

Telemedicine Guidance



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

July 1, 2019

**Policy Revisions Record Telemedicine Guidance
2019**

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE	CITATION
			A=Added D=Deleted M=Modified	(Revision required by Regulation, Legislation, etc.)
Jan. 1, 2019	Page 6	Clarification verbiage added in Coverage section in # 1.	M	N/A
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
April 1, 2019		Added other forms of Telehealth and respective regulations and codes pertaining thereof	A	N/A
July 1, 2019		Added Telemedicine/Telehealth services for Autism Spectrum Disorders, Physicians,	A	
July 1, 2019		Online Prescribing	D	
July 1, 2019		Physician Services	A	
July 1, 2019		Community Behavioral Health and Rehabilitation	M	

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* 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 Behavioral Health services and use of telemedicine, please refer to the most recent version of the DBHDD Provider Manual for Community Behavioral Health.

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 are 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.

Service Definitions

Asynchronous or "Store and Forward": Transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. **Asynchronous or "store and forward" applications would not be considered telemedicine. This process is not allowed under the DCH CBHRS (COS 440) program.**

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.

Distant Site The telemedicine/telehealth site where the practitioner/provider is seeing the patient at a distance or consulting with a patient's provider.

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 licensed clinical social workers (LCSWs).
- Registered dietitians or nutrition professionals; and
- Speech Language Pathologists
- Audiologists

Originating Site For most members receiving Telemedicine or Telehealth services the originating site is the location where the member will receive services through a telecommunications system. The state recognizes the following as originating sites:

- Physician and Practitioner's Offices;
- Hospitals;
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Local Education Authorities and School Based Clinics;
- County Boards of Health;
- Emergency Medical Services Ambulances; and
- Pharmacies.

Please refer to the specific category of service for specific details and qualifications for originating sites.

Telehealth is a broad definition of remote healthcare that does not always involve clinical services. Telehealth can be used in telecommunications technologies for patient education, home health, professional health education and training, administrative and program planning, and other diverse aspects of a health care delivery system.

Telemedicine Involves the use of two-way, real time interactive communication equipment to exchange medical/clinical information between a healthcare practitioner and the member from one site to another via a secure electronic communication system. This includes audio and video communications equipment designed to facilitate delivery of healthcare services in a face-to-face interactive, though distant, engagement.

TeleMental Health is a term defined by Ga. Comp. R. & Regs. R. 135-11-01. and is applicable only to Licensed Social Workers, Professional Counselors and Marriage & Family Therapists when either 1) practicing telemedicine as defined above, or 2) providing telephonic intervention when allowable via DCH/DBHDD guidelines). Per this rule and regulation, there are specific practice guidelines and mandatory training pertaining to what is identified as TeleMental Health. Providers shall adhere to these rules and regulations when TeleMental Health is provided by one of these named practitioners.

Synchronous services that are occurring in “real-time”, as demonstrable in two-way consult between a member in concert with their practitioner/provider and another practitioner/provider at a distant site.

Security and Confidentiality:

In compliance with all applicable Federal and State statutes and regulations, providers of the CBHRS program are permitted to incorporate usage of Telemedicine for certain services they provide. The goal for enabling telemedicine methods is to improve and increase access and efficiency of behavioral health service delivery to Georgia Medicaid members. Appropriate use of Telemedicine shall always consider its secure and confidential use. Special considerations in the use of electronic-facilitated treatment must include informed consent of the individual served, authorization through the process of Individualized Recovery Plans, educational components in assessment and service delivery which indicates ongoing agreement with the treatment method and under what circumstances electronic communications may and may not be used.

Telemedicine Services must be HIPAA compliant and in accordance with Safety and Privacy regulations. All transactions must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the transmitted 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 (Encryption is the conversion of plaintext into cipher text using a key to make the conversion) and Redundancy requirements.

Telemedicine- Interstate Medical Licensure Compact

DCH is committed to providing all our stakeholders with the safest environment possible as well as access to qualified healthcare providers. The *Interstate Medical Licensure Compact (ILMC)* offers an expedited licensing process for physicians that are interested in practicing medicine in the state of Georgia yet are licensed within another state. The Compact was created with the goal of expanding access to health care, especially to those in rural and underserved areas of the state, and to facilitate the use of telemedicine technologies in the delivery of health care.

Licensure Requirements

The Georgia Composite Medical Board is authorized to administer the compact in this state. Under the compact, physicians must meet certain requirements, including: possess a full and unrestricted license to practice medicine in a Compact state; possess specialty certification or be in possession of a time unlimited specialty certificate; have no discipline on any state medical license; have no discipline related to controlled substance; not be under investigation by any licensing or law enforcement agency; have passed the USMLE or COMLEX within three attempts; and have successfully completed a graduate medical education (GME) program.

License to practice medicine obtained through this compact will be issued by the State's Medical Composite Board.

A physician will apply for expedited licensure by designating a member state as the state of principal licensure and select Georgia to which the medical license is desired. The state of principal licensure will then verify the physician's eligibility and provide credential information to the Interstate Commission. The Commission will then collect the applicable fees and transmit the physician's information and licensure fees to the additional states. Upon receipt in the additional states, the physician will be granted a license.

Additional information will be housed with the Georgia Composite Medical Board.

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. The GT modifier is required as applicable and or the use of POS 02 will indicate Telehealth services. The GQ modifier is still required as applicable. By coding and billing with the covered telehealth procedure code, you are certifying that the member was present at an eligible originating site when you furnished the telehealth service. Telemedicine services provided by the Distant Site providers must also bill with the appropriate CPT and/or HCPCS code with the POS code 02 for timely payment.

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.

Coverage Requirements

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. The provider must maintain an office, clinic, or other similar physician facility, which complies with local business and building license ordinances. (Refer to the Policies and Procedures for Medicaid and PeachCare for Kids, Part 1 Manual, Chapter 100, section 105, for General Conditions of Participation).
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 must 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, except for 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.

Documentation Requirements

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.

Covered Telemedicine Service Delivery Modalities

- 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.

