

**PART II**

**POLICIES AND PROCEDURES**  
**for**  
**TELEHEALTH GUIDANCE**



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

**DIVISION of MEDICAL ASSISTANCE PLANS**

Version Date: July 1, 2025

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**Policy Revision Record  
from July 2024 to Current<sup>1</sup>**

| REVISION<br>DATE | SECTION    | REVISION DESCRIPTION                                      | REVISION<br>TYPE                   | CITATION                                                   |
|------------------|------------|-----------------------------------------------------------|------------------------------------|------------------------------------------------------------|
|                  |            |                                                           | A=Added<br>D=Deleted<br>M=Modified | (Revision required<br>by Regulation,<br>Legislation, etc.) |
| 07/01/2025       | N/A        | No changes were made for this quarter                     | N/A                                |                                                            |
| 04/01/2025       | N/A        | No changes were made for this quarter                     | N/A                                |                                                            |
| 01/01/2025       | N/A        | No changes were made for this quarter                     | N/A                                |                                                            |
| 10/1/2024        | Appendix B | Deleted Georgia Families                                  | D                                  |                                                            |
| 10/1/2024        | Appendix B | Added hyperlink to access Georgia Families<br>Information | A                                  |                                                            |
|                  |            |                                                           |                                    |                                                            |
|                  |            |                                                           |                                    |                                                            |
|                  |            |                                                           |                                    |                                                            |

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<sup>1</sup> The revisions outlined in this Table are from 2024 to current. For revisions prior to 2024, please see prior versions of the policy.

## **Telehealth Guidance**

### **600. Program Overview**

The Department of Community Health (DCH) Telehealth and Telehealth policies are slated to improve and increase access and efficiency to health care services by enabling medical services to be delivered via telehealth methods in Georgia. Telehealth services are not an expansion of Georgia Medicaid covered services but, an option for the delivery of covered services. Telehealth 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.

Telehealth 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's information from one site to another via an electronic communication system. This includes audio and video communications equipment. Closely associated with telehealth 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 (telehealth), 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 telehealth services policy is to improve access to essential healthcare services that may not otherwise be available for Medicaid eligible members. Telehealth is not a separate medical specialty. Products and services related to telehealth 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, telehealth services can be performed.

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 are provided via telehealth 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.

### **601. Service Definitions**

601.1. Asynchronous or "Store and Forward": Transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous communication does not include telephone calls, images transmitted via fax machines and text messages without visualization of the patient (electronic mail)

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.

- 601.2. Distant site: The telehealth site where the practitioner/provider is legally allowed to practice in Georgia while providing health care services.

Practitioners at the distant site may furnish and receive payment for covered telehealth services provided that such services are acting within the scope of practice of such health care practitioner or professional, within the guidelines of applicable Medicaid policy for service rendered and in accordance with the provisions of the Georgia State Code Section 43-34-31.

- 601.3. Originating Site: For members receiving Telehealth or Telehealth services the originating site is the location where the member will receive services through a telecommunications system.
- 601.4. Telehealth is a broad definition of remote healthcare that does not always involve clinical services. Telehealth can be used in telecommunications technologies for patient education, home health, professional health education and training, administrative and program planning, and other diverse aspects of a health care delivery system.
- 601.5. Telehealth involves the use of two-way, real time interactive communication equipment to exchange medical/clinical information between a healthcare practitioner and the member from one site to another via a secure electronic communication system. This includes audio and video communications equipment designed to facilitate delivery of healthcare services in a face- to-face interactive, though distant, engagement.
- 601.6. TeleMental Health is a term defined by Ga. Comp. R. & Regs. R. 135-11-01. and is applicable only to Licensed Social Workers, Professional Counselors and Marriage & Family Therapists when either 1) practicing telehealth as defined above, or 2) providing telephonic intervention when allowable via DCH/DBHDD guidelines). Per this rule and regulation, there are specific practice guidelines and mandatory training pertaining to what is identified as TeleMental Health. Providers shall adhere to these rules and regulations when TeleMental Health is provided by one of these named practitioners.
- 601.7. Synchronous services that are occurring in “real-time”, as demonstrable in two-way consult between a member in concert with their practitioner/provider and another practitioner/provider at a distant.

## **602. Security and Confidentiality:**

In compliance with all applicable Federal and State statutes and regulations, providers of the CBHRS program are permitted to incorporate usage of Telehealth for certain services they provide. The goal for enabling telehealth methods is to improve and increase access and efficiency of behavioral health service delivery to Georgia Medicaid members. Appropriate use of Telehealth shall always consider its secure and confidential use. Special considerations in the use of electronic-facilitated treatment must include informed consent of the individual served, authorization through the process of Individualized Recovery Plans, educational components in assessment and service delivery which indicates ongoing agreement with the treatment method and under what circumstances electronic communications may and may not be used.

