



519.17 TELEHEALTH SERVICES

TABLE OF CONTENTS

SECTION	PAGE NUMBER
Background .....	2
Policy .....	2
519.17.1 Covered Services .....	2
519.17.2 Equipment Standards and Requirements .....	3
519.17.3 Non-Covered Services .....	4
Glossary .....	5
Change Log .....	5

**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

The West Virginia Bureau for Medical Services (BMS) encourages providers that have the capability and meet the standards and regulations set forth in this policy to render services via Telehealth to allow easier access to services for West Virginia Medicaid Members. To utilize Telehealth, providers must document that the service was rendered under that modality. When filing a claim, the provider must bill the service code with Place of Service code 02. West Virginia Medicaid covers and reimburses Telehealth services that are identified in designated polices as appropriate to be rendered through this modality.

West Virginia Medicaid does not limit Telehealth services to members in non-metropolitan statistical professional shortage areas as defined by the Centers for Medicare and Medicaid Services (CMS) Telehealth guidance.

### POLICY

#### 519.17.1 Covered Services

A 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. Any site not listed below must be considered as an unapproved site and does not qualify to be reimbursed for services rendered through the telehealth modality.

The authorized **originating sites** are:

- Physician and practitioner offices,
- Hospitals and Critical Access Hospitals (CAHs),
- Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs),
- Skilled Nursing Facilities (SNFs),
- Community Mental Health Centers (CMHCs),
- Licensed Behavioral Health Centers (LBHCs),
- Renal Dialysis Facilities including Hospital-Based or CAH-Based Renal Dialysis Centers and satellites,
- School-Based Health Service sites, and
- Homes of members who are receiving treatment of substance abuse and/or mental health disorders via telehealth as identified in [Chapter 503, Licensed Behavioral Health Centers](#), [Chapter 504, Substance Use Disorder Services](#), [Chapter 521, Behavioral Health Outpatient Services](#), [Chapter 522, Federally Qualified Health Center and Rural Health Centers](#), and [Chapter 538, School-Based Health Services](#) Policy Manuals.

The authorized **distant site** practitioners are:

- Physician,
- Physician Assistant (PA),
- Advanced Practice Registered Nurse (APRN),

## 519.17 TELEHEALTH SERVICES

- Certified Nurse Midwife (CNM),
- Clinical Nurse Specialist (CNS),
- Community Mental Health Center (CMHC),
- Licensed Behavioral Health Center (LBHC),
- Licensed Psychologist (LP) and Supervised Psychologist (SP),
- Licensed Independent Clinical Social Worker (LICSW),
- Licensed Professional Counselor (LPC), and
- FQHC and RHC may only serve as a distant site for Telehealth services provided by a psychiatrist or psychologist and are reimbursed at the encounter rate.

The originating site must bill with the appropriate Telehealth originating site code (Q3014), and distant site providers must bill the appropriate Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT)/(HCPCS) code with the appropriate Place of Service code 02. The GT modifier is no longer required to be billed with the service code.

The originating site may bill for an office, outpatient, or inpatient evaluation and management (E&M) service in addition to 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 provider may not bill originating site code when the originating site is the home of the member.

See the applicable chapters of the [BMS Policy Manual](#) for more detail on specific services, including whether telehealth is an accepted modality to render the service. If not indicated as available, telehealth should be considered a non-covered modality to render the service.

Store and Forward telehealth services may only be utilized for CPT Code 92227 and 92228 for the Optometrist provider type only.

### 519.17.2 Equipment Standards and Requirements

To utilize telehealth services and render them effectively, providers must ensure that they follow all equipment standards and requirements as listed below.

- Minimum equipment standards are transmission speeds of 256kbps or higher over Integrated Services Digital Network (ISDN) or proprietary network connections including Virtual Private Networks (VPNs), fractional T1, or T1 comparable cable bandwidths. Software that has been developed for the specific use of Telehealth may be used if the software is Health Insurance Portability and Accounting Act (HIPAA) compliant and abides by a federal code pertaining to Telehealth.
- The audio, video, and/or computer telemedicine system used must, at a minimum, have the capability of meeting the procedural definition of the code provided through telemedicine. The telecommunication equipment must be of a quality to complete adequately all necessary components to document the level of service for the CPT codes that are available to be billed. If a peripheral diagnostic scope is required to assess the patient, it must provide adequate resolution or audio quality for decision-making. The provider at the distant site is responsible to maintain standards of care within the scope of practice.

## 519.17 TELEHEALTH SERVICES

- All Medicaid conditions and regulations apply to Telehealth services unless otherwise specified in this manual.
- All providers are required to develop and maintain written documentation of the services provided in the form of progress notes. The notes must meet the same guidelines as those required of an in-person visit or consultation, with the exception that the mode of communication (i.e., Telehealth) must be noted.
- The operator of the Telehealth equipment must be an enrolled provider or an employee of the enrolled provider for compliance with confidentiality and quality assurance.
- The practitioner who delivers the service to a member shall ensure that any written information is provided to the member in a form and manner which the member can understand using reasonable accommodations when necessary.
- Member's consent to receive treatment via Telehealth shall be obtained and may be included in the member's initial general consent for treatment.
- Members may utilize Telehealth through their personal computer by utilizing a VPN established and maintained by the provider and meeting the equipment standards stated in this policy.
- Telehealth services are available via web-based applications and/or smartphone applications (apps) as long as they meet the current HIPAA and [42 CFR Part 2](#) regulations of compliance and utilize a VPN.
- If the member (or legal guardian) indicates at any point that he or she wishes to stop using the technology, the service should cease immediately, and an alternative method of service provision should be arranged.
- The provider who has the ultimate responsibility for the care of the patient must first obtain verbal and written consent from the recipient, including the following information:
  - The right to withdraw at any time
  - A description of the risks, benefits, and consequences of telemedicine
  - Application of all existing confidentiality protections
  - Right of the patient to documentation regarding all transmitted medical information
  - Prohibition of dissemination of any patient images or information to other entities without further written consent.
- BMS Provider Manual standards apply to all services available through Telehealth unless otherwise described. Medicaid will reimburse according to the fee schedule for services provided.
- Reimbursement is not available for a telephone conversation, electronic mail message (e-mail), third party applications that are not HIPAA compliant (i.e. skype, facetime, etc.) or facsimile transmission (fax) between a provider and a member.

### 519.17.3 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. The billing of the originating site code when the originating site is the home of the member is not covered.

Non-covered services are not eligible for the West Virginia Department of Health and Human Resources (DHHR) Fair Hearings or Desk/Document Review. See [42 § 431.220](#) for more information.

## 519.17 TELEHEALTH SERVICES

### 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.

**Home:** A member's place of residence.

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

**Personal Computing Device:** Any standalone device with a processor. This includes but is not limited to desktops, laptops, smartphones, tablet computers, and smartwatches

**Store and Forward:** the asynchronous computer-based communication of medical data or images from an originating location to a health care provider at another site for the purpose of diagnostic or therapeutic assistance

**Telehealth:** The use of electronic information and telecommunications technologies to provide professional health care; 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.

**Telephone:** Any voice-only communication.

**Virtual Private Network:** A communication link that is secured by encryption or other security mechanisms to ensure that only authorized users can access the network, ensures that data cannot be intercepted, and that meets all HIPAA requirements and in the areas of substance use disorder treatment must meet [42 CFR part 2](#).

### CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
Entire Chapter	Telehealth Services	January 15, 2016
Entire Chapter	Language was added regarding additional originating sites, equipment standards, and requirements of telehealth services provided by FQHCs and RHCs	March 1, 2020