At-a-Glance Telemedicine Coverage

Medicare as the Payer

Face-to-Face Service
Patient receiving service must be in a rural Health Professional Shortage Area (HPSA) or non-Metropolitan Statistical Area (MSA).

Reimbursement:
Reimbursement is the same as the current fee schedule amount for service provided.

A facility fee is available to the site where the patient is located.

Acceptable Sites
- Physician offices
- Hospitals, including Critical Access Hospitals
- Rural health clinics
- Federally qualified health centers
- Hospital-based Renal Dialysis Centers
- Skilled nursing facilities
- Community mental health center

Approved Providers
- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Nurse midwives
- Clinical psychologists
- Clinical social workers
- Registered dieticians

Approved Services
- Initial inpatient consultations
- Follow-up inpatient consultations (including ER)
- Office or outpatient visits
- Individual psychotherapy
- Pharmacologic management
- Psych dx interview
- ESRD related services
- Individual or group medical nutrition therapy
- Neurobehavioral status exam
- Individual and group health and behavior assessment and intervention
- Subsequent hospital care
- Subsequent nursing facility care
- Individual and group kidney disease education
- Individual and group diabetes self-management and training services
- Smoking cessation

As of 1/1/13
- Alcohol and/or substance abuse structured assessment
- Annual alcohol misuse screening
- Brief face to face behavioral counseling for alcohol misuse
- Annual depression screening
- High intensity behavioral counseling to prevent sexually-transmitted diseases
- Annual face to face intensive behavioral therapy for cardiovascular disease
- Face to face behavioral counseling for obesity
Medicare as the Payer

Remote (Non-Face-to-Face) Service

Reimbursement:
Same as current fee schedules.

Acceptable Sites:
No geographic or facility limitations, the site is not considered telehealth or telemedicine by the Centers for Medicare and Medicaid Services (CMS). Considered the same as services delivered on-site and will be paid in the same way.

Approved Services:
- Radiology
- Pathology
- Cardiology
- MDF team conferences
- Other services
Medicaid as the Payer

Reimbursement:
Originating site or “Hub” should bill Medicaid under Ambulatory Patient Groups (APG) for the telemedicine consultation using the appropriate evaluation and management (E&M) code or the CDE/CAE self-management training code.

Distant or “spoke” site should bill Medicaid for the visit using the E&M visit code and/or Current Procedural Terminology (CPT) code under APGs without the gross receipts tax (GRT) modifier. If no specific service other than the link to the distant site is provided, the spoke should bill CPT code Q3014 through the APG to recoup administrative expenses.

Acceptable Sites
- Inpatient
- Outpatient
- Article 28 diagnostic and treatment centers
- Home care

Approved Providers
- Not limited to any physician specialty
- Certified DM educators
- Certified asthma educators

Approved Services
- MD specialty consults
- Diabetes education
- Asthma education
- Psychiatry