Telehealth Services must be HIPAA compliant and in accordance with Safety and Privacy regulations. All transactions must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the transmitted 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 (Encryption is the conversion of plaintext into cipher text using a key to make the conversion) and Redundancy requirements.

#### **603. Telehealth- Interstate Medical Licensure Compact**

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 telehealth technologies in the delivery of health care.

#### **604. Licensure Requirements**

The Georgia Composite Medical Board is authorized to administer the compact in this state. Under the compact, 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.

Additional information will be housed with the Georgia Composite Medical Board.

#### **605. 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 required as applicable, and/or the use of either POS 02 or POS 10. POS 02 will indicate Telehealth services that were utilized at a location other than at the patient's home. 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. Telehealth 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. POS 10 will indicate Telehealth services were provided in the patient's home.

Providers may not bill for services or charge a fee for missed appointments. Cost associated with the use of technology or data transmission are not covered under Medicaid and cannot be charged to the member.

CPT modifier "93" can be appended to claim lines, as appropriate, for services furnished using audio-

only communications technology.

**606. 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 telehealth when operating as the originating site. Claims must be submitted with revenue code 780 (telehealth) and type of bill 131. There is no separate reimbursement for telehealth services when performed during an inpatient stay, outpatient clinic or emergency room visit or outpatient surgery, as these are all-inclusive payments.

**607. Coverage Requirements**

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

- 607.1. The referring provider must be enrolled in GA Medicaid and comply with policy and procedures as outlined in applicable Georgia Medicaid manuals.
- 607.2. The member must be present and participating in the visit.
- 607.3. 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 telehealth-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 telehealth 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.
- 607.4. 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.
- 607.5. The referring provider must be requesting the opinion, advice, or service of another provider for a specific medical problem, illness or injury.
- 607.6. 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.
- 607.7. All telehealth 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.



- 607.8. 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.
- 607.9. If the member is a minor child, a parent/guardian must present the child for telehealth services and sign the consent form unless otherwise exempted by state or federal law. The parent/guardian need not attend the telehealth session unless attendance is therapeutically appropriate.
- 607.10. The member retains the right to withdraw at any time.
- 607.11. All existing confidentiality protections and HIPAA guidelines apply.
- 607.12. The member has access to all transmitted medical information, except for live interactive video (if there is no stored data of the encounter).
- 607.13. There will be no dissemination of any member images or information to other entities without written consent from the member.

#### **608. 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 originating 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 telehealth and the location of the originating and distant sites. All other Georgia Medicaid documentation guidelines apply to services rendered via telehealth. 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.

#### **609. Covered Telehealth Service Delivery Modalities**

- 609.1. Interactive audio and video telecommunications must be used, permitting real time communications between the distant site provider or practitioner and the member.
- 609.2. All transactions must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the transmission information.
- 609.3. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.
- 609.4. 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.
- 609.5. 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.

#### **610. Non-covered Services Modalities**

- 610.1. Telephone conversations.

- 610.2. Electronic mail messages.
- 610.3. Facsimile.
- 610.4. Video cell phone interactions.
- 610.5. The cost of telehealth equipment and transmission.
- 610.6. Failed or unsuccessful transmissions.
- 610.7. 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.

## **611. Authorizations**

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

- 611.1. Georgia Secretary of States Rules and Regulations 135-11-01 TeleMental Health
- 611.2. State Plan Amendment 15-0008 Telehealth and Telehealth Services
- 611.3. State Plan Amendment 15-0012 Transportation Facility Sites
- 611.4. State Plan Amendment, 17-0002 Community Behavioral Health Rehabilitation Services
- 611.5. Part II Policies and Procedures for Federally Qualified Health Center Services and Rural Health Clinic Services Section 970
- 611.6. Part II Policies and Procedures for Dentistry Services
- 611.7. Part II Policies and Procedures for Children's Intervention School Services Section 602.5
- 611.8. Part II Policies and Procedures for Community Behavioral Health and Rehabilitation Services Appendices G and O
- 611.9. Part II Policies and Procedures Manual for Autism Spectrum Disorder (ASD) Services
- 611.10. 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.

