

Wisconsin Medicaid Reimburses Selected Services Provided Through Telemedicine

To: Adult Mental Health Day Treatment Providers, Ambulatory Surgery Centers, Child/Adolescent Day Treatment Providers, Community Support Programs, Comprehensive Community Service Programs, Crisis Intervention Providers, End-Stage Renal Disease Service Providers, Family Planning Clinics, Federally Qualified Health Centers, HealthCheck Providers, HealthCheck "Other Service" Providers, Hospice Providers, Inpatient Hospital Providers, Master's Level Psychotherapists, Nurse Midwives, Nurse Practitioners, Nursing Homes, Outpatient Hospital Providers, Outpatient Mental Health Clinics, Outpatient Substance Abuse Clinics, Ph.D. Psychologists, Physician Assistants, Physician Clinics, Physicians, Psychiatrists, Rural Health Clinics, Substance Abuse Counselors, Substance Abuse Day Treatment Providers, HMOs and Other Managed Care Programs

Effective for dates of service on and after July 1, 2006, Wisconsin Medicaid will cover certain services delivered via telemedicine (also known as "Telehealth"). Providers at remote locations receive the same reimbursement as they would for face-to-face contacts. The originating site where the recipient is located may be reimbursed a facility fee.

Telemedicine Definition

Telemedicine services (also known as "Telehealth") are services provided from a remote location using a combination of interactive video, audio, and externally acquired images through a networking environment between a recipient (i.e., the originating site) and a Medicaid-certified provider at a remote location (i.e., distant site). The services must be of sufficient audio and visual fidelity and clarity as to be functionally equivalent to a face-to-face contact. Telemedicine services do not include telephone conversations or Internet-based communication between providers or between providers and recipients.

All applicable Health Insurance Portability and Accountability Act of 1996 confidentiality requirements apply to telemedicine encounters.

Reimbursable Telemedicine Services

Wisconsin Medicaid already allows certain mental health and substance abuse service providers to be reimbursed for telemedicine services when performed by organizations certified by the Bureau of Quality Assurance (BQA). All existing BQA certification requirements and claim submission instructions for these BQA-certified providers remain applicable. These providers should refer to the General Information section of the Mental Health and Substance Abuse Services Handbook for certification information, allowable providers and procedures, and claim submission requirements.

Effective for dates of service (DOS) on and after July 1, 2006, Wisconsin Medicaid will reimburse the following additional individual

providers for selected telemedicine-based services:

- Physicians and physician clinics.
- Rural health clinics (RHCs).
- Federally qualified health centers (FQHCs).
- Physician assistants.
- Nurse practitioners.
- Nurse midwives.
- Psychiatrists in private practice.
- Ph.D. psychologists in private practice.

Wisconsin Medicaid will reimburse these providers, as appropriate, for the following services provided through telemedicine:

- Office or other outpatient services (*Current Procedural Terminology* [CPT] procedure codes 99201-99205, 99211-99215).
- Office or other outpatient consultations (CPT codes 99241-99245).
- Initial inpatient consultations (CPT codes 99251-99255).
- Outpatient mental health services (CPT codes 90801-90849, 90862, 90875, 90876, and 90887 and Healthcare Common Procedure Coding System [HCPCS] code H0046).
- Health and behavior assessment/intervention (CPT codes 96150-96152, 96154-96155).
- End-stage renal disease-related services (HCPCS codes G0308-G0309, G0311-G0315, G0317-G0318).
- Outpatient substance abuse services (HCPCS codes H0022, H0047, T1006).

Reimbursement for these services is subject to the same restrictions as face-to-face contacts (e.g., place of service [POS], allowable providers, multiple service limitations, prior authorization [PA]).

Claims for services performed via telemedicine must include HCPCS modifier “GT” (Via interactive audio and video telecommunication systems) with the appropriate procedure code and must be submitted on the 837 Health Care Claim: Professional (837P) transaction or CMS 1500 paper claim form. Reimbursement is the same for these services whether they are performed face-to-face or through telemedicine.

Only one eligible provider may be reimbursed per recipient per DOS for a service provided through telemedicine unless it is medically necessary for the participation of more than one provider. Justification for the participation of the additional provider must be included in the recipient’s medical record.

Separate services provided by separate specialists for the same recipient at different times on the same DOS may be reimbursed separately.

Services Provided by Ancillary Providers

Claims for services provided through telemedicine by ancillary providers should continue to be submitted under the supervising physician’s Medicaid provider number using the lowest appropriate level office or outpatient visit procedure code or other appropriate CPT code for the service performed. These services must be provided under the direct on-site supervision of a physician and documented in the same manner as face-to-face services. Coverage is limited to procedure codes 99211 or 99212, as appropriate.

