

PROVIDER BULLETIN

Volume 31 Number 47

<http://www.dss.mo.gov/mhd>

March 12, 2009

PSYCHOTHERAPY BULLETIN

PHYSICIAN (PSYCHIATRISTS), PSYCHOLOGISTS, PSYCHIATRIC CLINICAL NURSE SPECIALISTS (PCNS) AND COMMUNITY MENTAL HEALTH CENTERS (CMHC)

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Effective for dates of service on or after August 30, 2008, the MO HealthNet Division (MHD) will begin reimbursing for Telehealth Services. This bulletin focuses specifically on covered psychotherapy services billable under the Psychology Program.

TELEHEALTH SERVICES BACKGROUND

The Missouri Code of State Regulations 13 CSR 70-3.190 Telehealth Services, establishes coverage for Telehealth Services through the MO HealthNet program.

Telehealth Services are medical services provided through advanced telecommunications technology from one location to another. Medical information is exchanged in real-time communication from an Originating Site, where the participant is located, to a Distant Site, where the provider is located, allowing them to interact as if they are having a face-to-face, "hands-on" session.

Telehealth offers participants, particularly those in rural areas of the state, access to health care services without having to travel extensive miles for an appointment.

TELEHEALTH COVERED SERVICES

A Telehealth service requires the use of a two (2)-way interactive video technology. Asynchronous telecommunication systems or store-and-forward systems are not covered technologies. Telehealth is not a telephone conversation, email, faxed transmission between a healthcare provider and a patient, or a consultation between two healthcare providers. The participant must be able to see and interact with the off-site provider at the time services are provided via Telehealth. Services provided via videophone or webcam are not covered.

Telehealth services are only covered if medically necessary. Coverage of services rendered through Telehealth at the distant site is limited to:

1. Consultations made to confirm a diagnosis; or
2. Evaluation and management services; or
3. A diagnosis, therapeutic, or interpretative service; or
4. Individual psychiatric or substance abuse assessment diagnostic interview examinations; or
5. Individual psychotherapy; or
6. Pharmacologic management.

ELIGIBLE PROVIDERS

Health care providers utilizing Telehealth at either an originating site or a distant site must be enrolled as a MO HealthNet provider. Providers eligible to receive payment for Telehealth services include:

- Physicians
- Advanced Registered Nurse Practitioners, including Nurse Practitioners with a Mental Health specialty
- Psychologists

TELEHEALTH SERVICE REQUIREMENTS

Medically necessary Telehealth services may be arranged for participants by a referring provider. The referring provider evaluates the participant, determines the need for a consultation, and arranges the services of a consulting provider at the distant site for the purpose of diagnosis or treatment.

The originating site is where the MO HealthNet participant receiving the Telehealth service is physically located for the encounter. The originating site must be one of the following locations:

- Office of a physician or health care provider
- Hospital
- Critical Access Hospital
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Missouri State Habilitation Center or Regional Center
- Community Mental Health Center
- Missouri State Mental Health Facility
- Missouri State Facility

A referring provider may introduce a participant to the consulting provider at the distant site, for examination, observation, or consideration of medical information. The referring provider may assist with the Telehealth service if requested by the consulting provider.

The consulting provider may request a Telepresenter to be present with the participant to assist with the service. A Telepresenter will aid in the examination by following the orders of the consulting provider, including the manipulation of cameras and appropriate placement of other peripheral devices used to conduct the patient examination.

It is not required for a referring provider or a Telepresenter to be present with the participant during the service; however, the originating site must ensure the immediate availability of clinical staff during the Telehealth encounter in the event a participant requires assistance.

REIMBURSEMENT

Reimbursement to the health care provider delivering the medical service at the distant site is equal to the current fee schedule amount for the service provided. Use the appropriate CPT code for the service along with the "GT" modifier (via interactive audio and video telecommunications system) indicating interactive communication was used.

The following psychotherapy services are billable by the distant site provider using the "GT" modifier:

Proc Code	Mod	Mod	Description
90801	AH	GT	Psychiatric diagnostic interview examination
90801	GT		Psychiatric diagnostic interview examination
90804	AH	GT	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90804	GT		Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90805	GT		Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90806	AH	GT	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90806	GT		Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90807	GT		Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90862	GT		Medication Management

The originating site is only eligible to receive a facility fee for the Telehealth service. Claims should be submitted with HCPCS code **Q3014** (Telehealth originating site facility fee). Reimbursement will be made at the lesser of the actual charge or \$14.60.

