

# **Telemedicine Guidance**



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

**DIVISION OF MEDICAID**

April 1, 2019

**Policy Revisions Record Telemedicine Guidance  
2019**

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE	CITATION
			A=Added D=Deleted M=Modified	(Revision required by Regulation, Legislation, etc.)
Jan. 1, 2019	Page 6	Clarification verbiage added in Coverage section in # 1.	M	N/A
Jan. 1, 2018		Revised CPT Code description	M	N/A
Oct. 1 2018		Added Audiology Codes and language related to Behavioral Health Services (Telemental Health)	A	N/A
April 1, 2019		Added other forms of Telehealth and respective regulations and codes pertaining thereof	A	N/A

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\* For ESRD-related services, a physician, NP, PA, or CNs must furnish at least one “hands on” visit (not telehealth) each month to examine the vascular site.

\* For specific Telemental Health services at it relates to Behavioral Health please refer to the most recently revised DBHDD manual.

## Program Overview

The Department of Community Health (DCH) Telemedicine and Telehealth policies are slated to improve and increase access and efficiency to health care services by enabling medical services to be delivered via telemedicine methods in Georgia. Telemedicine services are not an expansion of Georgia Medicaid covered services but, an option for the delivery of certain covered services. Telemedicine will allow DCH to meet the needs of members and providers, while complying with all applicable Federal and State statutes and regulations. The quality of health care services delivered must be maintained regardless of the mode of delivery.

Telemedicine is the use of medical information exchange from one site to another via electronic communications to improve patient's health status. It is the use of two-way, real time interactive communication equipment to exchange the patient information from one site to another via an electronic communication system. This includes audio and video communications equipment. Closely associated with telemedicine is the term "telehealth," which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Telehealth is the use of telecommunications technologies for clinical care (telemedicine), patient teachings and home health, health professional education (distance learning), administrative and program planning, and other diverse aspects of a health care delivery system.

The intent of our telemedicine services policy is to improve access to essential healthcare services that may not otherwise be available for Medicaid eligible members. Telemedicine is not a separate medical specialty. Products and services related to telemedicine are often part of a larger investment by health care institutions in either information technology or the delivery of clinical care. When an enrolled provider, determines that medical care can be provided via electronic communication with no loss in the quality or efficacy of the member's care, telemedicine services can be performed. The use of a telecommunications system may substitute for an in-person encounter for professional office visits, pharmacologic management, limited office psychiatric services, limited radiological services and a limited number of other physician fee schedule services.

An interactive telecommunications system is required as a condition of payment. The originating site's system, at a minimum, must have the capability of allowing the distant site provider to visually examine the patient's entire body including body orifices (such as ear canals, nose and throat). Depending upon an enrolled provider's specialty and scope of practice, the distant provider should also have the **capability** to hear heart tones and lung sounds clearly (using stethoscope) if medically necessary and currently within the provider's scope of practice. The telecommunication system must be secure and adequate to protect the confidentiality and integrity of the information transmitted.

Medicaid covered services provide via telemedicine for eligible members when the service is medically necessary, the procedure is individualized, specific, and consistent with symptoms or confirmed diagnosis of an illness or injury under treatment, and not in excess of the member's needs.

## **Authorizations**

This guidance is written in accordance with the following Federal and State rules and regulations in addition to current specific Department policy manuals.

- Georgia Secretary of States Rules and Regulations 135-11-01 Telemental Health
- State Plan Amendment 15-0008 Telehealth and Telemedicine Services
- State Plan Amendment 15-0012 Transportation Facility Sites
- State Plan Amendment, 17-0002 Community Behavioral Health Rehabilitation Services
- Part II Policies and Procedures for Federally Qualified Health Center Services and Rural Health Clinic Services Section 970
- Part II Policies and Procedures for Dentistry Services
- Part II Policies and Procedures for Children’s Intervention School Services Section 602.5

The state understands that there may be areas within the above referenced documents that differ in use of terminology. Additionally, if this guidance is found to conflict with state, federal, regulatory, or scope of service guidance, please apply the more stringent guidance.”

## **Department of Behavioral Health and Developmental Disabilities and Care Management Organizations**

Telemedicine policies as it relates to category of service 440 (Behavioral Health) are discussed in the Part I Provider Manual for Community Behavioral Health Providers by DBHDD. Additionally, Care Management Organizations are not bound to the same Fee-for-Service (FFS) policies for telemedicine. Each CMO and DBHDD manuals should also be consulted for these services prior to providing service and claim submission(s).

## **Originating Sites**

An originating site is the location of an eligible Medicaid member at the time the service furnished via a telecommunications system occurs. As a condition of payment, an interactive audio and video telecommunications system that permits real-time communication between the provider, at the distant site, and the member, at the originating site, must be used. Asynchronous “store and forward” technology is not permitted. Medicaid members are eligible for telehealth services only if they are presented from an originating site located in:

- 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 and School Based Clinics;
- 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) of the Act);

- The home of an individual (only for purposes of treatment of a substance use disorder or a co-occurring mental health disorder, furnished on or after July 1, 2019, to an individual with a substance use disorder diagnosis;
- Emergency Medical Services Ambulances; and
- Pharmacies.

