This bulletin does not supersede any provider enrollment requirements

Wyoming Medicaid will pay for telehealth services that meet the requirements detailed in this bulletin for dates of service beginning May 1, 2007.

What is Telehealth?

Telehealth is an electronic real time synchronous audio-visual contact between a patient and health care practitioner relating to the health care diagnosis or treatment of the patient. The patient is in one location, called the hub site, with specialized equipment including a video camera and monitor, and with a referring/presenting provider. The health care practitioner, or consulting provider, is at another location, called the spoke site, with specialized equipment. The practitioner and patient interact as if they were having a face-to-face service. Each site will be able to bill for their own services as long as they are an enrolled Wyoming Medicaid provider (this includes out-of-state Wyoming Medicaid providers).

Telehealth is recognized as part of an approach to address the problem of provider distribution and the development of health systems in medically underserved areas by improving communication capabilities and providing convenient access to up-to-date information, consultations, and other forms of support.

Telehealth **DOES NOT** include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a health care practitioner and a patient or a consultation between two health care practitioners. Service **WILL NOT** be reimbursed when provided via a videophone or webcam.

**Patient Consent**

The health care practitioner who has ultimate authority over the care of the primary diagnosis of the patient must obtain written informed consent from the patient or the parent’s legal representative. This should be maintained in the patient’s permanent record. A sample consent form is attached to this bulletin.
Provider

Consulting practitioners who are eligible to provide telepsychiatric services (spoke site) include:
- Psychiatrist
- Physician’s Assistant practicing under the supervision of a Psychiatrist
- Advanced Practitioner of Nursing (Psychiatric/Mental Health Specialty)

Facility

The acceptable hub sites for Medicaid covered telehealth will be the following:
- Physician office
- Psychologist office
- Nurse practitioner office
- Critical access hospital
- Rural health clinic
- Federal qualified health center (FQHC)
- Hospital (as defined by Medicare, including general acute care hospitals and acute psychiatric hospitals)
- Community Mental Health Center or Substance Abuse Center

Requirements

In order to obtain Medicaid reimbursement for services delivered through telehealth technology, the following standards must be observed:
- The services must be medically necessary and follow generally accepted standards of care.
- The service must be a service covered by Wyoming Medicaid.
- Claims must be made according to Wyoming Medicaid billing instructions.
- The same procedure codes and rates apply as for services delivered in person.
- Quality assurance/improvement activities relative to telehealth delivered services need to be identified, documented, and monitored.
- Providers need to develop and document evaluation processes and patient outcomes related to the telehealth program, visits, provider access, and patient satisfaction.
- All service providers are required to develop and maintain written documentation in the form of progress notes the same as is originated during an in-person visit or consultation with the exception that the mode of communication (i.e. teleconference) should be noted.
- Wyoming Medicaid will not reimburse for the use or upgrade of technology, for transmission charges, for charges of an attendant who instructs a patient on the use of the equipment or supervises/monitors a patient during the telehealth encounter, or for consultations between professionals.
• If the patient and/or legal guardian indicate at any point that he/she wants to stop using the technology, the service should cease immediately and an alternative appointment set up.

Covered Services and CPT Codes

Telehealth CPT Codes that are covered for the spoke sites (site without patient) are:

90801  90811
90804  90812
90805  90813
90806  90814
90807  90815
90808  90862
90809  99361
90810  99362

The spoke sites will include the GT modifier on their claims to indicate a telehealth service. The GT modifier will not affect payment in any way.

The hub site (site with patient) will bill with the following code, without the GT modifier:

Q3014- Telehealth originating site facility fee

Consultations

Providers at the spoke site will be able to bill consultation codes when appropriate. The provider at the hub site will use the appropriate E & M code for the consultation. The GT modifier will need to be added in this situation as well to indicate telehealth services. Please refer to CMS 1500 Covered Services and Limitations Manual for more information on consultation services.

