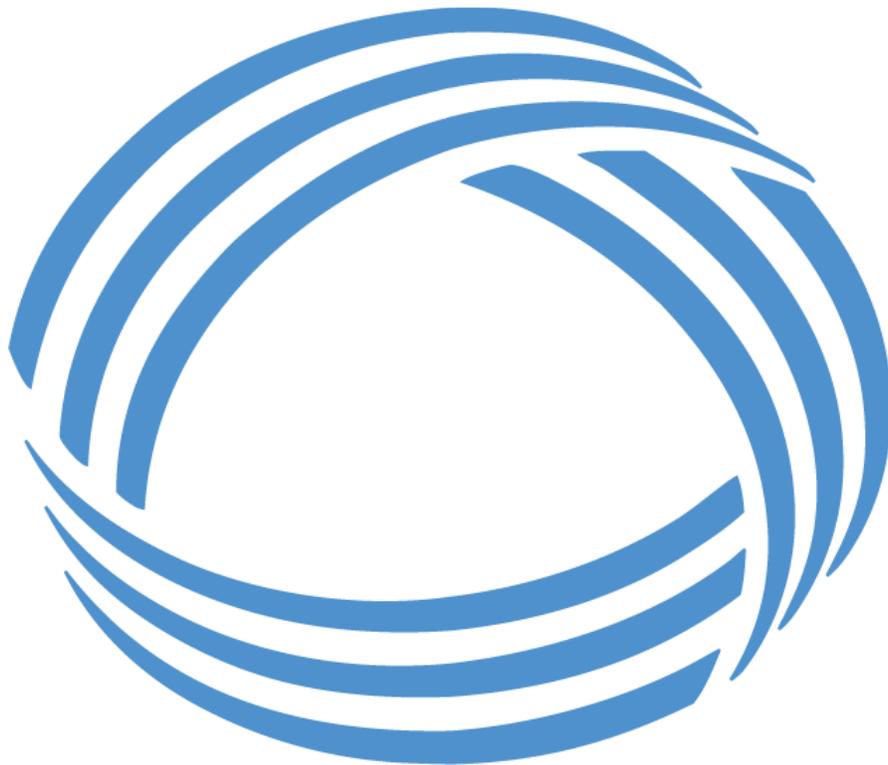


# **Telemedicine Guidance**



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

**DIVISION OF MEDICAID**

October 1, 2018

**Policy Revisions Record Telemedicine Guidance  
2018**

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE	CITATION
			A=Added D=Deleted M=Modified	(Revision required by Regulation, Legislation, etc.)
Jan. 1, 2018		Revised CPT Code description	M	N/A
Oct. 1 2018		Added Audiology Codes and language related to Behavioral Health Services (Telemental Health)	A	N/A

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## Program Overview

The Department of Community Health (DCH) Telemedicine and Telehealth policies are slated to improve and increase access and efficiency to health care services by enabling medical services to be delivered via telemedicine methods in Georgia. Telemedicine services are not an expansion of Georgia Medicaid covered services but, an option for the delivery of certain covered services. Telemedicine will allow DCH to meet the needs of members and providers, while complying with all applicable Federal and State statutes and regulations. The quality of health care services delivered must be maintained regardless of the mode of delivery.

Telemedicine is the use of medical information exchange from one site to another via electronic communications to improve patient's health status. It is the use of two-way, real time interactive communication equipment to exchange the patient information from one site to another via an electronic communication system. This includes audio and video communications equipment. Closely associated with telemedicine is the term "telehealth," which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Telehealth is the use of telecommunications technologies for clinical care (telemedicine), patient teachings and home health, health professional education (distance learning), administrative and program planning, and other diverse aspects of a health care delivery system.

The intent of our telemedicine services policy is to improve access to essential healthcare services that may not otherwise be available for Medicaid eligible members. Telemedicine is not a separate medical specialty. Products and services related to telemedicine are often part of a larger investment by health care institutions in either information technology or the delivery of clinical care. When an enrolled provider, determines that medical care can be provided via electronic communication with no loss in the quality or efficacy of the member's care, telemedicine services can be performed. The use of a telecommunications system may substitute for an in-person encounter for professional office visits, pharmacologic management, limited office psychiatric services, limited radiological services and a limited number of other physician fee schedule services.

An interactive telecommunications system is required as a condition of payment. The originating site's system, at a minimum, must have the capability of allowing the distant site provider to visually examine the patient's entire body including body orifices (such as ear canals, nose and throat). Depending upon an enrolled provider's specialty and scope of practice, the distant provider should also have the **capability** to hear heart tones and lung sounds clearly (using stethoscope) if medically necessary and currently within the provider's scope of practice. The telecommunication system must be secure and adequate to protect the confidentiality and integrity of the information transmitted.

