




**noridian**  
Healthcare Solutions

**CMS**  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## Dakota Conference Telehealth

Provider Outreach and Education  
June 2019

Noridian Healthcare Solutions, LLC



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June 2019 2

## Agenda

- Telehealth versus Telemedicine
- Distant and originating site requirements
- Eligible providers and services
- Acceptable equipment
- Coding and billing requirements
- Medicare Updates
- CMS and Noridian Resources

## Virtual Communication

New Professional Technology Codes

## Virtual Communication Care

- CMS interested in health care practice that incorporates innovation and technology
  - Increases physicians access to beneficiaries
  - Defines set of services that involve use of communication technology
  - Services limited to coverable Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) coding

## Virtual Communication Care<sub>2</sub>

- CMS finalizing communication technology based services – refer to code descriptor
  - Newly defined physicians' services paid separately
  - Evaluation of recorded video images – store and forward
  - Brief communication technology-based service – virtual check-in

## Virtual Communication Care<sub>3</sub>

- Physician Fee Schedule and April Release identifies new codes
  - “A” means codes are paid separately if covered

HCPCS	Description	Status Code
G2010	Remote image – evaluation service	A
G2012	Communication technology-based services	A

## Virtual Communication Care<sub>4</sub>

- Non-Face-to-Face Services
  - Telephone/internet/electronic health record consultations

CPT codes	Descriptions	Status
99446	Interprofess/ph/nternet/EHR 5-10 mins	A
99447	Interprofess/ph/nternet/EHR 11-20 mins	A
99448	Interprofess/ph/nternet/EHR 21-30 mins	A
99449	Interprofess/ph/nternet/EHR 31 > mins	A

## Virtual Communication Care<sub>5</sub>

- Non-Face-to-Face Services
  - Telephone/internet/electronic health record consultations

CPT codes	Description	Status
99451	Interprofess/ph/nternet/EHR 5 >	A
99452	Interprofess/ph/nternet/EHR Referral	A

## Telehealth Services

## Telehealth vs Telemedicine

- Telehealth is defined as a specific Medicare benefit that refers to the interaction with Medicare patient
- Telemedicine is defined as a more general concept of interacting with a patient via other than a face- to-face encounter

## What is Telehealth?

- Permits real-time communication between physician/practitioner and beneficiaries
- Use of a telecommunications system substitutes for an in-person encounter
  - Must be an interactive system
  - Patient must be present and participating
- Asynchronous “store and forward” technology is permitted only in Federal telemedicine demonstration programs conducted in Alaska or Hawaii

## Telehealth Benefit in Medicare

- Medicare's Telehealth Benefit is limited
  - Claims Processing Manual, Ch. 12, Section 190
- A qualified Medicare telehealth visit has 4 main components:
  - Audio and video system capabilities
  - Qualified originating site
  - Qualified distant site practitioner type
  - Qualified service

## Originating Sites

Where the beneficiary is located

## Location of Originating Sites

- Medicare beneficiary location at time of service is the “originating site”
  - Rural health professional shortage area (HPSA)
    - Determined by Health Resources and Services Administration
  - County outside Metropolitan Statistical Area (MSA)
    - Determined by United States Census Bureau

## Originating Site Regulations

- Assignment required for physicians, practitioners, and originating sites. Payment to physicians, practitioners, and originating sites is made only on an assignment-related basis.
- A telepresenter is not required as a condition of payment unless a telepresenter is medically necessary as determined by the physician or practitioner at the distant site.



## Authorized Medical Facilities

- Sites authorized by the program
  - Office of a physician or practitioner
  - Hospital
  - Critical Access Hospital (CAHs)
  - Rural Health Clinic (RHC)
  - Federally Qualified Health Center (FQHC)
  - Hospital-Based or CAH-Based Dialysis Center
  - Skilled Nursing Facility (SNF)
  - Community Mental Health Center (CMHC)

## Sites Not Approved

- All other facilities do not meet the statutory requirements of an originating site or authorized facility, including:
  - Beneficiary's home
  - Independent renal dialysis facility
  - Sites within an MSA or not within a HPSA
- Submit claim with GY modifier
  - Statutory requirements not met

## Telehealth Eligibility Search Analyzer

<https://data.hrsa.gov/tools/medicare/telehealth>

Medicare Telehealth Payment Eligibility Analyzer

Check if an address is eligible for Medicare telehealth originating site payment.

