

DIVISION OF HEALTHCARE FINANCING

CMS 1500 ICD-10



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Wyoming
Department
of Health

Commit to your health.

General Information

<p>Wyoming Department of Health Public Health Insurance Program</p>	 <p>Wyoming Department of Health <small>Commit to your health.</small></p>
	
<p>CLIENT NAME 0600123456</p>	

Overview

Thank you for your willingness to serve clients of the Medicaid Program and other medical assistance programs administered by the Division of Healthcare Financing. This manual supersedes all prior versions.

Rule References

Providers must be familiar with all current rules and regulations governing the Medicaid Program. Provider manuals are to assist providers with billing Medicaid; they do not contain all Medicaid rules and regulations. Rule citations in the text are only a reference tool. They are not a summary of the entire rule. In the event that the manual conflicts with a rule, the rule prevails. Wyoming State Rules may be located at, <http://soswy.state.wy.us/Rules/default.aspx>.

*****THE FOLLOWING PAGES ARE EXCERPTS FROM THIS MANUAL*****

Common Billing Information

- Resubmit the entire claim or denied line only after all corrections have been made.
- Contact Provider Relations ([2.1, Quick Reference](#)):
 - With any questions regarding billing or denials.
 - When payment has not been received within 30-days of submission, verify the status of the claim.
 - When there are multiple denials on a claim, request a review of the denials prior to resubmission.

NOTE: Once a provider has agreed to accept a patient as a Medicaid client, any loss of Medicaid reimbursement due to provider failure to meet timely filing deadlines is the responsibility of the provider.

6.24 Telehealth

Telehealth is the use of an electronic media to link beneficiaries with health professionals in different locations. The examination of the client is performed via a real time interactive audio and video telecommunications system. This means that the client must be able to see and interact with the off-site practitioner at the time services are provided via telehealth technology.

It is the intent that telehealth services will provide better access to care by delivering services as they are needed when the client is residing in an area that does not have specialty services available. It is expected that this modality will be used when travel is prohibitive or resources won't allow the clinician to travel to the client's location.

Each site will be able to bill for their own services as long as they are an enrolled Medicaid provider (this includes out-of-state Medicaid providers).

6.24.1 Covered Services

Originating Sites (HUB Site)

The Originating site or HUB site is the location of an eligible Medicaid client at the time the service is being furnished via telecommunications system occurs.

Authorized originating sites are:

- Hospitals
- Office of a physician or other practitioner (this includes medical clinics)
- Office of a psychologist or neuropsychologist
- Community mental health or substance abuse treatment center (CMHC/SATC)
- Office of an advanced practice nurse (APN) with specialty of psych/mental health

Common Billing Information

- Office of a Licensed Mental Health Professional (LCSW, LPC, LMFT, LAT)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Skilled nursing facility (SNF)
- Indian Health Services Clinic (IHS)
- Hospital-based or Critical Access Hospital-based renal dialysis centers (including satellites). Independent Renal Dialysis Facilities are not eligible originating sites.
- Developmental Center

Distant Site Providers (Spoke Site)

The location of the physician or practitioner providing the professional services via a telecommunications system is called the distant site or spoke site. A medical professional is not required to be present with the client at the originating site unless medically indicated. However, in order to be reimbursed, services provided must be appropriate and medically necessary. Physicians/practitioners eligible to bill for professional services are:

- Physician
- Advanced Practice Nurse with specialty of Psychiatry/Mental Health
- Physician's Assistant (billed under the supervising physician)
- Psychologist or Neuropsychologist
- Licensed Mental Health Professional (LCSW, LPC, LMFT, LAT)
- Speech Therapist
- Provisionally licensed mental health professionals cannot bill Medicaid directly. Services must be provided through an appropriate supervising provider. Services provided by non-physician practitioners must be within their scope(s) of practice and according to Medicaid policy.
- For Medicaid payment to occur, interactive audio and video telecommunications must be permitting real-time communication between the distant site physician or practitioner and the patient with sufficient quality to assure the accuracy of the assessment, diagnosis, and visible evaluation of symptoms and potential medication side effects. All interactive video telecommunication must comply with HIPAA patient privacy regulations at the site where the patient is located, the site where the consultant is located, and in the transmission process. If distortions in the transmission make adequate diagnosis and assessment improbable and a presenter at the site where the patient is located is unavailable to assist, the visit must be halted and rescheduled. It is not appropriate to bill for portions of the evaluation unless the exam was actually performed by the billing provider. The billing provider must comply with all licensing and regulatory laws applicable to the provider's practice or business in Wyoming and must not currently be excluded from participating in Medicaid by state or federal sanctions.

6.24.2 Non-Covered Services

Telehealth does not include a telephone conversation, electronic mail message (email), or facsimile transmission (fax) between a healthcare practitioner and a patient.

6.24.3 Billing Requirements

In order to obtain Medicaid reimbursement for services delivered through telehealth technology, the following standards must be observed:

- The services must be medically necessary and follow generally accepted standards of care.
- The service must be a service covered by Medicaid.
- Claims must be made according to Medicaid billing instructions.
- The same procedure codes and rates apply as for services delivered in person.
- Quality assurance/improvement activities relative to telehealth delivered services need to be identified, documented and monitored.
- Providers need to develop and document evaluation processes and patient outcomes related to the telehealth program, visits, provider access, and patient satisfaction.
- All service providers are required to develop and maintain written documentation in the form of progress notes the same as is originated during an in-person visit or consultation with the exception that the mode of communication (i.e. teleconference) should be noted.
- Medicaid will not reimburse for the use or upgrade of technology, for transmission charges, for charges of an attendant who instructs a patient on the use of the equipment or supervises/monitors a patient during the telehealth encounter, or for consultations between professionals.
 - The modifier to indicate a telehealth service is “GT” which must be used in conjunction with the appropriate procedure code to identify the professional telehealth services provided by the distant site provider (e.g., procedure code 90832 billed with modifier GT). Using the GT modifier does not change the reimbursement fee.
 - When billing for the originating site facility fee, use procedure code Q3014. A separate or distinct progress note isn’t required to bill Q3014. Validation of service delivery would be confirmed by the accompanying practitioner’s claim with the GT modifier indicating the practitioner’s service was delivered via telehealth. Medicaid will reimburse the originating site provider the lesser of charge or the current Medicaid fee.
 - Additional services provided at the originating site on the same date as the telehealth service may be billed and reimbursed separately according to published policies and the national correct coding initiative guidelines.

Common Billing Information

- For ESRD-related services, at least one (1) face-to-face, “hands on” visit (not telehealth) must be furnished each month to examine the vascular access site by a qualified provider.

NOTE: If the patient and/or legal guardian indicate at any point that he/she wants to stop using the technology, the service should cease immediately and an alternative appointment set up.

Spoke Sites Billing Code(s) (site without patient)		
CPT-4 and HCPCS Level II Codes	Modifier	Description
99241-99255	GT	Consultations
99201-99215	GT	Office or other outpatient visits
90832-90838	GT	Psychotherapy
90791-90792	GT	Psychiatric diagnostic interview examination
96116	GT	Neurobehavioral status exam
90951,90952,90954,90955,90957,90958,90960 and 90961	GT	End stage renal disease related services
G0270	GT	Individual medical nutrition therapy
H0031, H2019, T1007, T1017, H0006, G9012	GT	Mental Health and Substance Abuse Treatment Services
92586, 92602, 92604, 92626	GT	Remote Cochlear Implant

Modifier	Description
GT	Telehealth Service

Hub Site Billing Code (site with patient)	
HCPCS Level II Code	Description
Q3014	Telehealth originating site facility fee

For accurate listing of codes, refer to the fee schedule on the Medicaid website ([2.1, Quick Reference](#)).