**Enrolled Distant Site Practitioners**

Practitioners at the distant site who may furnish and receive payment for covered telehealth services (subject to State law) are:

- Physicians;
- Nurse practitioners (NPs);
- Physician assistants (PAs);
- Nurse-midwives;
- Clinical nurse specialists (CNSs);
- Certified registered nurse anesthetists;
- Clinical psychologists (CPs) and clinical social workers (CSWs). Refer to specific telebehavioral section within this manual as well as Part II Behavioral Health Manual for specific practitioner guidance.
- Registered dietitians or nutrition professionals; and
- Speech Language Pathologists.
- Audiologists

**Teledentistry**

Teledentistry-is a combination of telecommunications and dentistry involving the exchange of clinical information and images over remote distances for dental consultation and treatment planning. The State allows for these services within the current Part II Policies and Procedures Manual for Dental Services.

***Providers***

Licensed Dentists  
 Licensed Dental Hygienist

Approved Codes for Reimbursement- These can only be used in the Public Health Setting as described within the Dentistry Policy manual.

Code	Service Description	Billing Note
D9995	Teledentistry – synchronous; real-time encounter	used to bill when there is a synchronous or real-time encounter instead of information that is stored and sent for review. Reported in addition to other procedures (e.g., diagnostic) delivered to the patient on the date of service.

D9996	Information store and forward to dentist for review	used by the Dental Hygienist when dental information is sent to a licensed Dentist for review via telemedicine technology. This is the only allowed store and forward.
D9999	Teledentistry Exam	Teledentistry Exam used by the Dentist receiving the information and subsequently bills the Department D9999 for the exam and report.

Department of Public Health (DPH) Districts and Boards of Health Dental Hygienists shall only perform duties under this protocol at the facilities of the DPH District and Board of Health, at school based prevention programs and other facilities approved by the Board of Dentistry and under the approval of the District Dentist or dentist approved by the District Dentist.

**Telebehavioral Health** (Telemental Health term used within current regulations)

Specific service telebehavioral health definitions and services are also outlined within current Department of Behavioral Health and Developmental Disabilities (DBHDD) policy and guidance.

**As outlined in the secretary of States Rules and Regulations for the State of Georgia.**

**Chapter 135-11 Telemental Health**

**TeleMental Health** - means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store and forward transfers. (*The Georgia Medicaid program will not reimburse for store and forward because these services do not include direct, in-person member contact.*)

(a) Telemental Health Definitions

Licensee - means a person licensed in the state of Georgia as a Professional Counselor, Social Worker or Marriage and Family Therapist, including Associate licensees.

TeleMental Health Supervision - means the delivery of supervision via technology-assisted media by a supervisor at one site while the supervisee is located at a distant site. Telemental health supervision may include, without being limited to, the review of case presentation, audio tapes, video tapes, and observation in order to promote the development of the practitioner's clinical skills.

(b) Provisions

1. Training for Licensee:

- (i) Prior to the delivery of clinical TeleMental Health, the licensee shall have obtained a minimum of six (6) continuing education hours. The continuing education hours may include but are not limited to the following, in the discretion of the Board:

- (I) Internet use dependency and psychological problems - an overview of how Internet users become dependent upon the Internet to such an extent that their Internet use is causing serious problems in their lives.
  - (II) Research in Telemental Health - review of evidence base for mental health practice conducted using telemental health.
  - (III) Intake and Assessment- initial intake and assessment necessary to determine a client's suitability for telemental health, including informed consent.
  - (IV) Delivery Methods - recognize appropriate use of telecounseling, asynchronous email/message posting, synchronous digital chat, video-assisted therapy and other electronically supported modes of delivery.
  - (V) Theory Integration - understand how to adapt counseling/therapy theory and effective in-person techniques to telemental health.
  - (VI) Termination - recognize similarities and differences between in-person and telemental health closure while providing technology-assisted strategies for reestablishing contact if and/or when necessary.
  - (VII) Risk Management - understanding privacy and security standards of applicable laws such as Health Insurance Portability and Accountability Act ensuring high quality practices and procedures that are legally sound and ethically protect clients and safeguard against litigation, including protection of electronic information.
  - (VIII) Business of Telemental Health - review of ethically sound ways to advertise and incorporate telemental health into an existing suite of therapeutic/clinical services.
- (ii) If the licensee has taken the hours required in this section within the last 5 years, those hours do not need to be repeated in order to meet requirements in this section.

## 2. Supervision:

- (i) Training of the TeleMental Health Supervisor: Prior to the delivery of supervision via telemental health, the supervisor shall have obtained a minimum of nine (9) hours of continuing education. The continuing education hours may include the same eight (8) categories identified under "Training for Licensee", rule section (b)(1)(i)(I-VIII) above, **plus**, must also include three (3) hours in the category of: Supervising TeleMental Health Therapy - understanding the key components necessary to supervise effective, and efficient delivery of telemental health therapy.
- (ii) If the supervisor has taken the hours required in this section within the last 5 years, those hours do not need to be repeated in order to meet requirements in this section.