Search Criteria  
Please provide a street address, city, and state or a street address and ZIP Code.

Street Address  
Address

City  
City

State/Territory  
State/Territory

ZIP Code  
ZIP Code

Search Reset

### Eligible

Medicare Telehealth Payment Eligibility Analyzer

Check if an address is eligible for Medicare telehealth originating site payment.

Input address: 915 Anderson Drive, Seattle, WA 98122  
Geocoded address: 915 Anderson Dr, Alabaster, Washington, 98122

Start Over  
Date as of 1/1/2019

**Yes**

Yes, the geocoded address is eligible for Medicare telehealth payment.

### Not Eligible

Medicare Telehealth Payment Eligibility Analyzer

Check if an address is eligible for Medicare telehealth originating site payment.

Input address: 555 17th Ave SW, Seattle, WA 98122  
Geocoded address: 555 17th Ave E, Seattle, Washington, 98112

Start Over  
Date as of 1/1/2019

**No**

No, the geocoded address is not eligible for Medicare telehealth payment.

## Originating Site Place of Service Code

- Part B claims
  - Type of service is 9, (other items and services)
  - Place of service is 11, 19, and 22 office
- No participating payment differential for code Q3014
- Submitting Q3014 authenticates the location in either a rural HPSA or non-MSA county

## Distant Site

Where the practitioner providing the service is located

## Distant Site Practitioners

- Medicare eligible practitioners:

Physicians	Nurse Practitioners
Physician Assistants	Nurse Midwives
Clinical Nurse Specialists	Certified Registered Nurse Anesthetists
Psychologists (billing independently)*	Clinical social workers*
Registered Dietitians	Nutritional Professionals

\*CP and CSWs can receive payment for individual psychotherapy but can not bill for medical E/M or medical services (90792, 90833, 90836, 90838)

## Distant Site

- Location of the physician or practitioner providing the professional services
- Interactive audio and video telecommunication
  - Real-time communication
  - Beneficiary must be present and participating
- Medical professional not required to present beneficiary to distant site provider
- Federal telemedicine demonstration in Alaska or Hawaii not address in this training
  - CMS Internet Only Manual, Publication 100-2, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf>

## Distant Site Payment

- Payment equal to current fee schedule amount for service provided
  - Same amount as without telecommunication system
- Service must be within practitioner's scope of practice under State law
- Beneficiary responsible for any applicable deductible and coinsurance
  - Note distant site location must be one that is designated on the providers enrollment form.
  - Home office is an example
  - Hotel rooms, cars, airplanes are not considered eligible locations

## Telehealth Equipment

### Types of Equipment

- Telehealth services are furnished via an interactive telecommunications system.
- Under §410.78(a)(3), an interactive telecommunications system is defined as multimedia communications equipment that includes, MS-1612-FC 187 at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner

## Types of Equipment<sub>2</sub>

- All interactive communication equipment must meet state and federal requirements for privacy and security
  - Skype is not an allowed interface without additional safeguards
- Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system

## Coverage and Coding

## Telehealth Services: Elimination of GT Modifier

- CR 10152 Effective January 1, 2018
- Part B Contractors no longer require GT modifier to be billed along with Place of Service (POS) 02 on professional claims for telehealth services
  - Via interactive audio and video telecommunications systems
- Part A Contractors shall be aware that for distant site services billed under Critical Access Hospital (CAH) method II on institutional claims, the GT modifier will still be required

## Physician Financial Reimbursement

- Physician's or practitioner's office
  - Lesser of 80 percent of actual charge or 80 percent of originating site facility fee
- Geographic practice cost index not applied
  - Fee statutorily set
- Beneficiary or patient responsibility
  - Unmet deductible and coinsurance

## Durable Medical Equipment (DME)

- Scams occur daily and Medicare is no exception One area that has been targeted is DME
- When dealing with suppliers make sure all the appropriate rules of your state as well as Medicare rules are followed.
- Be mindful of third party arrangements
  - Not all are legitimate
  - Kick back scenarios.
  - A telephone call alone is not telehealth

## Telehealth – New Prolonged Preventive Services

- Medicare-covered telehealth service includes
  - Prolonged preventive services
    - HCPCS G0513 first 30 minutes
    - HCPCS G0514 additional 30 minutes
  - Coinsurance and deductible do not apply
- 2019 MPFS Indicator List/Descriptor