Non-covered Services Modalities

- Telephone conversations.
- Electronic mail messages.
- Facsimile.
- 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.
- Video cell phone interactions.
- The cost of telemedicine equipment and transmission.
- Store and forward transactions.
- Failed or unsuccessful transmissions.

Authorizations

This guidance is written in accordance with the following Federal and State rules and regulations in addition to current specific Department policy manuals.

- Georgia Secretary of States Rules and Regulations 135-11-01 TeleMental Health
- State Plan Amendment 15-0008 Telehealth and Telemedicine Services
- State Plan Amendment 15-0012 Transportation Facility Sites
- State Plan Amendment, 17-0002 Community Behavioral Health Rehabilitation Services
- Part II Policies and Procedures for Federally Qualified Health Center Services and Rural Health Clinic Services Section 970
- Part II Policies and Procedures for Dentistry Services
- Part II Policies and Procedures for Children’s Intervention School Services Section 602.5
- Part II Policies and Procedures for Community Behavioral Health and Rehabilitation Services Appendices G and O
- Part II Policies and Procedures Manual for Autism Spectrum Disorder (ASD) Services

The state understands that there may be areas within the referenced documents that differ in use of terminology. Additionally, if this guidance is found to conflict with state, federal, regulatory, or scope of service guidance, please apply the more stringent guidance.

Telemedicine Reimbursement for Ambulance Providers

Telemedicine Reimbursement for Ambulance Providers

Effective April 22, 2016, the Centers for Medicare & Medicaid Services (CMS) approved Georgia Department of Community Health (DCH), Medicaid Division State Plan Amendment (SPA) for Ambulance as telemedicine sites. Emergency Ambulances may serve as a telemedicine origination site and the ambulance may bill a separate origination site fee. Emergency Ambulance may not serve as a distant site. The following are the definitions for Telemedicine Based Services:

A. Originating Sites (HCPCs 03014): Originating site means the location of an eligible Medicaid beneficiary at the time the service being furnished via a telecommunications system occurs. Originating sites are reimbursed at 84.645% of the 2012 Medicare fee schedule.

B. Distant Site Practitioners: Distant site means the site at which the physician or practitioner delivering the service is located at the time the service is provided via a telecommunications system. Distant Site Practitioners shall be reimbursed according to the same methodology as if the visit occurred in person. Ambulances are not authorized to provide distant site services.

Please review the information below to obtain a better understanding of what the telemedicine billing entails. The prior approval requirements, non-covered, and covered services requirements have not changed. The Telemedicine originating fee (03014) cannot be billed in combination with other rendered EMS services.

- Emergency ambulance transportation of more than 150 miles one way from an institution to an institution.
- Emergency transportation services certified by a physician as medically necessary, but not included as a covered service, may be covered for recipients under twenty-one years of age when such services are prior approved by the department.
- All ambulance transportation of more than 50 miles beyond the boundaries of the Georgia state line (out-of-state).
- Transportation that is not of an emergency nature, but the recipient requires services of an EMT and the life sustaining equipment provided in the emergency ambulance

All ambulance transportation by air ambulance except for recipients zero (0) to twelve (12) months of age who meet certain criteria listed in the policies and procedures manual.

Limitation: Emergency ambulance services are reimbursable only when medically necessary. The recipient's physical condition must prohibit use of any method of transportation except emergency for a trip to be covered.

Autism Spectrum Disorders (ASD) Services

Autism Spectrum Disorders (ASD) Services

Practitioners Eligibility to Provide Service

Practitioners of ASD services can use telemedicine to assess, diagnose and provide therapies to patients.

As outlined in Part II-Chapter 600 “*Special Conditions of Participation*” a provider must:

Hold either a current and valid license to practice Medicine in Georgia, hold a current and valid license as a Psychologist as required under Georgia Code Chapter 39 as amended, or hold a current and valid Applied Behavior Analysis (ABA) Certification.

In addition to licensed Medicaid enrolled Physicians and Psychologists, Georgia Medicaid will enroll Board Certified Behavioral Analysts (BCBAs) as Qualified Health Care Professionals (QHCPs) to provide ASD treatment services. The BCBA must have a graduate-level certification in behavior analysis. Providers who are certified at the BCBA level are independent practitioners who provide behavior-analytic services. In addition, BCBAs supervise the work of Board-Certified Assistant Behavior Analysts (BCaBAs), and Registered Behavior Technicians (RBTs) who implement behavior-analytic interventions.

Attestation

New providers will submit the Attestation upon enrollment, and existing providers must also do so in order to provide adaptive behavior services. Both the lead QHCP and supervised QHCPs must cite any Degrees, Certifications, and/or Licenses or other relevant credentials on the Attestation which is required to be on file with the Department. The Attestation must be updated and submitted to the Department within two (2) weeks of any change in staffing of QHCPs providing care. The Attestation may be downloaded, completed, and submitted by facsimile to the Attention of Georgia Department of Community Health (DCH) ABS Enrollment to 404-656-8366. The online Attestation is also available for electronic completion and online submission to GAMMIS. The online Attestation can be accessed via the GAMMIS web portal at:

https://www.mmis.georgia.gov/portal/Portals/0/StaticContent/Public/ALL/FORMS/Attestation%20Form%20for%20Specialty%20Provider%20for%20Autism%20Services_revised_03_13_18%20%2020180322174355.pdf

Please refer to Part II Policies and Procedures Manual for Autism Spectrum Disorder (ASD) Services for additional qualifications, requirements and Facility Enrollments.

Member Eligibility

Services to treat Autism Spectrum Disorders (ASD), as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, include assessment and treatment provided to Medicaid beneficiaries in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit and according to medical necessity. Pursuant to 42 CFR 440.130(c), services must be recommended by a licensed physician or other licensed practitioner of the healing arts acting within their scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health of the individual.

Billing

Prior Authorization (PA) is required for all Medicaid-covered:

- Adaptive Behavior Services (ABS)
- Behavioral Assessment and
- Treatment Services

All services are to be billed with modifiers specific for practitioner level and service delivery setting/modality as outlined in the Part II Policies and Procedures Manual for Autism Spectrum Disorder (ASD).

