

TOC required**226.200 Telemedicine (Interactive Electronic) Consultations 5-1-17**

Telemedicine consultation services take place when the physician and the patient are not at the same site. The physician provides “face-to-face” interactive audio and visual electronic consultations, in real time via a secure two-way electronic data exchange, for certain evaluation and management services from a remote site to the Medicaid-eligible beneficiary.

The physician may provide certain treatment services from a remote site to the Medicaid-eligible beneficiary who is located in an eligible originating site. There must be an employee of the clinic or office in the same room with the beneficiary.

- A. Medicaid limits its coverage of interactive electronic consultations to two (2) per client per year in a physician's office or a hospital. This yearly limit is based on the State Fiscal Year (July 1 through June 30).
- B. The Program approves benefit extension requests for clients of all ages, based on documented medical necessity.
- C. Refer to Sections 292.811 through 292.813 of this manual for billing instructions.

226.210 Telemedicine (Interactive Electronic) Office and Outpatient Physician Visits 5-1-17

Telemedicine office and outpatient visits are live, interactive audio and visual transmissions of physician-patient encounters from one site to another using secure telecommunications technologies. These telemedicine visits are counted toward the applicable benefit limits for traditional physician visits. Medicaid policy regarding benefit extensions for telemedicine visits (other than consultations) is the same as that for traditional visits.

252.000 Telemedicine (Interactive Electronic Medical Transactions) 5-1-17

- A. Arkansas Medicaid covers the following telemedicine services:
 - 1. Consultations
 - 2. Fetal echography and echocardiography,
 - 3. Non-emergency visits in a physician's office, a clinic or a hospital outpatient department and
 - 4. Inpatient hospital visits.
- B. There are special procedures required when billing Medicaid for telemedicine services. Refer to Sections 292.811 through 292.813 of this manual for special billing information.

252.100 Telemedicine (Interactive Electronic) Physician Visits and Consultations 5-1-17

- A. Physician visits and consultations qualify for coverage as telemedicine visits and consultations if they meet the following conditions:
 - 1. The visit or consultation is in accordance with *Physician's Common Procedural Terminology (CPT)* guidelines for evaluation and management procedures except that:
 - 2. Visual and auditory contact between physician and patient is by means of electronic transmission.
 - a. The physician and the patient must see and hear each other.
 - b. The entire transaction must occur in real time.

- B. In the case of an interactive electronic consultation, Medicaid will reimburse the physician physically attending the patient, as well as the consultant. Special billing procedures are required of *both physicians*. Please refer to Sections 292.811 and 292.813.
- C. Providers who provide telemedicine services for Medicaid-eligible beneficiaries **must** ensure HIPAA compliance. Sites providing reimbursable telemedicine services to Medicaid-eligible beneficiaries are required to demonstrate the ability to meet the standards listed above. All providers must practice the standards and guidelines as presented by the American Telemedicine Association (<http://www.americantelemed.org/>).

252.200 Telemedicine (Interactive Electronic) Echography and Echocardiography

5-1-17

- A. The echography and echocardiography procedures listed at Section 292.813 qualify for coverage as telemedicine services if they meet all the following conditions:
1. The echograph or echocardiograph must be *electronically transmitted in real time*.
 2. The physician interpreting the echograph or echocardiograph must *view it in real time*.
- B. Electronic transactions involving these or other diagnostic procedures may qualify for Medicaid reimbursement when the transactions do not take place in real time; however, Arkansas Medicaid defines covered telemedicine procedures as interactive medical transactions occurring in real time. **Medical information that is stored and forwarded to be reviewed at a later time by a physician without the patient being present is defined as asynchronous telecommunication or "store and forward" telecommunication.**
- C. Echography and echocardiography procedure codes representing covered interactive electronic medical transactions are listed at Section 292.813. Please note that special billing procedures apply to these codes.

292.810 Reserved

5-1-17

292.811 Telemedicine Physician Services

5-1-17

- A. Physicians providing covered telemedicine services must comply with the definitions and coding requirements of Sections 292.811 through 292.813 when billing Medicaid.
- B. Telemedicine transactions involve interaction between individuals who are each physically located at one of two sites.

Telemedicine Site Definitions

Local Site: The local site is the patient's location.

Remote Site: The remote site is the location of the physician performing a telemedicine service for the patient at the local site.

- C. The National Place of Service (POS) code is determined by the patient's location (the local site) or, if the patient is an inpatient of an acute care or rehabilitative hospital, by the patient's inpatient status.

Telemedicine National Place of Service (POS) Codes

Electronic and paper claims now require the same National Place of Service code.

POS Codes	Descriptions
21	Inpatient hospital The place of service for a hospital inpatient is always 21, regardless of the patient's physical location at the time of a particular service.
22	Non-emergency outpatient hospital
11	Physician office or clinic (includes rural health clinics)
24	Ambulatory surgical center
56	Federally qualified health center
23	Emergency department for emergency services.

The remote site is *never* the place of service.

D.

HCP Code	Modifier	Description
T1015	U1	Non-emergency outpatient hospital visit

Use modifier GT to indicate a face-to face encounter utilizing interactive audio-visual communication technology. Using the GT modifier will indicate that a telemedicine service was performed by a physician via an interactive audio-visual telecommunications system and the patient was present at an eligible local site. By billing the GT modifier, you are certifying that the beneficiary was present at an eligible originating site when you furnished the telemedicine services.

292.812 **Reserved** 5-1-17

292.813 **Telemedicine Echography and Echocardiography Procedure Codes** 5-1-17

Arkansas Medicaid reimburses, as telemedicine services, the radiology procedures listed in this subsection when the services are billed by their correct procedure codes and place of service codes as listed and defined in Sections 292.811 through 292.813.

- A. The local site may bill only the technical component of the ultrasound procedures listed below. The TOS (paper only) for a telemedicine technical component is Y.
- B. If the professional component of the service is performed at the remote site in real time, the TOS (paper only) for that service is W. Use of modifier 26 would designate that the professional component of the diagnostic service was provided.
- C. Please note that, when billing for remote site services, the place of service code is determined by the patient's location or by the patient's inpatient status, as explained at Section 292.811, C.

D. Use the GQ modifier to indicate asynchronous telecommunication.

Procedure Code	TOS (paper only)	
	Local Site	Remote Site
76801	Y	W
76802	Y	W

Procedure Code	TOS (paper only)	
	Local Site	Remote Site
76805	Y	W
76810	Y	W
76811	Y	W
76812	Y	W
76815	Y	W
76816	Y	W
76817	Y	W
76818	Y	W
76825	Y	W
76826	Y	W
76827	Y	W
76828	Y	W
76830	Y	W
76856	Y	W
76857	Y	W