Code	Mod	S	GLB	Pre-Op Percent	Intra-Op Percent	Post-Op Percent	P/T	M	B	A	C	T	ICI	PSDP
G0513		A	ZZZ	000000	000000	000000	0	0	0	0	0	0	9	09



## Telehealth – New Acute Stroke Care

- Medicare-covered telehealth service includes
  - Diagnosis, evaluation or treatment of symptoms of an acute stroke
  - Use modifier G0 (G-zero)
  - Act removes restrictions on geographic locations and originating site types
    - Services furnished by any hospital, CAH, mobile stroke unit and current originating sites

## Telehealth – New Acute Stroke Care<sub>2</sub>

- Professional services are expanded
- Originating sites must meet all restrictions

CMS-1500 Billing – Distant site – (Pro fee)	UB-04 – CAH Method II Billing – Distant site (Pro-fee)	UB-04 – Facility – Originating site – Technical Component
G0 modifier	G0 Modifier	G0 Modifier
Place of Service 02	Revenue Codes 096X, 097X, 098X	HCPCS Q3014

## Telehealth – New Diabetes Self-Management Training (DSMT)

- Medicare-covered telehealth service includes
  - Initial training 10 hours and
  - 2 hours of annual follow-up training
  - Cases when injection training not acceptable
  - Services provided by a national accreditation organization approved by CMS

## Telehealth – New Diabetes Self-Management Training (DSMT)<sub>2</sub>

- Individual and group DSMT services must be provided by
  - Physician, Physician Assistant (PA), Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Certified Nurse Midwife (CNM), clinical psychologist, clinical social worker or registered dietitian
- POS 02 or GT, GQ modifier with appropriate HCPCS provides distant site attestation
  - 1 hour in-person injection training has/will be provided as outlined in manual instructions

## Claim Submission Distant

- Submit claims to contractor for performing physician or practitioner’s service area
- Covered CPT or HCPCS code
  - Certifies beneficiary present at eligible originating site
- Covered ESRD codes
  - Certifies beneficiary present at eligible originating site
  - Certifies that one visit per month furnished face-to-face “hands on”

## Part A Payment and Billing Guidelines

Originating Site	Payment Methodology	Type of Bill	Revenue Code
Outpatient Hospital	Outside of OPPS	12X	078X
Inpatient Hospital	Outside DRG	12X	078X
CAH	Separate from cost based (80% of originating site facility fee)	12X	078X
FQHC or RHC	Separate from Prospective Payment System (PPS) or All Inclusive Rate (AIR)	77X or 71X	078X
Hospital-Based or CAH-Based Renal Dialysis Center	In addition to ESRD PPS or Monthly Capitation payment	72X	078X
SNF	Outside of SNF PPS (not subject to consolidated billing)	22X or 23X	078X
CMHC	Not a partial hospitalization service (or used to determine payment for partial hospitalization). Not bundled in per diem.	76X	078X

## Part B Covered Services

CPT/HCPCS	Description
99201-99215	Office or other outpatient
99354 – 99357	Prolonged E/M office/outpatient
90785	Interactive complexity
90791 / 90792	Psychiatric diagnostic interview
90839 / 90840	Psychotherapy for crisis
90845	Psychoanalysis
90846 / 90847	Family psychotherapy
90832 – 90834 90836 – 90838	Individual psychotherapy
96116	Neurobehavioral status exam

## Part B Covered Services<sub>2</sub>

CPT/HCPCS	Description
96150 – 96154	Individual and group health & behavior assessment / intervention
96160 / 96161	Health Risk Assessment
97802 – 97804	Medical nutrition therapy (MNT)
G0270	MNT subsequent reassessment
G0108 / G0109	Diabetes self-management training
G0296	Counseling visit for lung cancer screening using low dose computed tomography
G0396 / G0397	Alcohol and/or substance abuse assessment and intervention
G0436 / G0437 99406 / 99407	Smoking cessation services

## Part B Covered Services<sup>3</sup>

CPT/HCPCS	Description
G0438 / G0439	Annual Wellness Visit (AWV)
G0442	Annual alcohol misuse screening
G0443	Brief behavioral counsel - alcohol misuse
G0444	Annual depression screening
G0445	Behavior counseling to present STI
G0446	Behavioral therapy - cardio
G0447	Behavioral counseling for obesity
G0420 / G0421	Kidney Disease Education (KDE)
G0459	Pharmacologic management
G0506	Care Planning for Chronic Care Management (CCM)
99495 / 99496	Transitional Care Management (TCM)
99497 / 99498	Advance Care Planning (ACP)

