



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Telehealth and Medicaid Services



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# Welcome to the Spring Medicaid Virtual Fair

## Housekeeping Items:

- All lines will be muted upon entry
  - Unless you are a panelist or a speaker
- This session is being recorded
- Questions in chat will be addressed at the end of the presentation if they're not addressed during





# Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.



# Today's Objective

Furnish providers with Georgia telehealth policy guidance before, during, and after COVID-19 public health emergency.

# Disclaimer

**The recording of this discussion is a snapshot in time.** Due to the rapidly evolving nature of the emergency, changes may occur with notification to providers through **FAQ pages, banner messages, and other published information**

- This presentation reflects telehealth policies developed in response to the needs of Georgia Medicaid members before the PHE and temporarily to the COVID-19 public health emergency. Continued use of telehealth following the end of the emergency state must comply with the Telemedicine Guidance available at [www.mmis.georgia.gov](http://www.mmis.georgia.gov)*

The latest COVID-19 guidance can be found on the Georgia Medicaid website <https://medicaid.georgia.gov/covid-19>





# Agenda

- I. Background
- II. Hub & Spoke ~ Originating & Distant Site
- III. Pre-PHE Policy Guidance
- IV. PHE Policy Guidance
- V. Telehealth Survey
- VI. Frequently Asked Questions (FAQ)
- VII. Procedure Code Search
- VIII. Q & A
- IX. Wrap Up



# Background

## History of telemedicine regulations in Georgia

- **Georgia Telemedicine Act O.C.G.A. section 33-24-56.4 (2005)**  
Under the Georgia Telemedicine Act every health benefit policy as of July 1, 2005 includes payment for services that are covered under such health benefit policy and appropriately provided through telemedicine.
- **Georgia Composite Medical Board Regulation- Practice Through Electronic or Other Such Means (2014)**  
*Practice Through Electronic or Other Such Means*, is found under [Georgia Comp. Rules and Regs. rule 360-3-.07](#) and is intended to establish the minimum standards of practice while providing treatment and/or consultation recommendations through the use of telemedicine.



# Background cont.

## Definition

- The law defines telemedicine services as, “The practice, by a duly licensed physician or other health care provider acting within the scope of such provider’s practice, of health care delivery, diagnosis, consultation, treatment, or transfer of medical data by means of audio, video, or data communications which are used during a medical/clinical/therapeutic visit with a patient, or which are used to transfer clinical data obtained during the visit with a patient.”

## Exclusions

- The law is clear that, “standard telephone, facsimile transmissions, unsecured electronic mail, or a combination thereof do not constitute telemedicine services.”

## Parity

- Medicaid must reimburse treating providers for the diagnosis, consultation, or treatment of the member delivered through telemedicine **“on the same basis”** that insurer is responsible for coverage for the provision of the same service through face-to-face contact.

## Patient Site Requirements

- The law explicitly states that, “It is the intent of the General Assembly to mitigate geographic discrimination in the delivery of health care,” thus there is no distinction between urban and rural patients related to reimbursement for telemedicine visits.





# Background cont.

## **Practice Through Electronic or Other Such Means Georgia Composite Medical Board**

### Georgia License Required

- All treatments and consultations via telemedicine must be done by Georgia-licensed providers, which includes not only physicians, but also physician assistants (PAs) and advanced practice registered nurses (APRNs).

### In-Person Examination

- Prior to the telemedicine encounter, the telemedicine provider must have personally conducted an in-person examination of the patient unless one of three exceptions apply:
- The telemedicine provider is able to examine the patient using technology and peripherals that are equal or superior to an in-person examination done by a provider within that provider's standard of care; or
- The telemedicine provider is providing care (conducting the telemedicine encounter) at the request of a physician, PA or APRN licensed in Georgia who has personally seen and examined the patient; or
- The telemedicine provider is providing care (conducting the telemedicine encounter) at the request of a Public Health Nurse, a Public School Nurse, the Department of Family and Children's Services, law enforcement, community mental health center or through an established child advocacy center for the protection of a minor, and the provider is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider's standard of care.
- 



# Background cont.

## Records

- The telemedicine provider must have the patient's medical history available at the time of the consult. The provider must maintain patient records of the encounter and must document the evaluation and treatment. If there is a referring practitioner, the telemedicine provider must send a copy of this record to the referring practitioner.

## Operational

- The patient must receive the telemedicine provider's credentials and emergency contact information. The patient must also receive clear instructions on follow-up in the event the patient needs emergency care related to the telemedicine treatment.

## Annual In-Person Exam

- The telemedicine provider must make "diligent efforts" to have the patient seen and examined in-person by a Georgia-licensed physician, PA or APRN at least once a year.

## Standard of Care

- The regulations defer to the existing standard of care expectations, and do not alter existing requirements on the practice of medicine or medical malpractice.



