



Telemedicine Implementation for DC Medicaid

*Information for Discussion at Stakeholder
Meeting June 8, 2015*

Health Care Reform and Innovation Administration



Overview of Today's Discussion



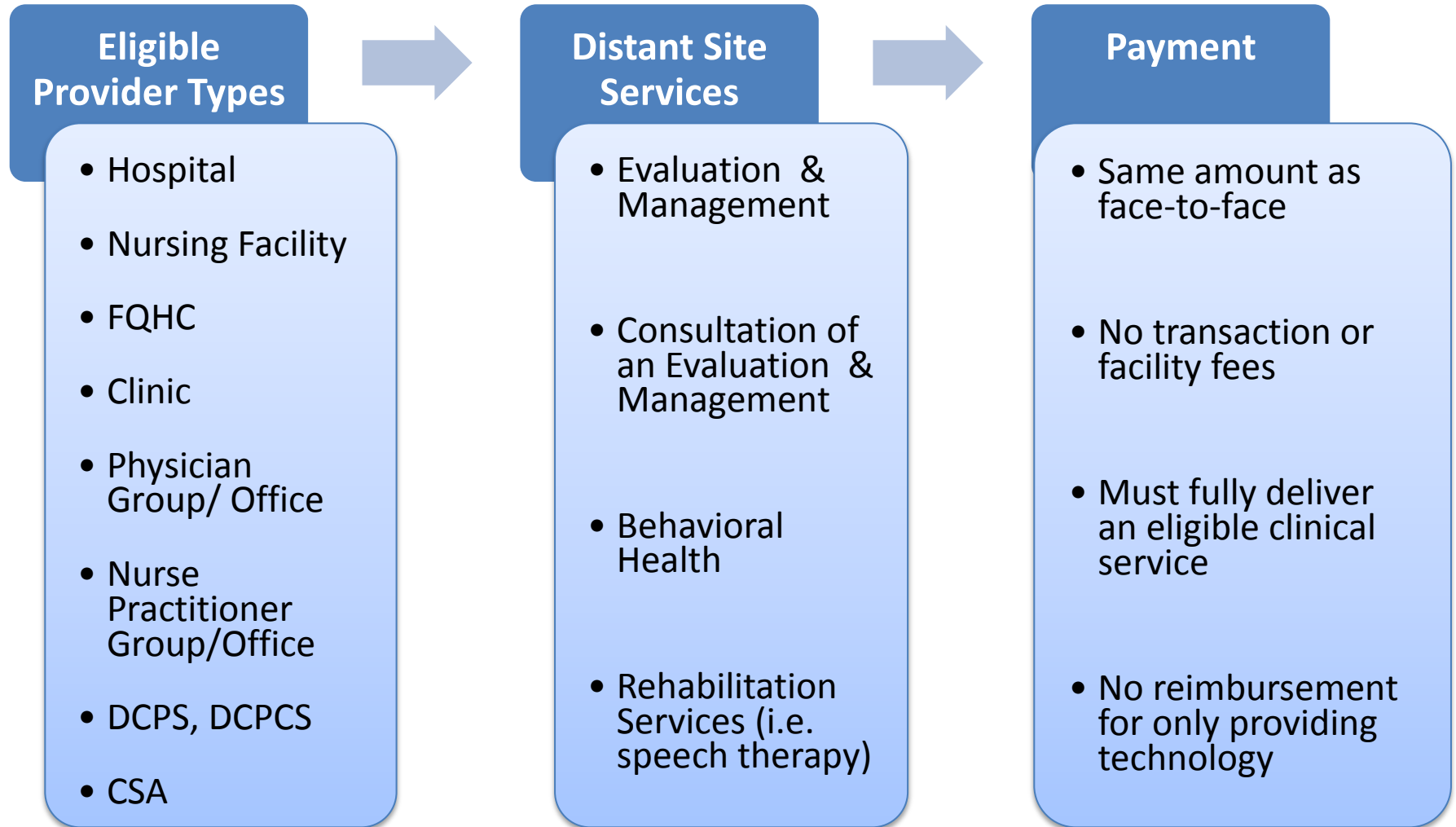


FFS Telemedicine Overview

- Telemedicine is a two-way, real time interactive video-audio communication for the purpose of evaluation, diagnosis, consultation, or treatment
- The telemedicine rule will apply to the Medicaid fee-for-service program and will establish conditions of participation for providers who deliver healthcare services via telemedicine
- Eligible services can be delivered when the beneficiary is at the originating site with an eligible provider, while the eligible “distant” provider renders services via the audio/video connection



Key Telemedicine Parameters





Licensure

- When the provider and patient receiving healthcare services are located in the District of Columbia, all individual practitioners shall be licensed in accordance with the District of Columbia Health Occupations Revision Act of 1985
- For healthcare services rendered outside of the District, the provider of the services shall meet any licensure requirements of the jurisdiction in which the provider is physically located and where the patient is physically located.



Other Provider Requirements

Provider Attendance

Originating site provider or appropriate designee must be present with patient, except when patient prefers to be unaccompanied due to sensitive subjects; exceptions must be indicated in medical record

Technical Requirements

Interactive live video/audio meeting
DHCF's speed, bandwidth, resolution, sound, and screen size standards

Privacy

Shall develop a confidentiality compliance plan to incorporate safeguards around data encryption; to protect the privacy of telemedicine participants; and ensure compliance with HIPAA and HITECH

Medical Records

Originating and distant site provider must keep records in same manner as face-to-face (10 years or until all audits are completed); providers do not need to keep video records



Eligible Distant Site Services

Billing Codes	Brief Service Description
GT + 90791-90792	Psychiatric diagnostic evaluation