Codes

The following codes can be used to provide ASD services

Table A

2019 Category I/III CPT Codes for Adaptive Behavior Services Description	2019 Procedure Code	Practitioner Level Modifier	Service Location	Unit	Rate
Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare profession's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	97151	U1	GT	15 min	58.21
		U2	GT	15 min	38.97
		U3	GT	15 min	30.01
Behavior Identification Supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes	97152	U1	GT	15 min	58.21
		U2	GT	15 min	38.97
		U3	GT	15 min	30.01
		U4	GT	15 min	20.30
		U5	GT	15 min	15.13
Behavior identification supporting assessment, each 15 minutes of technician' time face-to-face with a patient, requiring the following components: a) administered by the physician or other qualified healthcare professional who is on site; b) with the assistance of two or more technicians; c) for a patient who exhibits destructive	0362T	U1	GT	15 min	58.21
		U2	GT	15 min	38.97
		U3	GT	15 min	30.01

behavior; d) completed in an environment that is customized to the patient's behavior		U4	GT	15 min	20.30
		U5	GT	15 min	15.13
Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes	97153	U1	GT	15 min	58.21
		U2	GT	15 min	38.97
		U3	GT	15 min	30.01
		U4	GT	15 min	20.30
		U5	GT	15 min	15.13
Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15	97154	U1	GT	15 min	58.21
		U2	GT	15 min	38.97
		U3	GT	15 min	30.01
		U4	GT	15 min	20.30
		U5	GT	15 min	15.13
Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	97155	U1	GT	15 min	58.21
		U2	GT	15 min	38.97
		U3	GT	15 min	30.01
Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	97156	U1	GT	15 min	21.90
		U2	GT	15 min	17.01
		U3	GT	15 min	13.21
Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	97157	U1	GT	15 min	25.34
		U2	GT	15 min	17.00
		U3	GT	15 min	13.21
Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes	97158	U1	GT	15 min	25.34
		U2	GT	15 min	14.00
		U3	GT	15 min	13.21
Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:	0373T	U1	GT	15 min	58.21

<ul style="list-style-type: none"> - administered by the physician or other qualified healthcare professional who is on site; - with the assistance of two or more technicians; - for a patient who exhibits destructive behavior; - completed in an environment that is customized, to the patient's behavior 	U2	GT	15 min	38.97
	U3	GT	15 min	30.01
	U4	GT	15 min	20.30
	U5	GT	15 min	15.13

“Out-of-Clinic” is billable for delivery of ASD services in any other location outside of the following:

- (1) your agency/clinic (In-clinic)
- (2) Telemedicine

Table B

Practitioner Level Legend	Level
Physician, Psychiatrist	U1 - Level 1
Psychologist, BCBA-D	U2 - Level 2
BCBA	U3 - Level 3
BCaBA or Master's Level Behavior Analyst	U4 - Level 4
Registered Behavior Technician	U5 - Level 5

Community Behavioral Health and Rehabilitation Services

Community Behavioral Health and Rehabilitation Services

Purpose

Use of Telemedicine for behavioral health services within the Community Behavioral Health and Rehabilitation Services (CBHRS) program.

Service Accessibility

Currently, the Departments of Community Health (DCH) and Behavioral Health and Developmental Disabilities (DBHDD) have authorized Telemedicine to be used to provide some of the services in the CBHRS program. Providers may use Telemedicine as a tool to provide direct interventions to individuals in the following circumstances:

- For some services, any member who consents may receive telemedicine
- For some services, telemedicine is allowed only for members who speak English as a second language, and telemedicine will enable the member to engage with a practitioner who can deliver services in his/her preferred language (e.g. American Sign Language, etc.)(one-to-one via Telemedicine versus interpreters).
- Telemedicine is only allowed for certain CBHRS services and only two-way, real-time interactive audio and video communication as described in the Service Definitions section of this Guidance is allowable. ***Telemedicine may not be used for any other Intervention.***
- For other specifics on Telemedicine and its scope of use, see the DBHDD Provider Manual at: <http://dbhdd.org/files/Provider-Manual-BH.pdf>

Originating Site For CBHRS, members may be located at home, schools, and other community-based settings or at more traditional sites named in the Department of Community Health (DCH) Telemedicine Guidance manual above.

Training

As outlined in the Rules and Regulations of the State of Georgia *Chapter 135-11-01 TeleMental Health* there are additional guidelines that establish minimum standards for the delivery of services by a licensed Professional Counselor, Social Worker, or Marriage and Family Therapist using technology-assisted media. Specific provisions can be found in the Georgia Rules and Regulations Department 135, Chapter 135-11-01 TeleMental Health.

Consent:

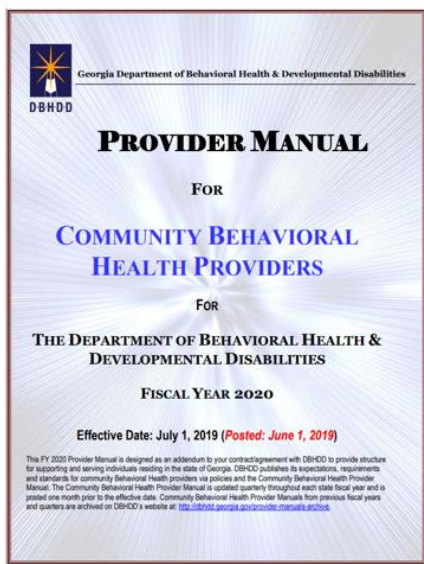
For CBHRS, the *Telemedicine Member Consent Form* for each member is outlined in the Telemedicine Guidance Document and must be utilized. Complete and detailed Guidance on Telemedicine and Telehealth can be accessed by visiting <https://www.mmis.georgia.gov/portal/>; then clicking Provider Information, Provider Manuals and Telemedicine Guidance.