# Synchronous and Asynchronous Telehealth

## Synchronous-Real-time

- Simultaneous transmission of video, audio and or data-synchronous
- Direct member contact, assessment, and immediate communication between providers and members
- Scheduled appointment times
- Dedicated videoconferencing equipment

## Asynchronous-Store & Forward

- Delayed transmission of data, video
- Anytime- no appointment
- Narrow band with, requires broadband internet only
- No direct clinical contact
- No immediate assessment possible

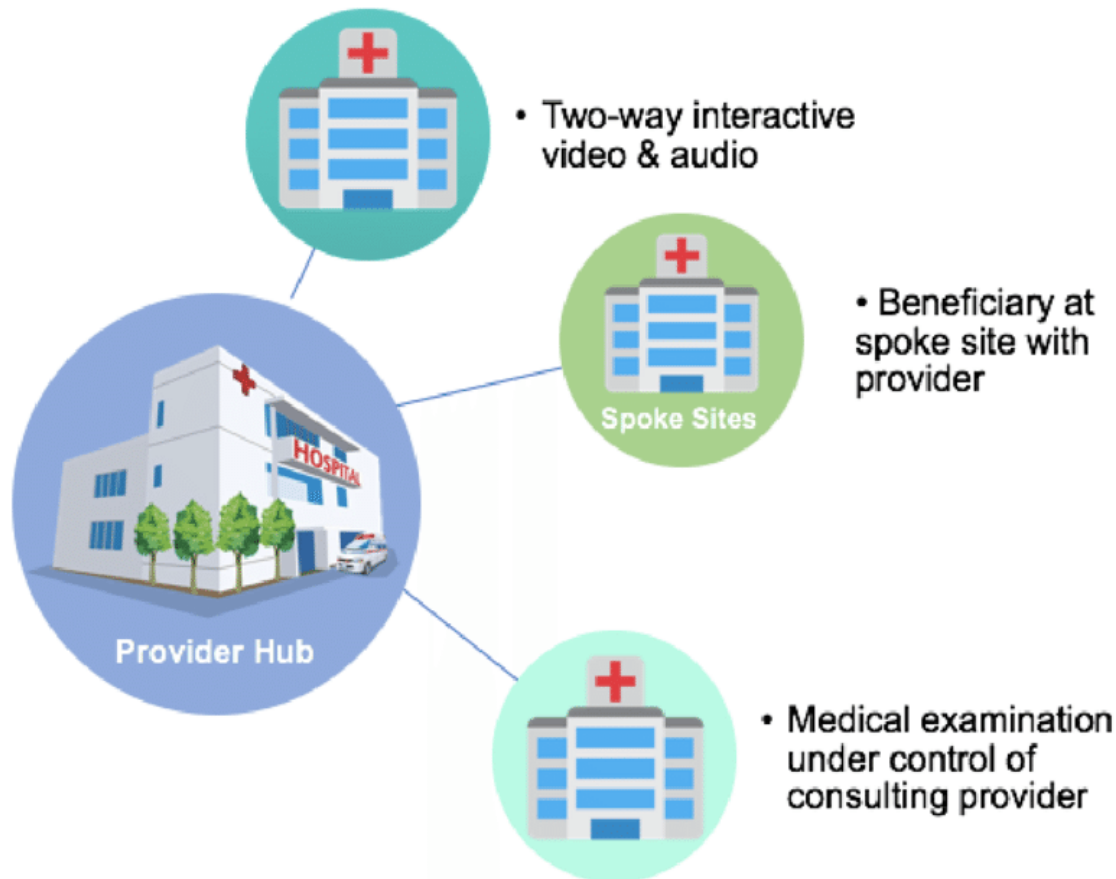


# Hub and Spoke vs. Originating and Distant Site

- **Originating Site:** Where the patient is located / **Spoke Facility:** where the patient is located.
- **Distant Site:** where the practitioner is located/ **Hub Facility:** where the practitioner is located.



# Telemedicine Delivery Model- Pre PHE



# Georgia's Hub-and-Spoke Model for Rural Healthcare

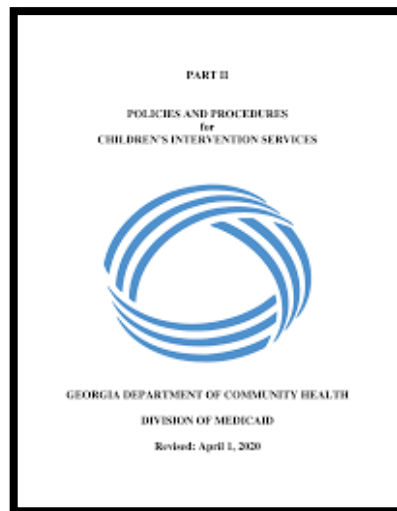


The pilot program seeks to lower rural hospitals' emergency department costs by optimizing and expanding the use of other access points for care.