Federally Qualified Health Centers and Rural Health Clinics

Wisconsin Medicaid will include telemedicine services in the cost settlements for FQHCs and RHCs only if the recipient is an established

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patient of the FQHC or RHC at the time of the telemedicine encounter.

Recipients Located in Nursing Homes

Claims for telemedicine services where the originating site is a nursing home should be submitted with the appropriate level office visit or consultation procedure code.

Out-of-State Providers

Out-of-state providers, except border-status providers, are required to obtain PA before delivering telemedicine-based services to Wisconsin Medicaid recipients.

Documentation Requirements

All telemedicine services must be thoroughly documented in the recipient's medical record in the same way as if it was performed face-to-face.

Eligible Recipients

All Medicaid recipients are eligible to receive services through telemedicine. Providers may not require the use of telemedicine as a condition of treating the recipient. Providers should develop their own methods of informed consent verifying that the recipient agrees to receive services via telemedicine.

Wisconsin Medicaid covers common carrier transportation through the counties as well as specialized medical vehicle (SMV) services for recipients who would rather meet with the provider face-to-face. As a reminder, recipients eligible to receive SMV services are required to have a completed Certification of Need for Specialized Medical Vehicle Transportation form, HCF 1197 (Rev. 03/03).

Telemedicine and Enhanced Reimbursement

Providers may receive enhanced reimbursement for pediatric services (services for recipients 18 years of age and under) and Health Professional Shortage Area (HPSA)-eligible services performed via telemedicine in the same manner as face-to-face contacts. As with face-to-face visits, HPSA-enhanced reimbursement is allowed when either the recipient resides in or the provider is located in a HPSA-eligible ZIP code. Providers may submit claims for services performed through telemedicine that qualify for pediatric or HPSA-enhanced reimbursement with both modifier "GT" and the applicable pediatric or HPSA modifier. Refer to the Medicine and Surgery section of the Physician Services Handbook and *Wisconsin Medicaid and BadgerCare Updates* for more information about procedures that qualify for enhanced reimbursement.

Originating Site Facility Fee

Effective for DOS on and after July 1, 2006, Wisconsin Medicaid will reimburse an originating site a facility fee. The originating site is a facility at which the recipient is located during the telemedicine-based service. It may be a physician's office, a hospital outpatient department, an inpatient facility, or any other appropriate POS with the requisite equipment and staffing necessary to facilitate a telemedicine service. The originating site may not be an emergency room.

Claim Submission

The originating site is required to submit claims for the facility fee with HCPCS code Q3014 (Telehealth originating site facility fee). These claims must be submitted on an 837P transaction or a CMS 1500 paper claim form with a POS code appropriate to where the

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service was provided. Refer to the Attachment of this *Update* for a list of allowable POS codes. Modifier “GT” is *not* required.

Outpatient Hospital Reimbursement

Wisconsin Medicaid will reimburse outpatient hospitals only the facility fee (Q3014) for the service. Wisconsin Medicaid will not separately reimburse an outpatient hospital the rate-per-visit for that recipient unless other covered outpatient hospital services are also provided beyond those included in the telemedicine service on the same DOS. Professional services provided in the outpatient hospital are separately reimbursable.

Store and Forward Services

Wisconsin Medicaid does not separately reimburse for “store and forward” services (meaning the asynchronous transmission of medical information to be reviewed at a later time by a physician or nurse practitioner at the distant site).

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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ATTACHMENT

Allowable Place of Service Codes for Telemedicine Services

The following table lists the allowable place of service codes that may serve as the originating site for services performed through telemedicine. The originating site is the location at which the recipient is located.

Code	Description
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Service Provider-Based Facility
07	Tribal 638 Free-Standing Facility
08	Tribal 638 Provider-Based Facility
11	Office
12	Home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
20	Urgent Care Facility
21	Inpatient Hospital
22	Outpatient Hospital
24	Ambulatory Surgical Center
25	Birth Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care Facility
34	Hospice
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient Psychiatric Facility
52	Psychiatric Facility — Partial Hospitalization
53	Community Mental Health Center
54	Intermediate Care Facility/Mentally Retarded
55	Residential Substance Abuse Treatment Facility
56	Psychiatric Residential Treatment Center
57	Nonresidential Substance Abuse Treatment Facility
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End-Stage Renal Disease Treatment Facility
71	Public Health Clinic
72	Rural Health Clinic
99	Other Place of Service