Service Delivery:

Currently, the Department of Behavioral Health and Developmental Disabilities (DBHDD) has authorized **Telemedicine to be used to provide some of the services in the CBHRS program.** Practitioners may use Telemedicine as a tool to provide direct

interventions for eligible individuals for some services. Additionally, for a subset of CBHRS services, individuals for whom English is not their first language (one-to-one via Telemedicine versus interpreters) may access some services. For other specifics on Telemedicine and its scope of use, see the DBHDD Provider Manual at: <http://dbhdd.org/files/Provider-Manual-BH.pdf>. Part I, Table A: Service X Practitioner Table. The table provides detailed instructions explanation for when and which type of practitioner can bill for Telemedicine services. Within the table, Light green shading denotes services for which telemedicine may be billed **only** if English is not the person's primary language. Dark green shading denotes services/practitioner types for which telemedicine may be billed for any person (regardless of the person's primary language). Always reference the actual service guideline of interest for further guidance/clarification.

Image 1 and 2 (DBHDD Manual and table of practitioners eligible to provide telemedicine services)



Billing & Reimbursement

Services that can be rendered via Telemedicine are identified in Table C of the Telemedicine guidance and Appendix C, Appendix M, and Appendix G of the Provider Manual for Community Behavioral Health Providers for The Department of Behavioral Health and Developmental Disabilities by procedure codes that include the 'GT' modifier. Please refer to these Tables and Appendices to determine which services can and cannot be provided via the telemedicine option.

While some CBHRS services allow telephonic interactions, telephonic interventions do not qualify as telemedicine defined herein.

Originating fees (as referenced in some of the other Georgia Medicaid programs) are not offered for telemedicine when utilized in the CBHRS category of service. Telemedicine costs are attributed to the services intervention rates.

Care Management Organizations may have specific billing requirements and practices which will be outlined in their unique agreements with providers. Georgia currently contracts with four (4) Care Management Organizations (Amerigroup, CareSource, WellCare and Peach State) for

covered lives which includes physical health and behavioral health of all CMO members. All four utilize the Georgia Partnership for Telehealth (GPT) to receive specialty and behavioral health care. With GPT services, the face-to-face video conferencing for visits with specialists, behavioral health providers and others whose offices are often in rural areas ensure better care with improved access. GPT has over 300 practitioners licensed in Georgia for behavioral health and physician health services.

Table C

Practitioner Types for CBHRS

Level 1	Physician, Psychiatrist
Level 2	Psychologist, Physician 's Assistant, Nurse Practitioner, Clinical Nurse Specialist, Pharmacist
Level 3	Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)
Level 4	Licensed Practical Nurse (LPN); Licensed Associate Professional Counselor (LAPC); Licensed Master's Social Worker (LMSW); Licensed Associate Marriage and Family Therapist (LAMFT); Certified/Registered Addictions Counselors (e.g. CAC-I/II, CADC, CCADC, GCADC, MAC), Certified Peer Specialists, Trained Paraprofessionals and Certified Psychosocial Rehabilitation Professionals (CPRP) with bachelor's degrees or higher in the social sciences/helping professions
Level 5	Trained Paraprofessionals, Certified/Registered Addiction Counselors (CAC-I, RADT), Certified Peer Specialists, Certified Psychosocial Rehabilitation Professionals, and Qualified Medication Aides with at least a high school diploma/equivalent

Table D
Approved Codes for CBHR services

Service Description	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Modifier Description (s)	Rate	Max Units
Diagnostic Assessment	90791	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	116.90	2
Diagnostic Assessment	90791	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	90.03	2
Diagnostic Assessment	90792	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	174.63	2
Diagnostic Assessment	90792	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	116.90	2
Psychiatric Treatment (E&M- New Pt. 10 min)	99201	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	38.81	1
Psychiatric Treatment (E&M- New Pt. 10 min)	99201	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	25.98	1
Psychiatric Treatment (E&M- New Pt. 20 min)	99202	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	77.61	1
Psychiatric Treatment (E&M- New Pt. 20 min)	99202	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	51.96	1

Psychiatric Treatment (E&M- New Pt. 30 min)	99203	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	116.42	1
Psychiatric Treatment (E&M- New Pt. 30 min)	99003	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	77.94	1
Psychiatric Treatment (E&M- New Pt. 45 min)	99204	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	174.63	1
Psychiatric Treatment (E&M- New Pt. 45 min)	99204	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	116.90	1
Psychiatric Treatment (E&M- New Pt. 60 min)	99205	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	232.84	1
Psychiatric Treatment (E&M- New Pt. 60 min)	99205	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	155.88	1
Psychiatric Treatment (E&M Est. Pt. 5 min)	99211	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	19.40	1
Psychiatric Treatment (E&M Est. Pt. 5 min)	99211	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	12.99	1
Psychiatric Treatment (E&M Est. Pt. 10 min)	99212	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	38.81	1

Psychiatric Treatment (E&M Est. Pt. 10 min)	99212	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	25.98	1
Psychiatric Treatment (E&M Est. Pt. 15 min)	99213	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	58.21	1
Psychiatric Treatment (E&M Est. Pt. 15 min)	99213	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	38.97	1
Psychiatric Treatment (E&M Est. Pt. 25 min)	99214	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	97.02	1
Psychiatric Treatment (E&M Est. Pt. 25 min)	99214	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	64.95	1
Psychiatric Treatment (E&M Est. Pt. 40 min)	99215	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	155.23	1
Psychiatric Treatment (E&M Est. Pt. 40 min)	99215	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	103.92	1
Psychiatric Treatment Ind Psychotherapy w E&M (+30 min add-on)	90833	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	97.02	1
Psychiatric Treatment Ind Psychotherapy w E&M (+30 min add-on)	90833	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	64.95	1

Psychiatric Treatment Individual Psychotherapy w E&M (+45 min add-on)	90836	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	174.63	1
Psychiatric Treatment Individual Psychotherapy w E&M (+45 min add-on)	90836	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	116.90	1
Assertive Community Treatment	H0039	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	32.46	60
Assertive Community Treatment	H0039	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	32.46	60