- (iii) Board rules 135-5 define the acceptable requirements for a Board recognized supervisor and supervision for the Counselor, Social Work and Marriage and Family Therapy professions. Supervisors and supervision must meet the requirements of the specialty found in the applicable section of Board rules 135-5 that define supervisor and supervision for the Counselor, Social Work and Marriage and Family Therapy professions.
  - (iv) Informed Consent: Prior to the delivery of supervision via TeleMental Health, the supervisor at the distant site shall inform the supervisee that TeleMental Health will be used and obtain verbal and written consent from the supervisee for this use.
3. Informed Consent - Prior to the delivery of TeleMental Health services by a licensee via technology-assisted media, the licensee at the distant site shall inform the client that TeleMental Health services via technology-assisted media will be used, and the licensee shall obtain verbal and written consent from the client for this use. The verbal and written consent shall be documented in the client's record. Consent must include disclosure of the use of any third-party vendor such as a record keeping, billing service or legal counsel.
  4. Client Assessment - Careful assessment using assessment instruments referenced in Rule 135.-7-.05 as appropriate is required in order to determine whether an individual may be properly assessed and/or treated via TeleMental Health services through technology-assisted media. Clients who cannot be treated properly via TeleMental Health services should be treated in person, or else they should not be accepted as clients or, if already accepted, properly terminated with appropriate referrals.
  5. Code of Ethics -The failure of a licensee to comply with these requirements shall constitute unprofessional conduct under the Code of Ethics as described in Board rule 135-7. A licensee delivering health care services via TeleMental Health shall comply with all Code of Ethics requirements as described in Board rule 135-7.
  6. Scope of Practice - This rule shall not be construed to alter the scope of practice of any licensee or authorize the delivery of services in a setting, or in a manner, not otherwise authorized by law.
  7. Out-of-State Clients - Licensees who want to offer TeleMental Health services outside the state are advised to check with the state board in which the client resides for information about telemental health regulations outside of Georgia.
- (c) Continuing education hours obtained pursuant to this rule within a two-year licensure cycle may be applied to the required thirty-five (35) hours for that licensure cycles renewal/expiration date.

### **Eligible Distant Practitioners for Telebehavioral Health Services**

The following practitioners are authorized to serve as Distant Site providers:

- Clinical Psychologists;
- Clinical Social Workers and Licensed Clinical Social Worker;

- Marriage and Family Therapist, including Associate licensees; and Licensed Marriage and Family Therapist and
- Licensed Professional Counselor.
- Current Georgia approved Medicaid providers with assigned counselors providing services at Georgia schools. (Georgia Apex providers)

CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicaid/Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.

State Plan Amendment, GA 17-0002 for Community Behavioral Health Rehabilitation Services (CBHRS) was approved by CMS April 21, 2017, and effective as of January 1, 2017.

“The state also employs telemedicine strategies to promote access to services, for example, where there are identified barriers due to either behavioral health care professional shortage areas or because of a need for access to a very specialized practice (i.e., an ASL- fluent licensed therapist). “

Changes currently include Fee-for-Service Medicaid and all Care Management Organizations (CMOs) the provision to provide care to members with the integration of those with hearing impairments and behavioral health issues to receive telemedicine (from various levels of staff) to ensure successful treatment.

Georgia currently contracts with four (4) Care Management Organizations (Amerigroup, CareSource, Wellcare and PeachState) for covered lives which includes physical health and behavioral health of all CMO members. All four utilize the Georgia Partnership for Telehealth (GPT) to get specialty and behavioral health care. With GPT services, the face-to-face video conferencing for visits with specialists, behavioral health providers and others whose offices are often in rural areas ensure better care with improved access. GPT has over 300 practitioners licensed in Georgia for behavioral health and physician health services.

The 2018 Governor’s Commission on Children’s Mental Health provided to the Department of Behavioral Health and Developmental Disabilities (DBHDD) funds are for telemedicine equipment that providers can carry from location to location. Funds may be used toward internet, laptops, imaging technology, software and support costs. Support costs can be interpreted to include installation, activation, maintenance, and monthly subscription.

**Reimbursement for Telebehavioral Health**

The following codes are reimbursable for Telebehavioral Health Services

Code	Service Description	Billing Note
90839	Psychotherapy for crisis; first 60 min.	CMS adds the code with the explicit condition that for payment the distant site practitioner must be able to mobilize resources at the originating site to diffuse the crisis and restore

		safety, when applicable, when the codes are furnished by telehealth. CMS states this requirement is consistent with the CPT prefatory language that the treatment described by these codes requires, "mobilization of resources to defuse the crisis and restore safety." CMS states it believes "mobilizing resources" is the ability to communicate with and inform staff at the originating site to the extent necessary to restore safety.
90840	Psychotherapy for crisis, each addtl. 30 mins.	add-on code that must be used in conjunction with 90839
90791*	Psych Diagnostic Evaluation  <i>*For Nursing Home Residents Via Telemedicine Report with 90785 for interactive complexity when appropriate (see NH manual for additional coding guidance)</i>	Psychiatric diagnostic interview without medical services Psych diag w/ med services Psychiatric diagnostic interview (for prescribers/medical services)
90832	Psytx pt&/family 30 minutes Individual psychotherapy	30 minutes with patient and/or family member Psytx pt&/fam w/e&m 30 min Individual psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service
90834	Psytx pt&/family 45 minutes Individual psychotherapy	45 minutes with patient and/or family member
90836	Psytx pt&/fam w/e&m 45 min Individual psychotherapy	45 minutes with patient and/or family member when performed with an evaluation and management service
90837	Psytx pt&/family 60 minutes Individual psychotherapy	60 minutes with patient and/or family member
90838	Psytx pt&/fam w/e&m 60 min Individual psychotherapy	60 minutes with patient and/or family member when performed with an evaluation and management service
90845	Psychoanalysis	As of January 1, 2019, this code is not reimbursed by Medicaid
90846	Family psytx w/o patient Family Psychotherapy 50 min (without pt present)	POS 02 and 50 under FQHC
90847	Family psytx (conjoint psychotherapy) (with patient present) 50 min	
96116	Neurobehavioral status exam	
96150	Assess hlth/behave init Health and Behavioral Assessment, initial	