Medicaid covered services provide via telemedicine for eligible members when the service is medically necessary, the procedure is individualized, specific, and consistent with symptoms or confirmed diagnosis of an illness or injury under treatment, and not in excess of the member's needs.

## **Originating Sites**

An originating site is the location of an eligible Medicaid member at the time the service furnished via a telecommunications system occurs. As a condition of payment, an interactive audio and video telecommunications system that permits real-time communication between the provider, at the distant site, and the member, at the originating site, must be used.

Asynchronous “store and forward” technology is not permitted. Medicaid members are eligible for telehealth services only if they are presented from an originating site located in:

- Physician and Practitioner’s Offices;
- Hospitals;
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Hospital-based or CAH-based Renal Dialysis Centers (Independent Renal Dialysis Facilities are not eligible originating sites);
- Skilled Nursing Facilities (SNFs);
- Local Education Authorities and School Based Clinics;
- County Boards of Health;
- Emergency Medical Services Ambulances; and
- Pharmacies.

## **Enrolled Distant Site Practitioners**

Practitioners at the distant site who may furnish and receive 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 for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838;
- Registered dietitians or nutrition professionals; and
- Speech Language Pathologists.
- Audiologists

### **Billing and payment for professional services furnished via telehealth**

Submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GT, “via interactive audio and video telecommunications systems” (for example, 99201 GT). By coding and billing the GT modifier with a covered telehealth procedure code, you are certifying that the member was present at an eligible originating site when you furnished the telehealth service. By coding and billing the GT modifier with a covered ESRD-related service telehealth code, you are certifying that you furnished one “hands on” visit per month to examine the vascular access site.

### **Billing and payment for the originating site facility fee**

Originating sites are paid an originating site facility fee for telehealth services as described by HCPCS code Q3014 with a payment of \$20.52. Hospitals are eligible to receive reimbursement for a facility fee for telemedicine when operating as the originating site. Claims must be submitted with revenue code 780 (telemedicine) and type of bill 131. There is no separate reimbursement for telemedicine services when performed during an inpatient stay, outpatient clinic or emergency room visit or outpatient surgery, as these are all-inclusive payments.

### **Store and Forward**

Store and Forward means the asynchronous transmission of medical information to be reviewed at a later time. A camera or similar device records (stores) an image(s) that is sent (forwarded) via telecommunications media to another location for later viewing. The sending of x-rays, computerized tomography scans, or magnetic resonance images are common store and forward applications. The original image may be recorded or forwarded in digital or analog format and may include video ‘clips’ such as ultrasound examinations, where the series of images that are sent may show full motion when reviewed at the receiving location. The Georgia Medicaid program will not reimburse for store and forward because these services do not include direct, in-person member contact.

Example: If an MRI is taken providers can be reimbursed for the technical component of the MRI and for the professional component; however, no other reimbursement will be made.

### **Coverage**

To provide coverage of medically necessary services provided using telecommunication systems the following requirements must be met:

1. The referring provider must be enrolled in GA Medicaid and practicing within the state of Georgia.
2. The member must be present and participating in the visit.
3. The referring health care practitioner must obtain written consent from the eligible Georgia Medicaid member prior to rendering service. The consent must state that

the member agrees to participate in the telemedicine based service. Copies of this form (refer to Appendix A) should be in the medical record of both the originating and distant site providers. The consent form must include a description of the risks, benefits and consequences of telemedicine and be included in the member's medical record. Providers may utilize a consent form other than the one attached to this guide; however, it must, at a minimum, contain the same requirements, standards and information listed on the member consent form in Appendix A.

4. The referring provider must be the member's attending physician, practitioner or provider in charge of their care. The request must be documented in the member's record. The physician or practitioner providing the referral must provide pertinent medical information and/or records to the distant site provider via a secure transmission. Notwithstanding the foregoing, referrals for evaluation of physical, mental, or sexual abuse may be made by an appropriate agency or group, including but not limited to, law enforcement or social services agencies.
5. The referring provider must be requesting the opinion, advice or service of another provider for a specific medical problem, illness or injury.
6. The consulting provider be an enrolled provider in Medicaid in the state of Georgia and must document all findings and recommendations in writing, in the format normally used for recording services in the member's medical records. Both the originating site and distant site must document and maintain the member's medical records. The report from the distant site provider may be faxed to the originating provider. Additionally, all electronic documentation must be available for review by the Georgia Department of Community Health, Medicaid Division, Division of Program Integrity and all other applicable divisions of the department.
7. All telemedicine activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA): Standards for Privacy of individual identifiable health information and all other applicable state and federal laws and regulations.
8. All services that require prior approval must be prior approved. The provider at the distant site must obtain prior approval when services require prior approval.
9. If the member is a minor child, a parent/guardian must present the child for telemedicine services and sign the consent form unless otherwise exempted by state or federal law. The parent/guardian need not attend the telemedicine session unless attendance is therapeutically appropriate.
10. The member retains the right to withdraw at any time.
11. All existing confidentiality protections and HIPAA guidelines apply.
12. The member has access to all transmitted medical information, with the exception of live interactive video (if there is no stored data of the encounter).
13. There will be no dissemination of any member images or information to other entities without written consent from the member.

