

GA Medicaid – COVID-19 Telehealth Services

In response to the COVID-19 State of Emergency, the Department of Community Health is waiving certain policies related to telehealth / telemedicine to support the use of telehealth in diagnosis and treatment. This is in response to the viral pandemic and to provide continuity of services and treatment with reduced risk of exposure to Medicaid members and providers. Expansion of the use of telehealth will be supported in the following manner:

1. Waving the telehealth services originating site limitations. Originating sites are listed below.
2. Allowing telehealth services to be provided during the period of COVID-19 emergency response by the following modalities:
 - Telephone communication
 - Use of webcam or other audio and video technology
 - Video cell phone communication

Originating sites include the following:

- Physician and Practitioner's Offices
- Hospitals
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH based Renal Dialysis Centers (Independent Renal Dialysis Facilities are not eligible originating sites)
- Skilled Nursing Facilities (SNFs)
- Local Education Authorities
- County Boards of Health
- Community Mental Health Centers
- A mobile stroke unit (only for purposes of diagnosis, evaluation, or treatment of symptoms of an acute stroke provided in accordance with section 1834(m)(6))
- The home of a member
- Emergency Medical Services Ambulance
- Pharmacies

During the period of COVID-19 emergency response, providers should make every effort to ensure that communication is secure and that HIPPA requirements are met for the privacy and confidentiality of Medicaid members.

This banner notification is to inform ALL Medicaid Providers that the Department will allow telehealth services under the following guidance:

- All services must be deemed medically necessary;
- Providers must comply with the provisions outlined in the Telehealth Manual posted on GAMMIS;
- The patient must initiate the service and provide consent to be treated virtually, and the consent must be documented in the medical record with date, time and consenting/responsible party before initiation of the service;

- The codes that will be billed must be identified as “telehealth services” by utilizing a telehealth Place of Service (POS) code or a telehealth modifier (e.g., GT). For example, evaluation and management (E/M) codes must have a telehealth Place of Service (POS) code. Other codes may have a modifier. The codes and modifiers are identified in the Telehealth Guidance which is located on the GAMMIS website. Providers may locate the Telehealth Guidance manual by accessing the following link: www.mmis.georgia.gov. Select the “Provider Information” tab, then select “Provider Manuals.” Scroll down to locate the Telehealth/Telemedicine manual; and
- Qualified healthcare providers must continue to comply with state telehealth laws and regulations, including professional licensure, scope of practice, standards of care, patient consent and other payment requirements for Medicaid members.

Home and Community Based Waiver Service Providers:

For Home and Community Based Waiver Providers, initial and annual assessments as well as Level of Care Determinations may be performed via telehealth in lieu of face to face visits. Case management services, nurse supervisory visits, and assessments for home care admissions may also be provided via telehealth.

DCH is reviewing all category of service codes for additional codes that can be included in telehealth reimbursement. MMIS will be modified to include new codes following DCH review. We will post additional information as needed.

If you have questions related to the waiver of the originating site requirement the, please contact the DXC Technology Provider Contact Center at 1-800-766-4456 and/or your assigned Provider DXC Representative.