

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4173	Date: November 30, 2018
	Change Request 11043

SUBJECT: Revision of Definition of the Physician Supervision of Diagnostic Procedures, Clarification of DSMT Telehealth Services, and Establishing a Modifier for Expanding the Use of Telehealth for Individuals with Stroke

I. SUMMARY OF CHANGES: Revising the definition of the "Personal Supervision" of the Physician Supervision of Diagnostic Procedures indicator to specify that procedures performed by a Registered Radiologist Assistant (RRA) or a Radiology Practitioner Assistant (RPA) may be performed under direct supervision. This revision is being made in Pub. 100-02, Chapter 15, section 80. This Change Request (CR) revises Pub. 100-04, Chapter 12, section 190.3.6 to clarify instructions for when DSMT services are required to be furnished. This CR also adds Pub. 100-04, Chapter 12, section 190.3.7 to provide instructions to use modifier G0 (G zero) to identify Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke.

EFFECTIVE DATE: January 1, 2019

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

IMPLEMENTATION DATE: January 2, 2019

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-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	12/Table of Contents
R	12/190/190.3.6/Payment for Diabetes Self-Management Training (DSMT) as a Telehealth Service
N	12/190/190.3.7/Payment for Telehealth for Individuals with Acute Stroke

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**

Attachment - Business Requirements

Pub. 100-04	Transmittal: 4173	Date: November 30, 2018	Change Request: 11043
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EFFECTIVE DATE: January 1, 2019

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IMPLEMENTATION DATE: January 2, 2019

I. GENERAL INFORMATION

A. Background: Section 50325 of the Bipartisan Budget Act of 2018 amended section 1834(m) of the Act by adding a new paragraph (6) that provides special rules for telehealth services furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke (acute stroke telehealth services), as determined by the Secretary. Specifically, section 1834(m)(6)(A) of the Act removes the restrictions on the geographic locations and the types of originating sites where acute stroke telehealth services can be furnished. Section 1834(m)(6)(B) of the Act specifies that acute stroke telehealth services can be furnished in any hospital, critical access hospital, mobile stroke units (as defined by the Secretary), or any other site determined appropriate by the Secretary, in addition to the current eligible telehealth originating sites. Section 1834(m)(6)(C) of the Act limits payment of an originating site facility fee to acute stroke telehealth services furnished in sites that meet the usual telehealth restrictions under section 1834(m)(4)(C) of the Act. This CR instructs contractors on billing procedures for these services.

Several conditions must be met for Medicare to make payments for telehealth services under the Physician Fee Schedule. The service must be on the list of Medicare telehealth services and meet additional requirements. This CR clarifies requirements for DSMT to be paid via Telehealth.

B. Policy: We are clarifying our policy to accept new informational HCPCS modifier G0 (G zero), to be used to identify Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke.

We are clarifying our policy to specify that all 10 hours of the initial DSMT training and the two (2) hours of annual follow-up DSMT training may be furnished via telehealth in cases when injection training is not applicable.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F M V C	M C M S	C M W F	
11043 - 04.1	Medicare contractors shall be aware of changes to the Medicare Claims Processing Manual, Pub. 100-04, Chapter 12, section 190.3.6 Payment for Diabetes Self-Management Training (DSMT) as a Telehealth Service, contained in this CR.	X	X						

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
11043 - 04.2	Medicare contractors shall be aware of changes to the Medicare Claims Processing Manual, Pub. 100-04, Chapter 12, section 190.3.7 Payment for Telehealth for Individuals with Acute Stroke, contained in this CR.	X	X								

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility						
		A/B MAC			H H H	D M E M A C	C E D I	I
		A	B					
11043 - 04.3	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X					

IV. SUPPORTING INFORMATION

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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
11043 - 04.2	CR 10883 - New Modifier for Expanding the Use of Telehealth for Individuals with Stroke

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Gail Addis, 410-786-4522 or Gail.Addis@cms.hhs.gov, Lindsey Baldwin, 410-786-1694 or Lindsey.Baldwin@cms.hhs.gov (For information on modifier for the use of Telehealth for individuals with an acute stroke), Kathleen Kersell, 410-786-2033 or

Kathleen.Kersell@cms.hhs.gov, Pamela West, 410-786-2302 or Pamela.West@cms.hhs.gov (For information on DSMT as a telehealth service).