Psychological Testing Codes/State Plan Amendment Codes

Service Description	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Modifier Description	Rate	Unit of Service
BH Assessment & Service Plan Development	H0031	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	38.97	15 min
BH Assessment & Service Plan Development	H0031	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	30.01	15 min
BH Assessment & Service Plan Development	H0031	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	20.3	15 min
BH Assessment & Service Plan Development	H0031	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	15.13	15 min

BH Assessment & Service Plan Development	H0032	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	38.97	15 min
BH Assessment & Service Plan Development	H0032	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	30.01	15 min
BH Assessment & Service Plan Development	H0032	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	20.3	15 min
BH Assessment & Service Plan Development	H0032	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	15.13	15 min
Psychological Testing	96130	U2	GT			Via interactive a/v telecom systems, Practitioner Level 2	155.87	1 hour
Psychological Testing	96130	U3	GT			Via interactive a/v telecom systems, Practitioner Level 3	120.04	1 hour
Psychological Testing	96130	U4	GT			Via interactive a/v telecom systems, Practitioner Level 4	81.18	1 hour
Psychological Testing	96131	U2	GT			Via interactive a/v telecom systems, Practitioner Level 2	155.87	1 hour
Psychological Testing	96131	U3	GT			Via interactive a/v telecom systems, Practitioner Level 3	120.04	1 hour

Psychological Testing	96131	U4	GT			Via interactive a/v telecom systems, Practitioner Level 4	81.18	1 hour
Psychological Testing	96136	U2	GT			Via interactive a/v telecom systems, Practitioner Level 2	77.94	30 min
Psychological Testing	96137	U2	GT			Via interactive a/v telecom systems, Practitioner Level 2	77.94	30 min
Psychological Testing	96138	U3	GT			Via interactive a/v telecom systems, Practitioner Level 3	60.02	30 min
Psychological Testing	96138	U4	GT			Via interactive a/v telecom systems, Practitioner Level 4	40.59	30 min
Psychological Testing	96139	U3	GT			Via interactive a/v telecom systems, Practitioner Level 3	60.02	30 min
Psychological Testing	96139	U4	GT			Via interactive a/v telecom systems, Practitioner Level 4	40.59	30 min
Crisis Intervention	H2011	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	58.21	15 min
Crisis Intervention	H2011	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	38.97	15 min

Crisis Intervention	H2011	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	30.01	15 min
Crisis Intervention	H2011	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	20.3	15 min
Crisis Intervention	H2011	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	15.13	15 min
Crisis Intervention	90839	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	232.84	1 encounter
Crisis Intervention	90839	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	155.88	1 encounter
Crisis Intervention	90839	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	120.04	1 encounter
Crisis Intervention	90840	GT	U1			Via interactive a/v telecom systems, Practitioner Level 1	116.42	30 min
Crisis Intervention	90840	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	77.94	30 min
Crisis Intervention	90840	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	60.02	30 min
Nursing Services	T1001	GT	U2			Practitioner Level 2, In-Clinic	38.97	15 min

Nursing Services	T1001	GT	U3			Practitioner Level 3, In-Clinic	30.01	15 min
Nursing Services	T1001	GT	U4			Practitioner Level 4, In-Clinic	20.3	15 min
Nursing Services	T1002	GT	U2			Practitioner Level 2, In-Clinic	38.97	15 min
Nursing Services	T1002	GT	U3			Practitioner Level 3, In-Clinic	30.01	15 min
Nursing Services	T1003	GT	U4			Practitioner Level 4, In-Clinic	20.3	15 min
Nursing Services	96150	GT	U2			Practitioner Level 2, In-Clinic	38.97	15 min
Nursing Services	96150	GT	U3			Practitioner Level 3, In-Clinic	30.01	15 min
Nursing Services	96150	GT	U4			Practitioner Level 4, In-Clinic	20.3	15 min
Nursing Services	96151	GT	U2			Practitioner Level 2, In-Clinic	38.97	15 min
Nursing Services	96151	GT	U3			Practitioner Level 3, In-Clinic	30.01	15 min
Nursing Services	96151	GT	U4			Practitioner Level 4, In-Clinic	20.3	15 min
Community Support Individual	H2015	GT	U4			Practitioner Level 4, In-Clinic	20.3	15 min
Community Support Individual	H2015	GT	U5			Practitioner Level 5 In-Clinic	15.13	15 min
Psychosocial Rehabilitation (Individual)	H2017	GT	HE	U4	U6	Mental Health Program, Practitioner Level 5, In-Clinic	20.3	15 min
Psychosocial Rehabilitation (Individual)	H2017	GT	HE	U5	U6	Mental Health Program, Practitioner Level 4, In-Clinic	15.13	15 min
Addictive Disease Support Services	H2015	GT	HF	U4	U6	Substance Abuse Program, Level 4, In Clinic	20.3	15 min
Addictive Disease Support Services	H2015	GT	HF	U5	U6	Substance Abuse Program, Level 5, In Clinic	15.13	15 min

Individual Outpatient Services (=30 min)	90832	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	64.95	1 encounter
Individual Outpatient Services (=30 min)	90832	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	50.02	1 encounter
Individual Outpatient Services (=30 min)	90832	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	33.83	1 encounter
Individual Outpatient Services (=30 min)	90832	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	25.21	1 encounter
Individual Outpatient Services (=45 min)	90834	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	116.9	1 encounter
Individual Outpatient Services (=45 min)	90834	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	90.03	1 encounter
Individual Outpatient Services (=45 min)	90834	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	60.89	1 encounter
Individual Outpatient Services (=45 min)	90834	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	45.38	1 encounter
Individual Outpatient Services (=60 min)	90837	GT	U2			Via interactive a/v telecom systems, Practitioner Level 2	155.87	1 encounter

