




**PRISM**  
 Medicare Update **SPRING 2019**

**Medicare Part B Update  
 Kentucky Telehealth Summit**

CGS Administrators, LLC





**PRISM** Provider Resources, Information, & Self-Service Manual  
 Medicare Update - Spring 2019

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This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.

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**Provider Resources, Information, & Self-Service Manual**  
**MEDICARE UPDATE - SPRING 2019**

## Medicare and Telehealth

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**Provider Resources, Information, & Self-Service Manual**  
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## Medicare and Telehealth Services

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- 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.

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## Medicare and Telehealth 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](#).



## Medicare and Telehealth Originating Sites

### 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



## Medicare and Telehealth 2019 Originating Site Changes

- 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. MLN Matters® article entitled: [New Modifier for Expanding the Use of Telehealth for Individuals with Stroke](#) explains how to use the new modifier for billing.
- 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.

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## Medicare and Telehealth Distance 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
- Registered dietitians or nutrition professional
- 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.

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## Medicare and Telehealth CY 2019 Medicare Telehealth Services

**CY 2019 Medicare Telehealth Services**

Service	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	G0425-G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406-G0408
Office or other outpatient visits	99201-99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	99231-99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	99307-99310
Individual and group kidney disease education services	G0420-G0421
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	G0108-G0109
Individual and group health and behavior assessment and intervention	96150-96154
Individual psychotherapy	90832-90838
Telehealth Pharmacologic Management	G0459
Psychiatric diagnostic interview examination	90791-90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961
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	90963

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## Medicare and Telehealth CY 2019 Medicare Telehealth Services

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

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## Medicare and Telehealth CY 2019 Medicare Telehealth Services

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

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## Medicare and Telehealth CY 2019 Medicare Telehealth Services

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

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.

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## The New Medicare Card Project

The *Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)* requires us to remove Social Security Numbers (SSNs) from all Medicare cards

- This was implemented to better protect private health care and financial information
- A new *Medicare Beneficiary Identifier (MBI)* replaces the SSN-based Health Insurance Claim Number (HICN)
  - CMS used an MBI generator to assign 150 million MBIs in the initial enumeration and a unique MBI for each new Medicare enrollee
  - New cards were scheduled to be mailed between April 2018 – April 2019
  - The final mailing wave was completed in mid-January 2019
- Providers may use either identifier during the transition period
  - April 1, 2018 – December 31, 2019



## The New Medicare Card Project Get It! Use It!

### Ways to obtain the new MBI

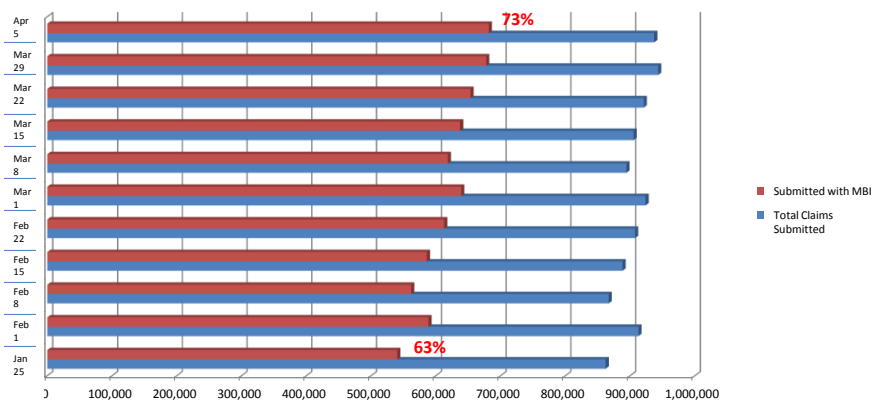
- myCGS has been enhanced to include an [MBI Look-Up Tool!](#)
  - Must have patient's first/last name, date of birth, and social security number
- Ask patient for copy of card
- Patient can access account on [mymedicare.gov](http://mymedicare.gov) to look up MBI
- Since October 2018, MBIs are noted on your remittance advices
  - [Electronic Remittance Advice \(ERA\)](#)
  - [Paper Remittance Advice \(RA\)](#)

### MBI Resources

- The [MLN Fact Sheet](#) is a great resource for you!
- [NEWSFLASH!](#) Adding an 'A' to a SSN is not always the patient's HICN!



## Are YOU Using the MBI???



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# STAY CONNECTED!

**DOWNLOAD**  
our GoMobile app!

GET IT ON  
**Google Play**

Download on the  
**Mac App Store**

**VISIT**

our myCGS Web portal

<https://www.cgsmedicare.com/mycgs!>

**CHECK**

out our website!

<https://www.cgsmedicare.com!>

**REGISTER**

for our email notifications!

[https://www.cgsmedicare.com/medicare\\_dynamic/ls/001.asp!](https://www.cgsmedicare.com/medicare_dynamic/ls/001.asp!)

**FOLLOW**

our social media!

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Find us on

**ATTEND** our events!

Part A - [https://www.cgsmedicare.com/medicare\\_dynamic/wrkshp/pr/parta\\_report.asp](https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/parta_report.asp)

Part B - [https://www.cgsmedicare.com/medicare\\_dynamic/wrkshp/pr/partb\\_report.asp](https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/partb_report.asp)

HHH - [https://www.cgsmedicare.com/medicare\\_dynamic/wrkshp/pr/HHH\\_Report.asp](https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/HHH_Report.asp)






## Self-Service Technology: CGS URLs to Save!

Web Page	URL
<b>CGS Website</b>	<a href="http://www.cgsmedicare.com">http://www.cgsmedicare.com</a> <ul style="list-style-type: none"> <li>• Kentucky &amp; Ohio Part B <a href="#">homepage</a></li> <li>• Part B Education &amp; Events: <a href="#">Request</a> CGS education</li> </ul>
<b>E-mail Inquiries</b>	Online Help Center <a href="http://www.cgsmedicare.com/partb/cs/online_help.html">http://www.cgsmedicare.com/partb/cs/online_help.html</a>
<b>E-mail Notifications</b>	<a href="http://www.cgsmedicare.com/medicare_dynamic/ls/001.asp">http://www.cgsmedicare.com/medicare_dynamic/ls/001.asp</a>

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## Self-Service Technology: Other URLs to Save!

Web Page	Details
<b>Medscape</b>	Complete education <a href="#">modules</a> for CME/CE credit
<b>CMS Medicare Home Page</b>	<a href="http://www.cms.gov/Medicare/Medicare.html">http://www.cms.gov/Medicare/Medicare.html</a> <ul style="list-style-type: none"> <li>• SNF Consolidated Billing (<a href="#">SNF-CB</a>)</li> <li>• Physician Fee Schedule Look-Up <a href="#">Tool</a></li> <li>• <a href="#">Preventive</a> Services</li> <li>• <a href="#">MLN</a> Catalog of Products</li> <li>• Internet-Only Manuals (<a href="#">IOM</a>)</li> <li>• Medicare Managed Care Manual: <a href="#">Pub. 100-16</a></li> <li>• Evaluation and Management (<a href="#">E/M</a>) Services Guidelines</li> <li>• The CMS <a href="#">Innovation</a> Center</li> <li>• Commonly used <a href="#">acronyms</a> – an interactive tool</li> </ul>

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# Questions?

Thanks for joining us!