## Telehealth Consultations

- At the request of another physician or appropriate source
  - Opinion, advice, recommendation, suggestion, direction or counsel

HCPCS	Description
G0425 – G0427	Initial inpatient or emergency room consultation
G0406 – G0408	Follow up inpatient consultation

## Telehealth Critical Care Consults

HCPCS	Description
G0508	Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
G0509	Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth

## Hospital and Nursing Facility Services

- Subsequent hospital care limited to one telehealth visit every 3 days
- Subsequent nursing facility care limited to one telehealth visit every 30 days
- Frequency does not apply to consulting G-codes

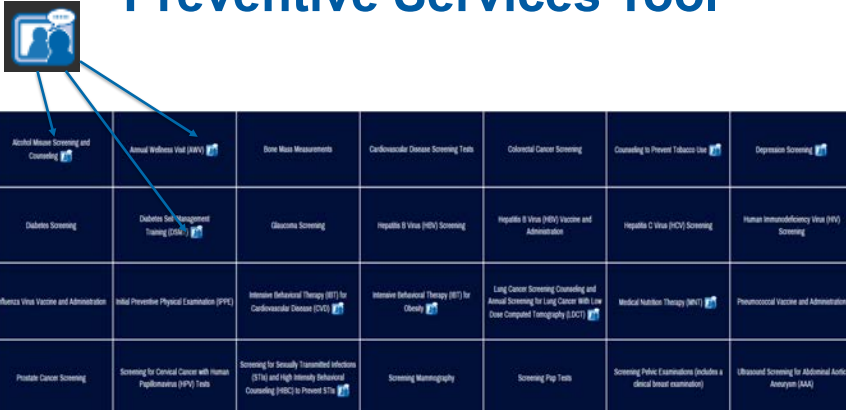
CPT	Description
99231 – 99233	Subsequent hospital care
99307 – 99310	Subsequent nursing facility care

## End Stage Renal Disease Services

- End Stage Renal Disease (ESRD) related services may be billed as telehealth
  - At least one face-to-face, “hands on” visit by MCP provider (one who establishes care)
  - Must be furnished each month to examine vascular access site

CPT	Description
90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961, 90963 – 90966	ESRD services

## Preventive Services Tool



Alcohol Misuse Screening and Counseling	Annual Wellness Visit (AWV)	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use	Depression Screening
Diabetes Screening	Diabetes Self-Management Training (DSMT)	Glaucoma Screening	Hepatitis B Virus (HBV) Screening	Hepatitis B Virus (HBV) Vaccine and Administration	Hepatitis C Virus (HCV) Screening	Human Immunodeficiency Virus (HIV) Screening
Influenza Virus Vaccine and Administration	Initial Preventive Physical Examination (IPPE)	Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)	Intensive Behavioral Therapy (IBT) for Obesity	Lung Cancer Screening, Counseling and Annual Screening for Lung Cancer With Low-Dose Computed Tomography (LDCT)	Medical Nutrition Therapy (MNT)	Pneumococcal Vaccine and Administration
Prostate Cancer Screening	Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests	Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs	Screening Mammography	Screening Pap Tests	Screening Pelvic Examinations (includes a digital breast examination)	Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)

Preventive services that can be performed through telehealth. Identify services when you see following symbol

## Reimbursable Medicare Telehealth Services

- CMS makes additions or deletions annually
- Public has opportunity to submit requests to add or delete services
- Must meet complete request application and meet the submission criteria
- Healthcare community proactively create opportunities to change telemedicine treatment for improve clinical outcomes.

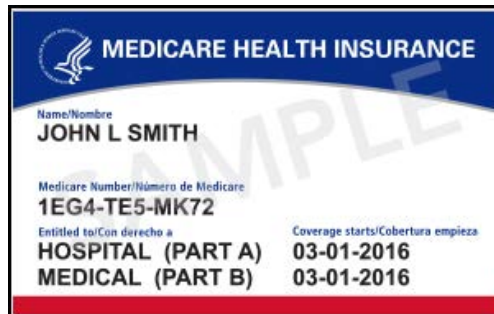
## Medicare Updates

Medicare Beneficiary Identifier  
Provider Practice Address Verification



## New Medicare Card Medicare Beneficiary Identifier (MBI)

- MBI replacing Medicare Health Insurance Claim Number (HICN)
- All cards distributed ahead of scheduled time



