

Frequently Asked Questions (FAQs) Telehealth (Q3014)

1. What is telehealth?

The Centers for Medicare and Medicaid Services (CMS) defines telehealth as the use of electronic information and telecommunications technologies to extend care when a provider and a patient are not in the same place at the same time.

School districts can contract with a third-party healthcare provider who will provide medical and psychiatric services via telehealth to students. While school districts will not receive reimbursement for the services rendered by the third-party healthcare provider, districts can be reimbursed a “facilitation fee”.

2. Is telehealth an additional service?

No. Telehealth services are not an expansion of Medicaid-covered services but an option for the delivery of certain covered healthcare services. The quality of health care must be maintained regardless of the mode of delivery.

Code Q3014 has been an existing Medicaid code that can be utilized when appropriate.

3. What would be the school district’s role?

A school is a covered ‘referring site’ (also called the patient site) when it is the location of an eligible Medicaid beneficiary at the time that the telehealth service is being rendered by an external provider at a ‘consulting site’ (also called the distant site). The referring provider (e.g., school) is the provider who has evaluated the beneficiary, determined the need for a consultation, and has arranged the services of the consulting provider (i.e., contracted, third party healthcare service provider) for the purpose of consultation, diagnosis and/or treatment. The referring site (e.g., school) can be reimbursed a facilitation fee for facilitating the telehealth service rendered by the third-party healthcare provider.

4. What are the requirements to participate in the utilization of code Q3014?

- The district must be enrolled with the South Carolina Department of Health and Human Services (SCDHHS) as a Local Education Agency (LEA).
- The district (i.e., referring site) must be located in the South Carolina Medicaid Service Area (SCMSA).
- The referring site presenters facilitating the delivery of the service at the school must be a knowledgeable person on how the equipment works and able to provide clinical support if needed during a session.

5. What is the reimbursement rate of the facilitation fee?

As a referring site, school districts can be reimbursed a facilitation fee for telehealth services rendered by the third-party healthcare provider. To be reimbursed the facilitation fee, school districts must submit claims to Medicaid using procedure code Q3014 (when an allowable service is rendered by the third-party healthcare provider). Procedure code Q3014 is reimbursed at \$20.92 per encounter.

Q3014 should only be utilized by districts when a staff from the district acts as the tele-presenter during the delivery of an approved medical or psychiatric service by a contracted SC Medicaid enrolled third party healthcare provider via telehealth.

At no time should the school district utilize Q3014 when district staff render services to a student within their district via telehealth. Any service (e.g., individual speech therapy) rendered by a district staff to a student via telehealth should be billed to Medicaid using the appropriate service/procedure code and telehealth modifier, GT. Code, Q3014 should only be utilized when the school district is seeking Medicaid reimbursement for facilitating the delivery of a service rendered by a contracted third party healthcare provider via telehealth.