96151	Assess hlth/behav subseq Health and Behavioral Assessment, Reassessment	
96152	Intervene hlth/behav indiv Health and behavior intervention, each 15 minutes, face to face; individual	As of January1,2019 this code is not reimbursed by Medicaid
96153	Intervene hlth/behav group Health and behavior intervention, each 15 minutes, face to face; group (2 or more patients)	As of January1,2019 this code is not reimbursed by Medicaid
96154	Interv hlth/behav fam w/pt Health and behavior intervention, each 15 minutes, face to face; family (with the patient present)	As of January1,2019 this code is not reimbursed by Medicaid
G0406	Inpt/tele follow up 15 Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth.	
G0407	Inpt/tele follow up 25 Follow-up inpatient consultation, limited, physicians typically spend 25 minutes communicating with the patient via telehealth.	
G0408	Inpt/tele follow up 35 Follow-up inpatient consultation, limited, physicians typically spend 35 minutes communicating with the patient via telehealth.	
G0425	Inpt/ed teleconsult 30 Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	
G0426	Inpt/ed teleconsult 50 Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	
G0427	Inpt/ed teleconsult70 Telehealth consultation, emergency department or initial inpatient, typically 70 minutes communicating with the patient via telehealth	

G0459	Telehealth inpt pharm mgmt Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.	POS 21 with GT modifier
G0506	Comprehensive assessment of and care planning by the physician or other qualified health care professional for patients requiring chronic care management services (billed separately from monthly care management services)	
G0508	Telehealth Consultation, Critical Care, initial, physicians typically spend 60 minutes communicating with the patient and providers via telehealth (effective for services furnished on and after January 1, 2017)	
G0509	Telehealth Consultation, Critical Care, subsequent, physicians typically spend 50 minutes communicating with the patient and providers via telehealth	(effective for services furnished on and after January 1, 2017) Are covered for claim type B Only – professional crossovers only
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)	

**Billing Exceptions**

A clinical psychologist and a clinical social worker may bill and receive payment for individual psychotherapy via a telecommunications system, but may not seek payment for medical evaluation and management services.

**Telemedicine within Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC)**

FQHCs and RHCs may serve as an originating site for telehealth services, which is the location of an eligible Medicare beneficiary or enrolled Medicaid member at the time the service being furnished via a telecommunications system occurs. FQHCs and RHCs that serve as an originating site for telehealth services are paid an originating site facility fee. FQHC’s and RHC’s are authorized to serve as a distant site for telehealth services and may bill the cost of the visit.

NOTE: FQHCs and RHCs cannot bill an originating site fee and distant site fee for telehealth services on the same encounter.

**Telemedicine and Dialysis Services**

The Centers for Medicaid and Medicare Services (CMS) has added Dialysis Services to the list of services that can be provided under Telehealth.

The originating facility/site (Dialysis Facility) will bill with the revenue code and procedure codes listed below.

Revenue Code	Description	Procedure Code	Modifier
780	Telemedicine General Classification	Q3014	GT

The distant site/physician providing the service via a telecommunications system will bill using Place of Service 02 to indicate Telehealth and the procedure codes below.

The term “distant site” means the site where the physician or practitioner providing the professional service, is located at the time the service is provided via a telecommunications system.

Code	Description	Modifier’s	Place of Service
90967	End Stage Renal Disease (ESRD) related services for dialysis (less than full month), per day; for patients younger than two (2) years of age	95, GT, or GQ	02
90968	End Stage Renal Disease (ESRD) related services for dialysis (less than full month), per day; for patients two (2)- eleven (11) years of age	95,GT, or GQ	02

90969	End Stage Renal Disease (ESRD) related services for dialysis (less than full month), per day; for patients twelve (12)-nineteen (19) years of age	95, GT, or GQ	02
90970	End Stage Renal Disease (ESRD) related services for dialysis (less than full month), per day; for patients twenty (20) years of age and older	95, GT, or GQ	02

### **Nursing Facility Specialized Services**

Though not available in all areas of the State, Medicare-funded mental health services are currently provided to nursing home residents via telemedicine, face-to-face visits by providers in the nursing home, and nursing home resident visits to psychiatric/mental health clinics/offices for those individuals able to travel outside the nursing facility.

The NF and CBHS providers will communicate to arrange for the provision of specialized services to residents either in the nursing facility, via telemedicine, or at the Community Behavioral Health location. The service location will be determined by the condition of the resident, ability to travel to the nearest clinic, and evaluation of both nursing facility and mental health staff regarding the most appropriate service delivery venue for the individual resident. If the nursing home resident can be assessed and treated in the outpatient clinic, NEMT transportation can be used to facilitate this visit. Those residents whose interest is best served by receiving mental health services in the nursing facility or in a nearby telemedicine site can receive services in either of those locations, with the practitioner using out-of-clinic or telemedicine procedure codes.

### **Telemedicine and School Based Settings**

#### **School-Based Settings**

Telemedicine services provided in school-based settings also referred to as the Local Education Agencies (LEAs) can be provided upon enrollment into COS 600.

Telemedicine benefits are allowed if all the following criteria are met:

- The provider is an authorized health-care provider enrolled in Georgia Medicaid
- The client is a child who is receiving the service in a primary or secondary school-based setting
- The parent or legal guardian of the client provides consent before the service is provided

Telemedicine services provided in a school-based setting are also a benefit if the referring provider delegates provision of services to a nurse practitioner, clinical nurse specialist, physician assistant, or other licensed specialist as long as the above-mentioned providers are working within the scope of their professional license and within the scope of their delegation agreement with the provider.