## **612. State's Response during State and National Emergencies**

The guidance contained within this document relates to services rendered and billed during normal circumstances. In the event of an officially declared National or State emergency, guidance may be modified to address members' and providers' needs. Providers are asked to refer to the most current Banner Messages, DCH website ([dch.georgia.gov](http://dch.georgia.gov)) and Providers Notices as to any policy updates. Services that will be moving back to traditional forms of services are Adult Day Health and performing initial assessments via telehealth. Those services have until November to begin to move back to traditional plans of care. The 90-calendar day transition period with respect to telehealth will expire at 11:59 p.m. on August 9, 2023. In reference to the use of non-HIPAA compliant modalities to render

services. Providers should be doing the following:

- 612.1. Verify that they are using a HIPAA -compliant telehealth platform that securely handles/transmits protected health information (PHI), and ensure they have a proper contract in place with any vendor that handles PHI.
- 612.2. Review their workflows and update practices that are not in line with HIPAA requirements, such as conducting telehealth visits on a mobile device. Audio-only encounters must be conducted using HIPAA requirements, such as conducting telehealth visits on a mobile device. Audio-only encounters must be conducted using HIPAA-compliant technology. Services provided using a traditional landline are not subject to the HIPAA Security Rule because they do not electronically transmit information. However, phones that use electronic communication technologies, such as Voice over Internet Protocol (VoIP), are subject to HIPAA requirements.

### **613. Telehealth Reimbursement for Ambulance Providers**

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 telehealth sites. Emergency Ambulances may serve as a telehealth originating site and the ambulance may bill a separate originating site fee. Emergency Ambulance may not serve as a distant site. The following are the definitions for Telehealth Based Services:

- 613.1. Originating Sites (HCPCs 03014): 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.
- 613.2. 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.
- 613.3. Please review the information below to obtain a better understanding of what the telehealth billing entails. The prior approval requirements, non-covered, and covered services requirements have not changed. The Telehealth originating fee (03014) cannot be billed in combination with other rendered EMS services.
  - 613.3.1. Emergency ambulance transportation of more than 150 miles one way from an institution to an institution.
  - 613.3.2. 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.
  - 613.3.3. All ambulance transportation of more than 50 miles beyond the boundaries of the Georgia state line (out-of-state).
  - 613.3.4. 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
  - 613.3.5. All ambulance transportation by air ambulance except for recipients zero (0) to twelve (12) months of age who meet certain criteria listed in the policies and procedures

manual.

- 613.3.6. 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.

## **614. Autism Spectrum Disorders (ASD) Services**

### **614.1. Practitioners Eligibility to Provide Service**

- 614.1.1. Practitioners of ASD services can use telehealth to assess, diagnose and provide therapies to patients.
- 614.1.2. As outlined in Part II-Chapter 600 “Special Conditions of Participation” a provider must:
  - 614.1.2.1. Hold either a current and valid license to practice Medicine in Georgia, hold a current and valid license as a Psychologist as required under Georgia Code Chapter 39 as amended, or hold a current and valid Applied Behavior Analysis (ABA) Certification.
  - 614.1.2.2. In addition to licensed Medicaid enrolled Physicians and Psychologists, Georgia Medicaid will enroll Board Certified Behavioral Analysts (BCBAs) as Qualified Health Care Professionals (QHCPs) to provide ASD treatment services. The BCBA must have a graduate-level certification in behavior analysis. Providers who are certified at the BCBA level are independent practitioners who provide behavior-analytic services. In addition, BCBAs supervise the work of Board- Certified Assistant Behavior Analysts (BCaBAs), and Registered Behavior Technicians (RBTs) who implement behavior-analytic interventions.

### **614.2. Member Eligibility**

Services to treat Autism Spectrum Disorders (ASD), as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, include assessment and treatment provided to Medicaid beneficiaries in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit and according to medical necessity. Pursuant to 42 CFR 440.130(c), services must be recommended by a licensed physician or other licensed practitioner of the healing arts acting within their scope of practice under state law to prevent the progression of ASD, prolong life, and promote the physical and mental health of the individual.

### **614.3. Billing for ASD Services**

- 614.3.1. Prior Authorization (PA) is required for all Medicaid-covered:
- 614.3.2. Adaptive Behavior Services (ABS)
- 614.3.3. Behavioral Assessment and
- 614.3.4. Treatment Services

- 614.3.5. All services are to be billed with modifiers specific for practitioner level and service delivery setting/modality as outlined in the Part II Policies and Procedures Manual for Autism Spectrum Disorder (ASD).

#### 614.4. ASD Services Billable Codes

The following codes can be used to provide ASD services.

