Telehealth Billing Instructions

Telehealth

Telehealth is the use of a telecommunications system instead of an in-person recipient encounter for professional consultations, office visits, office psychiatry services and a limited number of other medical services. Telehealth may be used by any Nevada Medicaid and Nevada Check Up provider working within their scope of practice to provide services that can be appropriately provided via telehealth. Please review Medicaid Services Manual (MSM) Chapter 3400 (Telehealth Services) for complete policy, covered services, non-covered services and coverage requirements.

The telecommunications system used must be appropriate for the service being provided. Facsimile machines, electronic mail, and text messages do not meet this criteria.

Distant Site

The **distant site** is the site where the provider delivering services is located at the time the service is provided via a telecommunications system. The provider at the distant site must use the appropriate Place of Service (POS) code in addition to the appropriate modifier when billing for services provided via telehealth. Note that for distant site services billed under Critical Access Hospital (CAH) method II on institutional claims and billed by outpatient providers on institutional claims, the GT modifier (telehealth service rendered via interactive audio and video telecommunications system) is required.

Note: The distant site may **not** also be the originating site.

Originating Site

The **originating site** is the location where an eligible Medicaid/Nevada Check Up recipient is at the time the service is provided via a telecommunications system.

Code	Description
Q3014	Telehealth originating site facility fee.

In order to bill the **Q3014** facility fee, an originating site must be enrolled as a Nevada Medicaid provider. Eligible sites include:

- Office of provider
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Hospital
- End Stage Renal Disease (ESRD) Facility
- Skilled Nursing Facility (SNF)
- Community Mental Health Centers (CMHC)
- Indian Health Services/Tribal Organization/Urban Indian Organization
- School-Based Health Centers
- Schools
- Family Planning Clinics
- Public Health Clinics
- Comprehensive Outpatient Rehabilitation Facilities
- Community Health Clinics (State Health Division)

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- Special Children's Clinics
- Human Immunodeficiency Virus (HIV) Clinics
- Therapy offices
- Chiropractic offices
- Emergency Medical Services (EMS) performing Community Paramedicine Services

Originating sites that **cannot** bill the facility fee (Q3014):

- Recipient smart phones
- Recipient home computers
- Recipient's home

Per Diem/Encounter-based Providers

Providers that bill per diem or encounter rates may bill an encounter rate in lieu of the originating site fee. Per diem or encounter-based providers would not bill HCPCS code Q3014 and an encounter code, as the facility fee is already included in the per diem/encounter rates. If the telecommunication system used is a recipient's smart phone or home computer, the facility fee may not be billed.

Billing Requirements

Place of Service Codes	Description
02	Telehealth provided in a location other than in a recipient's home
10	Telehealth provided in a recipient's home

Modifiers	Description
93	Synchronous audio only
95	Synchronous telehealth service rendered via a real-time interactive audio and visual telecommunications system
G0	Telehealth service for diagnosis, evaluation or treatment of symptoms of an acute stroke
GQ	Telehealth service rendered via an asynchronous telecommunications system (store and forward)
GT	Interactive audio and video telecommunication systems (Institutional claims - Critical Access Hospital only)