#### **Health Check Program**

LEAs enrolled as Health Check providers to serve as telemedicine originating sites only will be allowed to bill the telemedicine originating site facility fee (procedure code Q3014). The LEA provider should report procedure code Q3014 along with the EP and GT modifiers, POS 03, and the appropriate ICD-10 diagnosis code(s). The diagnosis code(s) should be the same diagnosis code(s) listed on the distant site (rendering) provider's claim. The rendering provider serving as the telemedicine distant site should report the E/M office visit code (992xx) along with the GT modifier (including any other applicable modifiers), the appropriate POS, and the ICD-10 diagnosis code(s). For the originating site (LEA) provider to receive reimbursement for procedure code Q3014, a corresponding paid history claim from the distant site provider must be found in GAMMIS. The distant site provider's claim billed for the same member, same date of service, with an E/M office visit code (992xx), the same ICD-10 diagnosis code(s) and the GT modifier, will confirm that a telemedicine service was rendered. If no record of the E/M claim is found that aligns with the LEA provider's originating site claim, the originating site claim will suspend up to 30 days after submission in search of the E/M claim. If no record of an E/M claim is found within 30 days after submission of the LEA provider's originating site claim, reimbursement to the LEA provider will be denied. It is the responsibility of the LEA provider to contact the provider who rendered the distant site service to determine if the E/M visit was billed. The telemedicine originating facility fee is reimbursed at the current DEFAULT rate.

### **Children's Intervention School Services (CISS)**

Local Education Agencies (LEAs) may enroll in the Health Check Program (COS 600) to serve as telemedicine originating sites only. The originating site is the actual location at which an eligible Medicaid member is receiving services via the telecommunications system. To enroll as a Health Check provider, the LEA will be required to submit a signed copy of the Attestation Form "For the Provision of Telehealth Services by Georgia's Local Education Agencies (LEAs)" which indicates that the LEA will comply with the telemedicine requirements.

The Attestation Form is located on the MMIS web portal under the "Provider Information, Forms, Enrollment" tab. Please complete the form and fax it with the coversheet located under the "Provider Information, Forms" tab to DXE Technology Provider Enrollment at 1-866-483- 1044. See section 603.21 in the CISS manual for claiming information.

LEAs are allowed to enroll in the Health Check Program (COS 600) to serve as telemedicine originating sites only. As a Health Check provider, the LEA serving as a telemedicine originating site will be allowed to bill only the telemedicine originating site facility fee *Children's Intervention School Services VI-7 (procedure code Q3014)*. The LEA should report procedure code Q3014 along with the EP and GT modifiers, Place of Service (POS) 03, and the appropriate ICD-10 diagnosis code(s). The diagnosis code(s) should be the same diagnosis code(s) listed on the distant site (rendering) provider's claim. The rendering provider serving as the telemedicine distant site should report the evaluation and management (E/M) office visit code (992xx) along with the GT modifier (including any other applicable modifiers), the appropriate POS, and the ICD-10 diagnosis code(s). LEAs are reimbursed for procedure code Q3014 under the Health Check Program (COS 600). It is the responsibility of the LEA to contact the provider who rendered the distant site service to determine if the E/M visit was billed.

### **Speech Language Pathology Services**

Speech Language Pathology Services involve the identification of children with speech and/or language disorders, diagnosis and appraisal of specific speech and/or language disorders, referral for medical and other professional attention necessary for the rehabilitation of speech and/or language disorders, provision of speech or language services for the prevention of



communicative disorders. The speech language pathologist must bill for time spent in hands on activities or via telehealth services with the student. This includes time spent assisting the student with learning to use adaptive equipment and assistive technology.

### Speech and Audiolgy Reimbursable Codes

Code	Service Description	Billing Note
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual.	Use POS 02
92521	Evaluation of Speech Fluency	Use POS 02
92522	Speech sound production evaluation	Use POS 02
92523	Speech sound production evaluation with language evaluation	Use POS 02
92524	Behavioral and qualitative analysis of voice and resonance	Use POS 02
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual. Two or more individuals	Use POS 02
<b>97532</b> <b>DISCONTINUED</b> Use code 97127	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact.”	Use POS 02
<b>97762</b> <b>DISCONTINUED</b> Use code 97763	Under Orthotic Management and Training and Prosthetic Training	Use POS 02
92567	Tympanometry (impedance testing)	Use POS 02
92568	Acoustic Reflex Testing	Use POS 02
92587	Distortion product evoked otoacoustic emissions	Use POS 02

### Telemedicine and Emergency Ambulance Services

#### Telemedicine Reimbursement for Ambulance Provider

Effective April 22, 2016, the Centers for Medicare & Medicaid Services (CMS) approved Georgia Department of Community Health (DCH), Medicaid Division State Plan Amendment (SPA) for Ambulance as telemedicine sites. Emergency Ambulances may serve as a telemedicine origination site and the ambulance may bill a separate origination site fee. Emergency Ambulance may not serve as a distant site. The following are the definitions for Telemedicine Based Services:

A. Originating Sites (HCPCs Q3014): Originating site means the location of an eligible Medicaid beneficiary at the time the service being furnished via a telecommunications system occurs. Originating sites are reimbursed at 84.645% of the 2012 Medicare fee schedule.

B. Distant Site Practitioners: Distant site means the site at which the physician or practitioner delivering the service is located at the time the service is provided via a telecommunications system. Distant Site Practitioners shall be reimbursed according to the same methodology as if the visit occurred in person. Ambulances are not authorized to provide distant site services.

