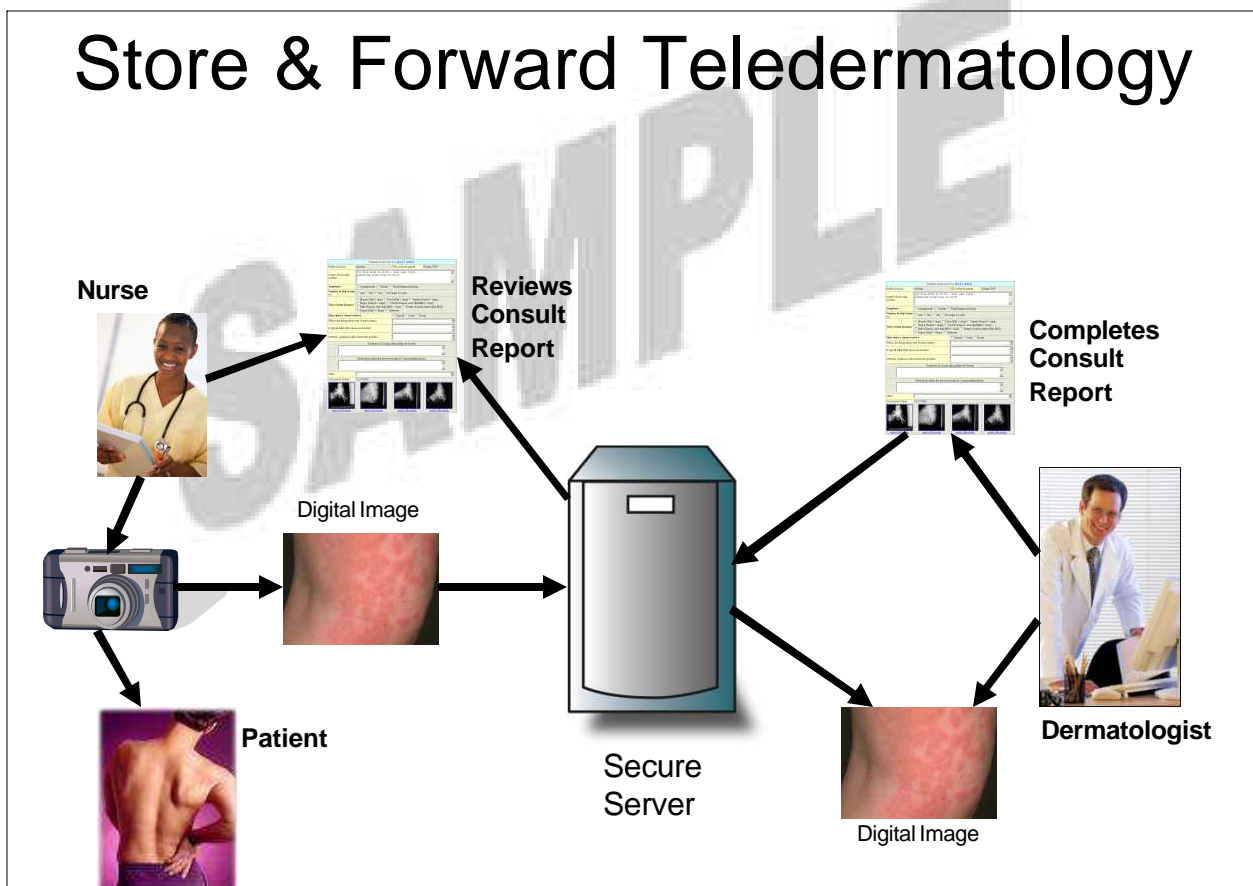


Store and Forward Teledermatology

The type of care takes place when a patient is referred to a dermatologist by a physician for evaluation and possible treatment of a skin condition. The patient is usually located at a site distant from the dermatologist. Either in a physician office or in a local hospital, a nurse captures digital images of the skin condition and downloads the resulting files to a secure server over an encrypted connection. Additional patient information may be transmitted in the same manner or can be sent separately to the consulting dermatologist. The dermatologist can at a later time connect to the server, review the images, and prepare a consultation report which is forwarded back to the referring physician. The figure below graphically depicts this process.



