

MLN Matters Number: MM4204

Related Change Request (CR) #: 4204

Related CR Release Date: December 23, 2006

Effective Date: January 1, 2006

Related CR Transmittal #: R790CP and R43BP

Implementation Date: April 3, 2006

List of Medicare Telehealth Services

Note: This article was updated on February 25, 2013, to reflect current Web addresses. This article was previously revised on January 14, 2008, to add the reference to MLN Matters article 5628 (<http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm5628.pdf>) that added neurobehavioral status exam (HCPCS 96116), effective January 1, 2008, to the list of Medicare telehealth services. All other information remains unchanged.

Provider Types Affected

Registered dietitians, nutrition professionals, and other providers of Medicare telehealth services billing Medicare carriers or fiscal intermediaries (FIs) for such services

Provider Action Needed



STOP – Impact to You

The Centers for Medicare & Medicaid Services (CMS) has added individual medical nutrition therapy (MNT) to the list of Medicare telehealth services.



CAUTION – What You Need to Know

CR4204, from which this article is taken, expands the list of Medicare telehealth services to include individual MNT (as represented by HCPCS codes G0270, 97802 and 97803); and adds registered dietitians and nutrition professionals to the list of practitioners eligible to furnish, and receive payment, for telehealth.



GO – What You Need to Do

Make sure that your billing staffs are aware of these changes in telehealth services.

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Background

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, and end-stage renal disease related services included in the monthly capitation payment (except for one visit per month to examine the access site).

In the calendar year 2006 Physician Fee Schedule-Final Rule (CMS-1502-FC), CMS expanded the list of Medicare telehealth services to include individual MNT as described by HCPCS codes G0270, 97802, and 97803. Therefore, effective January 1, 2006, the telehealth modifiers “GT” (via interactive audio and video telecommunications system) and modifier “GQ” (via asynchronous telecommunications system) are valid when billed with these HCPCS codes.

Additionally, since certified registered dietitians and nutrition professionals (as defined in 42 CFR, Section 410.134) are the only practitioners permitted by law to furnish MNT, registered dietitians and nutrition professionals have been added to the list of practitioners who may furnish and receive payment for a telehealth service.

Publication 100-02 (*Medicare Benefit Policy Manual*), Chapter 15, Sections 270.2 and 270.4, and Publication 100-04 (*Medicare Claims Processing Manual*), Chapter 12, Section 190, have been revised to implement this addition to the list of Medicare telehealth services.

Be aware, nonetheless, that 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 these manuals. For example, originating sites must be located in either a non-MSA county or rural health professional shortage area, and can only include a physician's or practitioner's office, hospital, critical access hospital (CAH), rural health clinic, or federally qualified health center.

Further, you must use an interactive audio and video telecommunications system that permits real-time communication between the distant site physician, or practitioner, and the Medicare beneficiary, and as a condition of payment, the patient must be present and participating in the telehealth visit.

The only exception to this interactive telecommunications requirement is in the case of Federal telemedicine demonstration programs conducted in Alaska or Hawaii. In these circumstances, Medicare payment is permitted for telehealth services when asynchronous store-and-forward technology is used.

Finally, you should remember that if the distant site is a CAH that has elected Method II, and the physician or practitioner has reassigned his/her benefits to this CAH, it should bill its regular fiscal intermediary for the professional telehealth

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services provided, using any of the revenue codes 096x, 097x or 098x. All requirements for billing distant site telehealth services apply.

Additional Information

You can find more information about telehealth services by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R790CP.pdf> and <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R43BP.pdf> on the CMS website. These Web addresses contain CR4204.

You might also want to look at the following manuals:

- *Online manual 100-02 (Medicare Benefit Policy Manual), Chapter 15 (Covered Medical and Other Health Services), Sections 270.2 (List of Medicare Telehealth Services) and 270.4 (Payment – Physician/Practitioner at a Distant Site); and*
- *Manual 100-04 (Medicare Claims Processing Manual), Chapter 12 (Physician/Practitioner Billing), Sections 190.3 (List of Medicare Telehealth Services), 190.5 (Payment Methodology for Physician/Practitioner at the Distant Site), 190.6 (Originating Site Facility Fee Payment Methodology), and 190.7 (Contractor Editing of Telehealth Claims).*

You can find these revised manual sections as attachments to CR4204.

Finally, if you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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