Table A

| <b>2019 Category I/III CPT Codes for Adaptive Behavior Services Description</b>                                                                                                                                                                                                                                                                                                                                                                            | <b>2019 Procedure Code</b> | <b>Practitioner Level Modifier</b> | <b>Service Location</b> | <b>Unit</b> | <b>Rate</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------|-------------------------|-------------|-------------|
| Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/ caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/ interpreting the assessment, and preparing the report/treatment plan | 97151                      | U1                                 | GT                      | 15 min      | 58.21       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | U2                                 | GT                      | 15 min      | 38.97       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | U3                                 | GT                      | 15 min      | 30.01       |
| Behavior Identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes                                                                                                                                                                                                                                                | 97152                      | U1                                 | GT                      | 15 min      | 58.21       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | U2                                 | GT                      | 15 min      | 38.97       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | U3                                 | GT                      | 15 min      | 30.01       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | U4                                 | GT                      | 15 min      | 20.30       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | U5                                 | GT                      | 15 min      | 15.13       |
| Behavior identification supporting assessment, each 15 minutes of technician' time face-to-face with a patient, requiring the following components: a) administered by the physician or other qualified healthcare professional who is on site; b) with the assistance of two or more technicians; c) for a patient who exhibits destructive behavior; d) completed in an environment that is customized to the patient's behavior                         | 0362T                      | U1                                 | GT                      | 15 min      | 58.21       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | U2                                 | GT                      | 15 min      | 38.97       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | U3                                 | GT                      | 15 min      | 30.01       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | U4                                 | GT                      | 15 min      | 20.30       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                            | U5                                 | GT                      | 15 min      | 15.13       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |    |    |        |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|----|--------|-------|
| Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes                                                                                                                                                                                                                                                     | 97153 | U1 | GT | 15 min | 58.21 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U2 | GT | 15 min | 38.97 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U3 | GT | 15 min | 30.01 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U4 | GT | 15 min | 20.30 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U5 | GT | 15 min | 15.13 |
| Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face- to- face with two or more patients, each 15                                                                                                                                                                                                                                            | 97154 | U1 | GT | 15 min | 58.21 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U2 | GT | 15 min | 38.97 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U3 | GT | 15 min | 30.01 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U4 | GT | 15 min | 20.30 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U5 | GT | 15 min | 15.13 |
| Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes                                                                                                                                                                                                                  | 97155 | U1 | GT | 15 min | 58.21 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U2 | GT | 15 min | 38.97 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U3 | GT | 15 min | 30.01 |
| Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes                                                                                                                                                                                                                                  | 97156 | U1 | GT | 15 min | 21.90 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U2 | GT | 15 min | 17.01 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U3 | GT | 15 min | 13.21 |
| Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes                                                                                                                                                                                                              | 97157 | U1 | GT | 15 min | 25.34 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U2 | GT | 15 min | 17.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U3 | GT | 15 min | 13.21 |
| Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face- to-face with multiple patients, each 15 minutes                                                                                                                                                                                                                                                             | 97158 | U1 | GT | 15 min | 25.34 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U2 | GT | 15 min | 14.00 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U3 | GT | 15 min | 13.21 |
| Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components:<br>- administered by the physician or other qualified healthcare professional who is on site;<br>- with the assistance of two or more technicians;<br>- for a patient who exhibits destructive behavior;<br>- completed in an environment that is customized, to the patient's behavior | 0373T | U1 | GT | 15 min | 58.21 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U2 | GT | 15 min | 38.97 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U3 | GT | 15 min | 30.01 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U4 | GT | 15 min | 20.30 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       | U5 | GT | 15 min | 15.13 |

**NOTE:**

“Out-of-Clinic” is billable for delivery of ASD services in any location outside of your agency/clinic (In-clinic)

**Table B**

| <b>Practitioner Level Legend</b>         | <b>Level</b> |
|------------------------------------------|--------------|
| Physician, Psychiatrist                  | U1-Level 1   |
| Psychologist, BCBA-D                     | U2- Level 2  |
| BCBA                                     | U3 – Level 3 |
| BCaBA or Master’s Level Behavior Analyst | U4 – Level 4 |
| Registered Behavior Technician           | U5 – Level 5 |

**615. Community Behavioral Health and Rehabilitation Services**

**615.1. Purpose**

Use of Telehealth for behavioral health services within Community Behavioral Health and Rehabilitation Services (CBHRS) [**Note:** Within CBHRS, “Telehealth” is referred to as “Telemedicine,” and the latter term will be used throughout this section].

**615.2. Service Accessibility**

Currently, the Departments of Community Health (DCH) and Behavioral Health and Developmental Disabilities (DBHDD) have authorized Telemedicine to be used to provide most of the services in CBHRS to any member who consents to its use, and in accordance with DBHDD’s Provider Manual for Community Behavioral Health Providers (<https://dbhdd.georgia.gov/be-connected/community-provider-manuals>), referenced hereinafter as “DBHDD’s Provider Manual.”

**615.3. Originating Site**

For CBHRS, members may be located at home, schools, and other community-based settings or at more traditional sites named in the Department of Community Health (DCH) Telehealth Guidance manual above.

**615.4. Training**

As outlined in the Rules and Regulations of the State of Georgia Chapter 135-11-01 TeleMental Health there are additional guidelines that establish minimum standards for the delivery of services by a licensed Professional Counselor, Social Worker, or Marriage and Family Therapist using technology-assisted media. Specific provisions can be found in the Georgia Rules and Regulations Department 135, Chapter 135-11-01 TeleMental Health.