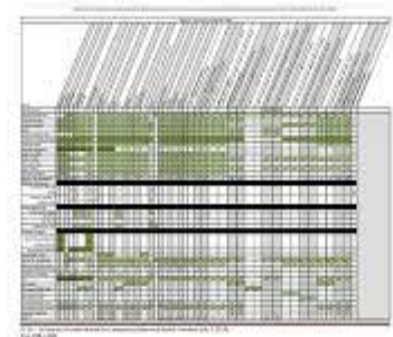
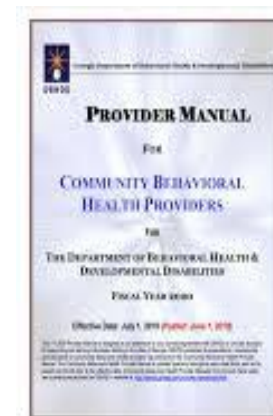
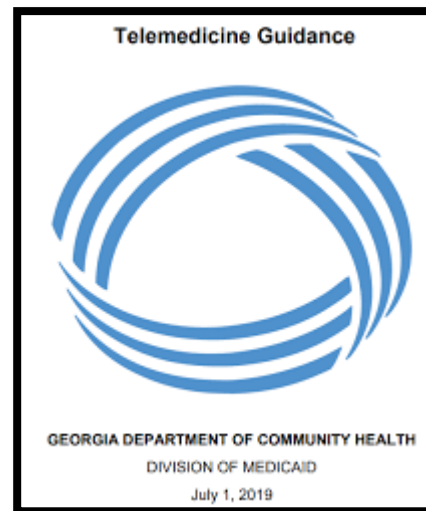


# Pre-PHE Policy Guidance (Allowable Services)

- Providers should refer to the Specific Category of Service Policy and Telemedicine Guidance as it relates to most recent reimbursement rules and instructions.
- For DBHDD providers- Provider manual is available with specific instructions



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# Telehealth and The Public Health Emergency

