Provider Guide for Telemedicine/Telehealth Services

Overview

Telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment. Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations) between provider and patient. This definition is modeled on Medicare's definition of telehealth services. Gateway Health does not restrict the performance of telehealth/telemedicine services to rural locations only. Any eligible member can receive telemedicine/telehealth services regardless of where they are located.

Patient Eligibility

- ✓ All eligible Gateway Medicaid and Medicare Assured members may receive telemedicine/telehealth services for a specialist consultation. In addition, eligible Gateway Medicare Assured members may receive telemedicine/telehealth services from a participating Medicare Assured behavioral health provider.

  (Tip – Always verify eligibility prior to rendering services to assure reimbursement.)
- ✓ Gateway Medicare Assured follows Original Medicare and pays for a limited number of Part B services furnished by a physician or practitioner to an eligible beneficiary via a telecommunications system. For eligible telemedicine/telehealth services, the use of a telecommunications system substitutes for an in-person encounter.

Guidelines for Providing Telemedicine Services

Who can render telemedicine services?

- ✓ Gateway participating physicians, certified registered nurse practitioners (CRNP), and certified nurse midwives (CNM). In addition to the above provider types Gateway Medicare Assured participating behavioral health providers (clinical psychologists (CP) and clinical social workers (CSW) may render services and receive reimbursement for Medicare Assured members only.
  (Tip - Providers shall follow federal, state and local regulatory and licensure requirements related to their scope of practice, and shall abide by state board and specialty training requirements.)

Where can telemedicine services be rendered?

- ✓ **Distant or Hub site:** Site at which the physician or other licensed practitioner **delivering** the service is located at the time the service is provided via telecommunications system.
- ✓ **Originating or Spoke site:** Location of the patient at the time the service being furnished via a telecommunications system occurs.
- ✓ **Gateway does not restrict telehealth/telemedicine services to just rural health locations.**

What are the requirements?

- ✓ The telemedicine consultation must be a two-way, real time interactive communication between the patient and the provider at the distant site. Therefore, the telecommunications technology must include, at a minimum, interactive audio and video equipment. Telemedicine does not include the use of telephones, or asynchronous "store and forward" technology such as facsimile machines, electronic mail systems or remote patient monitoring devices.
- ✓ In situations where the referring provider or other physician, CRNP or CNM is not physically present at the originating site, a nurse or other clinical professional, such as a physician's medical assistant, must be available to assist the patient if needed.
- ✓ Providers must comply with privacy and confidentiality requirements stipulated by HIPAA and other applicable laws. They should also familiarize themselves with security arrangements for their systems and their limitations.

Is prior-authorization required?

- ✓ Prior-authorization from Gateway's Utilization Management (UM) department is not required for telemedicine/telehealth services when the consultation is being performed by a Gateway participating provider. Any service being rendered by a non-participating provider requires the ordering provider to contact Gateway's UM department for authorization.
- ✓ All specialist consultations for Gateway's **Pennsylvania Medicaid** members require a Referral. The member's Primary Care Practitioner (PCP) **MUST** follow current policy and procedure for issuing a Referral.
  (Tip - Refer to the Referrals and Authorizations section of the Medicaid Provider Policy & Procedure Manual located at www.GatewayHealthPlan.com under Providers.)
- ✓ Gateway's **Medicare Assured** members **DO NOT** require a Referral for specialist consultations.

Medical Record Keeping and Auditing Process

- ✓ Providers **shall** generate and maintain an electronic medical record (when feasible) for each patient for whom they provide remote care. All communications with the patient (verbal, audiovisual or written) **should** be documented in the patient's unique medical record on par with documentation standards of in-person visits.
- ✓ Providers should fully document the specific interactive telecommunication technology used to render the consultation, and the reason the consultation was conducted using telecommunication technology, and not face-to-face, in the member's medical record, in accordance with state and federal regulations.
- ✓ Gateway reserves the right to conduct post-payment medical record audits to validate practitioners submitting a claim for telemedicine/telehealth services are rendering and documenting all required components of a visit.

Medicaid Coding and Billing[1]

- ✓ Gateway will provide payment for telemedicine/telehealth consultations rendered to Pennsylvania Medicaid members using real-time, interactive telecommunication technology by any Gateway participating physician specialists. The interactive telecommunication equipment must include, at a minimum, audio and video equipment.
- ✓ Gateway participating referring physicians, CRNPs, and CNMs who participate in a telemedicine consultation that is performed at the same time as an office visit may continue to bill using valid E & M procedure codes and appropriate pricing modifiers and the GT informational modifier. They can also continue to bill using the telemedicine/telehealth originating site facility fee procedure code Q3014 and GT informational modifier in order to be paid for the technology service.
- ✓ When the member receives the consultation separate from the office visit, whether at the referring provider's or another participating physician, CRNP or CNM enrolled office site (i.e., the originating site), the physician, CRNP or CNM serving as the originating site may bill for the technology service using the telehealth originating site procedure code Q3014 with the GT informational modifier only.
- ✓ If the referring provider, or other physician, CRNP or CNM is not physically present at the originating site, a nurse or other clinical professional, such as a physician's medical assistant, must be available to assist the recipient if needed.
- ✓ Gateway participating specialists may bill for a consultation rendered using interactive telecommunication technology using valid E & M procedure codes with the GT informational modifier and other appropriate modifiers.

  (Tip – Any new telemedicine codes will be reimbursed as they are added to the DHS fee schedule.)

[1] Medical Assistance Bulletin 09-12-31, 31-12-31, 33-12-30

Medicare Assured Coding and Billing[2]

- ✓ Gateway will provide payment for telemedicine/telehealth consultations rendered to Medicare Assured members using real-time, interactive telecommunication technology by any Gateway participating physician specialists. The interactive telecommunication equipment must include, at a minimum, audio and video equipment.
- ✓ Providers must submit claims for telemedicine/telehealth services using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GT, "via interactive audio and video telecommunications systems" (for example, 99201 GT). By coding and billing the GT modifier with a covered telemedicine/telehealth procedure code, you are certifying that the beneficiary was present at an eligible originating site when you furnished the telehealth service. By coding and billing the GT modifier with a covered ESRD-related service telemedicine/telehealth code, you are certifying that you furnished one "hands on" visit per month to examine the vascular access site.
- ✓ Originating sites are paid an originating site facility fee for telemedicine/telehealth services as described by HCPCS code Q3014. You should bill for the originating site facility fee, which is a separately billable Part B payment.

  (Tip – Any new telemedicine codes will be reimbursed as they are added to the Medicare fee schedule.)

[2] Medicare Learning Network Telehealth Services ICN 901705 December 2014