

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Telehealth Services



RURAL HEALTH FACT SHEET SERIES



This publication provides the following information about services furnished to eligible Medicare beneficiaries via a telecommunications system:

- ❖ Originating sites;
- ❖ Distant site practitioners;
- ❖ Telehealth services;
- ❖ Billing and payment for professional services furnished via telehealth;
- ❖ Billing and payment for the originating site facility fee; and
- ❖ Resources.

Medicare will pay for a limited number of Part B services that are furnished by a physician or practitioner to an eligible beneficiary via a telecommunications system. For eligible telehealth services, the use of a telecommunications system substitutes for an in-person encounter.

Originating Sites

An originating site is the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in a rural Health Professional Shortage Area or in a county outside of a Metropolitan Statistical Area. Entities that participate in a Federal telemedicine demonstration project approved by (or receiving funding from) the Secretary of the Department of Health and Human Services as of December 31, 2000, qualify as originating sites regardless of geographic location.

The originating sites authorized by law are:

- ❖ The offices of physicians or practitioners;
- ❖ Hospitals;
- ❖ Critical Access Hospitals (CAH);
- ❖ Rural Health Clinics (RHC);

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- ❖ Federally Qualified Health Centers (FQHC);
- ❖ Hospital-based or CAH-based Renal Dialysis Centers (including satellites);
- ❖ Skilled Nursing Facilities (SNF); and
- ❖ Community Mental Health Centers (CMHC).

Note: Independent Renal Dialysis Facilities are not eligible originating sites.

Distant Site Practitioners

Practitioners at the distant site who may furnish and receive payment for covered telehealth services (subject to State law) are:

- ❖ Physicians;
- ❖ Nurse practitioners (NP);
- ❖ Physician assistants (PA);
- ❖ Nurse midwives;
- ❖ Clinical nurse specialists (CNS);
- ❖ Clinical psychologists (CP) and clinical social

workers (CSW) (CPs and CSWs cannot bill for psychotherapy services that include medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology [CPT] codes 90805, 90807, and 90809); and

- ❖ Registered dietitians or nutrition professionals.

Telehealth Services

As a condition of payment, an interactive audio and video telecommunications system must be used that permits real-time communication between you, at the distant site, and the beneficiary, at the originating site. Asynchronous “store and forward” technology is permitted only in Federal telehealth demonstration programs conducted in Alaska or Hawaii.

The chart below shows the current list of Medicare telehealth services.

Service	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425 – G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406 – G0408
Office or other outpatient visits	CPT codes 99201 – 99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231 – 99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307 – 99310
Individual and group kidney disease education services	HCPCS codes G0420 – G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 – G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150 – 96154
Individual psychotherapy	CPT codes 90804 – 90809
Pharmacologic management	CPT code 90862
Psychiatric diagnostic interview examination	CPT code 90801
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802 – 97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407

For ESRD-related services, at least one “hands on” visit (not telehealth) must be furnished each month to examine the vascular access site by a physician, NP, PA, or CNS.

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Billing and Payment for the Originating Site Facility Fee

For telehealth services, originating sites are paid an originating site facility fee as described by HCPCS code Q3014. The originating site facility fee is a separately billable Part B payment. Physician and practitioner offices that serve as telehealth originating sites bill the Medicare Carrier or A/B MAC for the originating site facility fee. Hospitals, CAHs, RHCs, FQHCs, hospital-based or CAH-based Renal Dialysis Centers, SNFs, and CMHCs that serve as Medicare telehealth originating sites bill the FI or A/B MAC.

Note: When a CMHC serves as an originating site, the originating site facility fee does not count toward the number of services used to determine payment for partial hospitalization services.

Billing and Payment for Professional Services Furnished Via Telehealth

You, the distant site practitioner, should submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GT, “via interactive audio and video telecommunications systems” (e.g., 99201 GT). By coding and billing the GT modifier with a covered telehealth procedure code, you are certifying that the beneficiary was present at an eligible originating site when the telehealth service was furnished. By coding and billing the GT modifier with a covered ESRD-related service telehealth code, you are certifying that one visit per month was furnished “hands on” to examine the vascular access site.

In the case of Federal telemedicine demonstration programs conducted in Alaska or Hawaii, you should submit claims using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GQ, “via asynchronous telecommunications system” (e.g., 99201 GQ). By using the GQ modifier, you are certifying that the asynchronous medical file was collected and transmitted to you at the distant site from a Federal telemedicine demonstration project conducted in Alaska or Hawaii.

Distant site practitioners bill the Medicare Carrier or A/B Medicare Administrative Contractor (MAC) for covered telehealth services. You are paid the appropriate amount under the Medicare Physician Fee Schedule (PFS) for telehealth services. When you are located in a CAH and have reassigned your billing rights to a CAH that has elected the Optional (Elective) Method of reimbursement, services are billed to the Fiscal Intermediary (FI) or A/B MAC by the CAH and the payment amount is 80 percent of the Medicare PFS for telehealth services.

Resources

For more information about Medicare telehealth services, visit <http://www.cms.gov/Telehealth> on the Centers for Medicare & Medicaid Services (CMS) website. You may also refer to Chapter 15 of the “Medicare Benefit Policy Manual” (Publication 100-02) and Chapter 12 of the “Medicare Claims Processing Manual” (Publication 100-04) located at <http://www.cms.gov/Manuals/IOM/list.asp> and the section for your provider type in the Medicare Learning Network® publication titled “MLN Guided Pathways to Medicare Resources Provider Specific” booklet at http://www.cms.gov/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website. To find Medicare information for beneficiaries (e.g., Medicare basics, managing health, and resources), visit <http://www.medicare.gov> on the CMS website.



Helpful Websites

American Hospital Association Rural Health Care
<http://www.aha.org/advocacy-issues/rural>

Critical Access Hospitals Center
<http://www.cms.gov/center/cah.asp>

Disproportionate Share Hospital
http://www.cms.gov/AcuteInpatientPPS/05_dsh.asp

Federally Qualified Health Centers Center
<http://www.cms.gov/center/fqhc.asp>

Health Resources and Services Administration
<http://www.hrsa.gov>

Hospital Center
<http://www.cms.gov/center/hospital.asp>

HPSA/PSA (Physician Bonuses)
<http://www.cms.gov/hpsapsaphysicianbonuses>

Medicare Learning Network
<http://www.cms.gov/MLNGenInfo>

National Association of Community Health Centers
<http://www.nachc.org>

National Association of Rural Health Clinics
<http://www.narhc.org>

National Rural Health Association
<http://www.ruralhealthweb.org>

Rural Health Clinics Center
<http://www.cms.gov/center/rural.asp>

Rural Assistance Center
<http://www.raconline.org>

Swing Bed Providers
http://www.cms.gov/SNFPPS/03_SwingBed.asp

Telehealth
<http://www.cms.gov/Telehealth>

U.S. Census Bureau
<http://www.census.gov>

Regional Office Rural Health Coordinators

Below is a list of contact information for CMS Regional Office Rural Health Coordinators who provide technical, policy, and operational assistance on rural health issues.

Region I – Boston
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Region IV – Atlanta
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Region V – Chicago
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E-mail: christine.davidson@cms.hhs.gov
Telephone: (312) 886-3642
States: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

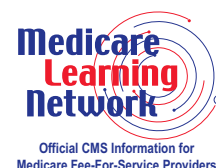
Region VI – Dallas
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Region IX – San Francisco
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