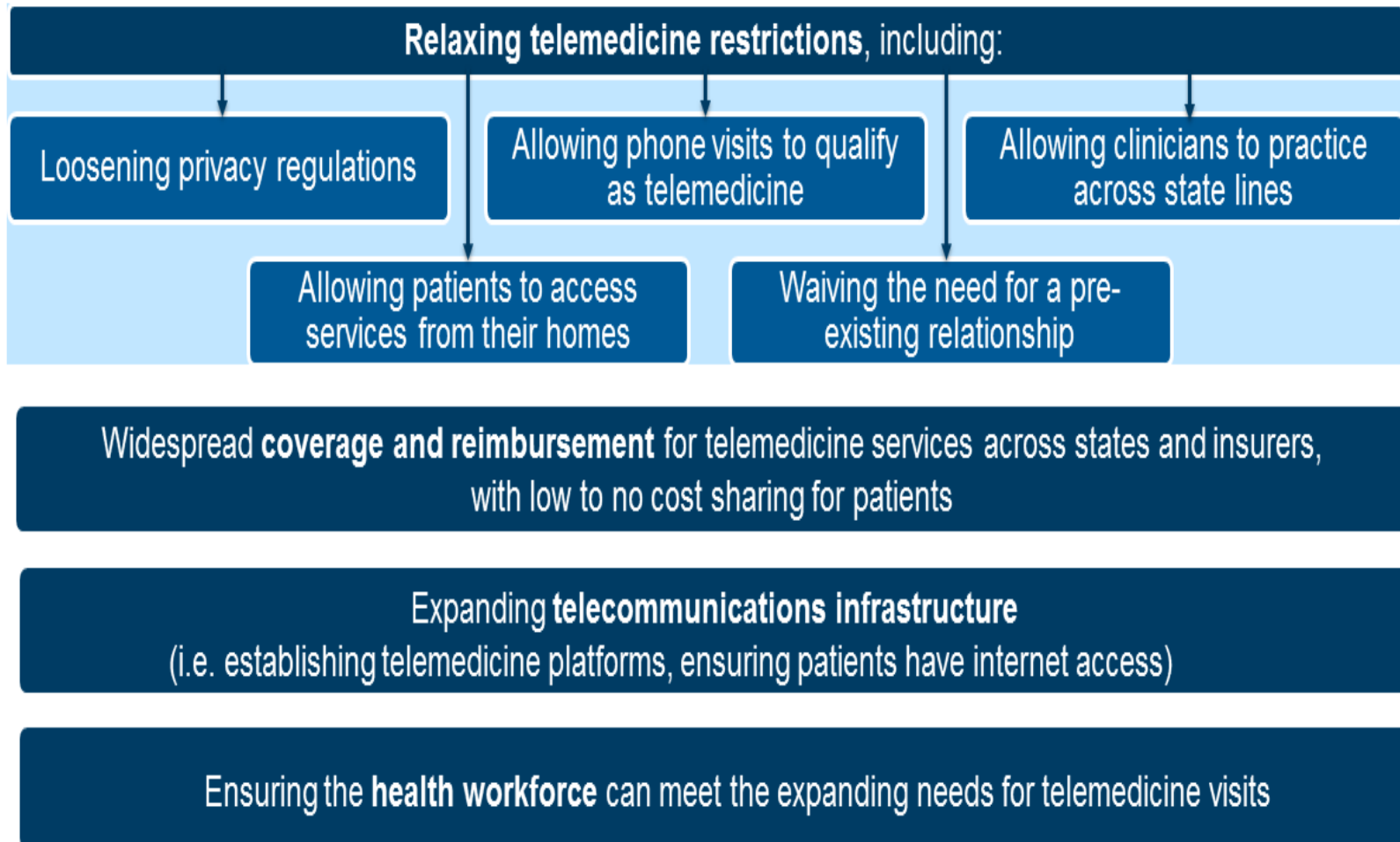


# DCH response to the COVID-19 PHE

- DCH submitted Appendix K (HCBS waivers) and 1135 (FFS) applications to modify services during the PHE
- Many commonly held aspects of telehealth are changing, including:
  - Originating Site
  - Distance Sites
  - Billing
  - Consent
  - HIPAA regulations
  - Approved providers
  - Hybrid Synchronous and Asynchronous service delivery methods
- Coding Guidance (Centers for Medicare & Medicaid Services (CMS), DCH, and Provider Associations)
- Policy language is drawn from [DCH provider guidance](#), published March 26, 2020



# Actions to Expand Telemedicine Availability During the COVID-19 Pandemic



# Service Location: Originating Site

## Policy:

“....allows states broad authority to **waive-limitations** on settings where members are eligible to receive telehealth and where telehealth services can be delivered during the emergency. All members with access to **video or telephone communication** may receive services in their homes to reduce exposure to themselves and others. Under the emergency declaration and waivers, these services may be provided by professionals **regardless of patient location**. The services must meet **established medical necessity criteria relevant** to the procedure or treatment.”

## What this means for you:

- Services can be now rendered via video or telephone, *regardless* of patient location
- Services can be rendered within the member's *home*
- Services *must still be deemed medically necessary*, per pre-set criteria of each procedure or treatment



# Service Delivery: Distance Site

## Policy:

“...providers may deliver **medically necessary services** in various settings including their homes **or other settings in which the privacy and confidentiality of the member can be assured**. Qualified providers should continue to follow **all applicable licensure rules** specific to their profession. Services delivered from distant sites will be billed using the **provider billing address** associated with the enrolled Medicaid practice or facility.”

## What this means for you:

- Medically necessary care can be rendered remotely at the provider's home *or* other secure location
- Provider billing address should be the one associated with the enrolled Medicaid facility – *regardless* of where care is delivered
- Sites may include ambulatory surgical centers, inpatient rehabilitation hospitals, hotels, and dormitories for non-COVID-19 patients



# Billing

## Policy:

“...providers may deliver **medically necessary services** in various **settings including their homes** or **other settings in which the privacy and confidentiality of the member can be assured**. Qualified providers should continue to follow **all applicable licensure rules** specific to their profession. Services delivered from distant sites will be billed using the **provider billing address** associated with the enrolled Medicaid practice or facility.”

## What this means for you:

- Claims must be billed using the associated procedure code and place of service **code 02** to indicate telehealth delivery
- Use Q3014 facility fee as applicable in addition to all codes and modifiers relevant to the performance of services rendered via telehealth





# Consent

## Policy:

“The patient must initiate the service and provide consent to be treated virtually, and the consent must be documented in the medical record with **date, time, and consenting/responsible party** before initiation of the service.”

## What this means for you:

- Verbal consent is acceptable
- No hard copy consent form is required
- Once received, the consent *must* be notated in the member's file/medical record with date, time, and consenting party (prior to rendering service)





# HIPAA

## Policy:

“...authorize use of telephones that have **audio and video capabilities** for the furnishing of telehealth services... In addition, effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and **waive penalties for HIPAA violations** against health care providers that serve patients in good faith through everyday communications technologies, such as **FaceTime** or **Skype**, during the COVID-19 nationwide public health emergency.”

