



THE NORTHWEST REGIONAL  
**Telehealth**  
RESOURCE CENTER

# TELEMEDICINE REFERENCE GUIDE FOR EVALUATION AND MANAGEMENT SERVICES

## CMS - Medicare Benefit Policy Manual

*(Rev. 79, 10-19-07)*

*Updated: January, 2009*



# Telehealth Terminology

## ***Telehealth/Telemedicine:***

- The provision of patient care and consultation over distance utilizing telecommunications technology
- Links a patient and provider not at the same location
- Incorporates both video and audio technologies

## ***Telehealth/Telemedicine is not:***

- A telephone conversation
- A fax transmission
- An E-Mail or Text Message

# Telehealth Terminology

## ***Distant Site***

- Where the person delivering the service is located at the time telecommunications service is provided

## ***Originating Site***

- Where the eligible Medicare beneficiary is located at the time telecommunications services are furnished

# Medicare Reimbursement Limitations

- Type of services provided
- Patient site
  - Geographic location
  - Type of institution
- Type of health provider

# Patient Sites

Rural HPSA county outside of a metropolitan area

- Provider's office
- Hospital
- Critical access hospital
- Rural health clinic
- Federally-qualified health center (FQHC)
- Community Based Mental Health Centers
- Skilled Nursing Facilities
- Hospital Based Dialysis Centers

# Ineligible Sites:

- Public Health Departments
- Indian Health Services Sites

# Provider Location

No limitation  
on the location of the  
physician or practitioner delivering  
the medical service.

# Health Providers

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

# Ineligible Health Providers

- Physical Therapists (PT's)
- Occupational Therapists (OT's)
- Speech Language Therapists (ST's)
- Certified Diabetic Educators (CDE/RN's)
- Genetics Counselors

# Claims

- CPT code or
- HCPCS code
- Telehealth modifier - “GT”
- Payment amount via a telecommunications system is equal to the current in person fee schedule amount

# Site Fees

- The site fee is intended to reimburse the originating (patient) site for services provided to facilitate patient consultations
- The originating site receives a facility fee equal to 80% of the lesser of the actual charge or \$22.94 (2007) unless CHA/P
- HCPCS code Q3014 – Telehealth Originating Site Facility Fee

# *Out Patient Services*

- New patient office or other visit:  
99201, 99202, 99203, 99204, 99205
- Established office or other OP visit:  
99211, 99212, 99213, 99214, 99215
- New or established consultation:  
99241, 99242, 99243, 99244, 99245

# *Psychiatry*

- Psychiatric Diagnostic or Evaluative Interview Procedures - 90801
- Individual Psychotherapy, Insight Oriented, Behavior Modifying and/or Supportive
  - – 90804, 90805, 90806, 90807, 90808, 90809
- Other Psychotherapy - 90862
- Central Nervous System Assessment & Tests - 96116

# *Medical Nutrition Therapy*

New Patient Office or Other Visit: G270, 97802, 97803

- Treating physician must make a referral and indicate a diagnosis of diabetes or renal disease
- The number of hours covered in an episode of care may not be exceeded.
- When follow-up Diabetes Self-Management Training (DSMT) and Medical Nutrition (MNT) services are provided within the same time period, hours from both benefits are counted toward the maximum number of covered hours allowed during the episode of care.

# *Inpatient Services*

- Initial Inpatient Consultation:  
99251, 99252, 992539, 92549, 99255

# *Follow Up Inpatient Consultations*

- G0406 (about 15 minutes)
- G0407 (medical decision making that is somewhat complex and taking about 25 minutes)
- G0408 (about 35 minutes that includes a more thorough conversation and decision making)

# End stage renal disease related services during the course of treatment

- HCPCS codes: G0308, G0309, G0311, G0312, G0314, G0315, G0317, and G0318

# Drip and Ship

## New Medicare ICD-9 V Code

- V45.88 - Status post administration of rt-PA in a different facility within the last 24 hours to admission to current facility
- Used by the receiving hospital
- No payment
- Used to determine reimbursement



Northwest Regional Telehealth Network  
TELEMEDICINE  
REFERENCE GUIDE FOR EVALUATION AND MANAGEMENT SERVICES

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The payment amount for the professional service provided via a telecommunications system by the physician or practitioner at the distant site is equal to the current fee schedule amount for the service provided. CMS reimbursement is limited to the type of services provided, geographic location of the patient site, type of institution delivering the services and type of health provider.

