://www.cms.gov) to download the Fact Sheet. At the top of the page in the search bar, type “Telehealth Services Fact Sheet.”

Be on the lookout for future Medicare Learning Network® podcasts on subjects of interest to you.

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