

TO: ALL PROVIDERS**RE: TELEMEDICINE**

Arkansas Medicaid shall provide payment for telemedicine healthcare services to licensed or certified healthcare professionals or entities that are authorized to bill Arkansas Medicaid directly for healthcare services. Coverage and reimbursement for healthcare services provided through telemedicine shall be reimbursed on the same basis as healthcare services provided in person.

Payment will include a reasonable facility fee to the originating site, the site at which the patient is located at the time telemedicine healthcare services are provided. In order to receive reimbursement, the originating site must be operated by a healthcare professional or licensed healthcare entity authorized to bill Medicaid directly for healthcare services. The distant site is the location of the healthcare provider delivering telemedicine services. Services at the distant site must be provided by an enrolled Arkansas Medicaid Provider who is authorized by Arkansas law to administer healthcare.

Providers can retroactively bill to dates of service on or after April 10, 2018.

Coding Guidelines:

1. The originating site shall submit a telemedicine claim under the billing providers "pay to" information using HCPCS code Q3014. The code must be submitted for the same date of service as the professional code and must indicate the place of service where the member was at the time of the telemedicine encounter. Except in the case of hospital facility claims, the provider who is responsible for the care of the member at the originating site shall be entered as the performing provider in the appropriate field of the claim. For outpatient claims that occur in a hospital setting, the provider must also use Place of Service code 22 with the originating site billing Q3014. In the case of in-patient services, HCPCS code Q3014 is not separately reimbursable because it is included in the hospital per diem.
2. The provider of the distant site must submit claims for telemedicine services using the appropriate CPT or HCPCS code for the professional service delivered, along with the telemedicine modifier GT. The GT modifier should appear in one of the four modifier fields on the claim. The provider must also use Place of Service 02 (telemedicine distant site) when billing CPT or HCPCS codes with a GT modifier.

If you need this material in an alternative format such as large print, please contact the Office of Policy Coordination and Promulgation at (501) 320-6429.

Thank you for your participation in the Arkansas Medicaid Program. If you have questions regarding these messages, please contact the Provider Assistance Center at 1-800-457-4454 (toll-free) within Arkansas or locally and out-of-state at (501) 376-2211. Remittance Advices can be found using Search Payment History on the Arkansas Medicaid Provider Portal at <https://portal.mmis.arkansas.gov/ARMedicaid/Provider>.