## What this means for you:

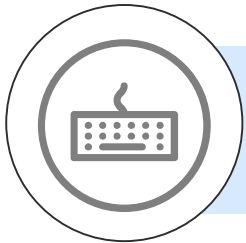
- Services can be rendered via platforms such as FaceTime and/or Skype, *as long as* it is used for two-way, real-time interactive communication
- HIPAA violation penalties are being waived for services rendered in good faith via the aforementioned platforms
- Choose enabling technology platforms as-available from preferred continuum on the next slide



# Good Faith Modes of Communication

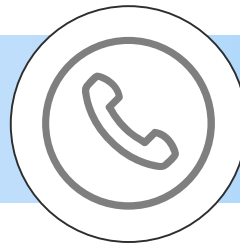
**More static  
communication,  
baseline  
requirement**

**More dynamic  
communication,  
most preferred  
method**



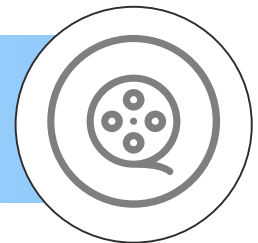
**Written  
Communication**

e.g., Patient portal  
communications



**Telephonic**

Audio-only  
communication  
via direct phone  
calls



**Live, Interactive AV**

e.g., FaceTime,  
Skype, Facebook  
Messenger video  
chat, Skype, Google  
Duo, Hangouts



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# Some allowable services during the PHE

- Medical and Physician Services (including E/M)
- Dental Services
- Behavioral Health
- Therapeutic Services
- HCBS Services (LOC, Supervisory visits)
- Case Management

Billing Note:  
Use Place of Service  
code 02 to designate  
telehealth delivery

Codes are identified within the current Policy Manuals,  
Banner Messages, GAMMIS site



# Reimbursement Rules

- Services must be authorized in member plan of care or member-initiated appointment and approved by the member before services are rendered.
- To designate that the services were rendered via telehealth, providers will use the POS 02 or Modifier GT, GQ, 95 or other applicable modifier as identified by the category of service.



# What is not Telemedicine/Telehealth

- Remote Education
- Remote Technology used for Research (e.g. online research and questionnaires and surveys)
- Public facing social media with health care professionals/practitioners
- **Georgia Medicaid does not recognize e-visits, digital evaluations and/or virtual check-ins and codes are not opened for reimbursement**



# Technology not permitted for telehealth

## DO NOT USE FOR TELEHEALTH



Any video communication applications that are public facing (such as live streaming) should not be used in the provision of telehealth by health care providers. These include the following:

- Facebook Live
- Instagram Live
- Twitch
- TikTok



# After the PHE- Where do we go from here?



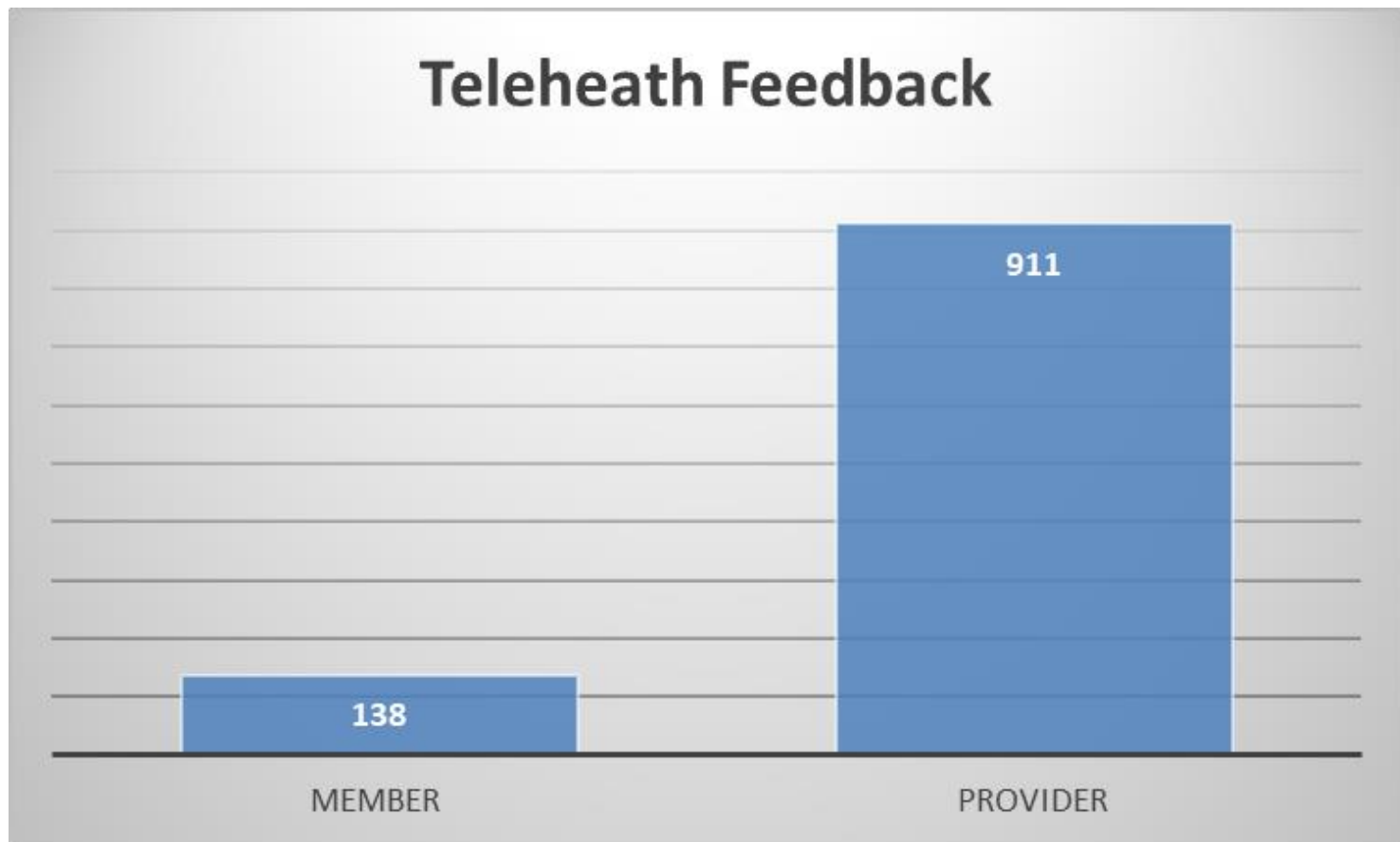


# After PHE

- DCH began a survey in June of 2020 to look at the efficiency of telehealth during the PHE.
  - What provisions should remain under telehealth/telemedicine ?
  - What worked ?
  - What didn't work ?
  - Opportunities missed ?

