



Telehealth Services



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 a face-to-face, “hands on” encounter.

Originating Sites

An originating site is the location of an eligible Medicare beneficiary at the time the service being furnished via 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 office of a physician or practitioner;
- Hospitals;
- Critical Access Hospitals (CAH);
- Rural Health Clinics (RHC);
- 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.

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As a condition of payment, an interactive audio and video telecommunications system must be used that permits real-time communication between the physician or practitioner 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 current list of Medicare telehealth services includes:

- Consultations (CPT codes 99241 – 99255);
- 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);
- 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 medical nutrition therapy (Healthcare Common Procedure Coding



system [HCPCS] code G0270 and CPT codes 97802 – 97803);

- Neurobehavioral status examination (CPT code 96116); and
- Follow-up inpatient telehealth consultations (HCPCS codes G0406, G0407, and G0408).

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

Billing and Payment for Professional Services Furnished Via Telehealth

Distant site physicians and practitioners 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 system” (e.g., 99243 GT). By coding and billing the “GT” modifier with a

covered telehealth procedure code, the distant site physician/practitioner certifies 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, the distant site physician/practitioner certifies that one visit per month was furnished face-to-face, “hands on” to examine the vascular access site.

In the case of Federal telemedicine demonstration programs conducted in Alaska or Hawaii, physicians and practitioners submit the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GQ, “via asynchronous telecommunications system” (e.g., 99243 GQ). By using the “GQ” modifier, the distant site physician/practitioner certifies that the asynchronous medical file was collected and transmitted to the physician/practitioner at the distant site from a Federal telemedicine demonstration project conducted in Alaska or Hawaii.

Physicians and practitioners at the distant site bill the Medicare Carrier or A/B Medicare Administrative Contractor (MAC) for covered telehealth services. Distant site physicians/practitioners are paid 80 percent of the appropriate Medicare Physician Fee Schedule (MPFS) amount for telehealth services. When distant site physicians/practitioners are located in a CAH and have reassigned their 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 MPFS for telehealth services.

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.

To find additional information about Medicare telehealth services, see Chapter 15 of the **Medicare Benefit Policy Manual** (Pub. 100-2) and Chapter 12 of the **Medicare Claims Processing Manual** (Pub. 100-4) at <http://www.cms.hhs.gov/Manuals> and visit <http://www.cms.hhs.gov/Telehealth> on the Centers for Medicare & Medicaid Services (CMS) website.

HELPFUL WEBSITES

American Hospital Association Section for Small or Rural Hospitals
http://www.aha.org/aha/key_issues/rural/index.html

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

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

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

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

HPSA/PSA (Physician Bonuses)
http://www.cms.hhs.gov/hpsapsaphysicianbonuses/01_overview.asp

Medicare Learning Network
<http://www.cms.hhs.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.nrharural.org>

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

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

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

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

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The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare fee-for-service providers. For additional information visit the Medicare Learning Network's web page at <http://www.cms.hhs.gov/MLNGenInfo/> on the CMS website.

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July 2009 ICN: 901705