The following codes may be used to bill for a consultation:

99241
99242
99243
99244
99245

Please refer to the EqualityCare website at wyequalitycare.acs-inc.com for updates on Wyoming Medicaid policy and current fee reimbursement.
Technology

For Medicaid payment to occur, interactive audio and video telecommunications must be used permitting real-time communication between the distant site physician or practitioner and the patient with sufficient quality to assure the accuracy of the assessment, diagnosis, and visible evaluation of symptoms and potential medication side effects. All interactive video telecommunication must comply with HIPAA patient privacy regulations at the site where the patient is located, the site where the consultant is located, and in the transmission process. If distortions in the transmission make adequate diagnosis and assessment improbable and a presenter at the site where the patient is located is unavailable to assist, the visit must be halted and rescheduled. It is not appropriate to bill for portions of the evaluation unless the exam was actually performed by the billing provider.

The American Psychiatric Association (APA) describes room-based video monitors often being 33 inches or larger. Desktop screens are usually 17 inches and are adequate for routine interviews where no more than 3 or 4 persons are at the distal site. Monitor size only allows for a bigger picture. Clarity of picture and motion handling are primarily a function of bandwidth. Technological advances suggest a bandwidth of 384-128 Kbs (Cable or DSL) is acceptable in most situations.

Equipment

Typically the equipment includes a video conferencing CODEC that runs either H.320 and/or H.323 video, and appropriate size monitor based on the room size, a pan tilt zoom camera and microphone. The most important criteria for videoconferencing technology are that:

- The technologies are compatible and interoperable
- The use of the correct video applications protocols (H.320 and/or H.323).

For additional information about equipment, see the numerous websites devoted to this technology. Some sites of interest include http://telehealth.hrsa.gov, www.americanteledmed.org, or http://www.polycom.com. You may also contact the Office of Telemedicine and Telehealth at (307) 777-5007.

Questions

For questions regarding billing, reimbursement, enrollment, or Wyoming Medicaid policy, please contact the ACS Provider Relations Unit at 1-800-251-1268.

For questions regarding technology and equipment for Telehealth Services, please contact the Office of Telemedicine and Telehealth at (307) 777-5007.
Informed Consent for Telehealth Consultations

Health care services are available by two-way interactive video communications and/or by the electronic transmission of information. Referred to as “telemedicine” or “telehealth”, this means that I may be evaluated and treated by a health care provider or specialist from a different location. Since this is different than the type of consultation with which I am familiar, I understand and agree to the following:

1. The consulting health care provider or specialist will be at a different location from me. A physician or other health care provider (“presenting practitioner”) will be at my location with me to assist in the consultation.
2. The presenting practitioner may transmit or share electronically details of my medical history, examinations, x-rays, tests, photographs or other images with the specialist who is at a different location.
3. Details of my medical history, examinations, x-rays, and tests will be discussed with the specialist who is at a different location.
4. I will be informed if any additional personnel are to be present other than myself, individuals accompanying me, the consultant and presenting practitioner. I will give my verbal permission prior to additional personnel being present.
5. Video recordings may be taken of the telehealth consultation, after I have given my written permission prior to recording. Video recordings and other data, including x-rays, images, and photos maybe kept, viewed, and used for purposes including teaching, training, technical, scientific, research, or administrative purposes.
6. The physician or health care provider for whom the on-site examination or treatment is performed will keep a record of the consultation in my medical record.

Noting all the above, I understand that my participation in the process described (called “telemedicine” or “telehealth”) is voluntary and constitutes a waiver of the usual right to physician-patient privacy and may possibly increase the risk of disclosure of my medical data.

I further understand that I have the right to:

1. Refuse the telehealth consultation, or stop participation in the telehealth consultation at any time.
2. Limit any physical examination proposed during the telehealth consultation.
3. Request that the presenting practitioner refrain from transmitting my information if I make the request before the information is transmitted.
4. Request that nonmedical personnel leave the room(s) at any time.
5. Request that all personnel leave the room(s) to allow a private consultation with the off-site specialist(s).

I acknowledge that the health care providers involved have explained the consultations in a satisfactory manner and that all questions that I have asked about the consultations have been answered in a manner satisfactory to me or to my representative. Understanding the above, I consent to the telehealth process described above.

Patient signature: __________________________________ Date: ____________________________________________

Patient Representative signature: ______________________ Date: ____________________________________________

Witness signature: __________________________________ Date: ____________________________________________

Patient name: ______________________________________

Primary Care Provider or Case Manager: __________________________

Location: ______________________________________________

Please place in patient’s record.
Important Changes!  Please read!