

# **Telemedicine Guidance**



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

**DIVISION OF MEDICAID**

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## Program Overview

The Department of Community Health (DCH) Telemedicine and Telehealth policies aim to improve and increase access and efficiency to health care services by enabling medical services to be delivered via telemedicine methods in Georgia. The use of telemedicine allows DCH to meet the needs of members and providers, while complying with all applicable Federal and State statutes and regulations. The quality of delivered health care services must be maintained regardless of the mode of delivery.

Telemedicine is the exchange of medical information for clinical care 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 may, but 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. Medicaid reimbursement for telehealth is specific to clinical services rendered via telemedicine.

The intent of the DCH 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 a provider, licensed in the state of Georgia, 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 services.

### Medicaid Reimbursement for Telemedicine

Medicaid covers services provided 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. Medicaid will reimburse a fee to certain providers for serving as the Originating Site and to other providers in the Distant Site for certain services rendered remotely to the member in the originating site.

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). The distant provider should also have the **capability** to hear heart tones and lung sounds clearly (using stethoscope) if medically necessary and 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. Additional requirements are provided in the following sections of this policy.

## Originating Sites

An originating site is the location of an eligible Medicaid beneficiary at the time the service furnished via a telecommunications system occurs. As a condition of payment, an interactive audio and video telecommunications system must be used that permits real-time communication between the provider, at the distant site, and the beneficiary, at the originating site. Asynchronous “store and forward” technology is not permitted. Medicaid beneficiaries are eligible for telehealth services only if they are presented from an originating site located in one of the following approved facilities/locations:

- 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.

**NOTE:** Members with primary Medicare coverage must meet the rural conditions as defined by CMS to be eligible to receive services via telemedicine. Please see the Eligibility Analyzer at <https://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx>.

## Distant Site Practitioners

Practitioners at the distant site who **may** furnish and receive payment for covered telemedicine services (subject to program-specific policy and State law) are:

- Physicians;
- Nurse practitioners (NPs);
- Physician assistants (PAs);
- Nurse-midwives;
- Clinical nurse specialists (CNSs);
- Certified registered nurse anesthetists;
- Community mental health centers; community behavioral health providers
- Clinical psychologists (CPs) and clinical social workers (CSWs);
- Speech language pathologists;
- Registered dietitians or nutrition professionals.

This summary listing provides general guidance. However, there may be limitations among these practitioner types or specific policy inclusions or exclusions for telemedicine specific to

each program. For example, 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.

Review the Part II Policies and Procedures Manual for each specific program for associated telemedicine guidance.

## **Coverage**

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

1. The referring provider must be licensed 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 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 (Please see the member consent form in the appendix). 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 licensed in the state of Georgia and must document all findings and recommendations in writing, in the format normally used for recording services in the members' 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 (as defined below).
8. Failed or unsuccessful transmissions.

## **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

## **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**

The following is a list of billable services **generally** available for Medicaid reimbursement under telemedicine. However, limitations will apply depending upon the category of service in which the practitioner is enrolled. Practitioners should verify eligibility for reimbursement in the appropriate Part II Policies and Procedures manual.

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

Submit claims for telemedicine services using the appropriate CPT or HCPCS code for the professional service, Place of Service code 02 for Telehealth, along with the telehealth modifier

GT, “via interactive audio and video telecommunications systems” (for example, POS-02 99201 GT). By coding and billing the GT modifier with a covered telemedicine procedure code, you are certifying that the beneficiary was present at an eligible originating site when you furnished the telemedicine service. By coding and billing the GT modifier with a covered ESRD-related service telemedicine code, you are certifying that you furnished one “hands on” visit per month to examine the vascular access site.

Please reference specific billing instructions in each of the appropriate Part II Policies and Procedures manual.

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

Originating sites are paid an originating site facility fee for telemedicine services as described by HCPCS code Q3014. You must bill the Medicaid Beneficiary’s ID number, as well as the Distant Site Provider’s NPI number.

Only certain originating sites are approved to bill Medicaid or Medicare for the remote telemedicine location. Please reference specific billing instructions in each of the appropriate Part II Policies and Procedures manual.

- 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.

Pay particular attention to rules of reimbursement by other health insurers for members whose Medicaid coverage is not primary. The Centers for Medicare and Medicaid Services only recognizes certain rural areas as meeting the conditions of a geographic Health Professional Shortage Area and therefore eligible for reimbursement.

## **Appendix A**

### **Member Consent Form**

Prior to an initial telemedicine service, the physician who delivers the service to a patient shall ensure that the telemedicine patient consent form is provided to the member and signed. It should be delivered in a manner which the patient 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 patient (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: \_\_\_\_\_ GEORGIA MEDICAID 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 arriving 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: \_\_\_\_\_