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| <b>ISSUE DATE</b><br>May 23, 2012                                | <b>EFFECTIVE DATE</b><br>May 23, 2012 | <b>NUMBER</b><br>09-12-31, 31-12-31, 33-12-30  |
| <b>SUBJECT</b><br><br>Consultations Performed Using Telemedicine |                                       | <b>BY</b><br><br><br>Vincent D. Gordon, Deputy Secretary<br>Office of Medical Assistance Programs |

**PURPOSE**

The purpose of this bulletin is to notify providers that, effective May 23, 2012, the Medical Assistance (MA) Program is:

1. Establishing telemedicine, which is the use of real-time interactive telecommunications technology that includes, at a minimum, audio and video equipment as a mode of delivering consultation services.
2. Expanding the scope of physician specialists who may render consultations to MA recipients using interactive telecommunication technology to include all physician specialists.
3. Removing the requirement that the telemedicine consultations be performed during the course of an office visit with participation by the referring provider.

This bulletin obsoletes MA bulletin 09-07-15, et al.

**SCOPE**

This bulletin applies to physicians, certified registered nurse practitioners (CRNP), and certified nurse midwives (CNM) that are enrolled in the MA Program fee-for-service (FFS) delivery system. Providers rendering services under the managed care delivery system should address any payment related questions to the appropriate managed care organization.

**BACKGROUND**

On November 30, 2007, the Department of Public Welfare (Department) issued MA bulletin 09-07-15, et al, *Medical Assistance Program Fee Schedule: Addition of Telehealth Technology Code and Informational Modifier for Consultations Performed Using Telecommunication Technology*, to announce that MA payment would be made for consultations rendered to MA recipients using telecommunication technology, including video

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| <p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p>The appropriate toll free number for your provider type</p> <p>Visit the Office of Medical Assistance Programs Web site at<br/> <a href="http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm">http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</a></p> |
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conferencing and telephone, by enrolled maternal fetal medicine specialists, related to high risk obstetrical care, and psychiatrists, related to psychopharmacology.

The consultations performed using interactive telecommunication technology were required to be initiated during the course of an office visit by the physician, CRNP or CNM contacting the physician specialist for consultation with the recipient. The physician specialist would then render the consultation real-time directly to the recipient during the office visit with participation of the referring provider.

## **DISCUSSION**

While face-to-face consultations with the patient are preferred whenever possible, the Department recognizes that there are instances where face-to-face consultations are not feasible. In these instances, the use of interactive telecommunication technology has been found to be an effective tool in increasing patient access to specialist care, improving quality of care, and promoting better communication and coordination among providers.

In an effort to increase MA recipients' access to specialist care, the Department is expanding the current MA payment policy concerning the use of telemedicine for consultations to allow all physician specialists to render consultations to MA recipients using interactive telecommunication technology.

The Department is also revising the type of telecommunication technology that may be used to provide a telemedicine consultation. The telemedicine consultation must be two-way, real time interactive communication between the patient and the physician at the distant site. Therefore, the telecommunications technology must include, at a minimum, interactive audio and video equipment. Telemedicine does not include the use of telephones, or asynchronous "store and forward" technology such as facsimile machines, electronic mail systems or remote patient monitoring devices.

The Department is removing the requirement that a consultation rendered via interactive telecommunication technology occur during an office visit with the referring provider present, and will allow the recipient to access the consultation at an enrolled office site (the originating site) of the referring provider as well as other participating physicians, CNRPs, or CNMs (i.e., other than the referring provider). Although physician specialists may continue to provide consultations via interactive telecommunication technology with the participation of the referring provider, the Department recognizes that there are times when scheduling the consultation may be difficult because the consulting physician specialist may not be available at the time of the office visit, and that the recipient may not be able to access the consultation from the referring providers office site. However, in situations where the referring provider or other physician, CRNP or CNM is not physically present at the originating site, a nurse or other clinical professional, such as a physician's medical assistant, must be available to assist the recipient if needed. This option will allow specialists to conduct a consultation with the

recipient when they are available, which may reduce the wait time for the consultation to be scheduled.

Providers are reminded that services should be rendered face-to-face whenever practical and appropriate. Some situations providers may consider when determining if the use of telecommunication technology to provide a consultation is practical and appropriate include, but are not limited to, the recipient's medical condition would make it dangerous to travel, the recipient must travel more than 60 minutes in a rural area or 30 minutes in an urban area, or there are no available openings with an appropriate physician specialist located within the travel limits within a timeframe appropriate to treat the recipient's condition.

## **PROCEDURE**

Effective for dates of service on and after May 23, 2012, the MA Program will provide payment for consultations rendered to MA recipients using real-time, interactive telecommunication technology by all MA enrolled physician specialists. The interactive telecommunication equipment must include, at a minimum, audio and video equipment.

Referring physicians, CRNPs, and CNMs enrolled in the MA Program who participate in a telemedicine consultation that is performed at the same time as an office visit may continue to bill using office visit procedure codes 99213, 99214, and 99215 and appropriate pricing modifiers and the GT informational modifier. They can also continue to bill using the telehealth originating site facility fee procedure code Q3014 and GT informational modifier in order to be paid for the technology service.

When the recipient accesses the consultation separate from the office visit, whether at the referring provider's or another participating physician, CRNP or CNM enrolled office site (i.e., the originating site), the physician, CRNP or CNM serving as the originating site may bill for the technology service using the telehealth originating site procedure code Q3014 with the GT informational modifier only. If the referring provider, or other physician, CRNP or CNM is not physically present at the originating site, a nurse or other clinical professional, such as a physician's medical assistant, must be available to assist the recipient if needed.

Specialists enrolled in the MA Program may bill for a consultation rendered using interactive telecommunication technology using procedure codes 99241, 99242, 99243, 99244 and 99245 with the GT informational modifier and other appropriate modifiers.

Providers should fully document the specific interactive telecommunication technology used to render the consultation, and the reason the consultation was conducted using telecommunication technology, and not face-to-face, in the MA recipient's medical record, in accordance with MA regulations at 55 Pa.Code § 1101.51 relating to ongoing responsibilities of providers.

The procedure codes and code descriptions, provider types and specialties that may bill for the services, and the modifiers, fees, and limits for consultations that are rendered using interactive telecommunication technology are shown on the attached fee schedule.

Maternal fetal medicine specialists will no longer be required to add special indicator code 0GT to their MA provider file. The “Maternal Fetal Medicine Specialist Telehealth Information Request Form” will no longer be used.

Attachments:

- 1) [Medical Assistance Program Fee Schedule for Consultations Performed Using Interactive Telecommunication Technology](#)