



West Virginia Children's Health Insurance Program

350 Capitol St., Rm 251
Charleston, WV 25301
Phone; 304-558-2732
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Telehealth Policy

Definitions:

- **Telehealth** means the practice of medicine using communication tools such as electronic communication, information technology or other means of interaction between a licensed health care professional in one location and a patient in another location, and typically involves secure real time audio/video conferencing or similar secure audio/video services, remote monitoring, interactive video or health data technology to provide or support health care delivery by replicating the interaction of a traditional in person encounter between a provider and a patient.
- **Originating site** is defined as the site where the eligible member is physically located at the time of the service.
- **Distant site** is defined as the site at which the physician or other licensed practitioner delivering the service is located, at the time the service is provided by a telecommunications system.
- **Physician-patient or podiatrist-patient relationship** is established, either through an in-person encounter or in accordance with subsection WV Medical Practice Act §30-3-13A(c)(2), the physician or podiatrist may utilize secure HIPPA compliant **telehealth** technology that meets the standard of care and is appropriate for the particular patient presentation.
- **Standard of Care:** The practice of medicine or podiatry provided via **telehealth** technologies, including the establishment of a physician-patient or podiatrist-patient relationship and issuing a prescription via electronic means as part of a **telehealth** encounter, are subject to the same standard of care, professional practice requirements and scope of practice limitations as traditional in-person physician-patient or podiatrist-patient encounters. Treatment, including issuing a prescription, based solely on an online questionnaire, does not constitute an acceptable standard of care.
- **Telehealth technologies** means technologies and devices which enable secure electronic communications and information exchange in the practice of Telehealth, and typically involve the application of secure real-time audio/video conferencing or similar secure video services, remote monitoring or store and forward digital image technology to provide or support health care delivery by replicating the interaction of a traditional in-person encounter between a physician or podiatrist and a patient. Personal computers, laptop computers, computer tablets, mobile telephones, and other similar devices which enable a secure application of real-time, interactive audio and video transmission are permissible telehealth technologies.
- **Virtual Check-ins:** services furnished through communication technology modalities, such as telephone. The practitioner may respond to the patient's concern by telephone or audio/video communications.



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Policy:

The practice of telehealth is a means to support access to care. Telehealth service should assist in filling the gap between patient demand and the supply of health care providers. West Virginia Children's Health Insurance Program (WVCHIP) does not limit telehealth services to members in non-metropolitan statistical professional shortage areas as defined by CMS Telehealth guidance.

The Telehealth service must be provided in a synchronous manner between the provider and the patient. A physician-patient relationship cannot be established through text-based communications, such as e-mail, internet questionnaires, text-based messaging or other written forms of communication, or any combination thereof.

A practitioner providing medication-assisted treatment may perform certain aspects of telehealth if permitted under his or her scope of practice.

Prescribing Limitations:

WV Medical Practice Act §30-3-13A(g), §30-14-12D(g)

(1) A physician or podiatrist who practices medicine to a patient solely through the utilization of telehealth technologies may not prescribe to that patient any controlled substances listed in Schedule II of the Uniform Controlled Substances Act; provided that the prescribing limitations do not apply when a physician is providing treatment to patients who are minors, or if eighteen years of age or older, who are enrolled in a primary or secondary education program who are diagnosed with intellectual or developmental disabilities, neurological disease, Attention Deficit Disorder, Autism, or a traumatic brain injury in accordance with guidelines as set forth by organizations such as the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry or the American Academy of Pediatrics; provided, however, that the physician must maintain records supporting the diagnosis and the continued need of treatment. (2) A physician or podiatrist may not prescribe any pain-relieving controlled substance listed in Schedules II through V of the Uniform Controlled Substance Act as part of a course of treatment for chronic nonmalignant pain solely based upon a telehealth encounter. (3) A physician or health care provider may not prescribe any drug with the intent of causing an abortion. The term "abortion" has the same meaning ascribed to it in WV State Code §16-2F-2. **Exceptions:**

- Documented emergencies;
- On-call or cross-coverage situations;
- Where patient care is rendered in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient's treatment, including use of any prescribed medications.

The authorized originating sites are:

- Physician and practitioner offices,
- Hospitals
- Critical Access Hospitals (CAH),



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- Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC),
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Renal Dialysis Facilities
- Skilled Nursing Facilities (SNF)
- Community Mental Health Centers (CMHC),
- Licensed Behavioral Health Centers (LBHC),
- Member's Home

The authorized distant site practitioners are:

- Physician,
- Physician Assistants (PA),
- Advanced Practice Registered Nurse (APRN),
- Certified Nurse Midwife (CNM),
- Clinical Nurse Specialist (CNS),
- ,
- Licensed Independent Clinical Social Worker (LICSW),
- ,
- Licensed Psychologist (LP) and Supervised Psychologist (SP),
- Licensed Professional Counselor (LPC)

Guidelines for Appropriate Use of Telehealth Services

The following are guidelines for physicians and physician offices in utilizing telehealth technology:

- The practice of medicine occurs at the originating site.
- Health care providers must comply with state telehealth laws and regulations, including professional licensure, scope of practice, standard of care, patient consent, as well as other payment requirements.
- A physician must be licensed by the West Virginia Board of Medicine to practice allopathic medicine in West Virginia.
- A physician must take steps to establish a physician-patient relationship, to include identifying the requesting patient; provide the patient with confirmation of the identity of and qualifications of the physician or podiatrist; provide the patient with the physical location and contact information of the provider's office.
- Virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication is not related to a medical visit within the



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previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available).

