

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2657	Date: February 12, 2013
	Change Request 7900

Transmittal 2652, dated February 6, 2013, is being rescinded and replaced by Transmittal 2657, to correct the typographical error in HCPCS code G03459 listed in the manual instruction. The correct code is G0459. All other information remains the same.

SUBJECT: Expansion of Medicare Telehealth Services for CY 2013

I. SUMMARY OF CHANGES: This CR updates the list of Medicare telehealth services.

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 25, 2013 (Contractors shall implement this change request no later than January 25, 2013, as previously instructed by CMS.)

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	12/190/190.3/List of Medicare Telehealth Services

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets

For Medicare Administrative Contractors (MACs):

The Medicare Administrative contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC statement of Work. The contractor is not obliged to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

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SUBJECT: Expansion of Medicare Telehealth Services for CY 2013

EFFECTIVE DATE: January 1, 2013

IMPLEMENTATION DATE: January 25, 2013 (Contractors shall implement this change request no later than January 25, 2013, as previously instructed by CMS.)

I. GENERAL INFORMATION

A. Background: In the calendar year 2013 physician fee schedule final rule with comment period, CMS is adding 8 codes to the list of Medicare distant site telehealth services. Additionally, the 2013 Healthcare Procedure Coding System (HCPCS) update will replace several CPT procedure codes related to psychotherapy services. A number of these services are on the list of approved telehealth services. Therefore, CMS is also updating the list of Medicare telehealth services to reflect these coding changes for the 2013 HCPCS update. The established policy for these telehealth services has not changed. This CR also adds relevant policy instructions to the manuals regarding the addition of these codes.

B. Policy: CMS is adding the following services, CPT and HCPCS codes to the list of Medicare telehealth services for CY 2013:

- HCPCS code G0396 (Alcohol and/or substance (other than tobacco) abuse structured assessment (for example, AUDIT, DAST) and brief intervention, 15 to 30 minutes)
- HCPCS code G0397 (Alcohol and/or substance (other than tobacco) abuse structured assessment (for example, AUDIT, DAST) and intervention greater than 30 minutes)
- HCPCS code G0442 (Annual alcohol misuse screening, 15 minutes)
- HCPCS code G0443 (Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes).
- HCPCS code G0444 (Annual Depression Screening, 15 minutes).
- HCPCS code G0445 (high-intensity behavioral counseling to prevent sexually transmitted infections, face-to-face, individual, includes: education, skills training, and guidance on how to change sexual behavior, performed semi-annually, 30 minutes).
- HCPCS code G0446 (annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes).
- HCPCS code G0447 (Face-to-face behavioral counseling for obesity, 15 minutes).

The following codes will be added to the list of telehealth services to replace codes that will be deleted for CY 2013.

- CPT codes 90832, 90833, 90834, 90836, 90837, 90838 to report individual psychotherapy services, reported with CPT codes 90804 – 90809 prior to CY 2013.
- CPT codes 90791, 90792 to report psychiatric diagnostic interview examination, reported with CPT code 90801 prior to CY 2013.
- HCPCS code G0459 to report telehealth services previously reported by deleted CPT code 90862 when furnished to inpatients. Services furnished to outpatients can be reported with appropriate E/M codes currently on the list of telehealth services.

II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement.

Number	Requirement	Responsibility										
		A/B MA C		D M E	F I	C A R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
7900-04.1	For dates of service on or after January 1, 2013, contractors (local Part B carriers and/or A/B MACs) shall accept and pay the following codes according to the appropriate physician or practitioner fee schedule amount when submitted with a GQ or GT modifier: G0396 – G0397; G0442 – G0447; G0459; 90832 – 90834; 90836 – 90838; 90791 – 90792.	X				X						
7900-04.2	For dates of service on or after January 1, 2013, contractors (local FIs and/or A/B MACs) shall accept and pay the following codes according to the appropriate physician or practitioner fee schedule amount when submitted with a GQ or GT modifier by CAHs that have elected Method II on TOB 85X:	X			X							

Number	Requirement	Responsibility										
		A/B MA C		D M E M A C	F I	C A R R I E R	R H I	Shared- System Maintainers				Other
		P a r t A	P a r t B					F I S S	M C S	V M S	C W F	
	G0396 – G0397; G0442 – G0447; G0459; 90832 – 90834; 90836 – 90838; 90791 – 90792.											

