



TELEHEALTH RESOURCE



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WELCOME

Welcome to Nebraska Total Care. Thank you for being part of our Provider Network. We look forward to working with you to improve the health of our state, one person at a time.

This Telehealth Resource was developed to serve as a reference to Health Care Practitioners, facilities, and ancillary providers contracted directly with Nebraska Total Care in providing information on Telehealth requirements, restrictions and reimbursement.

ABOUT US

Nebraska Total Care is contracted with the Nebraska Department of Health and Human Services, as part of the Heritage Health program, to improve access to care, enhance health outcomes, and reduce costs by eliminating inappropriate and unnecessary care through the use of preventive services and improved care coordination for Medicaid beneficiaries.

ABOUT THIS RESOURCE

This Telehealth Resource is provided for reference purposes only and may not be all inclusive. The information presented is accurate and current as of the date of publication, however information can become outdated quickly and is subject to change without notice. Nebraska Total Care may modify this resource at any time. Payment of Telehealth claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. This information should be used in consultation with your billing specialist, other resources and the [Nebraska Total Care Practice Improvement Resource Center](#).

DEFINITION OF TERMS

ASYNCHRONOUS TELEHEALTH (*Store & Forward*): The transfer of digital images, sounds, or previously recorded video from one location to another to allow a consulting Health Care Practitioner to obtain information, analyze it, and report back to the referring Health Care Practitioner.

CHILD: An individual under 19 years of age.

CLEAN CLAIM: A claim received by Nebraska Total Care for adjudication, in a nationally accepted format in compliance with standard coding guidelines and which requires no further information, adjustment, or alteration by the provider of the services in order to be adjudicated by Nebraska Total Care.

COMPARABLE SERVICE: A service provided face-to-face.

DEPARTMENT: The Nebraska Department of Health and Human Services.

DISTANT SITE: The location of the Health Care Practitioner during the Telehealth consultation.

E/M CODES: Evaluation and management codes in support of medical billing that describe a Telehealth service. These codes are generally the same codes that describe an encounter when the Health Care Practitioner and Plan-member are at the same site/face-to-face.

HIPAA: [Health Insurance Portability and Accountability Act](#)

HEALTH CARE FACILITY: A health care facility licensed under the Health Care Facility Licensure Act that receives reimbursement under the Nebraska Telehealth Act for Telehealth consultations.

HEALTH CARE PRACTITIONER: A Nebraska Medicaid-enrolled provider who is licensed, registered, or certified to practice in this state by the department.

INTERNET SERVICE PROVIDER (*ISP*): An organization that provides services by accessing and using the Internet. Internet service providers may be organized in various forms, such as commercial, community-owned, non-profit, or otherwise privately owned.

MEDICAL NECESSITY: Health care services and supplies which are medically appropriate; and

- a. Necessary to meet the basic health needs of the Plan-member.
- b. Rendered in the most cost-efficient manner and type of setting appropriate for the delivery of the covered service.
- c. Consistent in type, frequency, duration of treatment with scientifically based guidelines of national medical, research, or health care coverage organizations or governmental agencies.
- d. Consistent with the diagnosis of the condition.
- e. Required for means other than convenience of the client or his or her physician.
- f. No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency.
- g. Of demonstrated value.

h. No more intense level of service than can be safely provided.

MOBILE HEALTH (MHEALTH): The use of mobile devices, cell phones, tablets, apps or wearable devices to manage and track health conditions or lifestyle trends.

MODIFIER GQ: Modifier indicating health care service performed via Asynchronous Telehealth.

MODIFIER GT: Modifier indicating health care services performed via Synchronous Telehealth.

MODIFIER 52: Indicates reduced services.

ORIGINATING SITE: The location of the Plan-member at the time of the Telehealth consultation.

ORIGINATING SITE FEE: A fee paid to a facility for hosting the Plan-member during a Telehealth session when the Health Care Practitioner is at a different location. This fee is billed by the facility that is hosting the Plan-member.

PLAN-MEMBER: Nebraska Total Care Heritage Health beneficiary.

PROTECTED HEALTH INFORMATION (PHI): PHI is individually identifiable health information. Health information means any information whether oral or recorded in any medium.

PROVISION: The action of providing or supplying something for use.

SYNCHRONOUS TELEHEALTH: A live, two-way interaction between a Plan-member and a Health Care Practitioner located at a distant site using audiovisual telecommunications technology.

TELEHEALTH: The use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a Health Care Practitioner in the diagnosis or treatment of a Plan-member. Telehealth includes services originating from a patient's home or any other location where such patient is located, Asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a Health Care Practitioner at another site for medical evaluation, and telemonitoring.