Individual Outpatient Services (=60 min)	90837	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	120.04	1 encounter
Individual Outpatient Services (=60 min)	90837	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	81.18	1 encounter
Individual Outpatient Services (=60 min)	90837	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	60.51	1 encounter
Family Outpatient Services	H0004	GT	HR	U2		Via interactive a/v telecom systems, With client present, Practitioner Level 2	38.97	15 min
Family Outpatient Services	H0004	GT	HR	U3		Via interactive a/v telecom systems, With client present, Practitioner Level 3	30.01	15 min
Family Outpatient Services	H0004	GT	HR	U4		Via interactive a/v telecom systems, With client present, Practitioner Level 4	20.3	15 min
Family Outpatient Services	H0004	GT	HR	U5		Via interactive a/v telecom systems, With client present, Practitioner Level 5	15.13	15 min
Family Outpatient Services	H0004	GT	HS	U2		Via interactive a/v telecom systems, Without client present, Practitioner Level 2	38.97	15 min

Family Outpatient Services						Via interactive a/v telecom systems, Without client present, Practitioner Level 3		
	H0004	GT	HS	U3			30.01	15 min
Family Outpatient Services						Via interactive a/v telecom systems, Without client present, Practitioner Level 4		
	H0004	GT	HS	U4			20.3	15 min
Family Outpatient Services						Via interactive a/v telecom systems, Without client present, Practitioner Level 5		
	H0004	GT	HS	U5			15.13	15 min
Family Outpatient Services						Via interactive a/v telecom systems, Practitioner Level 2		
	90846	GT	U2				38.97	15 min
Family Outpatient Services						Via interactive a/v telecom systems, Practitioner Level 3		
	90846	GT	U3				30.01	15 min
Family Outpatient Services						Via interactive a/v telecom systems, Practitioner Level 4		
	90846	GT	U4				20.3	15 min
Family Outpatient Services						Via interactive a/v telecom systems, Practitioner Level 5		
	90846	GT	U5				15.13	15 min
Family Outpatient Services						Via interactive a/v telecom systems, Practitioner Level 2		
	90847	GT	U2				38.97	15 min

Family Outpatient Services	90847	GT	U3			Via interactive a/v telecom systems, Practitioner Level 3	30.01	15 min
Peer Supports-Youth (Individual)	H0038	GT	HA	U4		Via interactive a/v telecom systems, Practitioner Level 4	20.3	15 min
Peer Supports-Youth (Individual)	H0038	GT	HA	U5		Via interactive a/v telecom systems, Practitioner Level 5	15.13	15 min
Family Outpatient Services	90847	GT	U4			Via interactive a/v telecom systems, Practitioner Level 4	20.3	15 min
Family Outpatient Services	90847	GT	U5			Via interactive a/v telecom systems, Practitioner Level 5	15.13	15 min
Family Outpatient Services	H2014	GT	HR	U4		Via interactive a/v telecom systems, With client present, Practitioner Level 4	20.3	15 min
Family Outpatient Services	H2014	GT	HR	U5		Via interactive a/v telecom systems, With client present, Practitioner Level 5	15.13	15 min
Family Outpatient Services	H2014	GT	HS	U4		Via interactive a/v telecom systems, Without client present, Practitioner Level 4	20.3	15 min

Family Outpatient Services						Via interactive a/v telecom systems, Without client present, Practitioner Level 5		
	H2014	GT	HS	U5			15.13	15 min
Peer Supports (Individual)	H0038	GT	HS	U4		Practitioner Level 4, In-Clinic	20.3	15 min
Peer Supports (Individual)	H0038	GT	HS	U5		Practitioner Level 5, In-Clinic	15.13	15 min
Peer Support Whole Health & Wellness	H0025	GT	U3			Practitioner Level 3, In-Clinic	30.01	15 min
Peer Support Whole Health & Wellness	H0025	GT	U4			Practitioner Level 4, In-Clinic	20.3	15 min
Peer Support Whole Health & Wellness	H0025	GT	U5			Practitioner Level 5, In-Clinic	15.13	15 min
Intensive Family Intervention	H0036	GT	U3			Practitioner Level 3, In-Clinic	30.01	15 min
Intensive Family Intervention	H0036	GT	U4			Practitioner Level 4, In-Clinic	22.14	15 min
Intensive Family Intervention	H0036	GT	U5			Practitioner Level 5, In-Clinic	16.5	15 min
Community Support Team	H0039	TN	GT	U3		Practitioner Level 3, In-Clinic	30.01	15 min
Community Support Team	H0039	TN	GT	U4		Practitioner Level 4, In-Clinic	20.3	15 min
Community Support Team	H0039	TN	GT	U5		Practitioner Level 5, In-Clinic	15.13	15 min
Intensive Case Management	T1016	GT	HK	U4		High Risk Population, Practitioner Level 5, out-of-Clinic	20.3	15 min
Intensive Case Management	T1016	GT	HK	U5		High Risk Population, Practitioner Level 5, out-of-Clinic	15.13	15 min

Case Management Services	T1016	GT	U4			Practitioner Level 5, Out-of-Clinic	20.3	15 min
Case Management Services	T1016	GT	U5			Practitioner Level 5, Out-of-Clinic	15.13	15 min

Teledentistry

Teledentistry

Teledentistry-is a combination of telecommunications and dentistry involving the exchange of clinical information and images over remote distances for dental consultation and treatment planning. The State allows for these services within the current Part II Policies and Procedures Manual for Dental Services.

Providers

Licensed Dentists
Licensed Dental Hygienist

Approved Codes for Reimbursement- These can only be used in the Public Health Setting as described within the Dentistry Policy manual.

Table E

Code	Service Description	Billing Note
D9995	Teledentistry – synchronous; real-time encounter	used to bill when there is a synchronous or real-time encounter instead of information that is stored and sent for review. Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.
D9996	Information store and forward to dentist for review	used by the Dental Hygienist when dental information is sent to a licensed Dentist for review via telemedicine technology. This is the only allowed store and forward.
D9999	Teledentistry Exam	Teledentistry Exam used by the Dentist receiving the information and subsequently bills the Department D9999 for the exam and report.

Department of Public Health (DPH) Districts and Boards of Health Dental Hygienists shall only perform duties under this protocol at the facilities of the DPH District and Board of Health, at school-based prevention programs and other facilities approved by the Board of Dentistry and under the approval of the District Dentist or dentist approved by the District Dentist.

