



Part B Telemedicine Services

What Is Telemedicine?

Telemedicine is the ability to provide medical services via telecommunications in an approved originating site that is located in a rural Health Professional Shortage Area (HPSA) or other medically underserved area. The use of an interactive telecommunications system may substitute for a face-to-face, “hands-on” encounter.

What Type of Facilities Can Bill?

Originating site: Defined as the location of an eligible Medicare beneficiary at the time the service being furnished, via a telecommunications system, occurs. This may be the physician/practitioner office, hospital, critical access hospital, rural health clinic, federally qualified health center, hospital-based dialysis center, skilled nursing facility and community mental health center.

Distant site: A site where the physician/practitioner providing the professional service is located at the time the service is provided via a telecommunications system.

What Type of Provider Can Bill?

The following types of providers may bill for telemedicine services:

- Physician.
- Nurse practitioner.
- Physician assistant.
- Nurse midwife.
- Clinical nurse specialist.
- Clinical psychologist.
- Clinical social worker.
- Registered dietitian or nutrition professional.

What Type of Services Can Be Billed?

If the originating site is a physician’s/practitioner’s office, submit a claim to Medicare Part B for the facility fee using HCPCS code Q3014. All other originating site services must be submitted to Medicare Part A for payment. By using HCPCS code Q3014, the originating site authenticates services were provided in a rural area.

The distant site physician/practitioner should submit a claim to Medicare Part B for the following codes along with the GT (via interactive audio and video telecommunication system) or GQ (via asynchronous telecommunications system) modifier indicating telehealth services:

- Emergency department (effective with dates of service January 1, 2012) or initial inpatient telehealth consultation (HCPCS codes G0425–G0427).
- Follow-up inpatient (hospital or Skilled Nursing Facility (SNF)) telehealth consultation (HCPCS codes G0406–G0408).
- Office visits (CPT codes 99201–99215).
- Individual psychotherapy (CPT codes 90804–90809).
- Health and behavior assessment and intervention (CPT codes 96150–96152).
- Pharmacologic management (CPT code 90862).
- Psychiatric diagnostic interview (CPT code 90801).
- End Stage Renal Disease (ESRD)-related services (CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960 and 90961).
- Medical Nutrition Therapy (MNT) (HCPCS code G0270, CPT codes 97802 and 97803).
- Neurobehavioral status exam (CPT code 96116).
- Individual and group Kidney Disease Education (KDE) (G0420 and G0421).
- Individual and group Diabetes Self-Management Training (DSMT) (G0108 and G0109).
- Group Medical Nutrition Therapy (MNT) (97804).
- Health and Behavior Intervention (HBAI) (96153 and 96154).
- Subsequent hospital care, with the limitation of one telehealth visit every three days (99231–99233).
- Subsequent nursing facility services, with the limitation of one telehealth visit every 30 days (99307–99310).

The following information is excerpted from the Medicare Learning Network (MLN) Matters[®] article MM7504:

<https://www.cms.gov/MLNMattersArticles/downloads/MM7504.pdf>

CMS is adding the following services to telehealth. Effective with dates of service on or after January 1, 2012, when billed with the appropriate modifier, Medicare will consider the following for payment:

- Smoking and tobacco use cessation counseling visit (CPT codes 99406 and 99407).
- Smoking and tobacco use cessation counseling for asymptomatic patient (HCPCS codes G0436 and G0437).

Reference: CMS Internet-Only Manual (IOM) Pub. 100-04, *Medicare Claims Processing Manual*, Chapter 12, Section 190.

<http://www.cms.gov/manuals/downloads/clm104c12.pdf>