



MEDICARE REIMBURSEMENT CHECKLIST FOR TELEHEALTH PROFESSIONAL FEES - 2008

To bill Medicare for professional fees for telehealth encounters or consultations, each box must be checked.

- Medicare beneficiary resides in, or utilizes the telemedicine system in federally designated rural Health Professional Shortage Area (HPSA), in a county that is not included in a Metropolitan Statistical Area (MSA); or from an entity that participates in a Federal telemedicine demonstration project that has been approved by (or receives funding from) the Secretary of HHS as of December 31, 2000.
- The encounter involved one of the following CPT codes:

Telehealth Service	CPT/HCPCS Codes
Consultations ¹	99241-99255
Office or other outpatient visits	99201-99215
Psychiatric diagnostic interview examination	90801
Individual psychotherapy	90804-90809
Pharmacologic management	90862
Individual Medical Nutrition Therapy	G0270, 97802, 97803
End Stage Renal Disease (ESRD) related services	G0308, G0309, G0311, G0312, G0314, G0315, G0317, G0318
Neurobehavioral Status Exam	96116

- The patient was seen from one of the following “originating sites²”: the office of a physician or practitioner, a critical access hospital, a rural health clinic, a federally qualified health center, or a hospital.
- The patient was present and the encounter involved interactive audio and video telecommunications that provides real-time communication between the practitioner and the Medicare beneficiary.
- The encounter was performed by a physician, nurse practitioner, physician assistant, nurse midwife, clinical nurse specialist, clinical psychologist, or clinical social worker.

If all boxes are checked you may submit a claim to Medicare and the following must occur:

- ◆ Beneficiary is responsible for coinsurance and deductible payments.
- ◆ Amount of reimbursement cannot exceed the current fee schedule of the consultant/practitioner.
- ◆ Beneficiaries may not be billed directly for any facility or telecommunication charges.
- ◆ “GT” modifier code must be used on the claim.

IMPORTANT NOTE: X-rays, diagnostic ultrasound, electrocardiogram, electroencephalogram, cardiac pace maker analysis are all covered regardless of the criteria at the top of this page. These are services that do not normally require in-person interaction between provider and patient.

¹ The American Medical Association deleted CPT codes 99261-99263 (hospital inpatient follow-up consultations) and codes 99271-99275 (confirmatory consultations). Thus, effective January 1, 2006 these CPT codes are no longer reimbursable by telehealth or in-person.

² As defined in legislation, “originating site” is where the patient is located, and “distant site” is where the healthcare provider is located.