Telemedicine within Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)

Telemedicine within Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)

FQHCs and RHCs may serve as an originating site for telehealth services, which is the location of an eligible Medicare beneficiary or enrolled Medicaid member at the time the service being furnished via a telecommunications system occurs. FQHCs and RHCs that serve as an originating site for telehealth services are paid an originating site facility fee. FQHC's and RHC's are authorized to serve as a distant site for telehealth services and may bill the cost of the visit.

NOTE: FQHCs and RHCs cannot bill an originating site fee and distant site fee for telehealth services on the same encounter.

Telemedicine and Dialysis Services

Telemedicine and Dialysis Services

The Centers for Medicaid and Medicare Services (CMS) has added Dialysis Services to the list of services that can be provided under Telehealth.

The originating facility/site (Dialysis Facility) will bill with the revenue code and procedure codes listed below.

Table F

Revenue Code	Description	Procedure Code	Modifier
780	Telemedicine General Classification	Q3014	GT

The distant site/physician providing the service via a telecommunications system will bill using Place of Service 02 to indicate Telehealth and the procedure codes below.

The term “distant site” means the site where the physician or practitioner providing the professional service, is located at the time the service is provided via a telecommunications system.

Table G

Code	Description	Modifier's	Place of Service
90967	End Stage Renal Disease (ESRD) related services for dialysis (less than full month), per day; for patients younger than two (2) years of age	95, GT, or GQ	02
90968	End Stage Renal Disease (ESRD) related services for dialysis (less than full month), per day; for patients two (2)- eleven (11) years of age	95,GT, or GQ	02
90969	End Stage Renal Disease (ESRD) related services for dialysis (less than full month), per day; for patients twelve (12)-nineteen (19) years of age	95, GT, or GQ	02
90970	End Stage Renal Disease (ESRD) related services for dialysis (less than full month), per day; for patients twenty (20) years of age and older	95, GT, or GQ	02

Nursing Facility Specialized Services

Nursing Facility Specialized Services

Though not available in all areas of the State, Medicare-funded mental health services are currently provided to nursing home residents via telemedicine, face-to-face visits by providers in the nursing home, and nursing home resident visits to psychiatric/mental health clinics/offices for those individuals able to travel outside the nursing facility.

NOTE: Though 440 codes allow for Medicaid members to have a variety of mental health professionals serve members in nursing facilities, please note that Medicare has more stringent requirements regarding these professionals to serve the Medicare eligible members in nursing facilities. (Please review the approved practitioner levels listed below [*Table C*]). When Nursing Facilities refer/coordinate Specialized Services for the PASRR approved resident, Nursing Facility staff should communicate to the Community Behavioral Health Service Provider (CBHSP), the DCH enrolled MH provider that the member is either dual eligible or Medicare Only

The NF and CBHS providers will communicate to arrange for the provision of specialized services to residents either in the nursing facility, via telemedicine, or at the Community Behavioral Health location. The service location will be determined by the condition of the resident, ability to travel to the nearest clinic, and evaluation of both nursing facility and mental health staff regarding the most appropriate service delivery venue for the individual resident. If the nursing home resident can be assessed and treated in the outpatient clinic, NEMT transportation can be used to facilitate this visit. Those residents whose interest is best served by receiving mental health services in the nursing facility or in a nearby telemedicine site can receive services in either of those locations, with the practitioner using out-of-clinic or telemedicine procedure codes.

Table H

Level 1	Physician, Psychiatrist
Level 2	Psychologist, Physician's Assistant, Nurse Practitioner, Clinical Nurse Specialist, Pharmacist
Level 3	Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)
Level 4	Licensed Practical Nurse (LPN); Licensed Associate Professional Counselor (LAPC); Licensed Master's Social Worker (LMSW); Licensed Associate Marriage and Family Therapist (LAMFT); Certified/Registered Addictions Counselors (e.g. CAC-I/II, CADC, CCADC, GCADC, MAC), Certified Peer Specialists, Trained Paraprofessionals and Certified Psychosocial Rehabilitation Professionals (CPRP) with Bachelor's degrees or higher in the social sciences/helping professions
Level 5	Trained Paraprofessionals, Certified/Registered Addiction Counselors (CAC-I, RADT), Certified Peer Specialists, Certified Psychosocial Rehabilitation Professionals, and Qualified Medication Aides with at least a high school diploma/equivalent

PROCEDURE CODES: KEY:

Key: Code Modifiers used:

GT= Via interactive audio and video telecommunications systems

U1 = Practitioner Level 1 (see below for description of all practitioner levels)

U2 = Practitioner Level 2

U3 = Practitioner Level 3

U4 = Practitioner Level 4

U6 = In Clinic

U7 = Out-of-Clinic

For all procedures noted on the next page, practitioners must hold the license appropriate to the activity.

The following procedure codes may be used for service delivery and claims billing for specialized behavioral health services provided to nursing home residents: (Daily/Annual Max Units are effective 4/2013)

Table 1

Description	Procedure Code	Modifier	Service Group	Max Daily Units	Max Month Units	Max Year Units
Psychiatric Diagnostic Assessment (session) Or Via Telemedicine Report with 90785 for interactive complexity when appropriate	90791, 90792 (Formerly 90801, 90802) 90791, 90792	U2 U6, U2 U7 U3U6, U3U7 (Encounter) GT U1, GT U2, GTU3	10103	1 encounter	1	12
Psychiatric Treatment/Pharmacological Management (session) Or Via Telemedicine Report with add-on code for psychotherapy time	Appropriate Evaluation and Management Code-see below (Formerly 90862)	U1 U6, U1 U7 U2 U6, U2 U7 GT U1, GT U2	10120	2	2	24

<i>Evaluation and Management Codes</i>						
Description	Procedure Code	Modifier	Service Group	Max Daily Units	Max Month Units	Max Year Units
E&M (New Pt - 10 min)	99201	U1 U6, U2 U6, U1 U7, U2 U7, GT U1, GT U2	10120	1	2	24
E&M (New Pt - 20 min)	99202					
E&M (New Pt - 30 min)	99203					
E&M (New Pt - 45 min)	99204					
E&M (New Pt - 60 min)	99205					
E&M (Estab Pt - 5 min)	99211					
E&M (Estab Pt - 10 min)	99212					
E&M (Estab Pt - 10 min)	99212					
E&M (Estab Pt - 15 min)	99213					
E&M (Estab Pt - 15 min)	99213					
E&M (Estab Pt - 25 min)	99214					
E&M (Estab Pt - 40 min)	99215					

Telemedicine and School Based Settings

Telemedicine and School Based Settings

School-Based Settings

Telemedicine services provided in school-based settings also referred to as the Local Education Agencies (LEAs) can be provided upon enrollment into COS 600.

