

Telemedicine Guidance



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

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Policy Revisions Record Telemedicine Guidance

2017

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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; and
- Registered dietitians or nutrition professionals;
- Speech Language Pathologists.

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. You must bill the Medicaid Member's ID number, as well as the Distant Site Provider's NPI number.

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

Service	HCPCs or CPT code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
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	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150–96154
Individual psychotherapy	CPT codes 90832–90834 and 90836–90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792

Service	HCPCs or CPT code
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment*	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 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*	CPT code 90963
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*	CPT code 90964
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older*	CPT code 90965
Individual and group medical nutrition therapy	CPT code 90966
Neurobehavioral status examination	HCPCS code G0270 and CPT codes 97802-97804
Smoking cessation services	CPT code 96116
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407
Annual alcohol misuse screening, 15 minutes	HCPCS codes G0396 and G0397
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS code G0443
Annual depression screening, 15 minutes	HCPCS code G0444
High-intensity behavioral counseling to prevent sexually transmitted infection;	HCPCS code G0445

Service	HCPCs or CPT code
face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes	HCPCS code G0446
Face-to-face behavioral counseling for obesity, 15 minutes	HCPCS code G0447
Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)	CPT code 99495
Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)	CPT code 99496
Psychoanalysis	CPT codes 90845
Family psychotherapy (without the patient present)	CPT code 90846
Family psychotherapy (conjoint psychotherapy) (with patient present)	CPT code 90847
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	CPT code 99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	CPT code 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)	CPT code 99356

Service	HCPCs or CPT code
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes	CPT code 99357
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit	HCPCS code G0438
Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit	HCPCS code G0439
Speech Therapy	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 access site.

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 form 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 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: _____

