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MEMORANDUM

TO: Community Services Members

FROM: Patrick Cucinelli, Senior Financial Policy Analyst

DATE: January 8, 2009

SUBJECT: Medicare Telehealth Coverage

ROUTE TO: Administrator, CFO

ABSTRACT: CMS issues guidance on expanded Medicare telehealth coverage.

Introduction

The Centers for Medicare and Medicaid Services (CMS) has issued [Change Request \(CR\) 6705](#), providing guidance on the new Medicare telehealth billing codes mandated in the [2010 Medicare Physician Fee Schedule \(MPFS\) final rule](#). A copy of CR 6705 is attached for member convenience.

New Codes

CMS has added three codes to the list of Medicare distant site health services for individual health and behavior assessment and intervention (HBAI) services and three codes for initial inpatient telehealth consultations. CMS has also expanded the definition of follow-up inpatient telehealth consultations to include consultative visits furnished via telehealth to beneficiaries in hospitals or SNFs. These codes are included in the [2010 Healthcare Common Procedure Coding System \(HCPCS\) annual update](#). CR 6705 adds the relevant policy instructions to the manuals, as finalized in the regulations.

The list of Medicare telehealth services was expanded to include individual HBAI, as described by HCPCS codes 96150-96152, and initial inpatient telehealth consultations, as described by HCPCS codes G0425-G0427. Effective January 1, 2010, the telehealth modifier “GT” (via interactive audio and video telecommunications system) and modifier “GQ” (via asynchronous

telecommunications system) are valid when billed with these HCPCS codes. In addition, effective January 1, 2010, follow-up inpatient telehealth consultations, as described by HCPCS codes G0406-G0408, are valid when billed for services furnished to beneficiaries in hospitals or SNFs.

Effective January 1, 2010, CMS eliminated the use of all consultation [Common Procedural Terminology \(CPT\) codes](#). CMS will issue a separate change request to address the revisions in consultation services payment policy. Because revisions in consultation services payment policy affect telehealth policy, this change request includes references to the revisions relevant to professional consultations furnished via telehealth.

As a result of this change to the use of consultation CPT codes, CMS will no longer recognize office/outpatient consultation CPT codes 99241-99245. Instead, physicians and practitioners are instructed to bill a new or established patient visit CPT code (in the range of CPT codes 99201-99215), as appropriate to the particular patient, for all office/outpatient visits furnished via telehealth. CMS will no longer recognize initial inpatient consultation CPT codes 99251-99255. Instead, CMS created HCPCS codes G0425-G0427 specific to the telehealth delivery of initial inpatient consultations to retain the ability for practitioners to furnish and bill for initial inpatient consultations delivered via telehealth.

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 Pub. 100-02, chapter 15, section 270 and Pub. 100-04, chapter 12, section 190. Consistent with existing telehealth policy, all telehealth services must be billed with either the “GT” or “GQ” modifier to identify the telehealth technology used to provide the service. For more information on Medicare telehealth payment policy and claims processing instructions, see Pub. 100-02, chapter 15, sections 270 through 270.5.1 and Pub. 100-04, chapter 12, sections 190 through 190.7.

Providers should refer to CR 6705 for additional details, including the text of the manual changes referenced above.

Please contact me with any questions at pcucinelli@nyahsa.org or call 518-449-2707 ext. 145.

Attachment