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC		D M E M A C	F I	C A R R I E R	R H I	Other
		P a r t A	P a r t B					
7900-04.3	A provider education article related to this instruction will be available at http://www.cms.hhs.gov/MLNMattersArticles/ shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X			X	X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A
Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Chanelle Jones, 410-786-9668 or chanelle.jones@cms.hhs.gov (for Part B claims processing), Kathleen Kersell, 410-786-2033 or kathleen.kersell@cms.hhs.gov (for Part B claims processing), Ryan Howe, 410-786-3355 or ryan.howe@cms.hhs.gov (for policy), Tracey Mackey, 410-786-5736 or tracey.mackey@cms.hhs.gov (for Part A claims processing)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

No additional funding will be provided by CMS; Contractors activities are to be carried out with their operating budgets.

Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

190.3 - List of Medicare Telehealth Services

(Rev. 2657, Issued: 02-12-13, Effective: 01-01-13, Implementation: 01-25-13)

The use of a telecommunications system may substitute for an in-person encounter for professional consultations, office visits, office psychiatry services, and a limited number of other physician fee schedule (PFS) services. The various services and corresponding current procedure terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes are listed below.

- Consultations (CPT codes 99241 - 99275) - Effective October 1, 2001 – December 31, 2005;
- Consultations (CPT codes 99241 - 99255) - Effective January 1, 2006 – December 31, 2009;
- Telehealth consultations, emergency department or initial inpatient (HCPCS codes G0425 – G0427) - Effective January 1, 2010;
- Follow-up inpatient telehealth consultations (HCPCS codes G0406, G0407, and G0408) - Effective January 1, 2009;
- Office or other outpatient visits (CPT codes 99201 - 99215);
- Subsequent hospital care services, with the limitation of one telehealth visit every 3 days (CPT codes 99231, 99232, and 99233) – Effective January 1, 2011;
- Subsequent nursing facility care services, with the limitation of one telehealth visit every 30 days (CPT codes 99307, 99308, 99309, and 99310) – Effective January 1, 2011;
- Pharmacologic management (CPT code 90862) – *Effective March 1, 2003 – December 31, 2012; (HCPCS code G0459) – Effective January 1, 2013;*
- Individual psychotherapy (CPT codes 90804 - 90809); Psychiatric diagnostic interview examination (CPT code 90801) – Effective March 1, 2003 – *December 31, 2012;*
- *Individual psychotherapy (CPT codes 90832 – 90834, 90836 – 90838); Psychiatric diagnostic interview examination (CPT codes 90791 -- 90792) – Effective January 1, 2013.*
- Neurobehavioral status exam (CPT code 96116) - Effective January 1, 2008;
- End Stage Renal Disease (ESRD) related services (HCPCS codes G0308, G0309, G0311, G0312, G0314, G0315, G0317, and G0318) – Effective January 1, 2005 – December 31, 2008;

- End Stage Renal Disease (ESRD) related services (CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961) – Effective January 1, 2009;
- Individual and group medical nutrition therapy (HCPCS codes G0270, 97802, 97803, and 97804) – Individual effective January 1, 2006; group effective January 1, 2011;
- Individual and group health and behavior assessment and intervention (CPT codes 96150 – 96154) – Individual effective January 1, 2010; group effective January 1, 2011.
- Individual and group kidney disease education (KDE) services (HCPCS codes G0420 and G0421) – Effective January 1, 2011; and
- Individual and group diabetes self-management training (DSMT) services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training (HCPCS codes G0108 and G0109) - Effective January 1, 2011.
- Smoking Cessation Services (CPT codes 99406 and 99407 and HCPCS codes G0436 and G0437) – Effective January 1, 2012.
- *Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services (HCPCS codes G0396 and G0397) – Effective January 1, 2013.*
- *Annual alcohol misuse screening (HCPCS code G0442) – Effective January 1, 2013.*
- *Brief face-to-face behavioral counseling for alcohol misuse (HCPCS code G0443) – Effective January 1, 2013.*
- *Annual Depression Screening (HCPCS code G0444) – Effective January 1, 2013.*
- *High-intensity behavioral counseling to prevent sexually transmitted infections (HCPCS code G0445) – Effective January 1, 2013.*
- *Annual, face-to-face Intensive behavioral therapy for cardiovascular disease (HCPCS code G0446) – Effective January 1, 2013.*
- *Face-to-face behavioral counseling for obesity (HCPCS code G0447) – Effective January 1, 2013.*

NOTE: Beginning January 1, 2010, CMS eliminated the use of all consultation codes, except for inpatient telehealth consultation G-codes. CMS no longer recognizes office/outpatient or inpatient consultation CPT codes for payment of office/outpatient or inpatient visits. Instead, physicians and practitioners are

instructed to bill a new or established patient office/outpatient visit CPT code or appropriate hospital or nursing facility care code, as appropriate to the particular patient, for all office/outpatient or inpatient visits.