## HICN to MBI Transition Period

- Check final countdown
  - <https://med.noridianmedicare.com>
- Timelines
  - MBI transition period  
April 2018 -  
December 2019
  - HICN no longer  
accepted by Noridian  
on January 1, 2020

### HICN to MBI Transition Period

**37 weeks**

until providers/suppliers must  
submit all claims with MBIs only

Read More:

[JEA](#) | [JEB](#) | [JFA](#) | [JFB](#) | [JA](#) | [JD](#)

## Obtaining the MBI

- Ask beneficiary for new insurance card
- MBI lookup tool through NMP
  - Secure web interface
- Remittance advice (RA) updates
  - New MBI displays on RA
- Learn more:
  - <https://www.cms.gov/Medicare/New-Medicare-Card/Providers/Getting-MBIs.html>

## Remittance Advice

- First MID field shows Medicare ID submitted
- Second MID field will show MBI after provider submits a valid/active HICN on claim

PERF	PROV	SERV DATE	POS NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRF
NAME SMITH, JOHN L				<b>MID</b> 000000000A		ACNT 00000000			ICN YYJJBBBBSS000	
				<b>MBI</b> 1EG4TE5MK72						
1111111111	0919	091917	12	10000	J7512 KX	18.33	0.90	0.00	0.18	CO-
1111111111	0919	091917	12	1.0	Q0512	16.00	16.00	0.00	3.20	CO-
1111111111	0919	091917	12	25.0	J7502 KX	522.69	69.23	0.00	13.85	CO-

## Noridian Medicare Portal (NMP) Lookup Tool

- Provider information
- Beneficiary First Name, Last Name, DOB, and SSN
  - Actual SSN, not HICN

## Practice Address Verification

- SE19007: Activation of Systematic Validation Edits for OPPS Providers with Multiple Service Locations
  - These requirements are not new
  - Activating in July 2019
- What you can do
  - Verify claim submission
  - Verify PECOS enrollment
- Read more about provider-based facilities
  - <https://med.noridianmedicare.com/web/jea/provider-types/provider-based-facilities>

## Resources

## Helpful Acronyms

<https://www.cms.gov/apps/acronyms/>

Acronym	Description
<b>ABN</b>	Advance Beneficiary Notice of Noncoverage
<b>CAH</b>	Critical Access Hospital
<b>CMHC</b>	Community Mental Health Center
<b>CR</b>	Change Request
<b>FQHC</b>	Federally Qualified Health Center
<b>HPSA</b>	Health Professional Shortage Area
<b>MPFS</b>	Medicare Physician Fee Schedule
<b>MSA</b>	Metropolitan Statistical Area
<b>RHC</b>	Rural Health Clinic
<b>VICS</b>	Virtual Integrated Communications System

## Resources

- Noridian Part A/B website
  - <https://med.noridianmedicare.com/>
    - Select the appropriate Jurisdiction
    - Select Browse by Topic/Telehealth

## CMS Resources<sup>1</sup>

- CMS Resources
  - Internet Only Manual (IOM) – Publication 100-02, Benefit Policy Manual, Chapter 5
    - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf>
  - Internet Only Manual (IOM) – Publication 100-04, Claims Processing Manual Chapter 12
    - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

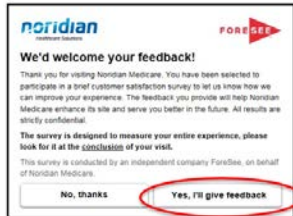
## CMS Resources<sub>2</sub>

- CMS dedicated telehealth website
  - <http://www.cms.gov/Telehealth>
- Preventive services
  - <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/index.html>
- Medicare Claim Processing Manual, Publication 100-4, Chapter 12, Section 190
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf>

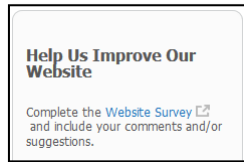
## CMS Resources<sub>3</sub>

- Medicare Learning Network (MLN) Article
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf>
- DME On Demand Video
  - <https://med.noridianmedicare.com/web/jddme/education/dme-on-demand>

## Website Satisfaction Survey



- Take Survey from Invitation
  - Click “Yes, I’ll give feedback”



- Choose your own time to respond
  - Visit the Noridian home page
  - Select “Website Survey”

**Note:** Survey is for feedback regarding Noridian website and Portal Only

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Questions?

Thank you!