Georgia Medicaid reimburses for live video under some circumstances. Store-and-forward is not reimbursable as interactive telecommunications is a condition of payment; however, GA Medicaid will reimburse for the technical component of x-rays, ultrasounds, etc. as well as store-and-forward teledentistry. There is no reference to remote patient monitoring.

Telemedicine 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 information from one site to another via an electronic communication system. This includes audio and video communications equipment.

Closely associated with telemedicine 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 (telemedicine), patient teachings and home health, health professional education (distance learning), administrative and program planning, and other diverse aspects of a health care delivery system.

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 telemedicine 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.
Georgia Medicaid reimbursement for telehealth is specific to clinical services rendered via telemedicine. See the telemedicine guidelines for program specific policies.

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.


The service must be medically necessary and the procedure 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.

See telemedicine manual for list of eligible telemedicine services and codes.

Non-Covered Services:
1. Telephone conversations.
2. Electronic mail messages.
3. Facsimile.
4. 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.
5. Video cell phone interactions.
6. The cost of telemedicine equipment and transmission.
7. Store-and-forward transactions
8. Failed or unsuccessful transmissions.


Nursing Facilities & Community Behavioral Health Rehabilitation Services
Those residents whose interest is best served by receiving mental health services in the nursing facility or in a nearby telemedicine site can receive services in either of those locations, with the practitioner using out-of-clinic or telemedicine procedure codes.


See dental services manual for teledentistry codes.


Autism Spectrum Disorder Services
Prior authorization is required for all Medicaid-covered adaptive behavior services, behavioral assessment and treatment services (not telehealth specific). See manual for eligible codes.

Community Behavioral Health and Rehabilitation Services
The Departments of Community Health and Behavioral Health and Developmental Disabilities have authorized telemedicine to be used to provide some services in the CBHRS program. See the requirements below:

Member must consent to receive telemedicine for some services;
For some services, telemedicine is allowed only for members who speak English as a second language, and telemedicine will enable the member to engage with a practitioner who can deliver services in his/her preferred language (e.g. American Sign Language, etc.) (one-to-one via Telemedicine versus interpreters).
Telemedicine is only allowed for certain CBHRS services and only two-way, real-time interactive audio and video communication. Telemedicine may not be used for any other Intervention.

See manual for approved codes.


Teledentistry
The State allows certain services to be delivered via teledentistry. See manual for approved codes.


Dialysis Services
Dialysis services are eligible to be provided under telehealth. See manual for list of eligible CPT codes.


Nursing Facility Specialized Services
Those residents whose interest is best served by receiving mental health services in the nursing facility or in a nearby telemedicine site can receive services in either of those locations, with the practitioner using out-of-clinic or telemedicine procedure codes. See manual for eligible codes.


Speech Language Pathology Services/Audiology
Certain speech language pathology services are reimbursable via telemedicine in the school-based setting. See manual or eligible CPT/HCPCS codes.


The Department of Community Health (DCH) will allow some audiology services to be rendered via telehealth.


Dialysis Services
The Centers for Medicaid and Medicare Services (CMS) has added Dialysis Services to the
Eligible distant practitioners:

- Physicians
- Nurse practitioner
- Physician assistant
- Nurse-midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs);
- Speech language pathologists;
- Audiologists;
- Registered dietitians or nutrition professionals.


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. The provider at the distant site must obtain prior approval when services require prior approval.


**Autism Spectrum Disorder Services**
Practitioners of ASD services can use telemedicine to assess, diagnose and provide therapies to patients. Physicians, Psychologists and enrolled Board Certified Behavioral Analysts can provide services. New providers must submit an attestation upon enrollment.


**Teledentistry**
Licensed dentists and dental hygienists are eligible providers.

**Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)**
FQHCs and RHCs can serve as distant sites. They cannot bill an originating site fee and distant site fee for telehealth services on the same encounter.