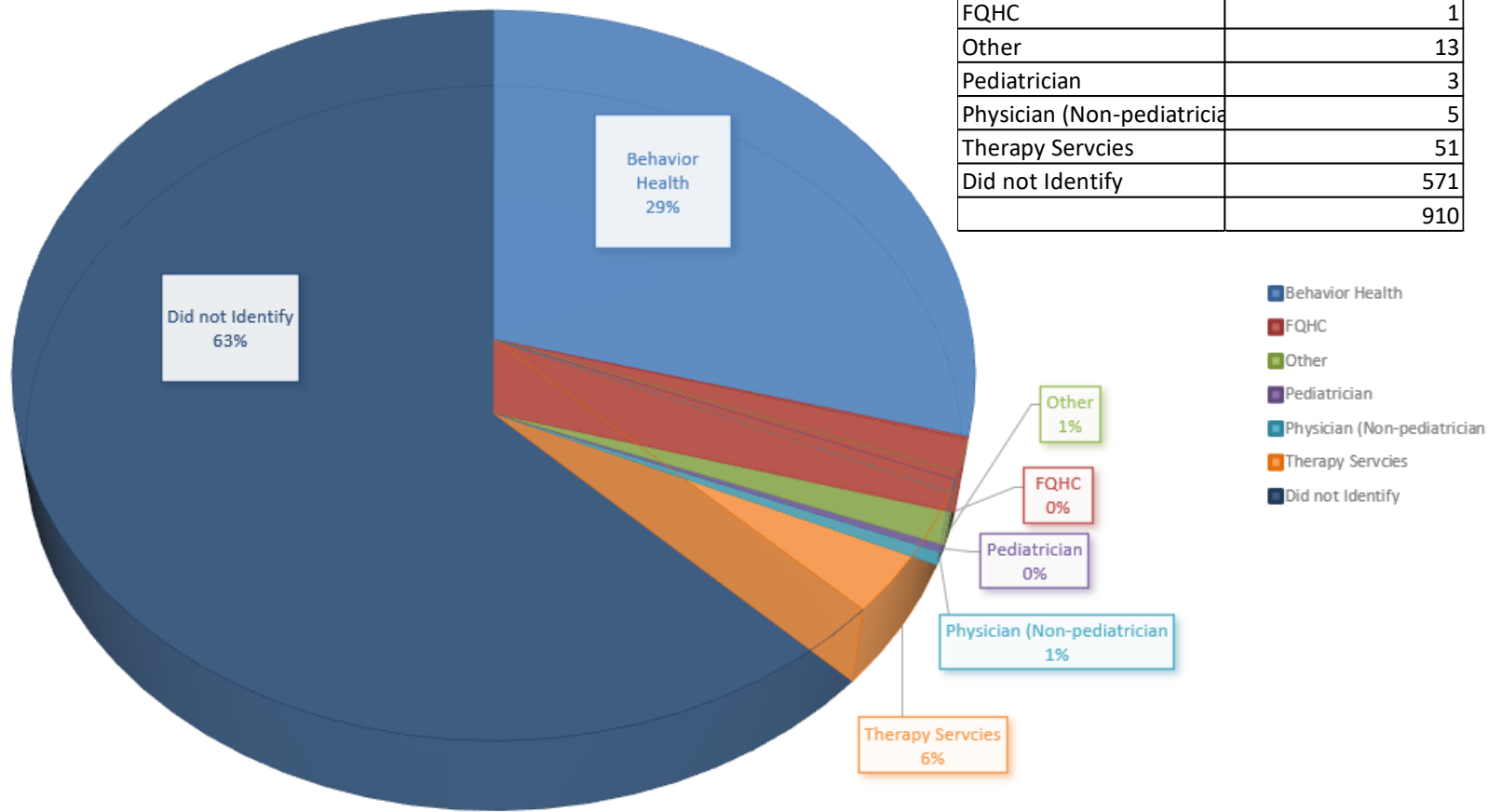


# Survey Results



# Provider Participation

NUMBER PARTICIPATED



# Survey Results- Comments

- ❖ 101 providers out of 910 providers submitted comments
- ❖ 35 Members ,Parents, Caregiver, etc. provided comments
- ❖ Enjoy and appreciate the services to Doesn't meet the needs for my child



# Survey Results- Positive

- ❖ “All patients should be eligible for telehealth.”
- ❖ “I love this service and hope this continues as I have a weak immune system and do not want to sick
- ❖ “It has been a blessing to be able to provide services to those in need and telehealth has made that possible”
- ❖ “No services should be excluded absolutely. It might depend on patient, age, med diagnosis, etc.”

Providers are pleased with the ability to render services using telehealth and have requested specific and/or codes to be opened for telehealth in various services. Members were happy with the option to continue services using telehealth



# Survey Results- Negative

- ❖ “Play therapy seems to be better suited in person.”
- ❖ “Initial physician assessments are best done with video visits (i.e. phone is often not enough)”
- ❖ “Crisis Assessments are extremely difficult.”
- ❖ “Our major problem in rural South Georgia is family lack of telecommunication services available”
- ❖ “My 3 yr. old child does not respond to telehealth. I need in person”
- ❖ “I’m a parent and I seem to be doing the work of the therapist”

Services requiring more direct contact with members, ability to read nonverbal cues, privacy or the ability to complete assessments with equipment. Members believed that not all services are suited for telehealth (e.g. children, behavior consultations)



# Survey Takeaways

- Telehealth is a useful tool when applied correctly
- Each specialty and service will need to be reviewed to determine if it is in the best interest of the member to provide the service in this manner.
- Establish or refine protocols for rendering telehealth
  - OCR HIPAA requirements
  - Health and Safety requirements
  - Exclusions to the service
  - Ability for all members and providers to participate





# General FAQs

*Q. How long will the Appendix K emergency measures be in place?*

DCH original submission and approval was for a full year of emergency operations. The renewed Appendix K covers six months with an additional three months after the PHE has been declared over.

*Q. Who do I contact if I have questions not answered today?*

DCH has established a dedicated e-mail box for all providers:

[Medicaid.PCKCOVID19@dch.ga.gov](mailto:Medicaid.PCKCOVID19@dch.ga.gov)

*Q. Are all of these changes in effect now?*

*Yes, system changes are complete: K-2.f and K-2.i*



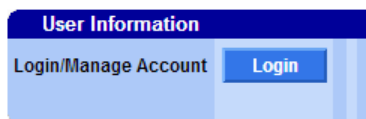
# Georgia Medicaid Procedure Search Panel



# Logging into the Secure Web Portal

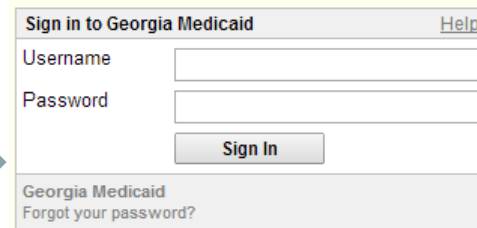
To get started, login to the secure GAMMIS Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

Click the Login button.




A screenshot of a web interface titled "User Information". It contains a link "Login/Manage Account" and a blue "Login" button.

1. Enter your Username and Password and click the Sign In button.



A screenshot of the "Sign in to Georgia Medicaid" login form. It includes fields for "Username" and "Password", a "Sign In" button, and a "Forgot your password?" link. A "Help" link is in the top right corner.

2. Click the Web Portal link.



Applications	
Application	Description
<a href="#">MEUPS Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">Web Portal</a>	Web Portal Production

**NOTE:** If acting as a billing agent, please select the appropriate provider ID from the Switch Provider panel to begin navigating on behalf of that provider.