PRIOR AUTHORIZATION AND UTILIZATION REVIEW

All services are subject to utilization review for medical necessity and program compliance. Reviews can be performed before services are furnished, before payment is made, or after payment is made.

Certain procedures or services can require prior authorization from the MO HealthNet Division or its authorized agents. Services for which prior authorization was obtained remain subject to utilization review at any point in the payment process. A service provided through Telehealth is subject to the same prior authorization and utilization review requirement which exist for the service when not provided through Telehealth.

DOCUMENTATION FOR THE ENCOUNTER

Participant records at the originating and distant sites must document the Telehealth encounter. A request for a Telehealth service from a referring provider and the medical necessity for the Telehealth service must be documented in the participant's medical record. A health care provider is required to keep a complete medical record of a Telehealth service provided to a participant and follow applicable state and federal statutes and regulations for medical record keeping and confidentiality in accordance with 13 CSR 70-3.020 and 13 CSR 70-98.015.

Documentation of a Telehealth service by the health care provider must be included in the participant's medical record maintained at the participant's location and must include:

1. The diagnosis and treatment plan resulting from the Telehealth service and progress note by the health care provider;
2. The location of the distant site and originating site;
3. A copy of the signed informed consent form; and
4. Documentation supporting the medical necessity of the Telehealth service.

CONFIDENTIALITY AND DATA INTEGRITY/APPROVED MISSOURI TELEHEALTH NETWORK (MTN)

All Telehealth activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 and all other applicable state and federal laws and regulations.

A Telehealth service is to be performed on a private, dedicated telecommunications line approved through the Missouri Telehealth Network (MTN). The telecommunications line must be secure and utilize a method of encryption adequate to protect the confidentiality and integrity of the Telehealth service information. The Missouri Telehealth Network must also approve the equipment that will be used in Telehealth service. Both a distant site and an originating site must use authentication and identification to ensure the confidentiality of a Telehealth service.

Providers of Telehealth services must implement confidentiality protocols that include identifying personnel who have access to a Telehealth transmission and preventing unauthorized access to a Telehealth transmission.

A provider's protocols and guidelines must be available for inspection by the MO HealthNet Division upon request.

INFORMED CONSENT

Before providing the initial Telehealth service to a participant, each health care provider must document written informed consent from the participant and ensure that the following written information is provided to the participant in a format and manner that the participant is able to understand:

1. The participant shall have the option to refuse the Telehealth service at any time without affecting the right to future care and treatment and without risking the loss or withdrawal of a MO HealthNet benefit to which the participant is entitled;
2. The participant shall be informed of alternatives to the Telehealth service that are available to the participant;
3. The participant shall have access to medical information resulting from the Telehealth service as provided by law;
4. The dissemination, storage, or retention of an identifiable participant image or other information from the Telehealth service must not occur without the written informed consent of the participant or the participant's legally authorized representative;
5. The participant shall have the right to be informed of the parties who will be present at the originating site and the distant site during the Telehealth service and shall have the right to exclude anyone from either site; and
6. The participant shall have the right to object to the videotaping or other recording of a Telehealth service.

A copy of the signed informed consent must be retained in the participant's medical record and provided to the participant or the participant's legally authorized representative upon request.

The requirement to obtain informed consent before providing a service will not apply to an emergency situation if the participant is unable to provide informed consent and the participant's legally authorized representative is unavailable.

MISSOURI TELEHEALTH NETWORK

Providers interested in obtaining information on an approved Missouri Telehealth Network (MTN) and services in your area may contact::

Missouri Telehealth Network
2401 Lemone Industrial Boulevard
DC345.00
Columbia, Missouri 65212
Phone: 573.884.7958

Email: mtn@health.missouri.edu

Or may go to their website: <http://www.telehealth.muhealth.org>

Provider Bulletins are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

MO HealthNet Managed Care: The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the red MO HealthNet card or by calling the Interactive Voice Response (IVR) System at 573-635-8908 and using Option One for the red or white card.

Provider Communications Hotline
573-751-2896