

## **Medicine: Telehealth**

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The Telehealth Advancement Act of 2011 defines telehealth as the mode of delivering health care services and public health utilizing information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health care while the patient is at the originating site and the health care provider is at the distant site. The Centers for Medicare & Medicaid Services defines telemedicine as the use of medical information exchanged from one site to another using interactive telecommunications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time, interactive communication between the patient and physician or practitioner at the distant site to improve a patient's health. Medi-Cal uses the term telemedicine when it makes a distinction from telehealth.

In-person contact between a health care provider and a patient is not required for services provided through telehealth, subject to reimbursement policies adopted by the Department of Health Care Services to compensate a licensed health care provider who provides health care services through telehealth that are otherwise reimbursable pursuant to the Medi-Cal program (*Welfare and Institutions Code* [W&I Code], Section 14132.72[c]).

For purposes of reimbursement for covered treatment or services provided through telehealth, the type of setting where services are provided for the patient or by the health care provider is not limited (W&I Code Section 14132.72(e)). The health care provider is not required to document a barrier to an in-person visit for Medi-Cal coverage of services provided via telehealth (W&I Code, Section 14132.72[d]).

The patient's written consent to telehealth services is no longer required. Prior to a patient receiving services via telehealth, the health care provider at the originating site shall inform the patient, where appropriate, of the option to utilize a telehealth modality and then obtain oral consent from the patient.

### **Guidelines for Psychiatric Procedures**

Psychiatric diagnostic interview examination and selected psychiatric therapeutic services (CPT-4 codes 90785, 90791, 90792 and 90863) may be reimbursed when performed via telemedicine. All of the following conditions must be met:

- A telemedicine service must use interactive audio, video or data communication to qualify for reimbursement. The E&M service must be in real-time or near real-time (delay in seconds or minutes) to qualify as an

interactive two-way transfer of medical data and information between the patient and health care provider. Medi-Cal does not reimburse for telephone calls, electronic mail messages or facsimile transmissions.

- The audio-video telemedicine system used must, at a minimum, have the capability of meeting the procedural definition of the code provided through telemedicine. The telecommunication equipment must be of a quality to adequately complete all necessary components to document the level of service for the CPT-4 code billed. If a peripheral diagnostic scope is required to assess the patient, it must provide adequate resolution or audio quality for decision-making.- The health care provider who has the ultimate responsibility for the care of the patient must be licensed in the State of California and enrolled as a Medi-Cal provider. The provider performing services via telemedicine whether from California or out of state, must be licensed in California and enrolled as a Medi-Cal provider.

- The health care provider at the originating site must first obtain oral consent from the patient prior to providing service via telehealth and shall document oral consent in the patient's medical record, including the following:

- \* A description of the risks, benefits and consequences of telemedicine
- \* The patient retains the right to withdraw at any time
- \* All existing confidentiality protections apply
- \* The patient has access to all transmitted medical information
- \* No dissemination of any patient images or information to other entities without further written consent
- \* All medical information transmitted during the delivery of health care via telemedicine must become part of the patient's medical record maintained by the licensed health care provider.

### **Transmission Sites**

An "originating site" is where the patient is located at the time health care services are provided via a telecommunications system, or where the asynchronous store and forward service originates.

A "distant site" is where the health care provider is located while providing services via a telecommunication system.

### **Transmission Costs**

The originating site facility fee is reimbursable when billed with code Q3014 (telehealth originating site facility fee).

Transmission costs incurred while providing telehealth services via audio/video communication are reimbursable when billed with code T1014 (telehealth transmission, per minute, professional services bill separately).

**Restrictions for billing transmission costs are as follows:**

HCCPCS Code - Transmission Site - Frequency Limit

Q3014 - Originating site - Once per day, same recipient, same provider

T1014 - Originating site and distant site - Maximum of 90 minutes per day (1 unit = 1 minute), same recipient, same provider

**Modifier GT**

E&M and psychotherapy services provided by interactive telehealth must be billed with modifier GT (via interactive audio and telecommunications systems). Only the portion(s) of the telehealth service rendered from the distant site are billed with modifier GT.

E&M and all other medical services provided at the originating site (face-to-face with the patient) during a telehealth transmission are billed according to standard Medi-Cal practices (without a GT modifier).

The use of modifier GT does not alter reimbursement for the CPT-4 or HCCPCS code billed.

**X-Ray and Electrocardiogram**

The technical component of X-rays and electrocardiograms is Interpretation and Report performed at the originating site during a telehealth transmission and billed according to standard Medi-Cal policy.