Telemedicine benefits are allowed if all the following criteria are met:

- The provider is an authorized health-care provider enrolled in Georgia Medicaid
- The client is a child who is receiving the service in a primary or secondary school-based setting
- The parent or legal guardian of the client provides consent before the service is provided

Telemedicine services provided in a school-based setting are also a benefit if the referring provider delegates provision of services to a nurse practitioner, clinical nurse specialist, physician assistant, or other licensed specialist as long as the above-mentioned providers are working within the scope of their professional license and within the scope of their delegation agreement with the provider.

Health Check Program

LEAs enrolled as Health Check providers to serve as telemedicine originating sites only will be allowed to bill the telemedicine originating site facility fee (procedure code Q3014). The LEA provider should report procedure code Q3014 along with the EP and GT modifiers, POS 03, and the appropriate ICD-10 diagnosis code(s). The diagnosis code(s) should be the same diagnosis code(s) listed on the distant site (rendering) provider's claim. The rendering provider serving as the telemedicine distant site should report the E/M office visit code (992xx) along with the GT modifier (including any other applicable modifiers), the appropriate POS, and the ICD-10 diagnosis code(s). For the originating site (LEA) provider to receive reimbursement for procedure code Q3014, a corresponding paid history claim from the distant site provider must be found in GAMMIS. The distant site provider's claim billed for the same member, same date of service, with an E/M office visit code (992xx), the same ICD-10 diagnosis code(s) and the GT modifier, will confirm that a telemedicine service was rendered. If no record of the E/M claim is found that aligns with the LEA provider's originating site claim, the originating site claim will suspend up to 30 days after submission in search of the E/M claim. If no record of an E/M claim is found within 30 days after submission of the LEA provider's originating site claim, reimbursement to the LEA provider will be denied. It is the responsibility of the LEA provider to contact the provider who rendered the distant site service to determine if the E/M visit was billed. The telemedicine originating facility fee is reimbursed at the current DEFAULT rate.

Children's Intervention School Services (CISS)

Local Education Agencies (LEAs) may enroll in the Health Check Program (COS 600) to serve as telemedicine originating sites only. The originating site is the actual location at which an eligible Medicaid member is receiving services via the telecommunications system. To enroll as a Health Check provider, the LEA will be required to submit a signed copy of the Attestation Form "For the Provision of Telehealth Services by Georgia's Local Education Agencies (LEAs)" which indicates that the LEA will comply with the telemedicine requirements.

The Attestation Form is located on the MMIS web portal under the "Provider Information, Forms, Enrollment" tab. Please complete the form and fax it with the coversheet located under the

“Provider Information, Forms” tab to DXE Technology Provider Enrollment at 1-866-483- 1044. See section 603.21 in the CISS manual for claiming information.

LEAs are allowed to enroll in the Health Check Program (COS 600) to serve as telemedicine originating sites only. As a Health Check provider, the LEA serving as a telemedicine originating site will be allowed to bill only the telemedicine originating site facility fee *Children’s Intervention School Services VI-7 (procedure code Q3014)*. The LEA should report procedure code Q3014 along with the EP and GT modifiers, Place of Service (POS) 03, and the appropriate ICD-10 diagnosis code(s). The diagnosis code(s) should be the same diagnosis code(s) listed on the distant site (rendering) provider’s claim. The rendering provider serving as the telemedicine distant site should report the evaluation and management (E/M) office visit code (992xx) along with the GT modifier (including any other applicable modifiers), the appropriate POS, and the ICD-10 diagnosis code(s). LEAs are reimbursed for procedure code Q3014 under the Health Check Program (COS 600). It is the responsibility of the LEA to contact the provider who rendered the distant site service to determine if the E/M visit was billed.

Speech Language Pathology Services

Speech Language Pathology Services involve the identification of children with speech and/or language disorders, diagnosis and appraisal of specific speech and/or language disorders, referral for medical and other professional attention necessary for the rehabilitation of speech and/or language disorders, provision of speech or language services for the prevention of communicative disorders. The speech language pathologist must bill for time spent in hands on activities or via telehealth services with the student. This includes time spent assisting the student with learning to use adaptive equipment and assistive technology.

Speech and Audiology Reimbursable Codes

Table J

Code	Service Description	Billing Note
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual.	Use POS 02
92521	Evaluation of Speech Fluency	Use POS 02
92522	Speech sound production evaluation	Use POS 02
92523	Speech sound production evaluation with language evaluation	Use POS 02
92524	Behavioral and qualitative analysis of voice and resonance	Use POS 02
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual. Two or more individuals	Use POS 02
97532 DISCONTINUED Use code 97127	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact.”	Use POS 02

97762 DISCONTINUED Use code 97763	Under Orthotic Management and Training and Prosthetic Training	Use POS 02
92567	Tympanometry (impedance testing)	Use POS 02
92568	Acoustic Reflex Testing	Use POS 02
92587	Distortion product evoked otoacoustic emissions	Use POS 02

Telemedicine and Physician Services

Telemedicine and Physician Services

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.

Appendix A

Telemedicine Member Consent Form

Prior to an initial telemedicine service, the practitioner 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 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 consultation for the procedure(s) described above.

Signature: _____ Date: _____

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

Witness Signature: _____ Date: _____

INTENTIONALLY LEFT BLANK