The prior approval requirements, non-covered, and covered services requirements have not changed.

The Telemedicine originating fee (Q3014) cannot be billed in combination with other rendered EMS services.

- Emergency ambulance transportation of more than 150 miles one way from an institution to an institution.
- Emergency transportation services certified by a physician as medically necessary, but not included as a covered service, may be covered for recipients under twenty-one years of age when such services are prior approved by the department.
- All ambulance transportation of more than 50 miles beyond the boundaries of the Georgia state line (out-of-state).
- Transportation that is not of an emergency nature, but the recipient requires services of an EMT and the life sustaining equipment provided in the emergency ambulance.
- All ambulance transportation by air ambulance except for recipients 0 to twelve months of age who meet certain criteria listed in the policies and procedures manual.

Limitation: Emergency ambulance services are reimbursable only when medically necessary. The recipient's physical condition must prohibit use of any method of transportation except emergency for a trip to be covered.

### **Online Prescribing**

As outlined in the Georgia Rules and Regulations revised 360-3-05 & 06:

- (5) Prescribing controlled substances (O.C.G.A. T. 16, Ch. 13, Art. 2) and/or dangerous drugs (O.C.G.A. T. 16, Ch. 13, Art. 3) for a patient based solely on a consultation via electronic means with the patient, patient's guardian or patient's agent. This shall not prohibit a licensee who is on-call or covering for another licensee from prescribing up to a 72-hour supply of medications for a patient of such other licensee nor shall it prohibit a licensee from prescribing medications when documented emergency circumstances exist.
- (6) Providing treatment via electronic or other means unless a history and physical examination of the patient has been performed by a Georgia licensee. This shall not prohibit a licensee who is on call or covering for another licensee from treating and/or consulting a patient of such other licensee. Also, this paragraph shall not prohibit a patient's attending physician from obtaining consultations or recommendations from other licensed health care providers.

## **Telemedicine- Interstate Medical License Compacts**

DCH is committed to providing all our stakeholders with the safest environment possible as well as access to qualified healthcare providers. The *Interstate Medical Licensure Compact (ILMC)* offers an expedited licensing process for physicians that are interested in practicing medicine in the state of Georgia yet are licensed within another state. The Compact was created with the goal of expanding access to health care, especially to those in rural and underserved areas of the state, and to facilitate the use of telemedicine technologies in the delivery of health care.

### **Licensure Requirements**

Physicians must meet certain requirements, including: possess a full and unrestricted license to practice medicine in a Compact state; possess specialty certification or be in possession of a time unlimited specialty certificate; have no discipline on any state medical license; have no discipline related to controlled substance; not be under investigation by any licensing or law enforcement agency; have passed the USMLE or COMLEX within three attempts; and have successfully completed a graduate medical education (GME) program.

License to practice medicine obtained through this compact will be issued by the State's Medical Composite Board.

A physician will apply for expedited licensure by designating a member state as the state of principal licensure and select Georgia to which the medical license is desired. The state of principal licensure will then verify the physician's eligibility and provide credential information to the Interstate Commission. The Commission will then collect the applicable fees and transmit the physician's information and licensure fees to the additional states. Upon receipt in the additional states, the physician will be granted a license.

### **Billing and payment for professional services furnished via telehealth**

Submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service. The GT modifier is no longer required as the use of POS 02 will indicate Telehealth services. The GQ modifier is still required as applicable. By coding and billing with the covered telehealth procedure code, you are certifying that the member was present at an eligible originating site when you furnished the telehealth service. Telemedicine services provided by the Distant Site providers must also bill with the appropriate CPT and/or HCPCS code with the POS code 02 for timely payment.

*Modifier 95 may only be appended to the services listed in Appendix P. Appendix P is the list of CPT codes for services that are typically performed face-to-face but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.*

## **Billing and payment for the originating site facility fee**

Originating sites are paid an originating site facility fee for telehealth services as described by HCPCS code Q3014 with a payment of \$20.52. Hospitals are eligible to receive reimbursement for a facility fee for telemedicine when operating as the originating site. Claims must be submitted with revenue code 780 (telemedicine) and type of bill 131. There is no separate reimbursement for telemedicine services when performed during an inpatient stay, outpatient clinic or emergency room visit or outpatient surgery, as these are all-inclusive payments.

## **Store and Forward**

Store and Forward means the asynchronous transmission of medical information to be reviewed later. A camera or similar device records (stores) an image(s) that is sent (forwarded) via telecommunications media to another location for later viewing. The sending of x-rays, computerized tomography scans, or magnetic resonance images are common store and forward applications. The original image may be recorded or forwarded in digital or analog format and may include video 'clips' such as ultrasound examinations, where the series of images that are sent may show full motion when reviewed at the receiving location. The Georgia Medicaid program will not reimburse for store and forward because these services do not include direct, in-person member contact.

Example: If an MRI is taken providers can be reimbursed for the technical component of the MRI and for the professional component; however, no other reimbursement will be made.

