

Next Generation ACO Model Telehealth Waiver

May 2017

Currently, in traditional fee-for-service Medicare, use of the telehealth benefit is limited to rural Health Professional Shortage Areas (HPSA¹) and [CMS defined telehealth originating sites](#). The NGACO telehealth waiver eliminates the rural geographic component of originating site requirements and allows the originating site to include a beneficiary's home. The waiver will apply only to beneficiaries aligned to a NGACO and for services furnished by a NGACO Next Generation Participant or Preferred Provider approved to use the waiver.

An aligned beneficiary will be eligible for the telehealth waiver if the beneficiary is located at their home or one of the CMS defined telehealth originating sites.

Frequently Asked Questions

Q1: What telehealth services are covered by Medicare?

A: Medicare currently covers a limited number of Part B services delivered by an approved provider to a Medicare beneficiary. The provider must be located in an approved "originating site" and services must be delivered by face-to-face consult using live video conferencing technology.

Q2: What is an originating site under existing Medicare telehealth rules? Where do providers specify this originating site in claims?

A: An originating site is the place where the patient is located when the telehealth service is provided. Approved originating sites include the following:

- Physicians' or practitioners' offices
- Hospitals
- Clinics and federally qualified health centers
- Hospital-based renal dialysis centers (including satellites)²
- Skilled nursing facilities (SNFs)
- Community mental health centers

Q3: Who can bill for providing telehealth services?

A: Only the following providers can receive reimbursement for delivering care using telehealth technology:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists
- Clinical social workers

¹ For information on HPSAs, visit <https://bhw.hrsa.gov/shortage-designation/hpsas>.

² Independent renal dialysis facilities do not qualify as originating sites.

- Registered dietitians
 - Nutrition professionals
-

Q4: What billable services can be provided using telehealth technology?

A: The following services (and HCFA (Healthcare Financing Administration) Common Procedure Coding System [HCPCS]/Current Procedural Terminology [CPT] codes³) delivered via telehealth are reimbursable by Medicare as long as they are delivered by an approved provider to a patient located at an approved originating site.⁴

FACILITY-BASED CARE

- Telehealth consultations in an emergency department, inpatient hospital, or SNF (HCPCS G0406-0408 and HCPCS G0425-0427)
- Subsequent inpatient care (hospital or SNF) (CPT 99231-99233 & CPT 99307-99310)
- End-stage renal disease (ESRD)-related services (CPT 90951-90952, CPT 90954-90955, CPT 90957-90958, CPT 90960-90961, and CPT 90963-90970)
- Transitional care management (CPT 99495-99496)
- Advance care planning (CPT 99497-99498)
- Prolonged service (CPT 99356-99357)

GENERAL OUTPATIENT CARE

- Office or outpatient visit (CPT 99201-99205, 99211-99215)
- Annual wellness care (HCPCS G0438-G0439)
- Prolonged service (CPT 99354-99355)
- Critical care telehealth consultation (HCPCS G0508-G0509)

HEALTH AND CONDITION MANAGEMENT

- Kidney disease education services (HCPCS G0420-0421)
- Diabetes self-management training (HCPCS G0108-0109)
- Health and behavior assessment and intervention (CPT 96150-96154)
- Medical nutrition therapy (HCPCS G0270 and CPT 97802-97804)
- Pharmacologic management (HCPCS G0459)

BEHAVIORAL HEALTH

- Individual or family psychotherapy (CPT 90832-90834, CPT 90836-90838, and CPT 90846-90847)
 - Psychiatric diagnostic interview (CPT 90791-90792)
 - Psychoanalysis (CPT 90845)
 - Neurobehavioral status examination (CPT 96116)
 - Smoking cessation (CPT 99406-99407)
 - Alcohol and substance abuse assessment and intervention (HCPCS G0396-0397)
 - Alcohol screening or counseling (HCPCS G0442-0443)
 - Annual depression screening (HCPCS G0444)
 - Behavioral counseling to prevent sexually transmitted diseases (HCPCS G0445)
 - Behavioral therapy for cardiovascular disease (HCPCS G0446)
 - Behavioral counseling for obesity (HCPCS G0447)
-