**615.5. Consent:**

For CBHRS, the Telehealth Member Consent Form for each member is outlined in the Telehealth Guidance Document and must be utilized. Complete and detailed Guidance on Telehealth and Telehealth can be accessed by visiting <https://www.mmis.georgia.gov/portal/> then clicking Provider Information, Provider Manuals and Telehealth Guidance.

## 615.6. Billing & Reimbursement

For CBHRS, any of the Practitioner Types noted in Table C below may deliver and bill for Telemedicine in accordance with the allowances found in DBHDD's Provider Manual.

While some services within CBHRS allow telephonic interactions, telephonic interventions do not qualify as "Telemedicine" as defined herein, or in the DBHDD's Provider Manual. Also note that within CBHRS, CPT modifier "93" is not used to append claim lines for services furnished using audio-only communications technology, as previously described in the "Billing and Payment for professional services furnished via telehealth" section of the Department of Community Health's (DCH) Telehealth Guidance manual above.

Originating fees (as referenced in some of the other Georgia Medicaid programs) are not offered for telehealth when utilized in the CBHRS category of service. Telehealth costs are attributed to the services intervention rates.

Care Management Organizations may have specific billing requirements and practices which will be outlined in their unique agreements with providers. Georgia currently contracts with three Care Management Organizations (Amerigroup, CareSource, and Peach State) for covered lives which includes physical health and behavioral health of all CMO members. All three utilizes the Georgia Partnership for Telehealth (GPT) to receive 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.

### Practitioner Types for CBHRS

**Table C**

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Level 1</b> | Physician, Psychiatrist                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Level 2</b> | Psychologist, Physician 's Assistant, Nurse Practitioner, Clinical Nurse Specialist, Pharmacist                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Level 3</b> | Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)                                                                                                                                                                                                                                                                                                         |
| <b>Level 4</b> | Licensed Practical Nurse (LPN); Licensed Associate Professional Counselor (LAPC); Licensed Master's Social Worker (LMSW); Licensed Associate Marriage and Family Therapist (LAMFT); Certified/Registered Addictions Counselors (e.g. CAC-I/II, CADC, CCADC, GCADC, MAC), Certified Peer Specialists, Trained Paraprofessionals and Certified Psychosocial Rehabilitation Professionals (CPRP) with bachelor's degrees or higher in the social sciences/helping professions |
| <b>Level 5</b> | Trained Paraprofessionals, Certified/Registered Addiction Counselors (CAC-I, RADT), Certified Peer Specialists, Certified Psychosocial Rehabilitation Professionals, and Qualified Medication Aides with at least a high school diploma/equivalent                                                                                                                                                                                                                         |

## 616. 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.

**617. Types of Providers**

617.1. Licensed Dentists

617.2. Licensed Dental Hygienist

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

Teledentistry Codes Table D

| 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 telehealth technology.                                                                                                                |
| D0140 | LIMIT ORAL EVAL PROBLM FOCUS                        | LIMITED ORAL EVALUATION - PROBLEM FOCUSED                                                                                                                                                                                               |

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.

**618. Telehealth 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.

**619. Telehealth and Dialysis Services**

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

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

codes listed below.

Dialysis Codes Table E

| Revenue Code | Description                       | Procedure Code | Modifier |
|--------------|-----------------------------------|----------------|----------|
| 780          | Telehealth General Classification | Q3014          | GT       |

End Stage Renal Disease Codes Table F

| Code  | Description                                                                                                                                                                                                                                                                                  | Modifier's    | Place of Service |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------|
| 90951 | End Stage Renal Disease (ESRD) related services monthly, 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; with four (4) or more face-to-face physician visits per month        | 95, GT, or GQ | 02               |
| 90952 | End Stage Renal Disease (ESRD) related services monthly, 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; with four (4) or more face-to-face physician visits per month        | 95, GT, or GQ | 02               |
| 90954 | End Stage Renal Disease (ESRD) related services monthly, for patients two (2) - eleven (11) years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with four (4) or more face-to-face physician visits per month | 95, GT, or GQ | 02               |
| 90955 | End Stage Renal Disease (ESRD) related services monthly, for patients two (2) - eleven (11) years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with four (4) or more face-to-face physician visits per month | 95, GT, or GQ | 02               |