TELEHEALTH CONSULTATION: Any contact between a Plan-member and a Health Care Practitioner relating to the health care diagnosis or treatment of such Plan-member through Telehealth.

TELEMONITORING: The remote monitoring of a Plan-member's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a Health Care Practitioner for analysis and storage.

TELERADIOLOGY: Teleradiology is the electronic transmission of radiologic images from one location to another for the purposes of interpretation and/or consultation.

TELEHEALTH BRIEF

ASYNCHRONOUS TELEHEALTH

- Billing Code: E/M with Modifier GQ
- Reimbursement rates are the same as the comparable in-person rates.
- Confidentiality & Documentation requirements

SYNCHRONOUS TELEHEALTH

- Billing Code: E/M with Modifier GT
- Reimbursement rates are the same as the comparable in-person rates.
- Telehealth services are not covered if the Plan-member has an urgent psychiatric condition requiring immediate attention by a licensed mental health practitioner.
- Written Informed Consent & Safety Plans are required.
- Communication via telephone, fax or email are not reimbursable Telehealth services.
- Reimbursement does not depend on the distance between a practitioner and Plan-member.
- Confidentiality & Documentation requirements

TELEMONITORING

- Billing Code: HCPCS S9110 with Modifier 52; bill for each date of service on a separate line.
- Reimbursement rate is \$6/day.
- No prior authorizations required.
- Confidentiality & Documentation requirements

ORIGINATING SITE FEE

- Billing Code: HCPCS Q3014
- Reimbursement rate is \$20/visit.
- Paid to facility hosting Plan-member.

TRANSMISSION COSTS

- Billing Code: HCPCS T1014
- Reimbursement rate is \$.09/minute; limited to Synchronous & excluded if provided by an ISP.

TELEHEALTH BILLING BRIEF

All Telehealth services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. Additional information can be found by visiting the [Nebraska Total Care Practice Improvement Resource Center](#).

ASYNCHRONOUS TELEHEALTH

ORIGINATING SITE	
Service	Procedure Code
Not Applicable	

DISTANT SITE	
Service	Procedure Code
Health Care Practitioner Fee	E & M code with Modifier GQ.

SYNCHRONOUS TELEHEALTH

ORIGINATING SITE	
Service	Procedure Code
Originating Site Fee <i>(If applicable)</i>	Q3014
Transmission Costs <i>(If applicable)</i>	T1014 <ul style="list-style-type: none"> ◆ Enter the number of transmission minutes in Field 24G on 1500 Claim Form. ◆ Not applicable if services are provided by an Internet Service Provider.

DISTANT SITE	
Service	Procedure Code
Health Care Practitioner Fee	E & M code with Modifier GT.
Transmission Costs <i>(If applicable)</i>	T1014 <ul style="list-style-type: none"> ◆ Enter the number of transmission minutes in Field 24G on 1500 Claim Form. ◆ Not applicable if services are provided by an Internet Service Provider.

TELEMONITORING

ORIGINATING SITE	
Service	Procedure Code
Not Applicable	

DISTANT SITE	
Service	Procedure Code
Telemonitoring Fee	HCPCS Code S9110 with Modifier 52. <ul style="list-style-type: none"> ◆ This is a monthly code; however, telemonitoring is paid at the daily contracted rate, so Modifier 52 is essential. ◆ Providers are required to bill for each date of service on a separate line.

FREQUENTLY ASKED QUESTIONS

TELEHEALTH

What is Telehealth?

The State of Nebraska defines Telehealth as “the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a Health Care Practitioner in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, Asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a Health Care Practitioner at another site for medical evaluation, and telemonitoring”.

What types of Telehealth services does Nebraska Total Care cover?

Typically, Nebraska Total Care covers medically necessary Telehealth services such as:

- ◆ [Asynchronous Telehealth](#)
- ◆ [Synchronous Telehealth](#)
- ◆ [Telemonitoring](#)
- ◆ [Originating Site Fee](#)
- ◆ [Transmission Cost](#)

Does Nebraska Total Care cover Mobile Health (mHealth)?

No, currently, mHealth services are non-reimbursable.

Who decides whether or not to provide services via Telehealth?

The Department determines which benefits are appropriately provided via Telehealth and the health care provider determines when it is appropriate to use Telehealth to deliver medically necessary health care services, subject to consent by the Plan-member or legal guardian. Medically necessary healthcare services requiring "hands-on" professional care are excluded Telehealth services. Please refer to the [Nebraska Medicaid Program State Plan](#) for guidelines.

Can Plan-members decline to utilize Telehealth services and opt to choose in-person contact with a Health Care Practitioner?

