



**519.17 TELEHEALTH SERVICES**

**TABLE OF CONTENTS**

<b>SECTION</b>	<b>PAGE NUMBER</b>
Background .....	2
Policy .....	2
519.17.1 Covered Services .....	2
519.17.2 Non-Covered Services .....	3
Glossary .....	3
Change Log.....	4

**DISCLAIMER:** This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

## 519.17 TELEHEALTH SERVICES

### BACKGROUND

West Virginia Medicaid covers and reimburses a limited number of Telehealth services that are provided to enrolled members by enrolled practitioners via a telecommunication system. West Virginia Medicaid utilizes the Centers for Medicare and Medicaid Services (CMS) guidance for Telehealth Services. **Note:** Not all services covered by Medicare are covered by West Virginia Medicaid as a Telehealth Service. Medicare guidance is located at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcfsht.pdf>.

### POLICY

#### 519.17.1 COVERED SERVICES

The telecommunication system is defined as an interactive audio and video system that permits real-time communication between the member at the originating site and the practitioner at the distant site. The telecommunication technology must allow the treating practitioner at the distant site to perform a medical examination of the member that substitutes for an in-person encounter.

The authorized originating sites are:

- The offices of physicians or practitioners;
- Private Psychological Practices;
- Hospitals;
- Critical Access Hospitals (CAH);
- Rural Health Clinics (RHC);
- Federally Qualified Health Centers (FQHC);
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites);
- Skilled Nursing Facilities (SNF); and
- Community Mental Health Centers (CMHC).

Note: Independent Renal Dialysis Facilities are not eligible originating sites.

The authorized distant site practitioners are:

- Physicians;
- Physician Assistants (PA);
- Advanced Practice Registered Nurses (APRN) / Nurse Practitioners (NP)
- APRN / Certified Nurse Midwives (CNM);
- APRN / Clinical Nurse Specialists (CNS);
- Licensed Psychologists (LP); and
- Licensed Independent Clinical Social Worker (LICSW).

RHCs and FQHCs are not authorized to serve as distant sites for Telehealth consultations, which is the location of the practitioner, and may not bill or include the cost of a visit on the cost report.



## 519.17 TELEHEALTH SERVICES

The originating site must bill with the appropriate Telehealth code and distant site practitioners must bill the appropriate CPT/HCPCS code with the appropriate Telehealth modifier (GT). Claim forms must be submitted to the BMS Fiscal Agent for payment consideration.

The originating site may bill for an office, outpatient, or inpatient E&M service that precedes the Telehealth service and for other Medicaid-covered services the distant site orders, or for services unrelated to the medical problem for which the Telehealth service was requested. The E&M service if applicable may be billed in addition to the originating site fee. However, the originating site may not bill for a second E&M service for activities provided during the Telehealth service.

West Virginia Medicaid does not limit Telehealth services to members in non-metropolitan statistical professional shortage areas as defined by CMS Telehealth guidance.

Behavioral Health providers should refer to the applicable Sections in [Chapter 502, Behavioral Health Clinic](#); [Chapter 503, Behavioral Health Rehabilitation](#); [Chapter 521, Psychological Services](#); [Chapter 536, Psychiatric Services](#); [Chapter 537, Licensed Independent Clinical Social Worker](#); and [Chapter 538, School-Based Health Services](#) for specific policy governing the provision of services under these chapters when using Telehealth as a method for service delivery.

### 519.17.2 NON-COVERED SERVICES

Telephones, facsimiles, or electronic mail systems do not qualify as interactive telecommunication systems. Separate payment for review and interpretation of medical records, telephone line charges, or facility fees are not covered.

RHCs and FQHCs are not authorized to serve as a distant site for Telehealth consultations, which is the location of the practitioner, and may not bill or include the cost of a visit on the cost report.

Non-covered services are not eligible for DHHR Fair Hearings or Desk/Document Reviews.

## GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

**Distant Site:** Site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via a telecommunications system.

**Originating Site:** Site at which the eligible Medicaid member receives the service furnished via a telecommunications system.

**Telehealth:** The use of electronic information and telecommunications technologies to provide professional health care; is often used to connect practitioners and clinical experts in large hospitals or academic medical centers with patients in smaller hospitals or critical access hospitals which are typically located in more remote locations; and can assure that these remotely located patients enjoy the same access to potentially life-saving technologies and expertise that are available to patients in more populated parts of the country.



## 519.17 TELEHEALTH SERVICES

### CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
Entire Chapter	Telehealth Services		January 15, 2016