Telemedicine and Telehealth Benefits to Change for Texas Medicaid May 1, 2013
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Telemedicine Services

Effective for dates of services on or after May 1, 2013, benefit criteria for telemedicine and telehealth services will change for Texas Medicaid.

Telemedicine is defined as a health-care service that is either initiated by a physician who is licensed to practice medicine in Texas or provided by a health professional who is acting under physician delegation and supervision. Telemedicine is provided for the purpose of the following:

- Client assessment by a health professional
- Diagnosis, consultation, or treatment by a physician
- Transfer of medical data that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including the following:
  - Compressed digital interactive video, audio, or data transmission.
  - Clinical data transmission using computer imaging by way of still-image capture and store-and-forward.
  - Other technology that facilitates access to health-care services or medical specialty expertise.

The audio and visual fidelity and clarity, and field of view of the telemedicine or telehealth service must be functionally equivalent to an evaluation performed on a client when the provider and client are both at the same physical location or the client is at an established medical site.

Telehealth Services

Telehealth will be a benefit of Texas Medicaid. Telehealth is defined as health services, other than telemedicine, that:

- Are delivered by licensed or certified health professionals who are acting within the scope of their license or certification.
- Require the use of advanced telecommunications technology, other than telephone or facsimile technology, including the following:
  - Compressed digital interactive video, audio, or data transmission.
  - Clinical data transmission using computer imaging by way of still-image capture and store-and-forward.
  - Other technology that facilitates access to health care services or medical specialty expertise.

Before receiving a telehealth service, the client must receive an in-person evaluation for the same diagnosis or condition. An in-person evaluation is a client evaluation that is conducted by a provider who is at the same physical location as the client.
Exception: Clients who have a mental health diagnosis or condition may receive a telehealth service without an in-person evaluation if the purpose of the initial telehealth appointment is to screen and refer the client for additional services. The referral must be documented in the medical record.

To continue receiving telehealth services, the client must have had an in-person evaluation by a person who is qualified to determine a need for services at least once in the 12 months before the telehealth service.

Written policies and procedures must be maintained and evaluated at least annually by both the distant-site provider and the patient-site presenter and must address all of the following:

- Client privacy, to assure confidentiality and integrity of client telehealth services
- Archival and retrieval of client service records
- Quality oversight mechanisms

**Telemedicine and Telehealth Patient Sites**

The patient site must be one of the following:

- **Established medical site** - A location where clients will present to seek medical care. There must be a patient-site presenter and sufficient technology and medical equipment to allow for an adequate physical evaluation, as appropriate for the client's presenting complaint. A defined physician-client relationship is required. A client's private home is not considered an established medical site.

- **Established health site** - A location where clients will present to seek a health service. There must be a patient-site presenter and sufficient technology and medical equipment to allow for an adequate physical evaluation or assessment, as appropriate for the client's presenting complaint. A defined health provider-client relationship is required. A client's private home is not considered an established health site.

- **State mental health facility** - A hospital with an inpatient component funded or operated by the Department of State Health Services (DSHS).

- **State-supported living center** - A state-supported and structured residential facility operated by the Department of Aging and Disability Services (DADS) to provide individuals with intellectual and developmental disabilities a variety of services, including medical treatment, specialized therapy, and training in the acquisition of personal, social, and vocation skills, as defined at Health and Safety Code 431.002(17)

**Patient-Site Presenter**

A patient-site presenter must introduce the client to the distant-site provider for examination and must perform any tasks and activities that are delegated by the distant-site provider. A patient-site provider must be one of the following:

- An individual who is licensed or certified in Texas to perform health-care services and who presents or is delegated tasks and activities only within the scope of the individual's licensure or certification.
A qualified mental health professional-community services (QMHP-CS) as defined in Texas Administrative Code Title 25 §412.303.

For telehealth services, the patient-site presenter must be readily available.

**Note:** Readily available means in the same room or (at the discretion of the licensed or certified professional that is providing the service) not in the same room as the client but within a proximity determined by the licensed or certified professional who is providing the telemedicine or telehealth service.

If the telehealth services relate only to mental health, a patient-site presenter does not have to be readily available unless the client is a danger to the client or to others.

The patient site presenter must maintain the records created at the distant site unless the distant site provider maintains the records in an electronic-health-record format.

**Facility Fee**

The facility fee (procedure code Q3014) will not be a benefit for telehealth services. Charges for other services that are performed at the patient site may be submitted separately.

**Telemedicine and Telehealth Distant Sites**

Distant site benefits will be expanded to include services that are performed by the following providers:

- Clinical nurse specialist (CNS)
- Nurse practitioner (NP)
- Physician assistant (PA)
- Licensed professional counselor
- Licensed marriage and family therapist
- Licensed clinical social worker
- Psychologist
- Licensed psychological associate
- Certified nurse midwife
- Licensed dietician

Procedure codes 97802, 97803, 97804, and S9470 will be added as a benefit for distant-site providers when claims are submitted with the GT modifier.

NP, CNS, and PA providers will be added as payable provider types for consultation procedure codes G0406, G0407, and G0408 when services are performed in the office setting.

For more information, call the TMHP Contact Center at 1-800-925-9126.