# Procedure Search Panel

Please ensure you are active in a provider ID account

3. Select **Providers**

4. Select **Procedure Search**



# Procedure Search Panel

(continued)

- 1. Enter the procedure code information you are inquiring about.
- 2. Enter Place of Service; ex: 21, 11, 22, etc.
- 3. Procedure Code Date – Enter the date the services will be rendered.
- 4. This is a brief snapshot of coverage information regarding the requested procedure code. This information does not indicate payment for a procedure code. Please review billing instructions for your specific program area as it relates to billing rules, age, gender and modifiers requirement.
- 5. Prior approval means approval of certain services or procedures performed by a specified provider or group of providers prior to the time the services are rendered.
- 6. Claim Type Definitions:
  - A. INPATIENT CROSSOVER CLAIMS
  - B. PROFESSIONAL CROSSOVER CLAIMS
  - C. OUTPATIENT CROSSOVER CLAIMS
  - D. DENTAL CLAIMS
  - E. INPATIENT CLAIMS
  - F. LONG TERM CARE CLAIMS
  - G. PROFESSIONAL CLAIMS
  - H. OUTPATIENT CLAIMS
  - I. PHARMACY CLAIMS
  - J. COMPOUND DRUG CLAIMS
- 7. Refer to the Enrolled Categories of Service panel below to see the categories of service that the currently logged in provider has been assigned, their effective and end dates, status and status reason.

A.	INPATIENT CROSSOVER CLAIMS
B.	PROFESSIONAL CROSSOVER CLAIMS
C.	OUTPATIENT CROSSOVER CLAIMS
D.	DENTAL CLAIMS
E.	INPATIENT CLAIMS
F.	LONG TERM CARE CLAIMS
G.	PROFESSIONAL CLAIMS
H.	OUTPATIENT CLAIMS
I.	PHARMACY CLAIMS
J.	COMPOUND DRUG CLAIMS

Enrolled Categories of Service for

COS	Description	Effective Date	End Date	Status	Status Reason
430	The Physician Services Program provides reimbursement for a broad range of medical services	01/01/2019	12/31/2299	Active	Active

Procedure Search

Procedure Code\*

99212

Procedure Code Date\*

06/05/2019

Place of Service\*

11

[ Search ]

search

clear

Procedure Information

Procedure Code	99212	Description	OFFICE/OUTPATIENT VISIT EST
Gender		PA Required	The PA Required column will indicate whether the service requires either a Precertification or Prior Authorization. The possible values are: N - No PA is not required Y - Yes PA is required X - Yes PA is required Z - Yes Precert is required
Minimum Age			
Maximum Age			



# Procedure Search Panel

(continued)

Enrolled Categories of Service for  ?

COS	Description	Effective Date	End Date	Status	Status Reason
430	The Physician Services Program provides reimbursement for a broad range of medical service	01/01/2011	01/01/2015	Active	Active

Procedure Search ?

Procedure Information ?

Covered Categories of Service (29 rows returned)

COS	Claim Type	Modifiers	Min Age	Max Age	Gender	From	Thru	PA Required
010						01/01/2000	12/31/2299	Z - Yes Precert is required
070						04/01/2003	12/31/2299	N - No PA is not required
080						01/01/2000	12/31/2299	N - No PA is not required
200	C					07/01/2000	12/31/2299	N - No PA is not required
230	B,M	Including 0-4 from 24 25 52 57 AJ FP GT U1				01/01/2006	12/31/2299	N - No PA is not required
270		Including 0-1 from U1 , Including 1-1 from FP				01/01/2013	12/31/2299	N - No PA is not required
430	M	Including 0-4 from 24 25 27 57 58 59 78 79 91 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA LC LD LM LT RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA , Including 0-1 from 52 AJ FP GT HA TM				01/01/2014	12/31/2299	N - No PA is not required
430	B	Including 0-1 from 52 AJ AQ FP GT HA TM , Including 0-4 from 24 25 27 57 58 59 78 79 91 E1 E2 E3 E4 F1 F2 F3 F4 F5 F6 F7 F8 F9 FA LC LD LM LT RC RI RT T1 T2 T3 T4 T5 T6 T7 T8 T9 TA				01/01/2014	12/31/2299	N - No PA is not required



# Procedure Search

(continued)

- Your “**Enrolled Categories of Service**” “**Must**” be found on the list that shows “**Covered Categories of Service**”
- ❖ **If your Category of Service is not shown, that code is not covered and not reimburse to that provider type. If your Category is found, then your able to bill your procedure.**
- Modifiers: The modifier listed are the only allowed modifiers that can be used
- Age: If an age range is listed, that age group is the only age group that is allowed
- Gender: If a gender type is listed, that is the only gender that is covered





# Questions





# Additional Questions

***Please use the dedicated e-mail address shown below and  
include the topic in the subject line:  
Telehealth, Waiver, Financial, CMO, etc.***

**[Medicaid.PCKCOVID19@dch.ga.gov](mailto:Medicaid.PCKCOVID19@dch.ga.gov)**



*Thank You!*