Minnesota Medicaid Reimbursements for Store-and-Forward Tele dermatology

As long as the CPT definition of a consultation is met, the GQ modifier and the coverage limitations adhered to, reimbursement is as follows:

- **Outpatient Consultation: CPT Code 99241** - \$46.35
- **Established Outpatient: CPT Code 99242** - \$60.25
- **Outpatient Consultation: CPT Code 99243** - \$78.79
- **Outpatient Consultation: CPT Code 99244** - \$113.55
- **Outpatient Consultation: CPT Code 99245** - \$135.18

Attached below is the section of the Provider Manual from the department which addresses the store and forward requirements. The modifier does not affect the reimbursement rates which are the same as for any Consultation E/M. Modifiers are the mechanism for tracking how the service is provided.

Medicaid Provider Manual Excerpts Relevant to Telemedicine

Telemedicine

Distant site: The site where the physician or practitioner, providing the professional service, is located at the time the service is provided via a telecommunications system.

Telemedicine: The use of telecommunications to furnish medical information and services. Telemedicine consultations must be made via two-way, interactive video or store-and-forward technology.

Two-way Interactive Video: A type of technology that permits a "real time" consultation to take place. This is used when a consultation involving the patient, the primary caregiver, and a specialist is medically necessary. Video-conferencing equipment at two different locations permits a live non-face-to-face consultation to take place.

"Store and Forward": The asynchronous transmission of medical information to be reviewed at a later time by a physician or practitioner at the distant site. Medical information may include, but not be limited to, video clips, still images, x-rays, MRIs, EKGs, laboratory results, audio clips and text. The physician at the distant site reviews the case without the patient being present. Store and forward substitutes for an interactive encounter with the patient present; the patient is not present in real-time.

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Hub Site: A medical facility telemedicine site where the medical specialist is located.

Spoke Site: A remote site where the referring health professional and patient are located.

Consultation: A type of service provided by a physician whose opinion or advice is requested by another provider.

Asynchronous telecommunications systems in single media format does not include telephone calls, images transmitted via facsimile machines, and text messages without visualization of the recipients (electronic mail). Photographs must be specific to the recipient's condition and adequate for rendering or confirming a diagnosis or treatment plan.

Eligible Providers

The "spoke," or referring provider, may be any enrolled MHCP provider including a physician, nurse practitioner, clinical nurse specialist, physician assistant, certified nurse midwife, podiatrist or mental health professional.

The "hub," or consulting provider, is limited to a specialty physician or an oral surgeon.

Eligible Recipients

Telemedicine coverage applies to MHCP recipients in fee-for-service programs. Prepaid health plans may or may not choose to pay for services delivered in this manner.

Covered Services

Coverage for telemedicine includes payment for physician consultations that are performed via two-way interactive video, or via store and forward technology.

General

- Telemedicine coverage applies to MHCP recipients in fee-for-service programs. Prepaid health plans may or may not choose to pay for services delivered in this manner;
- Telemedicine consultation coverage is limited to physician services (this includes psychiatrists but does not include PAs, APRNs or other physician ancillaries);
- A consultation (as defined by CPT) must take place;
- A request for a consultation and the need for a consultation must be documented in the patient's medical record. The consultation opinion must be documented in the patient's medical record and communicated to the requesting provider;

- Out-of-state coverage policy applies to services provided via telemedicine. Consultations performed by providers who are not located in Minnesota and contiguous counties, require authorization prior to the service being provided; and
- Consultations must be billed with the appropriate modifier indicating services were performed via telemedicine.

Two-Way Interactive Video Consultations in an Office, Outpatient, or Inpatient Setting:

- Payment is made to both the consulting physician and the referring physician if the referring physician is present during the consultation;
- The referring provider bills an office or outpatient E/M code; and
- The consulting physician bills an office, outpatient, or inpatient E/M consultation code with the GT modifier, indicating the service was performed via two-way interactive video.

Two-Way Interactive Video Consultation in an Emergency Room (ER):

Two-way interactive video consultation may be billed when there is no physician in the ER and the nursing staff is caring for the patient at the "spoke" site. The ER physician at the "hub" site bills the ER CPT codes with the GT modifier. Nursing services at the "spoke" site would be included in the ER facility code.

If the ER physician requests the opinion or advice of a specialty physician at a "hub" site, the ER physician bills the ER CPT codes without the GT modifier. The consulting physician bills the consultation E/M code with the GT modifier.

"Store and Forward" Telemedicine:

- CPT definition of a consultation must be met as above; and
- Consultation E/M codes are billed by the consulting physician with the GQ modifier, used to indicate that the consult was done via store and forward technology.

Coverage Limitations:

- Payment for telemedicine consultation services is limited to three per week per recipient;
- Payment will be made for only one reading or interpretation of diagnostic tests such as x-rays, lab tests, and diagnostic assessments;
- Payment is not available to providers for sending materials.

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