Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

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Learn about these Medicare telehealth services topics:

- Originating sites
- Distant site practitioners
- Telehealth services
- Telehealth services billing and payment
- Telehealth originating sites billing and payment
- Resources
- Helpful websites and Regional Office Rural Health Coordinators

Medicare pays for specific (Part B) physician or practitioner services furnished through a telecommunications system. Telehealth services substitute for an in-person encounter.

**ORIGINATING SITES**

An originating site is the location where a Medicare beneficiary gets physician or practitioner medical services through a telecommunications system. The beneficiary must go to the originating site for the services located in either:

- A county outside a Metropolitan Statistical Area (MSA)
- A rural Health Professional Shortage Area (HPSA) in a rural census tract

The Health Resources and Services Administration (HRSA) decides HPSAs, and the Census Bureau decides MSAs. To see a potential Medicare telehealth originating site’s payment eligibility, go to HRSA’s [Medicare Telehealth Payment Eligibility Analyzer](#).

Providers qualify as originating sites, regardless of location, if they were participating in a Federal telemedicine demonstration project approved by (or getting funding from) the U.S. Department of Health & Human Services as of December 31, 2000.

Beginning July 1, 2019, the [Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act](#) removes the originating site geographic conditions and adds an individual’s home as a permissible originating telehealth services site for treatment of a substance use disorder or a co-occurring mental health disorder.
Each December 31 of the prior calendar year (CY), an originating site’s geographic eligibility is based on the area’s status. This eligibility continues for a full CY. Authorized originating sites include:

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

**Note:** Medicare does not apply originating site geographic conditions to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and beneficiary homes when practitioners furnish monthly home dialysis ESRD-related medical evaluations. Independent Renal Dialysis Facilities are not eligible originating sites.

Beginning January 1, 2019, the Bipartisan Budget Act of 2018 removed the originating site geographic conditions and added eligible originating sites to diagnose, evaluate, or treat symptoms of an acute stroke. Go to MLN Matters® article, [New Modifier for Expanding the Use of Telehealth for Individuals with Stroke](#) to learn how to use the new modifier for billing.
DISTANT SITE PRACTITIONERS

Distant site practitioners who can furnish and get payment for covered telehealth services (subject to State law) are:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs)
  - CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professional
**TELEHEALTH SERVICES**

You must use an interactive audio and video telecommunications system that permits real-time communication between you at the distant site, and the beneficiary at the originating site.

Transmitting medical information to a physician or practitioner who reviews it later is permitted only in Alaska or Hawaii Federal telemedicine demonstration programs.

**CY 2019 Medicare Telehealth Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS/CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth consultations, emergency department or initial inpatient</td>
<td>G0425–G0427</td>
</tr>
<tr>
<td>Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs</td>
<td>G0406–G0408</td>
</tr>
<tr>
<td>Office or other outpatient visits</td>
<td>99201–99215</td>
</tr>
<tr>
<td>Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days</td>
<td>99231–99233</td>
</tr>
<tr>
<td>Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days</td>
<td>99307–99310</td>
</tr>
<tr>
<td>Individual and group kidney disease education services</td>
<td>G0420–G0421</td>
</tr>
<tr>
<td>Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training</td>
<td>G0108–G0109</td>
</tr>
<tr>
<td>Individual and group health and behavior assessment and intervention</td>
<td>96150–96154</td>
</tr>
<tr>
<td>Individual psychotherapy</td>
<td>90832–90838</td>
</tr>
<tr>
<td>Telehealth Pharmacologic Management</td>
<td>G0459</td>
</tr>
<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>90791–90792</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment</td>
<td>90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</td>
<td>90963</td>
</tr>
</tbody>
</table>

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### CY 2018 Medicare Telehealth Services (cont.)

