



SOUTH CAROLINA OFFICE OF
RURAL HEALTH

Investment. Opportunity. Health.

Telehealth Overview

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Benefits of Telehealth

- Increased Access to Healthcare
- Reduced Costs
- Improved Health Outcomes
- Fewer In Person Consultations

Telemedicine

- SC Telemedicine Act signed by Governor 06/03/2016
- Includes consultation, diagnostic, and treatment services.
- Audio and video telecommunication system must be HIPAA compliant.
- Staff must be trained in the use of the telemedicine equipment and competent in its operation.
- Cost effective use of Medical resources.
- Goal is for equal access to medical expertise.

Service Models

- There are 4 key service models to delivering Telehealth
 - Clinical Model: Addresses the clinical approach, workflow and potential barriers to the delivery of quality care.
 - Operation Model: Addresses how the Clinical Model is operationalized, including practical issues and needs such as space, location, support, licenses, billing and reimbursement.
 - Financial Model: Identifies the costs, revenue, and return on investment.
 - Technical Model: Mobile carts, video conferencing, Network, Security, etc.

Covered Services

- Covered Services- Consultation, Office visits, individual psychotherapy, pharmacologic management, and psychiatric diagnosis interview examinations and testing. (MD or NP are the only allowed telepsychiatry service providers)
- Providers must be licensed in the state where services are being rendered (Where the patient is)

Non-Covered Services

- Telephone conversations
- Email Messages
- Video Cell Phone Interactions
- Faxing
- Services provided by allied health professionals

So many names....

	Patient Site	Provider Site
Location, Location, Location	<ul style="list-style-type: none">• Originating Site• Site where the patient is• Referring Site	<ul style="list-style-type: none">• Distant Site• Site where the remote provider is• Remote Site• Consulting Site
Place of Service	Depends on where service is rendered. Office, RHC, FQHC	02
Billing	Q3014	Actual Visit type

Consulting Site

- The site at which the specialty physician or practitioner providing the medical care is located at the time the service is provided via telemedicine.
- State of SC, Areas in NC and Georgia within 25 miles of the SC border.
- The site must be in a secure, HIPAA Compliant location, there are no regulations as to where the consultant delivers the service from.

Referring Site

- A referring site is the location of an eligible Beneficiary is at the time of the service.
- Covered referring sites are:
 - The office of a physician or practitioner
 - Hospital
 - Rural Health Clinics
 - Federally Qualified Health Centers
 - Community Mental Health Centers
 - Public Schools
 - Act 301 Behavioral Health Centers

Referring Site Rules

- The referring provider must evaluate the patient, determine and document the need for the consultation. The referring provider must provide the pertinent medical information to the consulting provider via a secure transmission.
- As appropriate certified or licensed health care professional at the referring site is required to present the beneficiary to the consulting site and remain available as clinically appropriate.

Medicare Providers

- Physician
- NP
- PA
- Nurse Midwife
- Clinical Nurse Specialist
- Clinical Psychologist
- Clinical Social Worker
- Registered Dietitian

Eligible Facilities- Medicare

- Office of a Physician or Practitioner
- Hospital including CAH
- Rural Health Clinic
- Federally Qualified Health Center
- Skilled Nursing Facility (SNF)
- Hospital Based Dialysis Center
- Community Mental Health Center (CMHC)

Medicare Rules

- Originating Site- Where the patient is physically at.
- Billed on UB to MAC
- Q3014- Paid outside of AIR
- 0780 Telehealth Revenue Code
- Can be billed with an E/M Service or reported alone.
- FQHCs/RHCs are not authorized to serve as the distant site
- System must be interactive
- Patient must be present and participating

Medicaid Providers

- Physicians
- Nurse Practitioners
- Physician Assistants

Eligible Facilities- Medicaid

- Office of a Physician or Practitioner
- Hospital (Inpatient and Outpatient)
- Rural Health Clinic
- Federally Qualified Health Center
- Community Mental Health Center (CMHC)
- Public Schools
- Act 301 Behavioral Health Centers

Medicaid Rules

Originating Site

- FQHCs/RHCs can be the originating site for telehealth
- Q3014 reimburses at \$14.96

Consulting Site

- Can bill a T1015 with a GT modifier (GT modifier indicates that the service was performed via interactive audio and video telecommunications system)

***** Only one can be billed per day*****

<https://www.scdhhs.gov/internet/pdf/manuals/Physicians/Section%202.pdf>

Commercial Insurance

- Guidelines for commercial payors can be different per carrier.
- Some will cover it but put restrictions on the provider type, locations, or type of services that can be provided.
- Questions to ask commercial plans to see if they cover telehealth visits
 - Which type of providers can bill for telehealth?
 - Are there any restrictions?
 - Does the patient have a limit to the amount of telehealth services that can be billed?

MCO Clinical Policies

- The Managed Care Medicaid plans currently do not have additional stated policies, procedures or clinical guidelines which state additional requirements above and beyond what is in the SC DHHS provider manual.

Additional Billing Info

- GT Modifier indicates that the services was performed “via interactive audio and video telecommunications system”
- GT is placed on the E/M visit for the consulting site
- 02 is the place of service for Telehealth

Documentation

- Must be maintained at the referring and consulting locations to substantiate the service provided.
- Documentation should include:
 - The diagnosis and treatment plan resulting from the telemedicine service and progress note by the health care providers
 - The location of the referring site and consulting site
 - Documentation supporting the medical necessity of the telemedicine service
 - Start and Stop Times

Questions



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