



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

GEORGIA MEDICAID TELEMEDICINE HANDBOOK



CONNECTING GEORGIA

OVERVIEW

The Department of Community Health's (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 patients' 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 telecommunication 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 telecommunication 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 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 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). The distant site provider should also have the capability to hear heart tones and lung sounds clearly (using a 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 covers services provided via telemedicine for eligible members when the service is medically necessary, the procedure is individualized, specific, consistent with symptoms or confirmed diagnosis of an illness or injury under treatment, and not in excess of the members needs.

DEFINITIONS

Originating Site: The originating site is the actual location at which an eligible Medicaid member is receiving services via the telecommunications system. Originating site providers must be trained to use the network equipment and should be present to facilitate the examination. A medical professional is not required to present the patient to the physician or practitioner at the distant site unless medically necessary. The Part I Policies and Procedures for Medicaid/Peachcare for Kids manual defines a practitioner as a physician or other individual licensed under state law to practice his or her profession. The physician or practitioner at the originating site must be available to the provider or practitioner at the distant site as clinically appropriate. The decision of medical necessity will be made by the physician or practitioner located at the distant site.

NOTE: It is understood that the most public health clinics and school based clinics will only have access to a nurse to make clinical decisions.

Authorized origination sites are:

- | | |
|---|--------------------------|
| Office (of the physician or practitioner) | Hospital |
| Critical Access Hospital | Rural Health Clinic |
| Federally Qualified Health Clinic | Skilled Nursing Facility |
| Community Mental Health Center | GA Public Health Clinic |
| School based Clinic | |

Distant Site: The distant site is the site where the physician or practitioner providing the professional service is located at the time the service is provided via a telecommunication system. The health professional providing the medical care must be currently and appropriately licensed in the state of Georgia. In order to be reimbursed, providers at the distant site must a Georgia Medicaid provider and housed in one of the following facilities:

- | | |
|---|--------------------------|
| Office (of the physician or practitioner) | Hospital |
| Critical Access Hospital | Rural Health Clinic |
| Federally Qualified Health Clinic | Skilled Nursing Facility |
| Community Mental Health Center | GA Public Health Clinic |

PROVIDER

As outlined in the Part I Policies and Procedures for Medicaid/Peachcare for Kids manual, a provider must be fully licensed without restriction and certified under all applicable state and federal laws to perform the services in the applicable category of service, maintain current (non-delinquent) licenses and certifications required for the provision of such services, and inform the Division in writing

immediately upon the expiration, suspension, probation, limitation or revocation of any such license or certification. All other requirements, limitations and restrictions listed in the Part I manual are applicable. Providers located within 50 miles of the Georgia border who routinely treat Georgia Medicaid/Peachcare for Kids members may enroll with in-state status. Providers who meet the Medicaid credentialing requirements and are currently enrolled in the Georgia Medicaid program are eligible to bill and be reimbursed for certain services. Medicaid providers' who may bill for a covered telemedicine service include:

Physician	Nurse Practitioner
Physician Assistant	Clinical Nurse Specialist
Clinical Psychologist	

Referring Provider: The referring provider (or agency) is the provider who has evaluated the member, determined the need for a consultation (or other service), and has arranged the services of the consulting provider for the purpose of diagnosis and/or treatment. **NOTE:** The referral to a consulting provider may be made by an agency or group; however, it must be documented in the patient's medical records and the consulting providers record that the medically necessary referral was not initiated by a medical provider. It must also document the incident that necessitated the referral.

Consulting Provider: The consulting provider is the provider who evaluates the recipient via telemedicine mode of delivery upon the recommendation of the referring provider.

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 and/or forwarded in digital or analog format and may include vide 'clips' such as ultrasound examinations, where the series of images that are sent may show full motion when reviewed at the receiving location. **NOTE:** The Georgia Medicaid program will not reimburse for store and forward because these services do not include direct, in-person patient 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 licensed and practicing within the state of Georgia.



2. The member must be present and participating in the visit.
3. The referring provider must be the members 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.
4. The referring provider must be requesting the opinion, advice or service of another provider for a specific medical problem, illness or injury.
5. 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 patients' medical records. Both the originating site and distant site must document and maintain the patient'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.
6. All telemedicine activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996: Standards for Privacy of individual identifiable health information and all other applicable state and federal laws and regulations.
7. 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.
8. 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 consent/refusal 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 Consent/Refusal form in this guide.
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.