³ CPT (Current Procedural Terminology) Copyright Notice

Throughout this FAQ, we use CPT codes and descriptions to refer to a variety of services. We note that CPT codes and descriptions are copyright 2016 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association (AMA). Applicable Federal Acquisition Regulations (FAR) and Defense Federal Acquisition Regulations (DFAR) apply.

⁴ The complete list of services, with descriptions, is available at <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcfsctst.pdf>.

Q5: How does this waiver differ from what is currently covered by Medicare?

A: This waiver does not expand the list of covered services. The waiver extends the use of telehealth services in two distinct ways: (1) the originating site (where the patient is located at the time of service) does not have to be in a rural HPSA area; and (2) the list of approved originating sites has been expanded to include the patient's place of residence (that is, home).

Q6: How do I bill telehealth waiver services?

A: Telehealth service providers should follow the Medicare fee-for-service rules by using the appropriate Place of Service (POS), HCPCS or CPT code, and modifier GT to indicate the professional service was delivered using synchronous (that is, real-time) technology. For further detail regarding reporting telehealth services, see the Medicare Claims Processing Manual, Pub. 100-04, chapter 12, section 190.3, available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>.

Q7: Which POS code should be used when the originating site is the beneficiary's home?

A: POS 02 (telehealth) should be used for all telehealth services reported by physicians or practitioners (that is, the distant site provider). More information about this new guidance is available in the 2017 Physician Fee Schedule (<https://www.gpo.gov/fdsys/pkg/FR-2016-11-15/pdf/2016-26668.pdf>). Previous guidance provided by the NGACO model team to use POS 12 (beneficiary's home) when the beneficiary's place of residence was the originating site should be disregarded.

Q8: What is asynchronous telehealth and is it covered under this waiver?

A: Asynchronous telehealth technology is also known as store-and-forward technology. Distinct from synchronous telehealth services (also known as live, real-time, or face-to-face), asynchronous care occurs when a patient's information is transmitted to a provider and reviewed at later time. Examples of store-and-forward technology include the review of test and lab results. Asynchronous telehealth is not reimbursed by Medicare and is therefore not covered by this waiver (because the waiver does not expand the list of covered services).

Q9: What is secure messaging and is this covered under the ACO telehealth waiver?

A: Secure messaging is the use of a secure email server to electronically communicate directly with the patient. Secure messaging is not reimbursed by Medicare because it is considered an alternative to telephone calls between the patient and provider. However, this does not prohibit providers from using secure messaging if it is viewed as a more efficient means for communication.

Q10: If the ACO intends to use telehealth to support care coordination, are providers able to bill for these services?

A: Yes, telehealth can be used to support care coordination, as long as services fall under one of the approved service codes and telehealth is used in accordance with current Medicare telehealth coverage rules and the Next Generation Model waiver. To use the waiver, Next Generation participants and preferred providers must be designated on the applicable list with the telehealth benefit enhancement indicator and must be a type of Medicare-enrolled provider that can bill for the codes listed above.

Q11: Can facilities located in urban areas (that is, non-health professional shortage areas [non-HPSAs¹] that are serving as an originating site (that is, where the beneficiary is located) bill Medicare for the facility fee payment?

A: Yes. Facilities located in urban areas (that is, non-HPSAs¹) that are serving as an originating site (where the beneficiary is located) can bill Medicare for the facility fee payment. ACOs that would like to add facilities for this purpose will indicate the Telehealth Expansion Benefit Enhancement for both physicians and facilities in the Provider List Processing Tool in order to allow physicians (and other professionals) to serve as the distant site practitioner and facilities to serve as the originating site.