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS/CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per</td>
<td>90964</td>
</tr>
<tr>
<td>full month, for patients 2–11 years of age to include monitoring for</td>
<td></td>
</tr>
<tr>
<td>the adequacy of nutrition, assessment of growth and development, and</td>
<td></td>
</tr>
<tr>
<td>counseling of parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per</td>
<td>90965</td>
</tr>
<tr>
<td>full month, for patients 12–19 years of age to include monitoring for</td>
<td></td>
</tr>
<tr>
<td>the adequacy of nutrition, assessment of growth and development, and</td>
<td></td>
</tr>
<tr>
<td>counseling of parents</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per</td>
<td>90966</td>
</tr>
<tr>
<td>full month, for patients 20 years of age and older</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for dialysis less than</td>
<td>90967</td>
</tr>
<tr>
<td>a full month of service, per day; for patients younger than 2 years</td>
<td></td>
</tr>
<tr>
<td>of age</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for dialysis less than</td>
<td>90968</td>
</tr>
<tr>
<td>a full month of service, per day; for patients 2–11 years of age</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for dialysis less than</td>
<td>90969</td>
</tr>
<tr>
<td>a full month of service, per day; for patients 12–19 years of age</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for dialysis less than</td>
<td>90970</td>
</tr>
<tr>
<td>a full month of service, per day; for patients 20 years of age and old</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual and group medical nutrition therapy</td>
<td>G0270, 97802–97804</td>
</tr>
<tr>
<td>Neurobehavioral status examination</td>
<td>96116</td>
</tr>
<tr>
<td>Smoking cessation services</td>
<td>G0436, G0437, 99406, 99407</td>
</tr>
<tr>
<td>Alcohol and/or substance (other than tobacco) abuse structured</td>
<td>G0396, G0397</td>
</tr>
<tr>
<td>assessment and intervention services</td>
<td></td>
</tr>
<tr>
<td>Annual alcohol misuse screening, 15 minutes</td>
<td>G0442</td>
</tr>
<tr>
<td>Brief face-to-face behavioral counseling for alcohol misuse, 15</td>
<td>G0443</td>
</tr>
<tr>
<td>minutes</td>
<td></td>
</tr>
<tr>
<td>Annual depression screening, 15 minutes</td>
<td>G0444</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS/CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>High-intensity behavioral counseling to prevent sexually transmitted</td>
<td>G0445</td>
</tr>
<tr>
<td>infection; face-to-face, individual, includes: education, skills</td>
<td></td>
</tr>
<tr>
<td>training and guidance on how to change sexual behavior; performed</td>
<td></td>
</tr>
<tr>
<td>semi-annually, 30 minutes</td>
<td></td>
</tr>
<tr>
<td>Annual, face-to-face intensive behavioral therapy for cardiovascular</td>
<td>G0446</td>
</tr>
<tr>
<td>disease, individual, 15 minutes</td>
<td></td>
</tr>
<tr>
<td>Face-to-face behavioral counseling for obesity, 15 minutes</td>
<td>G0447</td>
</tr>
<tr>
<td>Transitional care management services with moderate medical decision</td>
<td>99495</td>
</tr>
<tr>
<td>complexity (face-to-face visit within 14 days of discharge)</td>
<td></td>
</tr>
<tr>
<td>Transitional care management services with high medical decision</td>
<td>99496</td>
</tr>
<tr>
<td>complexity (face-to-face visit within 7 days of discharge)</td>
<td></td>
</tr>
<tr>
<td>Advance Care Planning, 30 minutes</td>
<td>99497</td>
</tr>
<tr>
<td>Advance Care Planning, additional 30 minutes</td>
<td>99498</td>
</tr>
<tr>
<td>Psychoanalysis</td>
<td>90845</td>
</tr>
<tr>
<td>Family psychotherapy (without the patient present)</td>
<td>90846</td>
</tr>
<tr>
<td>Family psychotherapy (conjoint psychotherapy) (with patient present)</td>
<td>90847</td>
</tr>
<tr>
<td>Prolonged service in the office or other outpatient setting requiring</td>
<td>99354</td>
</tr>
<tr>
<td>direct patient contact beyond the usual service; first hour</td>
<td></td>
</tr>
<tr>
<td>Prolonged service in the office or other outpatient setting requiring</td>
<td>99355</td>
</tr>
<tr>
<td>direct patient contact beyond the usual service; each additional 30</td>
<td></td>
</tr>
<tr>
<td>minutes</td>
<td></td>
</tr>
<tr>
<td>Prolonged service in the inpatient or observation setting requiring</td>
<td>99356</td>
</tr>
<tr>
<td>unit/floor time beyond the usual service; first hour (list separately</td>
<td></td>
</tr>
<tr>
<td>in addition to code for inpatient evaluation and management service)</td>
<td></td>
</tr>
<tr>
<td>Prolonged service in the inpatient or observation setting requiring</td>
<td>99357</td>
</tr>
<tr>
<td>unit/floor time beyond the usual service; each additional 30 minutes</td>
<td></td>
</tr>
<tr>
<td>(list separately in addition to code for prolonged service)</td>
<td></td>
</tr>
<tr>
<td>Annual Wellness Visit, includes a personalized prevention plan of</td>
<td>G0438</td>
</tr>
<tr>
<td>service (PPPS) first visit</td>
<td></td>
</tr>
</tbody>
</table>

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## CY 2018 Medicare Telehealth Services (cont.)