### **Non-covered Services**

1. Telephone conversations.

2. Electronic mail messages.
3. Facsimile.
4. Services rendered via a webcam or internet based technologies (i.e., Skype, Tango, etc.) that are not part of a secured network and do not meet HIPAA encryption compliance.
5. Video cell phone interactions.
6. The cost of telemedicine equipment and transmission.
7. Store and forward transactions.
8. Failed or unsuccessful transmissions.

### **Documentation**

The appropriate medical documentation must appear in the member's medical record to justify medical necessity for the level of service reimbursed. The record must reflect the level of service billed and must be legible. Documentation must be maintained at both the origination and distant sites to substantiate the services provided. Services must be clearly and separately identified in the member's medical record. Documentation must indicate the services were rendered via telemedicine and the location of the originating and distant sites. All other Georgia Medicaid documentation guidelines apply to services rendered via telemedicine. Examples include but are not limited to: chart notes, start and stop times, date of visits, provider's signature, service provider's credentials, signed member consent form, and physician findings, diagnosis, illness, prescribed treatment, and so forth.

### **Technology**

Interactive audio and video telecommunications must be used, permitting real time communications between the distant site provider or practitioner and the member. All transactions must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the transmission information. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver. All interactive video telecommunications must comply with HIPAA patient privacy regulations at the site where the member is located, the site where the consulting provider is located and in the transmission process. All communications must be on a secure network in compliance with HIPAA Encryption and Redundancy requirements. Encryption is the conversion of plaintext into cipher text using a key to make the conversion.

### **Billable Services**

<b>Service</b>	<b>HCPCS or CPT code</b>
<b>Telehealth consultations, emergency department or initial inpatient</b>	HCPCS codes G0425–G0427
<b>Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs</b>	HCPCS codes G0406–G0408
<b>Office or other outpatient visits</b>	CPT codes 99201–99204, 99211--99215
<b>Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days</b>	CPT codes 99231–99233
<b>Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days</b>	CPT codes 99307–99310
<b>Individual and group kidney disease education services</b>	HCPCS codes G0420 and G0421
<b>Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training</b>	HCPCS codes G0108 and G0109
<b>Individual and group health and behavior assessment and intervention</b>	CPT codes 96150–96154
<b>Psychiatric Complex Interactive</b>	CPT code 90785
<b>Individual psychotherapy</b>	CPT codes 90832–90834 and 90836–90838
<b>Psychotherapy for Crisis first 60 minutes</b>	CPT code 90839-90840
<b>Telehealth Pharmacologic Management</b>	HCPCS code G0459
<b>Comprehensive assessment of and care planning for patients requiring chronic care management services (List separately in addition to primary monthly care management)</b>	HCPCS code G0506
<b>Critical care telehealth consult 60 minutes</b>	HCPCS code G0508-G0509

<b>Service</b>	<b>HCPCs or CPT code</b>
<b>Psychiatric diagnostic interview examination</b>	CPT codes 90791 and 90792
<b>End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment*</b>	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
<b>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*</b>	CPT code 90963
<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years if age to include monitoring for adequacy of nutrition, assessment of growth and development and counseling of parents*</b>	CPT code 90964
<b>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*</b>	CPT code 90965
<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older*</b>	CPT code 90966
<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per day (Less than full month service) for patients younger than 2 years of age.</b>	CPT code 90967
<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per day (Less than full month service) for patients 2-11 years of age.</b>	CPT code 90968
<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per day (Less</b>	CPT code 90969

Service	HCPCs or CPT code
<b>than full month service) for patients 12-19 years of age.</b>	
<b>End –Stage Renal Disease (ESRD)-related services for home dialysis per day (Less than full month service) for patients 20 years of age and older</b>	CPT code 90970
<b>Individual and group medical nutrition therapy</b>	CPT code 97802-97804
<b>Medical Nutrition Therapy reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment (including additional hours needed for Renal Disease) individual, face-to-face with patient each 15 minutes</b>	HCPCS code G0270 and CPT codes 97802-97804
<b>Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making</b>	HCPCS code G0296
<b>Neurobehavioral status examination</b>	CPT code 96116
<b>Health and Behavior Assessment, 15 minutes Individual</b>	CPT code 96150-96152
<b>Health and Behavior Assessment, 15 minutes Group</b>	CPT code 96153
<b>Health and Behavior Assessment, 15 minutes Family and patient</b>	CPT code 96154
<b>Patient focused health risk assessment</b>	CPT code 96160-96161
<b>Smoking cessation services</b>	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407
<b>Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services 15-30 minutes</b>	HCPCS codes G0396 and G0397
<b>Annual alcohol misuse screening, 15 minutes</b>	HCPCS code G0442

