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**Implementation Date: January 5, 2009**

## **Expansion of Medicare Telehealth Services**

Note: This article was revised on January 24, 2018, to update Web addresses. All other information remains the same.

### **Provider Types Affected**

This article is for physicians, hospitals, and critical access hospitals (CAHs) submitting claims to Medicare contractors (carriers, Fiscal Intermediaries (FIs), and/or Part A/B Medicare Administrative Contractors (A/B MACs)) for telehealth services provided to Medicare beneficiaries.

### **Provider Action Needed**

In the calendar year 2009 physician fee schedule final rule with comment period (CMS-1403-FC), the Centers for Medicare & Medicaid Services (CMS) added three codes to the list of Medicare distant site health services for follow-up inpatient telehealth consultations. This article highlights the related policy instructions. Be sure your billing staff is aware of these changes.

### **Background**

CMS added three follow-up inpatient telehealth consultations to the list of Medicare distant site health services as noted in the calendar year 2009 physician fee schedule final rule with comment period (CMS-1403-FC). CMS created these new Healthcare Common Procedure Coding System (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. These procedure codes are for follow-up inpatient telehealth consultations effective January 1, 2009. These new codes are intended for use by

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practitioners serving beneficiaries located at qualifying originating sites requiring the consultative input of physicians who are not available for a face-to-face encounter. **These HCPCS codes are not intended to include the ongoing E/M services of a hospital inpatient.**

The new HCPCS codes are listed in the following table:

HCPCS Code	Descriptor
<b>G0406</b>	Follow-up inpatient telehealth consultation, limited
<b>G0407</b>	Follow-up inpatient telehealth consultation, intermediate
<b>G0408</b>	Follow-up inpatient telehealth consultation, complex

Follow-up inpatient telehealth consultations are consultative visits furnished via telehealth to complete 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 would be 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 a 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 Chapter 12, Section 30.6.10 of the Medicare Claims Processing Manual. Medicare manuals are available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>.

Payment for follow up telehealth inpatient consultations would include 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 lab work) and communicating with other professionals or family members. 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**

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**and Management (E/M) 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 Chapter 12, Section 190.6 of the Medicare Claims Processing Manual at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf> for more information on the use of these modifiers.)

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 the Medicare Benefit Policy Manual (Publication 100-02, Chapter 15, Section 270) at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf> on the CMS website, and the Medicare Claims Processing Manual (Publication 100-04, Chapter 12, Section 190) at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>.

## Additional Information

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The official instruction, CR 6130, was issued in two transmittals to your carrier, FI, and A/B MAC. The first transmittal revises the "Medicare Benefit Policy Manual" and is available at

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<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R99BP.pdf> and the second transmittal, which modifies the "Medicare Claims Processing Manual", is at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1654CP.pdf>.

If you have any questions, please contact your carrier, FI, or A/B MAC 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>.

## Document History

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Date of Change	Description
January 24, 2018	This article was revised to update Web addresses.
January 13, 2009	Initial article Released

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