| <b>Code</b> | <b>Description</b>                                                                                                                                                                                                                                                                                 | <b>Modifier's</b> | <b>Place of Service</b> |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|
| 90957       | End Stage Renal Disease (ESRD) related services monthly, for patients twelve (12) - nineteen (19) years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with four (4) or more face-to-face physician visits per month | 95, GT, or GQ     | 02                      |
| 90958       | End Stage Renal Disease (ESRD) related services monthly, for patients twenty (20) years of age and older, with four (4) or more face-to-face physician visits per month                                                                                                                            | 95, GT, or GQ     | 02                      |
| 90960       | End Stage Renal Disease (ESRD) related services monthly, for patients twenty (20) years of age and older, with four (4) or more face-to-face physician visits per month                                                                                                                            | 95, GT, or GQ     | 02                      |
| 90961       | End Stage Renal Disease (ESRD) related services monthly, for patients twenty (20) years of age and older, with two (2) - three (3) face-to-face physician visits per month                                                                                                                         | 95, GT, or GQ     | 02                      |
| 90963       | Home dialysis services per month, patient younger than 2 years of age                                                                                                                                                                                                                              | 95, GT, or GQ     | 02                      |
| 90964       | Home dialysis services per month, patient 2-11 years of age                                                                                                                                                                                                                                        | 95, GT, or GQ     | 02                      |
| 90965       | End Stage Renal Disease (ESRD) related services for home dialysis per full month; for patients twelve (12) - nineteen (19) years of age to include monitoring for adequacy of nutrition, assessment of growth and development, and counseling of parents                                           | 95, GT, or GQ     | 02                      |
| 90966       | Home dialysis services per month, patient 20 years of age or older                                                                                                                                                                                                                                 | 95, GT, or GQ     | 02                      |
| 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                      |

| <b>Code</b> | <b>Description</b>                                                                                                                            | <b>Modifier's</b> | <b>Place of Service</b> |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|
| 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 twenty (20) years of age and older | 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                      |

## 620. Nursing Facility Specialized Services

- 620.1. Though not available in all areas of the State, Medicare-funded mental health services are currently provided to nursing home residents via telehealth, 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.
- 620.2. NOTE: Though 440 codes allow for Medicaid members to have a variety of mental health professionals serve members in nursing facilities, please note that Medicare has more stringent requirements regarding these professionals to serve the Medicare eligible members in nursing facilities. (Please review the approved practitioner levels listed below [Table C]). When Nursing Facilities refer/coordinate Specialized Services for the PASRR approved resident, Nursing Facility staff should communicate to the Community Behavioral Health Service Provider (CBHSP), the DCH enrolled MH provider that the member is either dual eligible or Medicare Only.
- 620.3. The NF and CBHS providers will communicate to arrange for the provision of specialized services to residents either in the nursing facility, via telehealth, 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 telehealth site can receive services in either of those locations, with the practitioner using out-of-clinic or telehealth procedure codes.

Table G

|                |                                                                                                |
|----------------|------------------------------------------------------------------------------------------------|
| <b>Level 1</b> | Physician, Psychiatrist                                                                        |
| <b>Level 2</b> | Psychologist, Physician's Assistant, Nurse Practitioner, Clinical Nurse Specialist, Pharmacist |

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Level 3</b> | Registered Nurse, Licensed Dietician, Licensed Professional Counselor (LPC), Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT)                                                                                                                                                                                                                                                                                                         |
| <b>Level 4</b> | Licensed Practical Nurse (LPN); Licensed Associate Professional Counselor (LAPC); Licensed Master's Social Worker (LMSW); Licensed Associate Marriage and Family Therapist (LAMFT); Certified/Registered Addictions Counselors (e.g. CAC-I/II, CADC, CCADC, GCADC, MAC), Certified Peer Specialists, Trained Paraprofessionals and Certified Psychosocial Rehabilitation Professionals (CPRP) with Bachelor's degrees or higher in the social sciences/helping professions |
| <b>Level 5</b> | Trained Paraprofessionals, Certified/Registered Addiction Counselors (CAC-I, RADT), Certified Peer Specialists, Certified Psychosocial Rehabilitation Professionals, and Qualified Medication Aides with at least a high school diploma/equivalent                                                                                                                                                                                                                         |

**PROCEDURE CODES: KEY:**

Key: Code Modifiers used:

GT= Via interactive audio and video telecommunications systems

U1 = Practitioner Level 1 (see below for description of all practitioner levels)

U2 = Practitioner Level 2

U3 = Practitioner Level 3

U4 = Practitioner Level 4

U6 = In Clinic

U7 = Out-of-Clinic

For all procedures noted on the next page, practitioners must hold the license appropriate to the activity.

The following procedure codes may be used for service delivery and claims billing for specialized behavioral health services provided to nursing home residents: (Daily/Annual Max Units are effective 4/2013).

