



**MEDICAID MEDICAL POLICY**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 MEDICAL SERVICES DIVISION  
 SFN 85 (6-9-2010)

<b>Medicaid Policy Number (This number will be generated by Medical Services.)</b> <p style="text-align: center;"><b>NDMP-2012-0007</b></p>	<b>Date Policy was Last Reviewed</b> <p style="text-align: center;">1/14/2015</p>
<b>Title</b> Telemedicine Services	
<b>Effective Date</b> 8-1-2012	
<b>Revision Date(s)</b> 7-2-2013; 1/14/15	
<b>Replaces</b> Medicaid Coding Guideline; General Provider Manual information	
<b>Cross References</b>	
<b>Description</b> Telemedicine is the use of interactive audio-video equipment to link practitioners and patients at different sites. Telemedicine involves two collaborating provider sites: an “originating site” and a “distant site”. The client/patient is located at the originating site and the practitioner enrolled with ND Medicaid is located at the distant provider site to provide those professional services allowed/reimbursed by ND Medicaid.	
<b>Scope</b> Medical policies are systematically developed guidelines that serve as a resource for ND Medicaid staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the ND Medicaid program.	
<b>Policy</b> Telemedicine/Telehealth services via interactive audio-video equipment.	
<b>Policy Guidelines</b> <ol style="list-style-type: none"> <li>1. To qualify as a professional service, actual visual contact (face-to-face) must be maintained between the practitioner and patient.</li> <li>2. Services allowed/reimbursed by ND Medicaid include: New and established Office and Other Outpatient E/M services; Psychiatric diagnostic evaluation; Individual psychotherapy; Pharmacologic management; Speech Therapy, individual; Initial inpatient telehealth consultations.</li> <li>3. Practitioners must append modifier GT to identify a service as being performed via telemedicine.</li> <li>4. All services must be medically appropriate and necessary with supporting documentation of the service must be included in the patient’s clinical medical record.</li> <li>5. The originating and distant sites of telemedicine services cannot be in the same facility or community. The distant site must be a sufficient distance from the originating site to provide services to patients who do not have readily available access to such specialized services allowed/reimbursed by ND Medicaid via telemedicine.</li> <li>6. A designated room at the originating site must have secure and appropriate equipment to ensure confidentiality, including camera(s), lighting, transmission and other needed electronics. Appropriate medical office amenities must be established in both the originating and distant sites. Skype or other unsecure web cam devices are not acceptable or allowed to be used for telehealth services.</li> <li>7. Reimbursement will be made only to the distant practitioner during the telemedicine session. No reimbursement is allowed to a practitioner at the originating site if his/her sole purpose is the presentation of the patient to the practitioner at the distant site.</li> </ol>	

8. Reimbursement will be made to the originating site as a facility fee only in place of service office, inpatient hospital, outpatient hospital, or skilled nursing facility/nursing facility. There is no additional reimbursement for equipment, technicians or other technology or personnel utilized in the performance of the telemedicine service.

**Benefit Application**

- Coverage is limited to reimbursement for services identified by this policy via interactive audio-video telemedicine.
- Reimbursement is made for services provided by licensed professionals enrolled with ND Medicaid and within the scope of practice per their licensure only.
- All service limits set by ND Medicaid for psychiatry, speech therapy, and individual medical nutrition therapy apply to telemedicine services.
- Requires a medical professional, such as a nurse, to be present during the telehealth service; and to ensure a connection has been established with the distant physician (should a medical urgency materialize).
- Out of State requests for telemedicine services require prior authorization. The services must be in compliance with the Out of State Program requirements.

**Rationale Source**

42 CFR 410.78 - Telehealth services - <http://cfr.vlex.com/vid/410-78-telehealth-services-19805820>;  
 CMS Issues Final Regulations on Telemedicine Credentialing Conditions of Participation - <http://www.bricker.com/publications-and-resources/publications-and-resources-details.aspx?Publicationid=2165>;  
 Telemedicine - Medicaid.gov - <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html>

**Code of Federal Regulations Citation(s)**

42 CFR 410.78 - Telehealth services.

CODES	NUMBER	DESCRIPTION
CPT <sup>®</sup>	99201-99215	New and established Office and Other Outpatient E/M services
	90785	Interactive complexity (list separately in addition to the code for primary procedure)
	90791	Psychiatric Diagnostic Evaluation
	90792	Psychiatric Diagnostic Evaluation with medical services
	90832	Psychotherapy, 30 minutes with patient and/or family member
	90833	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
	90834	Psychotherapy, 45 minutes with patient and/or family member
	90836	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
	90837	Psychotherapy, 60 minutes with patient and/or family member
	90838	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary procedure)
	92507	Speech Therapy, Individual
	99307-99310	Subsequent nursing facility care services

	G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
	G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
	G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth
Applicable Modifier(s)	GT	Via interactive audio and video telecommunication systems
ICD-9 Procedures(s)	N/A	
ICD-9 Diagnosis(es)		Must support medical necessity and coded to the highest specificity.
Applicable Revenue Codes(s)	780	Telemedicine – Facility charges related to the use of telemedicine
HCPCS Code(s)	Q3014	Telehealth originating site facility fee
Type of Service	Medicine	As listed in the Medicine section of CPT®.
Place of Service	11	Office
	21	Inpatient Hospital
	22	Outpatient Hospital
	31	Skilled Nursing Facility
	32	Nursing Facility

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The North Dakota Medicaid program adopts policies after careful review of published peer-review scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, North Dakota Medicaid reserves the right to review and update policies as appropriate. Always consult the General Information for Providers manual or North Dakota Medicaid Policy to determine coverage. CPT codes, descriptions and material are copyrighted by the American Medical Association.