Yes, the Nebraska Telehealth Act does not limit a Plan-member's right to choose in-person contact with a Health Care Practitioner for delivery of health care services for which Telehealth is available.

Is in-person contact between a Health Care Practitioner and Plan-member required?

No, in-person contact between a Health Care Practitioner and a Plan-member is not required under the medical assistance program for health care services delivered through Telehealth that are otherwise eligible for reimbursement.

Medicare has restrictions on the professionals who may furnish and receive payment for covered Telehealth services. Does Nebraska Total Care have restrictions on who may furnish and receive reimbursement for covered Telehealth services?

All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines. All Out of Network (Non-Par) services require prior authorization, excluding family planning, emergency room, and table top x-ray.

CONFIDENTIALITY

What are the confidentiality requirements related to Telehealth services?

All existing laws and protections regarding the confidentiality of health care information and a Plan-member's rights to his or her medical information apply to Telehealth services.

- a. A Plan-member's right for confidential and private services is protected.
- b. No person, other than those agreed to by the Plan-member, legal guardian or child's parents, will observe or monitor the Telehealth service either electronically or from off-camera.
- c. Telehealth services must comply with [HIPAA](#) and rules and regulations adopted thereunder and with regulations relating to the encryption adopted by the Federal Centers for Medicare and Medicaid Services and which satisfy federal requirements relating to efficiency, economy and quality of care.
- d. Medical information sent by mail or fax to the attention of the recipient is clearly marked "personal and confidential".
- e. Medical information stored in the software system is protected under multiple levels of security by system configuration, which includes user access passwords.
- f. Confidential information is destroyed by a method that induces complete destruction when no longer needed.

Are HIPAA requirements different for Telehealth services?

"Telehealth [provision](#) or use does not alter a covered entity's obligations under HIPAA, nor does HIPAA contain any special section devoted to telehealth. Therefore, if a covered entity utilizes telehealth that involves PHI, the entity must meet the same HIPAA requirements that it would for a service provided in person. The entity will need to conduct an accurate and thorough assessment of the potential risks and vulnerabilities to PHI confidentiality, integrity and availability. While some specifications exist, each entity must assess what are reasonable and appropriate security measures for their situation.

Use of specific telehealth equipment or technology cannot ensure that an entity is "HIPAA-compliant" because HIPAA addresses more than features or technical specifications. Nevertheless, certain features may help a covered entity meet its compliance obligations. For example, a telehealth software program may contain an encryption feature, or the technology might provide security through the use of required passwords. However, these examples only provide elements or tools to help a covered entity meet its obligations under HIPAA; they do not ensure compliance, and cannot substitute for an organized, documented set of security practices." – *Excerpt from [Center for Connected Health Policy: HIPAA & Telehealth](#)*

DOCUMENTATION

What are the documentation requirements for Telehealth services?

The medical record for Telehealth must follow all applicable statutes and regulations on documentation. In addition, the use of Telehealth technology must also be documented in the same medical record and must include the following Telehealth information:

- a. Documentation of which site initiated the call;
- b. Documentation of the telecommunication technology utilized (e.g. real-time two-way interactive audio-visual transmission via a T1 Line); and
- c. The time the Telehealth service began and ended.

HEALTH CARE FACILITY REQUIREMENTS

What are the requirements for Health Care Facilities that receive reimbursement for Telehealth consultations?

Nebraska Total Care Network Health Care Facilities licensed under the Health Care Facility Licensure Act that receive reimbursement for Telehealth consultations responsibilities include, but are not limited to, the following:

- a. Establish quality of care protocols and Plan-member confidentiality guidelines to ensure that such consultations meet the requirements of the Nebraska Telehealth Act and acceptable member care standards.
- b. All existing laws and protections regarding the confidentiality of health care information and a Plan-member's rights to his or her medical information apply to Telehealth services. – See [Confidentiality](#)
- c. Provide a place where the Plan-member's right for confidential and private services is protected.
- d. Certify the Telehealth technology solution in use at the Originating Site is sufficient to appropriately complete the service billed. These same standards apply to any peripheral diagnostic scope or device used during the Telehealth consultation.
- e. Adhere to Nebraska DHHS regulations Title 471 and follow all applicable state and federal laws.
- f. Adhere to the Telehealth documentation requirements. – See [Documentation](#)

HEALTH CARE PRACTITIONER RESPONSIBILITIES & REQUIREMENTS

What are the requirements for Health Care Practitioners providing Telehealth services?