CMS reimbursement is limited to the following originating patient sites: physician's or practitioner's office, hospital, critical access hospital, rural health clinic, skilled nursing facilities, in-hospital dialysis centers, community mental health centers or Federally-qualified health center, that are located in a rural HPSA county outside of a metropolitan area. There is no limitation on the location of the physician or practitioner delivering the medical service.

Medicare Practitioners Who May Receive Payment at the Distant Site (i.e., at a Site Other Than Where a Beneficiary Is)

Medicare practitioners who may bill for a covered telehealth service are listed below (subject to State law):

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

\*Clinical psychologists and clinical social workers cannot bill for psychotherapy services that include medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for the following CPT codes: 90.05, 90.11, and 90.49.

Telepresenters: A medical professional is not required to present the beneficiary to the physician or practitioner at the distant site unless medically necessary. The decision of medical necessity will be made by the physician or practitioner located at the distant site.

Reimbursement: Claims for reimbursement should be submitted with the appropriate CPT code or HCPCS code for the professional services provided and the Telehealth modifier "GT" for interactive audio/video telecommunications system.

OUTPATIENT SERVICES

NEW PATIENT OFFICE OR OTHER VISIT

992.01	992.02	992.03	992.04	992.05
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required	992.01	992.02	992.03	992.04	992.05
History	PF	EPF	DET	COMP	COMP
Examination	PF	EPF	DET	COMP	COMP
MDM	SF	SF	LC	MC	HC
Average Time	15	20	30	45	60

ESTABLISHED OFFICE OR OTHER OUTPATIENT VISIT

2 of 3 components required	992.11	992.12	992.13	992.14	992.15
History	May not require MD	PF	EPF	DET	COMP
Examination		PF	EPF	DET	COMP
MDM		SF	LC	MC	HC
Average Time	5	10	15	25	40

NEW OR ESTABLISHED OUTPATIENT CONSULTATION

All components required	992.41	992.42	992.43	992.44	992.45
History	PF	EPF	DET	COMP	COMP
Examination	PF	EPF	DET	COMP	COMP
MDM	SF	SF	LC	MC	HC
Average Time	5	10	20	30	40

Drip and Ship

V44.88 Status post administration of tPA in a different facility within the last 24 hours prior to admission to current facility.

INPATIENT SERVICES

INITIAL INPATIENT CONSULTATION

All components required	992.51	992.52	992.53	992.54	992.55
History	PF	EPF	DET	COMP	COMP
Examination	PF	EPF	DET	COMP	COMP
MDM	SF	SF	LC	MC	HC
Average Time	20	30	55	70	90

FOLLOW UP INPATIENT CONSULTATIONS

All components required	GO405	GO407	GO408
History			
Examination			
MDM			
Average Time			

MEDICAL NUTRITION THERAPY

NEW PATIENT OFFICE OR OTHER VISIT

	GO414	919.02	919.03
Initial Assessment	-	YES	-
Reassessment	YES	-	YES
Change in diagnosis, medical condition or treatment regimen	YES	-	-
Individual	YES	YES	YES
Average Time	5	5	5

CPT codes are © American Medical Association 2007

PSYCHIATRY  
OUTPATIENT SERVICES

PSYCHIATRIC DIAGNOSTIC OR EVALUATIVE INTERVIEW PROCEDURES

992.81	Psychiatric diagnostic interview examination includes a history, mental status and a disposition and may include communication with family or other sources, ordering and
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medical interpretation of laboratory or other medical diagnostic studies

INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR  
MODIFICATION AND/OR SUPPORTIVE

	992.84	992.85	992.86	992.87	992.88	992.89
History	-	Yes	-	Yes	-	Yes
Average Time	20-30	20-30	45-55	45-55	15-40	15-40

MEMS - Medical evaluation and management services

OTHER PSYCHOTHERAPY

992.82	Pharmacologic management, including prescription, use and review of medication with no more than minimal medical psychotherapy
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CENTRAL NERVOUS SYSTEM ASSESSMENT / TESTS

991.19	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time interpreting test results and preparing the report
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END STAGERENAL DISEASE RELATED SERVICES

HCP CS PROCEDURES, PROFESSIONAL SERVICES
G0402, G0403, G0411, G0412, G0413, G0415, G0417, and G0418

HISTORY CODE GRID

Level	History
Problem Focused - PF	1. Chief Complaint 2. Brief History of present illness (problem (1-5 elements))
Expanded Problem Focused - EPF	1. Chief Complaint 2. Brief History of Present Illness 3. Problem pertinent system review
Detailed - DET	1. Chief Complaint 2. Extended History of present illness (>= 4 elements) 3. Extended System review (2-4 systems) 4. Pertinent past family and/or social history (one

