Frequently Asked Questions on Telemedicine / Telehealth

1. Who can be an originating site?

The originating site is the physical location of the member receiving services, including a member's home. If the originating site is at an enrolled Montana Healthcare Provider's location, the enrolled provider is the originating site. There are no limitations on which enrolled Montana Healthcare Programs provider can be an originating site.

When the member's home is the originating site the provider who renders service to the member in their home is the distance provider.

For example, a nursing home can be an originating site for a member and is able to bill the Q3014 code.

2. How and when is Q3014 billed?

Q3014 is the CPT code billed by the originating site for reimbursement related to the use of a room and telecommunication equipment. The provider who is supplying the room and telecommunication equipment would bill Q3014. Only enrolled Montana Healthcare Program providers are eligible for reimbursement related to Q3014.

Claims for Q3014 **must** include the diagnosis provided by the distance provider.

NOTE - When the member's home is the originating site, no one can bill Q3014.

3. If I am the originating site can I bill for the other services provided during the visit?

Yes. Any service you provide can be billed. The services provided by the distance provider are billed separately by the distance provider.

4. Who can be a distance provider?

Any enrolled Montana Healthcare Programs provider can be a distance site, if telemedicine is appropriate within their license and scope of practice.

It is important to verify the service(s) provided are covered by Montana Healthcare Programs. Coverage requirements are the same for telemedicine as they are for traditional (e.g., in-person) methods. Telemedicine is not allowed when face-to-face encounters are required by individual provider type or service requirements.

5. How are distance services reimbursed?

Rates of payment for services delivered via telemedicine/telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable regulations.

6. How do I bill for distance services?

If you are a provider billing on a CMS-1500, the Place of Service on your distance service claim must be 02. If you are a provider billing on a UB-04, modifier GT must be appended to the services provided via the telemedicine/telehealth encounter. For Dental providers billing on the ADA Dental claim form, the Place of Service on your distance service claim must be 02.

7. My clinic is in Billings. Can I be a distance provider for an originating site also in Billings?

Yes. There are no geographical limitations for telemedicine/telehealth services.

8. We have a satellite clinic in a different city, are we eligible for reimbursement of both the originating site fee and the distance service reimbursement?

Yes, providers who have the same tax identification number are eligible for reimbursement as the originating site and the distance provider. If you do not have separate provider enrollments for your clinics, medical records must reflect where the member was located, and which clinic provided the distance service.

The distance service and originating site claims **must** be billed on different claims.

9. What are the reimbursement rates for the medically necessary telephone evaluation codes?

Prior to billing ensure you are billing for the most appropriate CPT code for your license and all CPT guidelines are satisfied.

99441 – 99443 is priced at the physician conversion factor multiplied by the CMS established RVUs. The 10% reduction for mid-levels providing services to adults does apply.

98966 – 98968 is priced at the allied health services conversion factor multiplied by the CMS established RVUs.

99441 - $14.08
99442 - $28.42
99443 - $42.50
98966 - $ 8.77
98967 - $17.71
98968 - $26.47

Provider types reimbursed under non-fee schedule reimbursement (e.g., FQHC, RHC, IHS/Tribal 638, and Critical Access Hospitals) will continue to be reimbursed under their existing reimbursement methodology.

10. What are the rates for tele-dentistry codes D9995 and D9996?

Tele-dentistry codes are reimbursed at $26.65 for all provider types who can provide this service within their license and scope of practice.

ADAGuidetoUnderstandingandDocumentingTeledentistryEvents_v1_2017Jul17.pdf is found at https://www.ada.org/~/media/ADA/Publications/Files/D9995andD9996.

Provider types reimbursed under non-fee schedule reimbursement (e.g., FQHC, RHC, IHS/Tribal 638, and Critical Access Hospitals) will continue to be reimbursed under their existing reimbursement methodology.

11. Are there maximum units allowed on the telephone evaluation codes?

Yes, CMS requires a Medicare unlikely edit of 1 on these codes.