The interpretation and report of X-rays and electrocardiograms performed via telehealth should be billed with modifier GT. When the professional component of these procedures is furnished to a patient from the distant site via telehealth, the service must include an interpretation and written report for inclusion in the patient's medical record.

**Required Documentation**

Health care providers at the "distant site" are not required to document medical necessity or cost effectiveness to be reimbursed for telehealth services or store and forward services.

## Guidelines for Psychotherapy Services

Psychotherapy services include evaluation, ongoing assessment and adjustment of psychotherapeutic interventions and may include involvement of informants or other treatment process. Psychotherapy times are for face-to-face services with the patient and/or informants.

The patient must be present for all or some of the service. When billing individual psychotherapy (CPT-4 codes 90832, 90837, 90839 and 90840), providers should use the appropriate code based on the direct patient care. All of the conditions described above must be met.

## Interactive Telemedicine Reimbursable Services

The following services are reimbursable when performed according to telemedicine guidelines and when billed with modifiers GT (service rendered via interactive audio and telecommunications systems) or 95 (synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system) and the appropriate CPT-4 or HCPCS code.

<u>CPT-4 Code</u>	<u>E&amp;M Code Description</u>
99201 – 99215	Office or other outpatient visit (new or established patient)
99231 – 99233	Initial hospital care or subsequent hospital care (new or established patient)
99241 – 99255	Consultations: Office or other outpatient, initial or follow-up inpatient, and confirmatory

<u>CPT-4 Code</u>	<u>Psychiatric Code Description</u>
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services

<u>CPT-4 Code</u>	<u>Psychotherapy Code Description</u>
90832	Psychotherapy, 30 minutes with <b><u>patient</u></b>
90837	Psychotherapy, 60 minutes with <b><u>patient</u></b>

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<u>HCPCS Code</u>	<u>Description</u>
G0508	Telehealth consultation, critical care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth
G0509	Telehealth consultation, critical care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth

### **Guidelines for Teleophthalmology and Teledermatology**

Teleophthalmology and teledermatology by store and forward means an asynchronous transmission of medical information to be reviewed at a later time by a physician at a distant site, where the physician at the distant site reviews the medical information without the patient being present in real-time.

### **Telehealth Reimbursement**

The originating site facility fee is reimbursable only to the originating site when billed with HCPCS code Q3014 (telehealth originating site facility fee). Transmission costs incurred from providing telehealth services via audio/video communication is reimbursable when billed with HCPCS code T1014 (telehealth transmission, per minute, professional services bill separately).

### **Store and Forward Guidelines**

Store and forward teleophthalmology and teledermatology is a medical service separate from an interactive telemedicine consultation and must meet the following requirements:

- The images must be specific to the patient's condition and adequate for meeting the procedural definition of the national code that is billed.
- Teleophthalmology and teledermatology by store and forward must be rendered by a physician who has completed training in an Accreditation Council for Graduate Medical Education (ACGME)-approved residency in ophthalmology or dermatology respectively.
- A patient receiving teleophthalmology or teledermatology by store and forward shall be notified of the right to receive interactive communication

with the distant specialist physician consulted through store and forward, upon request. If requested, communication with the distant specialist physician may occur either at the time of consultation or within 30 days of the patient's notification of the results of the consultation.

- The health care provider shall comply with the informed consent provision of Section 2290.5 of the *Business and Professions Code* when a patient receives teleophthalmology and teledermatology by store and forward.
- Teleophthalmology and teledermatology does not include single mode consultations by telephone calls, images transmitted via facsimile machines or electronic mail.

### **Modifier GQ**

Telemedicine by asynchronous telecommunications system. Teleophthalmology and teledermatology services provided via store and forward telecommunications system must be billed with modifier GQ (service rendered by store-and-forward telecommunications system). Only the portion(s) rendered from the distant site are billed with modifier GQ.

Ophthalmology and dermatology services provided at the originating site (face-to-face) with the patient during service that will be provided by store and forward transaction are billed according to standard Medi-Cal practices (without a GQ modifier).

The use of modifier GQ does not alter reimbursement for the CPT-4 or HCPCS code billed.

### **Teleophthalmology and Teledermatology Reimbursable Services**

<u>CPT-4 Code</u>	<u>E&amp;M Description</u>
99241-99243	Office consultation, new or established patient
99251-99253	Initial inpatient consultation
99211-99214	Office or other outpatient visit
99231-99233	Subsequent hospital care