<b>Service</b>	<b>HCPCS or CPT code</b>
<b>Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</b>	HCPCS code G0443
<b>Annual depression screening, 15 minutes</b>	HCPCS code G0444
<b>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</b>	HCPCS code G0445
<b>Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes</b>	HCPCS code G0446
<b>Face-to-face behavioral counseling for obesity, 15 minutes</b>	HCPCS code G0447
<b>Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)</b>	CPT code 99495
<b>Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)</b>	CPT code 99496
<b>Advanced care planning by the physician or other qualified health care professional</b>	CPT codes 99497-99498
<b>Psychoanalysis</b>	CPT codes 90845
<b>Family psychotherapy (without the patient present)</b>	CPT code 90846
<b>Family psychotherapy (conjoint psychotherapy) (with patient present)</b>	CPT code 90847
<b>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour</b>	CPT code 99354
<b>Prolonged service in the office or other outpatient setting requiring direct</b>	CPT code 99355

Service	HCPCs or CPT code
<b>patient contact beyond the usual service; each additional 30 minutes</b>	
<b>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)</b>	CPT code 99356
<b>Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes</b>	CPT code 99357
<b>Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit</b>	HCPCS code G0438
<b>Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit</b>	HCPCS code G0439
<b>Audiology</b>	CPT Code 92567, 92568, 92585, 92586, 92587, 92588
<b>Speech Therapy</b>	CPT Code 92507, 92508, 92521, 92522,92523,92524

\*For ESRD-related services, a physician, NP, PA, or CNS must furnish at least one “hands on” visit (not telehealth) each month to examine the vascular site.

\*For specific Telemental Health Services as it relates to Behavioral Health please refer to the most recently revised DBHDD Manual.

## **Appendix A Member Consent Form**

Prior to an initial telemedicine service, the physician who delivers the service to a GA Medicaid Member shall ensure that the telemedicine member consent form is provided to the member and signed. It should be delivered in a manner which the member can understand, using reasonable accommodations when necessary, that:

1. S/he retains the option to refuse the telemedicine service at any time without affecting the right to future care or treatment and without risking the loss or withdraw of any program benefit to which the member would otherwise be entitled.
2. Available alternative options will be presented to the member (including in- person services).
3. The dissemination of any client identifiable images or information from the telemedicine consultation to anyone, including researchers, will not occur without the written consent of the member.
4. S/he has the right to be informed of the parties who will be present at each end of the telemedicine consultation and s/he has the right to exclude anyone from either site.
5. S/he has the right to see an appropriately trained staff or employee in- person immediately after the telemedicine consultation if an urgent need arises.

Telemedicine Member Consent Form

PATIENT NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
GA MED ID#: \_\_\_\_\_

1. PURPOSE: The purpose of this form is to obtain your consent to participate in a telemedicine consultation in connection with the following procedure(s) and/or service(s): \_\_\_\_\_  
\_\_\_\_\_
  
2. NATURE OF TELEMEDICINE CONSULT: During the telemedicine consultation:
  - a. Details of your medical history, examinations, x-rays, and test will be discussed with other health professionals through the use of interactive video, audio, and telecommunication technology.
  - b. A physical examination of you may take place.
  - c. A non-medical technician may be present in the telemedicine studio to aid in the video transmission.
  - d. Video, audio and/or photo recordings may be taken of you during the procedure(s) or service(s)
  
3. MEDICAL INFORMATION & RECORDS: All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient- identifiable images or information for this telemedicine interaction to researchers or other entities shall not occur without your consent.
  
4. CONFIDENTIALITY: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation, and all existing confidentiality protections under federal and Georgia state law apply to information disclosed during this telemedicine consultation.
  
5. RIGHTS: You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
  
6. DISPUTES: You agree that any dispute arising from the telemedicine consult will be resolved in Georgia, and that Georgia law shall apply to all disputes.
  
7. RISKS, CONSEQUENCES & BENEFITS: You have been advised of all the potential risks, consequences and benefits of telemedicine. Your health care practitioner has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All your questions have been answered, and you understand the written information provided above.

I agree to participate in a telemedicine consultations for the procedure(s) described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by someone other than the patient, indicate relationship: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_