**Nursing Facility Specialized Services**
See manual for eligible providers and levels.


**Speech Language Pathology Services**
Speech language pathologists are eligible to bill for telehealth services with students in a school-based setting. This include time spent assisting the student with learning to use adaptive equipment and assistive technology.

Eligible originating sites:

- Physician and Practitioner’s Office;
- Hospitals;
- Rural Health Clinics (RHC);
- Federally Qualified Health Centers (FQHC);
- Local Education Authorities and School Based Clinics;
- County Boards of Health;
- Emergency Medical Services Ambulances; and
- Pharmacies


The referring provider must be enrolled in GA Medicaid and practicing within the state of Georgia. The provider must maintain an office, clinic, or other similar physician facility, which complies with local business and building license ordinances. 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. The referring provider must be requesting the opinion, advice or service of another provider for a specific medical problem, illness or injury.


Ambulance Providers

They may serve as originating sites. They cannot bill the originating fee in combination with other rendered EMS services. They are not authorized to provide distant site services.

Limitation (Emergency Ambulance Services Handbook): 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.


Community Behavioral Health and Rehabilitation Services

Member may be located at home, schools and other community-based settings or at traditional sites named in the Department of Community Health Telemedicine Guidance. See manual for detailed instructions explanation for when and which type of practitioner can bill for telemedicine services.


Teledentistry

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.


Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)

FQHCs and RHCs can serve as originating sites. They cannot bill an originating site fee and distant site fee for telehealth services on the same encounter.

### Dialysis Services
Dialysis facilities are eligible sites for dialysis services.


### Nursing Facility Specialized Services
Nursing facilities can be eligible sites for nursing facility specialized services.


### School-Based Settings (Local Education Agencies)
Telemedicine services are allowed in school-based settings if the following requirements are met:
- The provider is an authorized health-care provider enrolled in Georgia Medicaid
- The client is a child who is receiving the service in a primary or secondary school-based setting
- The parent or legal guardian of the client provides consent before the service is provided

Telemedicine 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.


### Geographic Limits
No reference found.

### Facility/Transmission Fee
Originating sites are paid an originating site facility fee. Hospitals are eligible to receive reimbursement for a facility fee for telemedicine when operating as the originating site. There is no separate reimbursement for telemedicine services when performed during an inpatient stay, outpatient clinic or emergency room visit or outpatient surgery, as these are all-inclusive payments.


### Community Behavioral Health and Rehabilitation Services
Originating fees (as referenced in some of the other Georgia Medicaid programs) are not offered for telemedicine when utilized in the CBHRS category of service. Telemedicine costs are attributed to the services intervention rates.

School-Based Settings (Local Education Agencies)
LEAs that enroll as Health Check providers to serve as telemedicine originating sites only will be allowed to bill the originating site facility fee. The distant site provider must bill for the E/M office visit. It is the responsibility of the LEA provider to contact the distant site provider to determine if the E/M visit was billed.


Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)
FQHCs and RHCs cannot bill an originating site fee and distant site fee for telehealth services on the same encounter.


Ambulance Providers
Ambulance providers cannot bill the originating fee in combination with other rendered EMS services.


Dialysis Services
The originating facility/site (Dialysis Facility) will bill with the revenue code and procedure codes listed below.


Store-and-forward
Store-and-forward applications would not be considered telemedicine. Georgia Medicaid will not reimburse for store-and-forward because these services do not include direct, in-person member contact.


Certain teledentistry codes can be delivered via store-and-forward.


Teledentistry
The State allows reimbursement for one specific teledentistry store-and-forward codes. See manual for approved code.