## **Coverage Requirements**

To provide coverage of medically necessary services provided using telecommunication systems the following requirements must be met:

1. The referring provider must be enrolled in GA Medicaid and practicing within the state of Georgia. The provider must maintain an office, clinic, or other similar physician facility, which complies with local business and building license ordinances. (Refer to the Policies and Procedures for Medicaid and PeachCare for Kids, Part 1 Manual, Chapter 100, section 105, for General Conditions of Participation).
2. The member must be present and participating in the visit.
3. The referring health care practitioner must obtain written consent from the eligible Georgia Medicaid member prior to rendering service. The consent must state that the member agrees to participate in the telemedicine-based service. Copies of this form (refer to Appendix A) should be in the medical record of both the originating and distant site providers. The consent form must include a description of the risks, benefits and consequences of telemedicine and be included in the member's medical record. Providers may utilize a consent form other than the one attached to this guide; however, it must, at a minimum, contain the same requirements, standards and information listed on the member consent form in Appendix A.
4. The referring provider must be the member's attending physician, practitioner or provider in charge of their care. The request must be documented in the member's record. The physician or practitioner providing the referral must provide pertinent

- medical information and/or records to the distant site provider via a secure transmission. Notwithstanding the foregoing, referrals for evaluation of physical, mental, or sexual abuse may be made by an appropriate agency or group, including but not limited to, law enforcement or social services agencies.
5. The referring provider must be requesting the opinion, advice or service of another provider for a specific medical problem, illness or injury.
  6. The consulting provider must be an enrolled provider in Medicaid in the state of Georgia and must document all findings and recommendations in writing, in the format normally used for recording services in the member's medical records. Both the originating site and distant site must document and maintain the member's medical records. The report from the distant site provider may be faxed to the originating provider. Additionally, all electronic documentation must be available for review by the Georgia Department of Community Health, Medicaid Division, Division of Program Integrity and all other applicable divisions of the department.
  7. All telemedicine activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA): Standards for Privacy of individual identifiable health information and all other applicable state and federal laws and regulations.
  8. All services that require prior approval must be prior approved. The provider at the distant site must obtain prior approval when services require prior approval.
  9. If the member is a minor child, a parent/guardian must present the child for telemedicine services and sign the consent form unless otherwise exempted by state or federal law. The parent/guardian need not attend the telemedicine session unless attendance is therapeutically appropriate.
  10. The member retains the right to withdraw at any time.
  11. All existing confidentiality protections and HIPAA guidelines apply.
  12. The member has access to all transmitted medical information, with the exception of live interactive video (if there is no stored data of the encounter).
  13. There will be no dissemination of any member images or information to other entities without written consent from the member.

### **Documentation Requirements**

The appropriate medical documentation must appear in the member's medical record to justify medical necessity for the level of service reimbursed. The record must reflect the level of service billed and must be legible. Documentation must be maintained at both the origination and distant sites to substantiate the services provided. Services must be clearly and separately identified in the member's medical record. Documentation must indicate the services were rendered via telemedicine and the location of the originating and distant sites. All other Georgia Medicaid documentation guidelines apply to services rendered via telemedicine. Examples include but are not limited to: chart notes, start and stop times, date of visits, provider's signature, service provider's credentials, signed member consent form, and physician findings, diagnosis, illness, prescribed treatment, and so forth.

### **Covered Telemedicine Service Delivery Modalities**

- Interactive audio and video telecommunications must be used, permitting real time communications between the distant site provider or practitioner and the member.
- All transactions must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the transmission information.
- Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.
- All interactive video telecommunications must comply with HIPAA patient privacy regulations at the site where the member is located, the site where the consulting provider is located and in the transmission process.
- All communications must be on a secure network in compliance with HIPAA Encryption and Redundancy requirements. Encryption is the conversion of plaintext into cipher text using a key to make the conversion.

### **Non-covered Services Modalities**

- Telephone conversations.
- Electronic mail messages.
- Facsimile.
- Services rendered via a webcam or internet-based technologies (i.e., Skype, Tango, etc.) that are not part of a secured network and do not meet HIPAA encryption compliance.
- Video cell phone interactions.
- The cost of telemedicine equipment and transmission.
- Store and forward transactions.
- Failed or unsuccessful transmissions.

## **Appendix A Member Consent Form**

Prior to an initial telemedicine service, the physician who delivers the service to a GA Medicaid Member shall ensure that the telemedicine member consent form is provided to the member and signed. It should be delivered in a manner which the member can understand, using reasonable accommodations when necessary, that:

1. S/he retains the option to refuse the telemedicine service at any time without affecting the right to future care or treatment and without risking the loss or withdraw of any program benefit to which the member would otherwise be entitled.
2. Available alternative options will be presented to the member (including in- person services).
3. The dissemination of any client identifiable images or information from the telemedicine consultation to anyone, including researchers, will not occur without the written consent of the member.
4. S/he has the right to be informed of the parties who will be present at each end of the telemedicine consultation and s/he has the right to exclude anyone from either site.
5. S/he has the right to see an appropriately trained staff or employee in- person immediately after the telemedicine consultation if an urgent need arises.

**Telemedicine Member Consent Form**

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GA MED ID#: \_\_\_\_\_

1. PURPOSE: The purpose of this form is to obtain your consent to participate in a telemedicine consultation in connection with the following procedure(s) and/or service(s): \_\_\_\_\_  
\_\_\_\_\_
  
2. NATURE OF TELEMEDICINE CONSULT: During the telemedicine consultation:
  - a. Details of your medical history, examinations, x-rays, and test will be discussed with other health professionals through the use of interactive video, audio, and telecommunication technology.
  - b. A physical examination of you may take place.
  - c. A non-medical technician may be present in the telemedicine studio to aid in the video transmission.
  - d. Video, audio and/or photo recordings may be taken of you during the procedure(s) or service(s)
  
3. MEDICAL INFORMATION & RECORDS: All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient- identifiable images or information for this telemedicine interaction to researchers or other entities shall not occur without your consent.
  
