

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1654	Date: DECEMBER 24, 2008
	Change Request 6130

SUBJECT: Expansion of Medicare Telehealth Services

I. SUMMARY OF CHANGES: In the calendar year 2009 physician fee schedule final rule with comment period (CMS-1403-FC), CMS added three codes to the list of Medicare distant site health services for follow-up inpatient telehealth consultations. These new codes are included in the CY 2009 HCPCS annual update. This CR adds the relevant policy instructions to the manuals, as finalized in the regulation.

New / Revised Material

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

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/Table of Contents
R	12/190/190.3/List of Medicare Telehealth Service
N	12/190/190.3.1/Follow-Up Inpatient Telehealth Consultations Defined

III. FUNDING:

SECTION A: For Fiscal Intermediaries and Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within 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 does 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.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

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

Attachment - Business Requirements

Pub. 100-04	Transmittal: 1654	Date: December 24, 2008	Change Request: 6130
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SUBJECT: Expansion of Medicare Telehealth Services

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

I. GENERAL INFORMATION

A. Background: In the calendar year 2009 physician fee schedule final rule with comment period (CMS-1403-FC), CMS added three codes to the list of Medicare distant site health services for follow-up inpatient telehealth consultations. These new codes are included in the CY 2009 HCPCS annual update. This CR adds the relevant policy instructions to the manuals, as finalized in the regulation.

B. Policy: CMS created HCPCS codes specific to the telehealth delivery of follow up inpatient consultations to re-establish the ability for practitioners to provide and bill for follow up inpatient consultations delivered via telehealth. The HCPCS codes are limited to the range of services included in the scope of previously deleted CPT codes for follow-up inpatient consultations, and the descriptions limit the use of such services for telehealth. The HCPCS codes clearly designate these services as follow up inpatient consultations provided via telehealth, and not subsequent hospital care used for inpatient visits. These codes are intended for use by practitioners serving beneficiaries located at qualifying originating sites requiring the consultative input of physicians who are not available for an in-person (face-to-face) encounter. These codes are not intended to be used to bill for the ongoing evaluation and management of a hospital inpatient.

This expansion to the list of Medicare telehealth services does not change the eligibility criteria, conditions of payment, payment or billing methodology applicable to Medicare telehealth services as set forth in Pub. 100-02, chapter 15, section 270 and Pub. 100-04, chapter 12, section 190. Consistent with existing telehealth policy, these services must be billed with either the “GT” or “GQ” modifier to identify the telehealth technology used to provide the service. For more information on Medicare telehealth payment policy and claims processing instructions, see Pub. 100-02, chapter 15, sections 270 through 270.5.1 and Pub. 100-04, chapter 12, sections 190 through 190.7.

II. BUSINESS REQUIREMENTS TABLE

Use “Shall” to denote a mandatory requirement

Number	Requirement	Responsibility (place an “X” in each applicable column)									
		A / B M A C	D M E M A C	F I C	C A R R I E R	R H I S	Shared-System Maintainers				OTHER
		F I S S	M C S	V M S	C W F						
6130.1	Effective January 1, 2009, local Part B carriers and/or A/B MACs shall pay for HCPCS codes G0406, G0407, and G0408 according to the appropriate physician or practitioner fee schedule amount when submitted with a GT or GQ modifier. NOTE: The type of service for G0406, G0407, and	X			X						

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	G0408 is 3 (consultation).										
6130.2	<p>Effective January 1, 2009, local FIs and/or A/B MACs shall pay for HCPCS codes G0406, G0407, and G0408 according to the appropriate physician or practitioner fee schedule amount when submitted with a GT or GQ modifier, by CAHs that have elected Method II on TOB 85x.</p> <p>NOTE: The type of service for G0406, G0407, and G0408 is 3 (consultation).</p>	X		X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
6130.3	<p>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.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your 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.</p>	X		X	X						

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

Use "Should" to denote a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
N/A	

Section B: For all other recommendations and supporting information, use this space:

V. CONTACTS

Pre-Implementation Contact(s):

Policy: Esther Markowitz: Esther.Markowitz@cms.hhs.gov: 410-786-4595

Carrier claims processing: Kathy Kersell: Kathleen.Kersell@cms.hhs.gov: 410-786-2033

Intermediary claims processing: Gertrude Saunders: Gertrude.Saunders@cms.hhs.gov: 410-786-5888.

Post-Implementation Contact(s): Appropriate Regional Office

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs) and Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within 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 does 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.

