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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-02 Medicare Benefit Policy | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 221 | Date: March 11, 2016 |
| | Change Request 9428 |

SUBJECT: Telehealth Services

I. SUMMARY OF CHANGES: The purpose of this change request is to display the list of telehealth services that were once available through the manual updates to now be displayed via a weblink going forward. CMS is also adding CRNAs to the list of Medicare practitioners who may bill for covered telehealth services. Lastly, the telehealth language has been removed from Pub 100.02, Chapter 15, Section 270 and a reference added in text to see Pub 100.04, Chapter 12, Section 190 for further information regarding telehealth services.

EFFECTIVE DATE: January 1, 2015

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

IMPLEMENTATION DATE: April 11, 2016

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 | 15/270/Telehealth Services |
| D | 15/270.1/Eligibility Criteria |
| D | 15/270.2/List of Medicare Telehealth Services |
| D | 15/270.3/Conditions of Payment |
| D | 15/270.4/Payment – Physician/Practitioner at a Distant Site |
| D | 15/270.4.1/Payment for ESRD-Related Services as a Telehealth Service |
| D | 15/270.4.2/Payment for Subsequent Hospital Care Services and Subsequent Nursing Facility Care Services as Telehealth Services |
| D | 15/270.4.3/Payment for Diabetes Self-Management Training (DSMT) as a Telehealth Service |
| D | 15/270.5/Originating Site Facility Fee Payment Methodology |
| D | 15/270.5.1/Originating Site Facility Fee Payment (ESRD-Related Services) |

III. FUNDING:

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**

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|-------------|---|----------------|---|-------------|----------------------------|------------------|
| | | A/B MAC | | | D M E M A C | C E D I |
| | | A | B | H H H | | |
| 9428 - 02.3 | MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/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 5 business days after receipt of the notification from CMS announcing the availability of the 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 | | | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes 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): Kenneth Marsalek, 410-786-4502 or Kenneth.Marsalek@cms.hhs.gov, Jessica Bruton, 410-786-5991 or jessica.bruton@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0

270 - Telehealth Services

(Rev. 221, Issued: 03-11-16, Effective: 01-01-15, Effective: 04-11-16)

For information on telehealth services, see Pub. 100-04, Medicare Claims Processing Manual, chapter 12, section 190.