What is the definition of “telemedicine” or “telehealth”? 

Georgia’s Telemedicine Act (which relates to insurance coverage of telemedicine) provides the following definition:

“Telemedicine” means the practice, by a duly licensed physician or other health care provider acting within the scope of such provider’s practice, of health care delivery, diagnosis, consultation, treatment, or transfer of medical data by means of audio, video, or data communications which are used during a medical visit with a patient or which are used to transfer medical data obtained during a medical visit with a patient. Standard telephone, facsimile transmissions, unsecured e-mail, or a combination thereof do not constitute telemedicine services.

GA. CODE ANN. § 33-24-56.4.

The Georgia Medicaid Handbook provides the following definition:

Telemedicine is the exchange of medical information for clinical care 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 may, but 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.

Georgia Department of Community Health, Telemedicine Guidance (released Apr. 2017).

PSYCHIATRISTS

What are the restrictions on the scope of practice for psychiatrists practicing via telemedicine/telehealth?

Before rendering services through electronic or other such means, the Georgia licensed physician either:
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- “has personally seen and examined the patient and provides ongoing or intermittent care by electronic or other such means; or
- 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
- 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 for the protection [of] 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
- 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.”

Ga. Comp. R. & Regs. § 360-3-.07(a).

COVERAGE & REIMBURSEMENT

Does Medicaid provide coverage for telemental/telebehavioral/telepsychiatric health services? If so, what are the coverage criteria?

According to the Georgia Medicaid Handbook, “[w]hen a provider, licensed in the state of Georgia, determines that medical care can be provided via electronic communication with no loss in the quality or efficacy of the member’s care, telemicine services can be performed. The use of a telecommunications system may substitute for an in-person encounter for professional office visits, pharmacologic management, limited office psychiatric services, limited radiological services and a limited number of other physician fee schedule services.”

The Georgia Medicaid Handbook lays out specific requirements in various categories, as follows (see full text of Georgia Medicaid Handbook for further detail and the full scope of coverage criteria):

Providers:

“Practitioners at the distant site who may furnish and receive payment for covered telemedicine services (subject to program-specific policy and State law) are:
• Physicians;
• Nurse practitioners (NPs);
• Physician assistants (PAs);
• Nurse-midwives;
• Clinical nurse specialists (CNSs);
• Certified registered nurse anesthetists;
• Dentists and dental hygienists;
• Community mental health centers; community behavioral health providers
• Clinical psychologists (CPs) and clinical social workers (CSWs);
• Speech language pathologists;
• Registered dietitians or nutrition professionals.”


**Coverage:**

“To provide coverage of medically necessary services provided using telecommunication systems the following requirements must be met:

1. The referring provider must be licensed and practicing within the state of Georgia.

2. The member must be present and participating in the visit.

3. The referring health care practitioner must obtain written consent from the eligible Georgia Medicaid member prior to rendering service. The consent must state that the member agrees to participate in the telemedicine based service. Copies of this form should be in the medical record of both the originating and distant site providers. The consent form must include a description of the risks, benefits and consequences of telemedicine and be included in the member’s medical record. . . .

4. The referring provider must be the members 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. Notwithstanding the foregoing, referrals for evaluation of physical, mental, or sexual abuse may be made by an appropriate agency or group, including but not limited to, law enforcement or social services agencies.
5. The referring provider must be requesting the opinion, advice or service of another provider for a specific medical problem, illness or injury.

6. The consulting provider [must] be licensed in the state of Georgia and must document all findings and recommendations in writing, in the format normally used for recording services in the patients' medical records. Both the originating site and distant site must document and maintain the patient’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.

7. All telemedicine activities must comply with the requirements of the Health Insurance Portability and Accountability Act of 1996: Standards for Privacy of individual identifiable health information and all other applicable state and federal laws and regulations.

8. All services that require prior approval must be prior approved. The provider at the distant site must obtain prior approval when services require prior approval.

9. If the member is a minor child, a parent/guardian must present the child for telemedicine services and sign the consent form unless otherwise exempted by State or Federal law. The parent/guardian need not attend the telemedicine session unless attendance is therapeutically appropriate.

10. The member retains the right to withdraw at any time.

11. All existing confidentiality protections and HIPAA guidelines apply.

12. The member has access to all transmitted medical information, with the exception of live interactive video (if there is no stored data of the encounter).

13. There will be no dissemination of any member images or information to other entities without written consent from the member.”


**Reimbursement:**

“Medicaid covers services provided via telemedicine for eligible members when the service is medically necessary, the procedure is 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. Medicaid will reimburse a fee to certain providers for serving as the Originating Site and to other providers in the Distant Site for certain services rendered remotely to the member in the originating site.”

“The Georgia Medicaid program will not reimburse for store and forward because these services do not include direct, in-person member contact.”


**Non-Covered Services**

2. Electronic mail messages.
3. Facsimile.
4. Services rendered via a web cam 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.”


**Technology**

“Interactive audio and video telecommunications must be used, permitting real time communications between the distant site provider or practitioner and the member. All transactions must utilize an acceptable method of encryption adequate to protect the confidentiality and integrity of the transmission information. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver. All interactive video telecommunications must comply with HIPAA patient privacy regulations at the site where the member is located, the site where the consulting provider is located and in the transmission process. All communications must be on a secure network in compliance with HIPAA Encryption and Redundancy requirements. Encryption is the conversion of plaintext into cipher text using a key to make the conversion.”