Medicare Claims Processing Manual

Chapter 12 - Physicians/Nonphysician Practitioners

Table of Contents *(Rev. 1654, 12-24-08)*

190.3.1 - Follow-Up Inpatient Telehealth Consultations Defined

190.3 - List of Medicare Telehealth Services

(Rev. 1654; Issued: 12-24-08; Effective Date: 01-01-09; Implementation Date: 01-05-09)

The use of a telecommunications system may substitute for a face-to-face, “hands on” encounter for consultation, office visits, individual psychotherapy, pharmacologic management, psychiatric diagnostic interview examination, end stage renal disease related services, and individual medical nutrition therapy. These 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;
- Office or other outpatient visits (CPT codes 99201 - 99215);
- Individual psychotherapy (CPT codes 90804 - 90809);
- Pharmacologic management (CPT code 90862);
- Psychiatric diagnostic interview examination (CPT code 90801) – Effective March 1, 2003;
- End Stage Renal Disease (ESRD) related services (HCPCS codes G0308, G0309, G0311, G0312, G0314, G0315, G0317, and G0318) – Effective January 1, 2005;
- Individual Medical Nutrition Therapy (HCPCS codes G0270, 97802, and 97803) - Effective January 1, 2006;
- Neurobehavioral status exam (CPT code 96116) - Effective January 1, 2008; **and**
- *Follow-up inpatient telehealth consultations (HCPCS codes G0406, G0407, and G0408) - Effective January 1, 2009.*

190.3.1 - Follow-Up Inpatient Telehealth Consultations Defined

(Rev.1654; Issued: 12-24-08; Effective Date: 01-01-09; Implementation Date: 01-05-09)

Follow-up inpatient telehealth consultations are consultative visits furnished via telehealth to follow up on an initial consultation, or subsequent consultative visits requested by the attending physician. The initial inpatient consultation may have been provided in person or via telehealth.

Follow-up inpatient telehealth consultations include monitoring progress, recommending management modifications, or advising on a new plan of care in response to changes in the patient’s status or no changes on the consulted health issue. Counseling and coordination of care with other providers or agencies is included as well, consistent with the nature of the problem(s) and the patient’s needs.

The physician or practitioner who furnishes the inpatient follow-up consultation via telehealth cannot be the physician of record or the attending physician, and the follow-up inpatient consultation would be distinct from the follow-up care provided by the physician of record or the attending physician. If a physician consultant has initiated treatment at an initial consultation and participates thereafter in the patient's ongoing care management, such care would not be included in the definition of a follow-up inpatient consultation and is not appropriate for delivery via telehealth. Follow-up inpatient telehealth consultations are subject to the criteria for consultation services, as described in §30.6.10.

Payment for follow-up inpatient telehealth consultations includes all consultation related services furnished before, during, and after communicating with the patient via telehealth. Pre-service activities would include, but would not be limited to, reviewing patient data (for example, diagnostic and imaging studies, interim labwork) and communicating with other professionals or family members. Intra-service activities must include at least two of the three key elements described below for each procedure code. Post-service activities would include, but would not be limited to, completing medical records or other documentation and communicating results of the consultation and further care plans to other health care professionals. No additional evaluation and management service could be billed for work related to a follow-up inpatient telehealth consultation.

Follow-up inpatient telehealth consultations could be provided at various levels of complexity:

- Practitioners taking a problem focused interval history, conducting a problem focused examination, and engaging in medical decision making that is straightforward or of low complexity, would bill a limited service, using HCPCS G0406, Follow-up inpatient telehealth consultation, limited. At this level of service, practitioners would typically spend 15 minutes communicating with the patient via telehealth.*
- Practitioners taking an expanded focused interval history, conducting an expanded problem focused examination, and engaging in medical decision making that is of moderate complexity, would bill an intermediate service using HCPCS G0407, Follow-up inpatient telehealth consultation, intermediate. At this level of service, practitioners would typically spend 25 minutes communicating with the patient via telehealth.*
- Practitioners taking a detailed interval history, conducting a detailed examination, and engaging in medical decision making that is of high complexity, would bill a complex service, using HCPCS G0408, Follow-up inpatient telehealth consultation, complex. At this level of service, practitioners would typically spend 35 minutes or more communicating with the patient via telehealth.*

Although follow-up inpatient telehealth consultations are specific to telehealth, these services must be billed with either the "GT" or "GQ" modifier to identify the telehealth technology used to provide the service. (See §190.6 et. al. for instructions on how to use these modifiers.)