- The practice of telehealth occurs when the patient receiving health care services, through a telehealth encounter, is physically located in WV.
- A documented medical evaluation and clinical history commensurate with the presentation of the patient, must be obtained prior to providing treatment, including issuing prescriptions.
- Evidence documenting appropriate patient informed consent for the use of telehealth technologies must be obtained and maintained.
- A patient must be able to seek follow-up care or information from the physician who conducts the encounter.
- An emergency plan is required and must be provided by the physician to the patient when a referral to an acute care facility or emergency room treatment is necessary.
- The medical record must include all patient-related electronic communications, including patient-physician communication, prescriptions, laboratory and test results, evaluations, records of past care, and informed consent.
- All providers are required to develop and maintain written documentation of the services provided in the form of progress notes. The notes must meet the same guidelines as those required of an in-person visit or consultation, with the exception that the mode of communication (i.e., telehealth) must be noted.
- A physician should meet or exceed applicable federal and state legal requirements of medical/health information privacy, confidentiality, security, and medical retention rules.
- When prescribing with a telehealth service, measures must be in place to uphold patient safety which includes identification of the patient and provider; and detailed documentation of the clinical evaluation and resulting prescription.
- There will not be reimbursement for email, text, or fax services during or after the telehealth service.

Telehealth Services:

- The patient is present at the time of service and in the state of WV;
- All services provided are medically necessary, appropriate, and a covered WVCHIP benefit;
- The service is rendered by a provider licensed to practice independently in the state of WV;
- The consultation takes place in a secure, HIPPA compliant setting with provisions for privacy and security;
- The provider must be able to assess the patient in real-time (includes any two-way communications such as video conferencing and phone consultations) that let providers and patients communicate in **real-time**;
- A permanent record of the telehealth communications must be maintained as part of the medical record; and
- The patient's clinical condition is low complexity and should not be an emergent clinical condition.



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Billing:

- The originating site must bill with the appropriate Telehealth originating site code (Q3014), and distant site providers must bill the appropriate Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT)/(HCPCS) code with the appropriate Place of Service code 02.
- The GT modifier is no longer required to be billed with the service code but will be accepted if billed.
- The originating site may bill for an office, outpatient, or inpatient evaluation and management (E&M) service in addition to the Telehealth service and for other WVCHIP-covered services the distant site orders, or for services unrelated to the medical problem for which the Telehealth service was requested.
- The provider may not bill originating site code when the originating site is the home of the member.

CPT Code	Code Description	CMS Guidelines	Benefit
99201-99215	Office or other outpatient visit (new or established patient)	Per CMS Guidelines not appropriate for telephonic only	
99231-99233	Initial hospital care or subsequent hospital care (new or established patient)	Per CMS Guidelines not appropriate for telephonic only	Limit 1 Telehealth Visit per 3 days (AAP)
99307-99310	Subsequent nursing facility care services	Per CMS Guidelines not appropriate for telephonic only	1 visit every 30 days
90791	Psychiatric diagnostic evaluation		Two per year
90792	Psychiatric diagnostic evaluation with medical services		Two per year
90832	Psychotherapy, 30 minutes (with patient)		1 unit = 16-37 minutes
90833	Psychotherapy, 30 minutes (with patient – with appropriate E&M code)		1 unit = 16-37 minutes



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90834	Psychotherapy, 45 minutes (with patient)		1 unit = 38-52 minutes
90836	Psychotherapy, 45 minutes (with patient -with appropriate E&M code)		1 unit = 38-52 minutes
90837	Psychotherapy, 60 minutes (with patient)		1 unit = 53 or more minutes
90853	Group Psychotherapy		1 unit – Maximum 12 individuals in group, regardless of payor source
99441	Phys/QHP Telephone Evaluation 5-10 minutes		
99442	Phys/QHP Telephone Evaluation 11-20 minutes		
99443	Phys/QHP Telephone Evaluation 21-30 minutes		
G2012	Brief virtual check-in for evaluation of established patient		
Q3014	Telehealth originating site facility fee		

Incidental/noncovered services:

- Telehealth that occurs the same day as a face to face office visit is considered incidental when performed by the same provider for the same condition.
- A telehealth evaluation occurring more than once in 7 days for the same episode of care and by the same health care provider are not reimbursable separately.
- A telehealth consultation that occurs within the post-operative period of a previously completed major or minor surgical procedure will be considered part of the global payment for the procedure and not payable separately.
- Modifier GQ, indicating asynchronous telecommunications, is not covered.
- Facsimiles, or electronic mail systems do not qualify as interactive telecommunication systems.
- Separate billing for review and interpretation of medical records, telephone line charges, or facility fees are not covered.
- A physician who solely utilizes telehealth may not prescribe to that patient any controlled substance in Schedule II of the Uniform Controlled Substances Act. A physician may not prescribe



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any pain-relieving controlled substance listed in Schedule II through V as part of a course of treatment for chronic non-malignant pain solely based on a Telehealth encounter.

- Chronic nonmalignant pain associated with a terminal condition or illness or with a progressive disease, that in the normal course of progression, may reasonably be expected to result in a terminal condition or illness.

Resources:

1. https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/FQHC_covid_telehealth.html
2. www.cchpca.org)
3. www.matrc.org Mid-Atlantic Telehealth Resource Center.
4. Centers for Medicare and Medicaid: <https://www.cms.gov/Medicare/Medicaid-General-Information/telehealth/>
5. WV Medical Practice Act §30-3-13a(g), 30-14-12d(g)

Effective date: 3/1/2020

Second revision: 6/25/2020

Third revision: 8/25/2020