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS/CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit</td>
<td>G0439</td>
</tr>
<tr>
<td>Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth</td>
<td>G0508</td>
</tr>
<tr>
<td>Telehealth Consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth</td>
<td>G0509</td>
</tr>
<tr>
<td>Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)</td>
<td>G0296</td>
</tr>
<tr>
<td>Interactive Complexity Psychiatry Services and Procedures</td>
<td>90785</td>
</tr>
<tr>
<td>Health Risk Assessment</td>
<td>96160, 96161</td>
</tr>
<tr>
<td>Comprehensive assessment of and care planning for patients requiring chronic care management</td>
<td>G0506</td>
</tr>
<tr>
<td>Psychotherapy for crisis</td>
<td>90839, 90840</td>
</tr>
<tr>
<td>Prolonged preventive services</td>
<td>G0513, G0514</td>
</tr>
</tbody>
</table>

A physician, NP, PA, or CNS must furnish at least one ESRD-related “hands on visit” (not telehealth) each month to examine the beneficiary’s vascular access site.
TELEHEALTH SERVICES BILLING AND PAYMENT

Submit professional telehealth service claims using the appropriate CPT or HCPCS code.

If you performed telehealth services “through an asynchronous telecommunications system”, add the telehealth GQ modifier with the professional service CPT or HCPCS code (for example, 99201 GQ). You are certifying the asynchronous medical file was collected and transmitted to you at the distant site from a Federal telemedicine demonstration project conducted in Alaska or Hawaii.

Submit telehealth services claims, using Place of Service (POS) 02-Telehealth, to indicate you furnished the billed service as a professional telehealth service from a distant site. As of January 1, 2018, distant site practitioners billing telehealth services under the CAH Optional Payment Method II must submit institutional claims using the GT modifier.

Bill covered telehealth services to your Medicare Administrative Contractor (MAC). They pay you the appropriate telehealth services amount under the Medicare Physician Fee Schedule (PFS). If you are located in, and you reassigned your billing rights to, a CAH and elected the Optional Payment Method II for outpatients, the CAH bills the telehealth services to the MAC. The payment is 80 percent of the Medicare PFS facility amount for the distant site service.

TELEHEALTH ORIGINATING SITES BILLING AND PAYMENT

HCPCS Code Q3014 describes the Medicare telehealth originating sites facility fee. Bill your MAC for the separately billable Part B originating site facility fee.

Note: The originating site facility fee does not count toward the number of services used to determine payment for partial hospitalization services when a CMHC serves as an originating site.

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## RESOURCES

### Telehealth Services Resources

<table>
<thead>
<tr>
<th>For More Information About...</th>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth Services</td>
<td>CMS.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html</td>
</tr>
<tr>
<td></td>
<td>CMS.gov/Medicare/Medicare-General-Information/Telehealth</td>
</tr>
<tr>
<td>Physician Bonuses</td>
<td>CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses</td>
</tr>
<tr>
<td></td>
<td>CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1246598.html</td>
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</table>

### Hyperlink Table

<table>
<thead>
<tr>
<th>Embedded Hyperlink</th>
<th>Complete URL</th>
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<tbody>
<tr>
<td>Health Professional Shortage Area</td>
<td><a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses</a></td>
</tr>
<tr>
<td>Medicare Telehealth Payment Eligibility Analyzer</td>
<td><a href="https://data.hrsa.gov/tools/medicare/telehealth">https://data.hrsa.gov/tools/medicare/telehealth</a></td>
</tr>
<tr>
<td>New Modifier for Expanding the Use of Telehealth for Individuals with Stroke</td>
<td><a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10883.pdf">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10883.pdf</a></td>
</tr>
<tr>
<td>Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act</td>
<td><a href="https://www.congress.gov/bill/115th-congress/house-bill/6">https://www.congress.gov/bill/115th-congress/house-bill/6</a></td>
</tr>
</tbody>
</table>
HELPFUL WEBSITES

American Hospital Association Rural Health Care
https://www.aha.org/advocacy/small-or-rural

Critical Access Hospitals Center
https://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html

Disproportionate Share Hospitals
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh.html

Federally Qualified Health Centers Center
https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html

Health Resources and Services Administration
https://www.hrsa.gov

Hospital Center
https://www.cms.gov/Center/Provider-Type/Hospital-Center.html

Medicare Learning Network®
http://go.cms.gov/MLNGenInfo

National Association of Community Health Centers
http://www.nachc.org

National Association of Rural Health Clinics
https://narhc.org

National Rural Health Association
https://www.ruralhealthweb.org

Rural Health Clinics Center
https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html

Rural Health Information Hub
https://www.ruralhealthinfo.org

Swing Bed Providers
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html

Telehealth
https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth

Telehealth Resource Centers
https://www.telehealthresourcecenter.org

U.S. Census Bureau
https://www.census.gov

REGIONAL OFFICE RURAL HEALTH COORDINATORS

To find contact information for CMS Regional Office Rural Health Coordinators who provide technical, policy, and operational assistance on rural health issues, refer to CMS.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf.

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