

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 53	Date: JULY 7, 2006
	Change Request 5122

SUBJECT: Medicare Telehealth Services Update

I. SUMMARY OF CHANGES: Follow-up inpatient consultation and confirmatory consultation as described by CPT codes 99261 through 99263 and CPT codes 99271 through 99275 no longer exist. As such, these services were removed from the list of Medicare telehealth services. Additionally the narrative describing the list of telehealth services was updated to reflect the current list of Medicare telehealth services. chapter 15, section 270.2 was revised to reflect these changes.

NEW / REVISED MATERIAL

EFFECTIVE DATE: JANUARY 1, 2006

IMPLEMENTATION DATE: AUGUST 7, 2006

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:

R=REVISED, N=NEW, D=DELETED

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	15/270.2/List of Medicare Telehealth Services

III. FUNDING:

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budget.

IV. ATTACHMENTS:

Manual Instruction

Business Requirements

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

Attachment - Business Requirements

Pub. 100-02	Transmittal: 53	Date: July 7, 2006	Change Request 5122
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SUBJECT: Medicare Telehealth Services Update

I. GENERAL INFORMATION

A. Background: The American Medical Association deleted CPT codes 99261 – 99263 (hospital inpatient follow-up consultations) and codes 99271 - 99275 (confirmatory consultations). Effective January 1, 2006, these CPT codes no longer exist and were removed from the physician fee schedule. As such, CMS has made a conforming change to the list of Medicare telehealth services. Confirmatory consultation and inpatient follow-up consultation have been removed from the list of Medicare telehealth services.

NOTE: These codes were already deleted from the physician fee schedule as part of the CY 2006 HCPCS update (January 1, 2006).

B. Policy: Medicare telehealth consultations include office and other outpatient consultations, and initial inpatient consultations as described by CPT codes 99241 through 99255.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)							
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers			
					F I S S	M C S	V M S	C W F	
5122.1	Contractors shall remove CPT codes 99261 through 99263, and CPT codes 99271 through 99275 from the list of telehealth services for dates of service on or after January 1, 2006. These codes were deleted effective January 1, 2006.	X		X					

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
5122.2	A provider education article related to this instruction will be available at 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 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 and incorporated into any educational events on this topic. 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 AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

<p>Effective Date*: January 1, 2006</p> <p>Implementation Date: August 7, 2006</p> <p>Pre-Implementation Contact(s): Policy: Craig Dobyski (410) 786-4584; Craig.Dobyski@cms.hhs.gov</p> <p>Carrier Claims Processing: Kathy Kersell (410) 786-2033; Kathleen.Kersell@cms.hhs.gov</p> <p>Post-Implementation Contact(s): Appropriate regional office</p>	<p>No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.</p>
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270.2 – List of Medicare Telehealth Services

(Rev. 53, Issued: 07-07-06; Effective: 01-01-06; Implementation: 08-07-06)

Furnished by CMS

The use of a telecommunications system may substitute for a face-to-face, “hands on” encounter for consultations, 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 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).