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 1

Medicare Claims Processing Manual

Chapter 12 - Physicians/Nonphysician Practitioners

Table of Contents *(Rev. 4173, Issued: 11-30-19)*

190.3.7 – Payment for Telehealth for Individuals with Acute Stroke

190.3.6 – Payment for Diabetes Self-Management Training (DSMT) as a Telehealth Service

(Rev.4173, Issued: 11-30-18, Effective: 01-01- 19, Implementation: 01-02-19)

Individual and group DSMT services may be paid as a Medicare telehealth service. *Before 03-11-2016, this manual provision required that 1 hour of the 10 hour DSMT benefit's initial training must be furnished in-person to allow for effective injection training. Because injection training is not always clinically indicated, we are revising this provision to permit all 10 hours of the initial training and the two (2) hours of annual follow-up training to be furnished via telehealth in those cases when injection training is not applicable.*

The *in-person* injection training, *when provided*, may be furnished through either individual or group DSMT services. By reporting *place of service (POS) 02 or the –GT or –GQ modifier* with HCPCS code G0108 (Diabetes outpatient self-management training services, individual, per 30 minutes) or G0109 (Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes), the distant site practitioner *attests* that the beneficiary has received or will receive 1 hour of in-person DSMT services for purposes of injection training *when it is indicated* during the year following the initial DSMT service *or any calendar year's 2 hours of follow-up training*.

As specified in 42 CFR 410.141(e) and stated in Pub. 100-02, Medicare Benefit Policy Manual, chapter 15, section 300.2, individual *and group* DSMT services may be furnished by a physician, *other* individual, or entity that furnishes other *items or* services for which direct Medicare payment may be made and that submits necessary documentation to, and is accredited by *a national* accreditation organization approved by CMS. However, consistent with the statutory requirements of section 1834(m)(1) of the Act, as provided in 42 CFR 410.78(b)(1) and (b)(2) and stated in section 190.6 of this chapter, Medicare telehealth services, including individual *and group* DSMT services furnished as a telehealth service, could only be furnished by a *physician*, PA, NP, CNS, CNM, clinical psychologist, clinical social worker, or registered dietitian or nutrition professional, *as applicable*.

190.3.7 – Payment for Telehealth for Individuals with Acute Stroke

(Rev. 4173, Issued: 11-30-18, Effective: 01-01- 19, Implementation: 01-02-19)

Section 50325 of the Bipartisan Budget Act of 2018 amended section 1834(m) of the Act by adding a new paragraph (6) that provides special rules for telehealth services furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke (acute stroke telehealth services), as determined by the Secretary. Specifically, section 1834(m)(6)(A) of the Act removes the restrictions on the geographic locations and the types of originating sites where acute stroke telehealth services can be furnished. Section 1834(m)(6)(B) of the Act specifies that acute stroke telehealth services can be furnished in any hospital, critical access hospital, mobile stroke units (as defined by the Secretary), or any other site determined appropriate by the Secretary, in addition to the current eligible telehealth originating sites. Section 1834(m)(6)(C) of the Act limits payment of an originating site facility fee to acute stroke telehealth services furnished in sites that meet the usual telehealth restrictions under section 1834(m)(4)(C) of the Act. These are identified in Section 190.1 of this chapter.

Effective for claims with dates of service on and after January 1, 2019, contractors shall accept new informational HCPCS modifier G0 (G zero), to be used to identify Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke. Modifier G0 is valid for all:

- Telehealth distant site codes billed with Place of Service (POS) code 02 or Critical Access Hospitals, CAH method II (revenue codes 096X, 097X, or 098X); or*
- Telehealth originating site facility fee, billed with HCPCS code Q3014.*