GT + 90832-90834, 90836-90838	Individual psychotherapy
GT + 90839-90840	Psychotherapy for crisis
GT + 90845	Psychoanalysis
GT + 90846	Family psychotherapy
GT + 90847	Family psychotherapy
GT + 90853	Group psychotherapy
GT + 92506-92508, 92521-92524	Speech therapy
GT + 96151-96155	Health and behavior assessment
GT+ 99201-99205, 99211-99215, 99221-99223, 99231-99233, 99304-99306, 99307-99310, 99281-99285, 99288	Evaluation and management
GT + 99241-99245 99251-99255	Consultation of an evaluation and management
GT + H0002	Behavioral health screening to determine eligibility for treatment program
GT + H0004	Behavioral health counseling
GT + H0039	Assertive Community Treatment
GT + H2022	Community-Based Wrap Around Services
GT + T1015 SE	Clinic visit/encounter all-inclusive
GT + T1023	Screening to determine the appropriateness of a consideration of an individual for participation in a specified program

Government of the District of Columbia



Spotlight on Three Sites

Schools

- DCPS and DCPCS will only be eligible for reimbursement as the distant site provider
- The school shall provide a primary support professional (e.g. a paraprofessional, classroom teacher, resource room staff, library media specialist, etc) to attend the encounter with the member at the originating site

FQHCs

- FQHCs will be eligible for the appropriate PPS rate as an originating site or distant site provider (when connecting with a non-FQHC)
- If an FQHC is both the originating and distant site provider, and both sites deliver the same PPS healthcare service, only the distant site will be eligible for reimbursement

Core Service Agency (CSA)

- CSAs will be eligible for reimbursement as the distant or originating site provider
- If the same provider identification number is used at the originating site and the distance site, then only the distance site will be eligible for reimbursement



Other Key Components

- The distant site providers shall enter the “GT” procedure modifier on the claim
- The distant site provide must report the National Provider Identifier (NPI) of the originating site provider in the “referring provider” portion of the claim
- Store and forward, remote patient monitoring not included



Questions?

