

What Is Telehealth?

Telehealth is the remote delivery of healthcare services and clinical information using telecommunications technology. The terminology of Telemedicine and Telehealth are synonymous.

Medicare will pay for a limited number of Part B services that are furnished by a physician or practitioner to an eligible beneficiary via a telecommunications system for beneficiaries living in rural areas. For eligible Telehealth services, the use of a telecommunications system may substitute for a face-to-face, “hands on” encounter for consultation, office visits, individual psychotherapy and pharmacologic management.

Colorado Medicaid covers the same services that Medicare covers for Telehealth. However, Colorado allows Telehealth in both urban and rural areas.

Originating Sites: Beneficiaries are eligible for Telehealth services only if they are presented from an originating site in an approved location/area. The originating sites authorized by law are:

- The office of a physician or practitioner;
- Hospitals;
- Critical Access Hospitals (CAH);
- Rural Health Clinics (RHC);
- Federally Qualified Health Centers (FQHC);
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites);
- Skilled Nursing Facilities (SNF); and
- Community Mental Health Centers (CMHC).

NOTE: Independent Renal Dialysis Facilities and patient’s home are not eligible originating sites.

Distant Site Practitioners: Practitioners at the distant site who may furnish and receive payment for covered Telehealth services (subject to State law) are:

- Physicians;
- Nurse practitioners (NP);
- Physician assistants (PA);
- Nurse midwives (CNM);
- Clinical nurse specialists (CNS);
- Certified registered nurse anesthetists (CRNA)
- Clinical psychologists (CP) and clinical social workers (CSW) – note that CP and CSW’s cannot bill CPT codes 90792, 90833, 90836 and 90838; and
- Registered dietitians or nutrition professionals.

Telehealth Services: As a condition of payment, an interactive audio and video telecommunication system must be used that permits real-time communication between the physician or practitioner at the distant site and the beneficiary at the originating site.

- For hospital care services, CMS has limited the patient’s admitting physician or practitioner to one (1) Telehealth visit every 3 days.
- For subsequent nursing facility care services, CMS limited the patient’s admitting physician or non-physician practitioner to one (1) Telehealth visit every 30 days.
- For DSMT, CMS requires a minimum of 1 hour of in-person instruction to be furnished in the year following the initial training to ensure effective injection training.

Billing and Payment for Professional Services furnished via Telehealth: Distant site physicians and practitioners submit claims for Telehealth services using the appropriate CPT or HCPCS code along with the Telehealth modifier GT, “via interactive audio and video telecommunications system”.

Coding and billing the “GT” modifier with a covered Telehealth procedure code, the distant site physician or practitioner certifies that the beneficiary was present at an eligible originating site when the Telehealth service was furnished.

Coding and billing the “GT” modifier with a covered ESRD-related service Telehealth code, the distant site physician or practitioner certifies that one visit per month was furnished “hands-on”, to examine the vascular access site.

Telehealth State Licensure: Licensure requirements vary by state, see attached guide for state-specific information*.

List of Telehealth Services: The various services and corresponding CPT or HCPCS codes are listed below:

- HCPCS codes G0425-G0427 (Emergency Department or Initial Inpatient Telehealth consultations);
- HCPCS codes G0406, G0407, and G0408 (Follow-up IP Telehealth Consultations; Hospital or Skilled Nursing Facility);
- CPT codes 99201-99215 (Office or other OP visits);
- CPT codes 99354 – 99355 (Prolonged services office or OP visits);
- CPT codes 99356 – 99357 (Prolonged services Inpatient) **New for 2016**;
- CPT codes G0438 – G0439 (Medicare Annual Wellness visits);
- CPT codes 99231, 99232, and 99233 (Subsequent visits, *limitation of one Telehealth visit every 3 days*);
- CPT codes 99307, 99308, 99309, and 99310 (Subsequent nursing facility care services, *limitation of one Telehealth visit every 30 days*);
- HCPCS code G0396 and G0397 (Alcohol/Substance Abuse Intervention);
- CPT codes 90832-90838 (Individual psychotherapy);
- CPT code 90845 (Psychoanalysis);
- CPT codes 90846 – 90847 (Family psytx w or w/o patient);
- CPT code 90791 - 90792 (Psychiatric diagnostic interview examination);
- CPT code 96116 (Neurobehavioral status exam);
- HCPCS codes G0308, G0309, G0311, G0312, G0314, G0315, G0317, G0318 (End-Stage Renal Disease –ESRD- related services)
- CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961 (End-Stage Renal Disease -ESRD- related services)
- CPT Codes 90963 – 90966 (End-Stage Renal Disease – Home Dialysis) **New for 2016**;
- HCPCS codes G0270, 97802, 97803, and 97804 (Individual and group medical nutrition therapy)
- CPT codes 96150-96154 (Individual and group health and behavior assessment and intervention)
- HCPCS codes G0420 and G0421 (Individual and group kidney disease education –KDE- services)
- HCPCS codes G0108 and G0109 (Individual and group diabetes self-management training –DSMT- services, requires a *minimum of 1 hour of in-person instruction* to be furnished in the initial year training period to ensure effective injection training.)
- CPT codes 99406 and 99407 (Smoking and tobacco use cessation counseling visit); and HCPCS codes G0436 and G0437 (Smoking and tobacco cessation counseling visit for the **asymptomatic patient**).
- HCPCS codes G0442 – G0447 Screening and Counseling – Alcohol, Tobacco use, depression, behavioral, obesity
- CPT Codes 99495 and 99496 Transitional Care Management
- HCPCS code G0459 Inpatient pharmacologic mgmt

Remote Non Face-to-Face Services

Services delivered using telecommunications technology but not requiring the patient to be present during their implementation are covered the same as services delivered when on-site at the medical facility.

“A service may be considered to be a physician’s service where the physician either examines the patient in person or is able to visualize some aspect of the patient’s condition without the interposition of a third person’s judgment. Direct visualization would be possible by means of x-rays, electrocardiogram and electroencephalogram tapes, tissue samples, etc.

For example, the interpretation by a physician of an actual electrocardiogram or electroencephalogram reading that has been transmitted via telephone (i.e., electronically rather than by means of a verbal description) is a covered service.”

These remote services are **NOT** considered “telehealth” or “telemedicine” by CMS. Rather, they are considered the same as services delivered on-site and are to be coded and will be paid in the same way. There are no geographic or facility limitations on these services.

The largest single specialty providing remote services under this policy is Radiology. However, the use of telecommunications in delivering pathology, cardiology, and other services are also covered.

CHC EPIC Coding and Billing Process:

For “Emergency Cases”:

- EPIC Scheduling department 516001 TELEMEDICINE; logic applies correct location/POS to charge based off scheduling department
- Provider files charge(s) and appends GT modifier
- TES edit to identify charges in TELEHEALTH location without GT modifier and add the modifier
- EPIC Dot phrase for provider documentation of location - .UPISTEMEDICINE
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Telehealth services being conducted at Children’s Hospital. The process is as follows:

- EPIC Scheduling department corresponds to clinic scheduling department; logic applies correct location/POS to charge based off scheduling department
- Provider files charge(s) and appends GT modifier
- EPIC Dot phrase for provider documentation of location - .UPISTEMEDICINE
- TES edit to identify charges in TELEHEALTH location without GT modifier and add the modifier

- *See “Telehealth Attachment” for state-specific information