Table H

| <b>Description</b>                                                                                                          | <b>Procedure Code</b>                             | <b>Modifier</b>                                        | <b>Service Group</b> | <b>Max Daily Units</b> | <b>Max Month Units</b> | <b>Max Year Units</b> |
|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------|----------------------|------------------------|------------------------|-----------------------|
| Psychiatric Diagnostic Assessment (session) Or Via Telehealth Report with 90785 for interactive complexity when appropriate | 90791, 90792 (Formerly 90801, 90802) 90791, 90792 | U2 U6, U2 U7 U3U6, U3U7 (Encounter) GT U1, GT U2, GTU3 | 10103                | 1 encounter            | 1                      | 12                    |
| Psychiatric Treatment/ Pharmacological Management (session) Or Via Telehealth Report with add-on code for                   | Appropriate Evaluation and Management Code-see    | U1 U6, U1 U7 U2 U6, U2 U7 GT U1, GT U2                 | 10120                | 2                      | 2                      | 24                    |

|                    |                              |  |  |  |  |  |
|--------------------|------------------------------|--|--|--|--|--|
| psychotherapy time | below<br>(Formerly<br>90862) |  |  |  |  |  |
|--------------------|------------------------------|--|--|--|--|--|

| <b>Evaluation and Management Codes</b> |                       |                 |                      |                        |                        |                       |
|----------------------------------------|-----------------------|-----------------|----------------------|------------------------|------------------------|-----------------------|
| <b>Description</b>                     | <b>Procedure Code</b> | <b>Modifier</b> | <b>Service Group</b> | <b>Max Daily Units</b> | <b>Max Month Units</b> | <b>Max Year Units</b> |
| E&M (New Pt - 10 min)                  | 99201                 | U1 U6,          | 10120                | 1                      | 2                      | 24                    |
| E&M (New Pt - 20 min)                  | 99202                 | U2 U6,          |                      |                        |                        |                       |
| E&M (New Pt - 30 min)                  | 99203                 | U1 U7,          |                      |                        |                        |                       |
| E&M (New Pt - 45 min)                  | 99204                 | U1 U7,          |                      |                        |                        |                       |
| E&M (Estab Pt - 5 min)                 | 99205                 | GT U1,          |                      |                        |                        |                       |
| E&M (Estab Pt - 5 min)                 | 99211                 |                 |                      |                        |                        |                       |
| E&M (Estab Pt - 10 min)                | 99212                 |                 |                      |                        |                        |                       |
| E&M (Estab Pt - 15 min)                | 99213                 |                 |                      |                        |                        |                       |
| E&M (Estab Pt - 25 min)                | 99214                 |                 |                      |                        |                        |                       |
| E&M (Estab Pt - 40 min)                | 99215                 |                 |                      |                        |                        |                       |

## **621. Telehealth and School Based Settings**

621.1. Local Education Agencies (LEAs) can be provided upon enrollment into COS 600.

621.2. Telehealth benefits are allowed if all the following criteria are met:

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

## **622. Health Check Program**

Local Education Agencies LEAs enrolled as Health Check providers to serve as telehealth originating sites only will be allowed to bill the telehealth 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 telehealth 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 telehealth 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 telehealth originating facility fee is reimbursed at the current DEFAULT rate.

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

- 623.1. Local Education Agencies (LEAs) may enroll in the Health Check Program (COS 600) to serve as telehealth 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 telehealth requirements.
- 623.2. 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 Gainwell Technologies Provider Enrollment at 1-866-483-1044. See section 603.21 in the CISS manual for claiming information.
- 623.3. LEAs can enroll in the Health Check Program (COS 600) to serve as telehealth originating sites only. As a Health Check provider, the LEA serving as a telehealth originating site will be allowed to bill only the telehealth 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 telehealth 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.

## **624. 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 Audiology Reimbursable Codes Table I

| <b>Code</b> | <b>Service Description</b>            | <b>Billing Note</b> |
|-------------|---------------------------------------|---------------------|
| 92507       | Treatment of speech, language, voice, | Use POS 02          |