<table>
<thead>
<tr>
<th>Medicaid Telehealth Reimbursement</th>
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<tbody>
<tr>
<td><strong>Store-and-forward</strong></td>
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<tr>
<td><strong>Reimbursement</strong></td>
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<tr>
<td><strong>Geographic Limits</strong></td>
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<tr>
<td>The originating site fee (billed as D9996) associated with a real-time teledentistry exam is supposed to cover the asynchronous sending of information by a dental hygienist to a dentist for review.</td>
</tr>
<tr>
<td><strong>Policy</strong></td>
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<td><strong>Conditions</strong></td>
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<td><strong>Provider Limitations</strong></td>
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<td><strong>Other Restrictions</strong></td>
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<tr>
<td><strong>Email / Phone / Fax</strong></td>
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<tr>
<td>No reimbursement for FAX.</td>
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<td>No reimbursement for telephone.</td>
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<td>No reimbursement for video cell phone interactions; services rendered via a webcam or internet based technologies (Skype, Tango, etc.) that are not part of a secured network and do not meet HIPAA encryption compliance; telemedicine equipment; and transmissions.</td>
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<td>Medicaid Telehealth Reimbursement</td>
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<td>Prior to an initial telemedicine service, the practitioner who delivers the service to a GA Medicaid Member shall ensure that the telemedicine member consent form is provided to the member and signed. See manual for specific requirements.</td>
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<th>Out of State Providers</th>
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<th>Miscellaneous</th>
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<tbody>
<tr>
<td>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. All transactions must utilize acceptable methods of encryption as well as employ authentication and identification procedures for both the sender and receiver.</td>
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<tr>
<th>Private Payer Laws</th>
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<tr>
<td>Recently Passed Legislation (Effective Jan. 1, 2020)</td>
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<tr>
<td>‘Telehealth’ means the use of information and communications technologies, including, but not limited to, telephones, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health related education, public health, and health administration. Telemedicine means a form of telehealth which is the delivery of clinical health care services by means of real time two-way audio, visual, or other telecommunications or electronic communications, including the application of secure video conferencing or store-and-forward transfer technology to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care by a health care provider practicing within his or her scope of practice as would be practiced in-person with a patient, and legally allowed to practice in this state, while such patient is at an originating site and the health care provider is at a distant site.</td>
</tr>
</tbody>
</table>
Recently Passed Legislation (Effective Jan. 1, 2020)
Each insurer proposing to issue a health benefit policy shall provide coverage for the cost of health care services provided through telehealth or telemedicine as directed through regulations promulgated by the department.

An insurer shall not exclude a service for coverage solely because the service is provided through telemedicine services and is not provided through in-person consultation or contact between a health care provider and a patient for services appropriately provided through telemedicine services.

For the originating site, insurers and providers may agree to alternative siting arrangements deemed appropriate by the parties.

No insurer shall require its insureds to use telemedicine services in lieu of in-person consultation or contact.


Recently Passed Legislation (Effective Jan. 1, 2020)
An insurer shall reimburse the treating provider or the consulting provider for the diagnosis, consultation, or treatment of the insured delivered through telemedicine services on the same basis for services provided via telemedicine. An insurer cannot exclude a service solely because it was delivered as a telemedicine service.


Recently Passed Legislation (Effective Jan. 1, 2020)
Payment must be at least at the rate that the insurer is responsible for coverage for the provision of the same service through in-person consultation or contact; provided, however, that nothing in this subsection shall require a health care provider or telemedicine company to accept more reimbursement than they are willing to charge. Payment for telemedicine interactions shall include reasonable compensation to the originating or distant site for the transmission cost incurred during the delivery of health care services.


Applies to: Interactive Physical Therapy Services
“Telehealth” is the use of electronic communications to provide and deliver a host of health related information and health care services including, but not limited to physical therapy related information and services, over large and small distances. Telehealth encompasses a variety of health care and health promotion activities including, but not limited to, education, advice, reminders, interventions, and monitoring of interventions.


Applies to: Interactive Physical Therapy Services
‘Telehealth’ means the application of evaluative, consultative, preventative, and therapeutic services delivered through telecommunication and information technologies by licensed occupational therapy practitioners. This may include, but shall not be limited to, telemedicine, telepractice, telecare, telerehabilitation, and e-health services.

