



Department of Medical Assistance Services
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Richmond, Virginia 23219

www.dmas.virginia.gov

MEDICAID MEMO

TO: Physicians, Nurse Practitioners, Nurse Midwives, Clinical Nurse Specialists, Clinical Psychologists, Clinical Social Workers, Licensed Professional Counselors, Hospitals, Nursing Facilities, Federally Qualified Health Centers, Rural Health Clinics, Certified Outpatient Rehabilitation Facilities, Substance Abuse Practitioner, Marriage and Family Therapists, Health Department Clinic, Renal Units, Community Services Boards, and DMAS Enrolled Managed Care Organizations (MCOs) participating in the Virginia Medical Assistance Program

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special

DATE: 9/30/2009

SUBJECT: Expansion of DMAS Telemedicine Coverage – Effective November 1, 2009

The Department of Medical Assistance Services (DMAS) has covered telemedicine on a statewide, limited basis since July 2003. Telemedicine is the real-time two-way transfer of medical data and information using an interactive audio/video connection for the purposes of medical diagnosis and treatment. The Medicaid recipient is located with a provider at the “originating” site, while the “remote” provider renders services via the audio/video connection. All telemedicine providers must be enrolled with DMAS and have provider billing numbers. This memorandum describes an expansion of DMAS telemedicine coverage effective November 1, 2009.

The following are DMAS objectives in recognizing telemedicine:

- Improved access to health care services;
- Improved recipient compliance with treatment plans;
- Medical services rendered at an earlier stage of disease, thereby improving long-term patient outcomes; and
- Reduced DMAS costs for covered services such as hospitalizations and transportation.

COVERED SERVICES

Effective November 1, 2009, DMAS will expand its telemedicine coverage to include the following services for the remote providers, with billing codes listed:

- CPT 96116; neurobehavioral health status exam
- CPT 99408 and 99409; substance abuse screening and brief interventions
- HCPC H0036; crisis intervention (mental health), and
- HCPC H0050 with HO procedure modifier; crisis intervention (substance abuse)

These services are in addition to the follow telemedicine services DMAS has covered since 2003 for the remote providers:

- CPT 90801; psychiatric diagnostic interview examination
- CPT 90802; interactive psychiatric diagnostic interview examination
- CPT 90804-90809; individual psychotherapy
- CPT 90862; pharmacologic management
- CPT 99201-99215; office visits
- CPT 99241-99245; office or other outpatient consultations
- CPT 99251-99255; inpatient consultations
- CPT 57452, 57454, 57455, 57456, 57460; colposcopy
- CPT 76805, 76810; obstetric ultrasound
- CPT 76825; echocardiography, fetal
- CPT 93010; cardiography interpretation and report only
- CPT 93307, 93308, 93320, 93321, 93325; echocardiography

The following types of providers enrolled with DMAS may utilize telemedicine for the above services when the service delivered by the type of provider is covered by DMAS: physicians, nurse practitioners, clinical nurse specialists, clinical psychologists, clinical social workers, licensed professional counselors, licensed marriage and family therapists, and licensed substance abuse practitioners. All coverage requirements described in the DMAS provider manuals apply when the service is delivered via telemedicine. Reimbursement for telemedicine services is the same as when the services are delivered conventionally. DMAS does not cover services via telemedicine beyond what is described in the provider manuals.

The “originating” sites, where the Medicaid recipient is located for the telemedicine encounter, have been expanded to include the following:

- Physician, Nurse Practitioner, Clinical Nurse Specialist, Clinical Psychologist, Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, and Licensed Substance Abuse Practitioner Offices;
- Rural Health Clinics;
- Federally Qualified Health Centers;
- Hospitals (includes general, state mental, private mental, long stay, rehabilitation);
- Nursing Facilities (includes skilled nursing, medical surgery-mentally retarded/intellectual disability, intermediate care);
- Certified Outpatient Rehabilitation Facilities;
- Health Department Clinics;
- Renal Units (dialysis centers);
- Program of All Inclusive Care for the Elderly (PACE); and
- Community Services Boards (mental health/mental retardation-intellectual disability provider) and Mental Health Clinics.

The originating site providers bill the Q3014 telemedicine site procedure code for the telemedicine encounter. Providers billing telemedicine on the CMS-1500 form must include the “GT” telemedicine modifier. Providers billing on the CMS-1450 UB-04 form are to include the appropriate telemedicine revenue code of 0780 (“Telemedicine-General”) or 0789 (“Telemedicine-Other”).

Services billed where telemedicine is the mode of service delivery but the claim form and service documentation do not indicate telemedicine are subject to disallowances in the course of an audit.

Equipment utilized for telemedicine must be of sufficient audio quality and visual clarity as to be functionally equivalent to a face-to-face encounter for professional medical services. Telemedicine services do not include telephone conversations or Internet e-mail communications between providers or providers and recipients. Providers must be physically present in Virginia during the telemedicine encounter, until further notice from DMAS. Telemedicine encounters must be conducted in a confidential manner and any information sharing consistent with applicable federal and state laws and regulations and DMAS policy. Health Information Portability and Accountability Act of 1996 (HIPPA) confidentiality requirements are applicable to telemedicine encounters.

Questions may be directed to vatelemedicine@dmas.virginia.gov or 804-371-8857.

REQUESTS FOR DUPLICATE REMITTANCE ADVICES

In an effort to reduce operating expenditures, requests for duplicate provider remittance advices will no longer be printed and mailed free of charge. Duplicate remittance advices will be processed and sent via secure email. A processing fee for generating duplicate paper remittance advices will be applied to paper requests, effective July 1, 2009.

ALTERNATE METHODS TO LOOK UP INFORMATION

Effective August 1, 2009, DMAS authorized users now have the additional capability to look up service limits by entering a procedure code with or without a modifier. Any procedure code entered must be part of a current service limit edit to obtain any results. The service limit information returned will pertain to all procedure codes used in that edit and will not be limited to the one procedure code that is entered. This is designed to enhance the current ability to request service limits by Service Type, e.g., substance abuse, home health, etc. Please refer to the appropriate Provider Manual for the specific service limit policies.

ELIGIBILITY VENDORS

DMAS has contracts with the following eligibility verification vendors offering internet real-time, batch and/or integrated platforms. Eligibility details such as eligibility status, third party liability, and service limits for many service types and procedures are available. For more information on the services that are offered, contact the vendors. Contact information for each of the vendors is listed below.

Passport Health Communications, Inc. www.passporthealth.com sales@passporthealth.com Telephone: 1 (888) 661-5657	SIEMENS Medical Solutions – Health Services Foundation Enterprise Systems/HDX www.hdx.com Telephone: 1 (610) 219-2322	Emdeon www.emdeon.com Telephone: 1 (877) 363-3666
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ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

“HELPLINE”

The “HELPLINE” is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.