REIMBURSEMENT

Telemedicine includes consultation, diagnostic and treatment services. In the reimbursement fee structure, there is usually no distinction made between services provided on site and those provided through telemedicine and often no separate coding required for billing of remote services. The payment amount for the professional service provided via a telecommunications system by the physician or practitioner at the distant site is equal to the current physician fee schedule amount for the service. For payment to occur the service must be within the practitioner's scope of practice under Georgia state law. Providers will be reimbursed under their applicable category of service fee schedule.

Post payment review may result in adjustments to payment when a telemedicine modifier is billed inappropriately or not billed when appropriate.

Billable Services

Services must be currently reimbursable and appropriate based on the provider's current enrolled category of service, scope of practice under current Georgia law, and outlined as a covered procedure in the current and applicable provider manual.

99201-99205: Office or Other Outpatient Visit, New patient

99211-99215: Office or Other Outpatient Visit, Established patient

G0425-G0427: Initial Inpatient telehealth consultations (30, 50, 70 minutes)

G0406-G0408: Follow-up telehealth consultations furnished to members in hospitals or SNFs (15, 25, 35 minutes)

Beginning January 1, 2010 the Center for Medicare and Medicaid Services (CMS) eliminated the use of all consultation codes. CMS no longer recognizes office/outpatient or inpatient consultation CPT codes for payment of office/outpatient or inpatient visits. Instead, physicians and practitioners are instructed to bill a new or established patient office/outpatient visit CPT code or appropriate hospital or nursing facility care code, as appropriate to the particular patient, for all office/outpatient or inpatient visit.

99231-99233: Subsequent Hospital care

99307-99309: Subsequent Nursing facility care

Subsequent hospital care services are limited to one telehealth visit every 3 days.

Similarly, subsequent nursing facility care services are limited to one telehealth visit every 30 days. Subsequent nursing facility care services reported for a federally mandated periodic visit under CFR 483.40 (C) may not be furnished through telehealth.

90801: Psychiatric diagnostic interview examination

90804-90809: Individual psychotherapy (office or outpatient facility)

90816-90818: Individual psychotherapy (inpatient hospital)

90862: Pharmacologic management (reimbursable by MD only)

H0039: Assertive Community Treatment

Q3014: Telemedicine originating site facility fee.

Only the originating site is eligible to receive a facility fee for telemedicine services. Claims must be submitted with the Q3014 HCPCS code. If an originating site provider performs a separately identifiable service for the beneficiary on the same date as a telemedicine service, documentation for both services must be clearly documented in the member's record. This code is billable on services rendered on or after November 1, 2012. This code will be reimbursed at a rate 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 130. 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.

“GT” Modifier: Via interactive audio and video telecommunication system. All services provided from the distant site must be billed with the GT modifier.

“GQ” Modifier: Via asynchronous (store and forward) telecommunications system.

Other services that can be performed via Telemedicine with an interactive telecommunications system:

Cardiography

Echocardiography

Ultrasound

X-ray

Technical and Professional Components: If a technical component (“TC” modifier) of an X-ray, ultrasound or electrocardiogram is performed at the originating site during a telemedicine transmission, only the technical component can be billed by the originating site. The facility fee can not be billed. The professional component (“26” modifier) of the procedure and the appropriate visit code (if applicable) can be billed by the distant site provider. The interpretation and report of X-rays, ultrasounds and electrocardiograms are not interactive and should not be billed with the modifier **“GT”**. When the professional component of

these procedures is furnished to a patient at a distant site (telemedically), the service must include an interpretation and written report for inclusion in the patient's medical record. If a visit code is billed in addition to the interpretation and reporting that code should be billed with the "GT" modifier.

NON-COVERED SERVICES

Telephone conversations

Electronic mail messages

Facsimile

Services rendered via a web cam or internet based technologies (i.e., Skype, Tango, etc.)

Video cell phone interactions

The cost of telemedicine equipment and transmission

DOCUMENTATION

The appropriate medical documentation must appear in the patient'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

Provider's signature

Service provider's credentials

Signed patient consent form

Physician findings

Diagnosis

Illness

Prescribed treatment

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 HIPPA patient privacy regulations at the site where the patient 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 HIPPA Encryption and Redundancy requirements. Encryption is the conversion of plaintext into cipher text using a key to make the conversion.



APPENDIX A

Prior to an initial telemedicine service, the physician who delivers the service to a patient shall ensure that the TELEMEDICINE PATIENT CONSENT/REFUSAL FORM is provided to the patient 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 PATIENT CONSENT/REFUSAL 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: _____

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

I **refuse** to participate in a telemedicine consultation for the procedure(s) described above.
Signature: _____

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

DATE: _____ TIME: _____

WITNESS: _____

DATE: _____ TIME: _____