| <b>Code</b>                             | <b>Service Description</b>                                                                                                                                                                                                                                                                                                                                     | <b>Billing Note</b> |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
|                                         | communication, and/or auditory processing disorder; individual.                                                                                                                                                                                                                                                                                                |                     |
| 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          |
| 97110                                   | Therapeutic Exercise to Develop Strength, Endurance, range of motion, and flexibility, each 15 minutes                                                                                                                                                                                                                                                         | Use POS 02          |
| 97112                                   | Therapeutic Procedure to re-educate brain-to-nerve- to-muscle function, each 15 minutes                                                                                                                                                                                                                                                                        | Use POS 02          |
| 97161                                   | Evaluation of physical therapy, typically 20 minutes                                                                                                                                                                                                                                                                                                           | Use POS 02          |
| 97162                                   | Evaluation of Physical Therapy, Typically 30 minutes                                                                                                                                                                                                                                                                                                           | Use POS 02          |
| 97163                                   | Evaluation of Physical Therapy, Typically 45 Minutes                                                                                                                                                                                                                                                                                                           | Use POS 02          |
| 97164                                   | Re-evaluation of Physical therapy, typically 20 minutes                                                                                                                                                                                                                                                                                                        | Use POS 02          |
| 97530                                   | Therapeutic activities to improve function, with one- on-one contact between patient and provider, each 15 minutes                                                                                                                                                                                                                                             | Use POS 02          |
| 97532<br>DISCONTINUED<br>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          |
| 97542                                   | Wheelchair management, each 15 minutes                                                                                                                                                                                                                                                                                                                         | Use POS 02          |
| 97763                                   | Management and/or training in use of orthotics (supports, braces, or splints) for arms, legs, and/or trunk, per 15 minutes                                                                                                                                                                                                                                     | Use POS 02          |
| 97762<br>DISCONTINUED<br>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 auditory test                                                                                                                                                                                                                                                                                                                        | Use POS 02          |



| Code | Service Description | Billing Note |
|------|---------------------|--------------|
|      | emissions           |              |

## 625. Telehealth and Physician Services

- 625.1. The Department of Community Health's (DCH) Telehealth and Telehealth policies are slated to improve and increase access and efficiency to health care services by enabling medical services to be delivered via telehealth methods in Georgia. Telehealth services are not an expansion of Georgia Medicaid covered services; but an option for the delivery of certain covered services. Telehealth 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.
- 625.2. Telehealth is the use of medical information exchange from one site to another via electronic communications to improve patients' 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 telecommunication equipment. Closely associated with telehealth 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 telecommunication technologies for clinical care (telehealth), patient teachings and home health, health professional education (distance learning), administrative and program planning, and other diverse aspects of a health care delivery system.
- 625.3. The intent of our telehealth services policy is to improve access to essential healthcare services that may not otherwise be available for Medicaid eligible members. Telehealth is not a separate medical specialty. Products and services related to telehealth are often part of a larger investment by health care institutions in either information technology or the delivery of clinical care. When a provider, licensed in the state of Georgia, determines that medical care can be provided via electronic communication with no loss in the quality or efficacy of the member's care, telehealth 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.
- 625.4. 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). The distant site provider should also have the capability to hear heart tones and lung sounds clearly (using a 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.

## **Appendix A**

### **Consent Form Instructions**

#### **A. Telehealth Member Consent Form Instructions**

Prior to an initial telehealth service, the practitioner who delivers the service to a GA Medicaid Member shall ensure that the telehealth 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:

- i. S/he retains the option to refuse the telehealth 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.
- ii. Available alternative options will be presented to the member (including in-person services).
- iii. The dissemination of any client identifiable images or information from the telehealth consultation to anyone, including researchers, will not occur without the written consent of the member.
- iv. S/he has the right to be informed of the parties who will be present at each end of the telehealth consultation, and s/he has the right to exclude anyone from either site.
- v. S/he has the right to see an appropriately trained staff or employee in- person immediately after the telehealth consultation if an urgent need arises.

**Appendix A-1**  
**Telehealth 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 telehealth consultation in connection with the following procedure(s) and/or service(s):

\_\_\_\_\_

2. **NATURE OF TELEHEALTH CONSULT:** During the telehealth consultation:
3. 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.
4. A physical examination of you may take place.
5. A non-medical technician may be present in the telehealth studio to aid in the video transmission.
6. Video, audio and/or photo recordings may be taken of you during the procedure(s) or service(s)
7. **MEDICAL INFORMATION & RECORDS:** All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth consultation. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient- identifiable images or information for this telehealth interaction to researchers or other entities shall not occur without your consent.
8. **CONFIDENTIALITY:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth consultation, and all existing confidentiality protections under federal and Georgia state law apply to information disclosed during this telehealth consultation.
9. **RIGHTS:** You may withhold or withdraw consent to the telehealth 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.
10. **DISPUTES:** You agree that any dispute arising from the telehealth consult will be resolved in Georgia, and that Georgia law shall apply to all disputes.
11. **RISKS, CONSEQUENCES & BENEFITS:** You have been advised of all the potential risks, consequences, and benefits of telehealth. 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 telehealth consultation. All your questions have been answered, and you understand the written information provided above.

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

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

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

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

**Appendix B**  
**Georgia Families, Georgia Families 360, and Non-Emergency Medical Transportation**

**A. Georgia Families, Georgia Families 360, and Non-Emergency Medical Transportation**

For information on the Georgia Families, Georgia Families 360, or Non-Emergency Medical Transportation program, please access the overview document at the following link:

- i. Georgia Families Overview:  
<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>