4. CONFIDENTIALITY: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation, and all existing confidentiality protections under federal and Georgia state law apply to information disclosed during this telemedicine consultation.
  
5. RIGHTS: You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
  
6. DISPUTES: You agree that any dispute arising from the telemedicine consult will be resolved in Georgia, and that Georgia law shall apply to all disputes.
  
7. RISKS, CONSEQUENCES & BENEFITS: You have been advised of all the potential risks, consequences and benefits of telemedicine. Your health care practitioner has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telemedicine consultation. All your questions have been answered, and you understand the written information provided above.

I agree to participate in a telemedicine consultation for the procedure(s) described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If signed by someone other than the patient, indicate relationship: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix B

### Billable Services

<b>HCPCS or CPT code</b>	<b>Service</b>
HCPCS codes G0425-G0427	<b>Telehealth consultations, emergency department or initial inpatient</b>
HCPCS codes G0406–G0408	<b>Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs</b>
CPT codes 99201–99204, 99211--99215	<b>Office or other outpatient visits</b>
CPT codes 99231–99233	<b>Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days</b>
CPT codes 99307–99310	<b>Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days</b>
HCPCS codes G0420 and G0421	<b>Individual and group kidney disease education services</b>
CPT codes 96150–96154	<b>Individual and group health and behavior assessment and intervention</b>
CPT code 90785	<b>Psychiatric Complex Interactive</b>
CPT codes 90832–90834 and 90836–90838	<b>Individual psychotherapy</b>
CPT code 90839-90840	<b>Psychotherapy for Crisis first 60 minutes</b>
HCPCS code G0459	<b>Telehealth Pharmacologic Management</b>
HCPCS code G0506	<b>Comprehensive assessment of and care planning for patients requiring chronic care management services (List separately in addition to primary monthly care management)</b>

<b>HCPCS or CPT code</b>	<b>Service</b>
HCPCS code G0508-G0509	<b>Critical care telehealth consult 60 minutes</b>
CPT codes 90791 and 90792	<b>Psychiatric diagnostic interview examination</b>
CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961	<b>End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment*</b>
CPT code 90963	<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents*</b>
CPT code 90964	<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years if age to include monitoring for adequacy of nutrition, assessment of growth and development and counseling of parents*</b>
CPT code 90965	<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents*</b>
CPT code 90966	<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older*</b>
CPT code 90967	<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per day (Less than full month service) for patients younger than 2 years of age.</b>
CPT code 90968	<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per day (Less than full month service) for patients 2-11 years of age.</b>

<b>HCPCs or CPT code</b>	<b>Service</b>
CPT code 90969	<b>End-Stage Renal Disease (ESRD)-related services for home dialysis per day (Less than full month service) for patients 12-19 years of age.</b>
CPT code 90970	<b>End –Stage Renal Disease (ESRD)-related services for home dialysis per day (Less than full month service) for patients 20 years of age and older</b>
CPT code 97802-97804	<b>Individual and group medical nutrition therapy</b>
HCPCS code G0270 and CPT codes 97802-97804	<b>Medical Nutrition Therapy reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment (including additional hours needed for Renal Disease) individual, face-to-face with patient each 15 minutes</b>
HCPCS code G0296	<b>Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making</b>
CPT code 96116	<b>Neurobehavioral status examination</b>
CPT code 96150-96152	<b>Health and Behavior Assessment, 15 minutes Individual</b>
CPT code 96153	<b>Health and Behavior Assessment, 15 minutes Group</b>
CPT code 96154	<b>Health and Behavior Assessment, 15 minutes Family and patient</b>
CPT code 96160-96161	<b>Patient focused health risk assessment</b>
HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407	<b>Smoking cessation services</b>
HPCS codes G0396 and G0397	<b>Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services 15-30 minutes</b>

<b>HCPCS or CPT code</b>	<b>Service</b>
HCPCS code G0442	<b>Annual alcohol misuse screening, 15 minutes</b>
HCPCS code G0443	<b>Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</b>
HCPCS code G0444	<b>Annual depression screening, 15 minutes</b>
HCPCS code G0445	<b>High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes</b>
HCPCS code G0446	<b>Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes</b>
HCPCS code G0447	<b>Face-to-face behavioral counseling for obesity, 15 minutes</b>
CPT code 99495	<b>Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)</b>
CPT code 99496	<b>Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)</b>
CPT codes 99497-99498	<b>Advanced care planning by the physician or other qualified health care professional</b>
CPT codes 90845	<b>Psychoanalysis</b>
CPT code 90846	<b>Family psychotherapy (without the patient present)</b>
CPT code 90847	<b>Family psychotherapy (conjoint psychotherapy) (with patient present)</b>
CPT code 99354	<b>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour</b>

<b>HCPCS or CPT code</b>	<b>Service</b>
CPT code 99355	<b>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes</b>
CPT code 99356	<b>Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)</b>
CPT code 99357	<b>Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes</b>
HCPCS code G0438	<b>Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit</b>
HCPCS code G0439	<b>Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit</b>
CPT Code 92567, 92568, 92585, 92586, 92587, 92588	<b>Audiology</b>
CPT Code 92507, 92508, 92521, 92522,92523,92524	<b>Speech Therapy</b>

\*For ESRD-related services, a physician, NP, PA, or CNS must furnish at least one “hands on” visit (not telehealth) each month to examine the vascular site.

\*For specific Telemental Health Services as it relates to Behavioral Health please refer to the most recently revised DBHDD Manual.