In order for a physician to practice within the minimum standards of practice while providing treatment and/or consultation recommendations by electronic or other such means, all the following conditions must be met:

- All treatment and/or consultations must be done by Georgia licensed practitioners;
- A history of the patient shall be available to the Georgia licensed physician, physician assistant or advanced practice registered nurse who is providing treatment or consultation via electronic or other such means;
- Georgia licensed physician, physician assistant or advanced practice registered nurse either: (a) Has personally seen and examined the patient and provides ongoing or intermittent care by electronic or other such means; or (b) Is providing medical care by electronic or other such means at the request of a physician, physician assistant or advanced practice registered nurse licensed in Georgia who has personally seen and examined the patient; or (c) Is providing medical care by electronic or other such means at the request of a Public Health Nurse, a Public School Nurse, the Department of Family and Children’s Services, law enforcement, community mental health center or through an established child advocacy center for the protection for a minor, and the physician, physician assistant or advanced practice registered nurse is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider’s standard of care; or (d) Is able to examine the patient using technology and peripherals that are equal or superior to an examination done personally by a provider within that provider’s standard of care.
- Maintain proper patient records.
- Special restrictions apply for delegating to a nurse practitioner or supervising a physician assistant doing telemedicine.
- Patient must be provided clear and accurate instructions for follow-up care.


Physicians are prohibited from prescribing controlled substances or dangerous drugs based solely on an electronic consult, unless the physician is on-call or covering for another provider and prescribing up to a 72-hour supply of medications for a patient of the other provider.

There is also an exception for licensed physician from prescribing Schedule II sympathomimetic amine drugs for the treatment of attention deficit disorder to a patient in the physical presence of a licensed nurse, provided the initial diagnosis was made and an initial prescription was issued in accordance with 21 U.S.C. § 829(e), including but not limited to the following:

- The physician has conducted at least one in-person medical evaluation of the patient; or
- The physician is covering for a licensee who is temporarily unavailable and has conducted at least one in-person medical evaluation of the patient; or
- The physician is engaged in the practice of telemedicine in accordance with Board Rule 360-3-.07 and with 21 U.S.C. §§ 802(54) and 829(e)(3)(A), including, but not limited to:
  - Where the patient is being treated by, and physically located in, a hospital or clinic registered with the U.S. Drug Enforcement Agency (“DEA”), the physician is registered with the DEA, and all other requirements of 21 U.S.C. § 802(54)(A) are met; or
  - Where the physician has obtained from the U.S. Attorney General a special registration for telemedicine in accordance with 21 U.S.C. §§ 802(54)(E) and 831(h).

Providing treatment via electronic or other means is considered unprofessional conduct unless a history and physical examination of the patient has been performed by a Georgia licensee.

The Board is authorized to issue telemedicine licenses to physicians who are licensed in other states but not licensed in Georgia. See law for specific requirements to qualify for telemedicine license.

**Source:** Official Code of GA Annotated Sec. 43-34-31.1.

Must be a Georgia licensed practitioner.

**Source:** NA Rules & Regulations Sec. 360-3-.07 (Accessed Sept. 2019).

Member of Nurse Licensure Compact.


Member of the Interstate Medical Licensure Compact.

**Source:** SB 16 (Session 2019).

Member of the Physical Therapy Licensure Compact.

**Source:** HB 39 (Session 2019).

Member of the Psychology Interjurisdictional Compact (PSYPACT).

**Source:** HB 26 (Session 2019).

### Professional Board Telehealth-Specific Regulations

- GA Composite Medical Board  
  **Source:** GA Rules & Regulations Sec. 360-3-.07 (Accessed Sept. 2019).

- GA Board of Physical Therapy  
  **Source:** GA Rules & Regulations Sec. 490-9-.06 (Accessed Sept. 2019).