



New Modifier for Expanding the Use of Telehealth for Individuals with Stroke

MLN Matters Number: MM10883

Related Change Request (CR) Number: 10883

Related CR Release Date: September 28, 2018 Effective Date: January 1, 2019

Related CR Transmittal Number: R2142OTN Implementation Date: January 7, 2019

PROVIDER TYPE AFFECTED

This MLN Matters Article is intended for physicians and providers billing Medicare Administrative Contractors (MACs) for stroke telehealth services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change request (CR) 10883 establishes use of a new Healthcare Common Procedure Coding System (HCPCS) modifier, G0 (G Zero), to be appended on claims for telehealth services that are furnished on or after January 1, 2019, for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke. Make certain your billing staff is aware of this new code.

BACKGROUND

Section 50325 of the Bipartisan Budget Act of 2018 amended section 1834(m) of the Act by adding a new paragraph (6) that provides special rules for telehealth services furnished on or after January 1, 2019, for purposes of diagnosis, evaluation or treatment of symptoms of an acute stroke (acute stroke telehealth services), as determined by the Secretary. Specifically, section 1834(m)(6)(A) of the Act removes the restrictions on the geographic locations and the types of originating sites where acute stroke telehealth services can be furnished.

Section 1834(m)(6)(B) of the Act specifies that acute stroke telehealth services can be furnished in any hospital, critical access hospital, mobile stroke units (as defined by the Secretary), or any other site determined appropriate by the Secretary, in addition to the current eligible telehealth originating sites. Section 1834(m)(6)(C) of the Act limits payment of an originating site facility fee to acute stroke telehealth services furnished in sites that meet the usual telehealth restrictions under section 1834(m)(4)(C) of the Act.

In order to implement the requirements described in Section 50325 of the Bipartisan Budget Act

of 2018, Centers for Medicare & Medicaid Services (CMS) is proposing to create a new modifier that would be used to identify acute stroke telehealth services. The distant site practitioner and, as appropriate, the originating site, would append this modifier when clinically appropriate to the HCPCS code when billing for an acute stroke telehealth service or an originating site facility fee, respectively. Section 50325 of the Bipartisan Budget Act of 2018 did not amend section 1834(m)(4)(F) of the Act, which limits the scope of telehealth services to those on the Medicare telehealth list. Practitioners are responsible for assessing whether it would be clinically appropriate to use this modifier with codes from the Medicare telehealth list. By billing with this modifier, practitioners are indicating that the codes billed were used to furnish telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke.

KEY POINTS

This new modifier will be part of the annual January 2019 HCPCS update

- Effective for claims with dates of service on and after January 1, 2019, MACs will accept new informational HCPCS modifier G0 to be used to identify Telehealth services furnished for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke.
- Modifier G0 is valid for all:
 - Telehealth distant site codes billed with Place of Service (POS) code 02 or Critical Access Hospitals, CAH method II (revenue codes 096X, 097X, or 098X); or
 - Telehealth originating site facility fee, billed with HCPCS code Q3014.

ADDITIONAL INFORMATION

The official instruction, CR10883, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2142OTN.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
November 27, 2018	Initial article released.

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