Health Care Practitioner's responsibilities include, but are not limited to, the following:

- a. Maintain an active unrestricted license in the state in which the Plan-member resides.
- b. Operate within their scope of practice and follow all applicable state and federal laws and regulations governing their practice and the services they provide.
- c. Adhere to Nebraska DHHS regulations Title 471.
- d. Enroll as an MLTC provider and a contracted Nebraska Total Care Network provider.
- e. Review the [Nebraska Total Care Provider Manual](#) and [Nebraska Total Care Provider Billing Guide](#) and other resources by visiting the [Nebraska Total Care Practice Improvement Resource Center](#).

- f. Ensure Originating and Distant Sites meet industry Telehealth standards, comply with all applicable Federal and State requirements regarding privacy and security, including HIPAA compliance.
- g. Confirm Originating Sites provide a place where the Plan-member's right for confidential and private services is protected. –See [Confidentiality](#)
- h. Provide the same standard of care via Telehealth as when delivering face-to-face services.
- i. Health Care Practitioners are expected to follow the [Clinical Practice Guidelines](#) adopted by Nebraska Total Care and adherence to the guidelines will be evaluated at least annually as part of the Quality Improvement Program.
- j. Adhere to the Telehealth documentation requirements. – See [Documentation](#)

What are Health Care Practitioners' responsible for prior to the provision of any service or procedure for which Telehealth reimbursement will be requested?

Health Care Practitioners' responsibilities include, but are not limited to, the following:

- a. Verifying Plan-member identity.
- b. Photo identification is recommended. The photo identification, at minimum, should include the name of the Plan-member; however, personal information such as address driver's license number does not need to be shared or revealed.
- c. Verifying Plan-member eligibility by visiting [Nebraska Total Care Provider Portal](#) or the other resources outlined in the [Nebraska Total Care Provider Manual](#).
 - i. The member must be effective on the date of service.
 - ii. The service provided must be a covered benefit under the member's contract on the date of service.
 - iii. Meet all referral or prior authorization requirements.
 - iv. Stating the intent to provide the service as a Telehealth service.
- d. Utilizing the appropriate HCPCS/CPT procedure codes and Telehealth modifiers when billing for Telehealth services.
- e. Meeting the American College of Radiology standards for teleradiology when utilizing teleradiology services.
- f. Obtaining written consent, when required, from the Plan-member or legally authorized representative.
- g. All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines. All Out of Network (Non-Par) services require prior authorization, excluding family planning, emergency room, and table top x-ray.

Certifying the Telehealth technology solution in use at both the Originating Site and the Distant Site are sufficient to appropriately complete the service billed ensure access to appropriate technological support as needed. These same standards apply to any peripheral diagnostic scope or device used during the Telehealth consultation

HOME HEALTH SERVICES & DURABLE MEDICAL EQUIPMENT

Can Synchronous Telehealth services be utilized to meet the requirement of a documented face-to-face encounter when ordering home health services or durable medical equipment?

Yes; however, the primary purpose of the encounter must be directly related to the service prescribed.

What health care professionals are authorized to perform the required face-to-face encounter?

Physicians, nurse practitioners and physician assistants may perform the initial Telehealth encounter; however, only physicians are authorized to order home health services and DME.

When does the face-to-face or Telehealth encounter need to occur?

- ◆ Home Health Services: For initial order of home health services, the face-to-face encounter must occur within 90 days before or 30 days after home health services are initiated.
- ◆ Durable Medical Equipment (DME): For initial order of DME, the face-to-face encounter must occur within six months before or 30 days after the DME order is written. Only DME products requiring prior authorization are subject to this requirement. – See [Face-to-Face Requirements Section 6407 of the Patient Protection and Affordable Care Act of 2010](#)

When are Health Care Providers required to be compliant with the requirements outlined above?

Compliance effective July 1, 2017. – See [Health Plan Advisory No. 17-02](#)

Are Home Health Aide or Personal Assistant Services billable Telehealth services?

No, Home Health Aide and Personal Assistant Services are not reimbursable Telehealth services.

INFORMED CONSENT

Are Health Care Practitioners required to obtain written consent from the Plan-member prior to conducting a Telehealth consultation?

Yes, prior to the initial Telehealth consultation, Health Care Practitioners who deliver health care services to Plan-members through Telehealth are required to obtain written informed consent (in writing or via email) from the member indicating the information has been discussed with the Health Care Practitioner or his/her designee and the member understands the information provided.

Are Health Care Practitioners required to obtain written consent from the Plan-member prior to conducting Telemonitoring services?

No, Telemonitoring services do not require written consent from the Plan-member.

Is written consent required in an emergency situation?

In an emergency situation, where the Plan-member is unable to give informed consent and the member's legally authorized representative is unavailable, written informed consent requirements are waived. However, appropriate documentation is required.

Who can provide consent if the Plan-member is a child or otherwise unable to provide written informed consent?

If the Plan-member is a child, incapacitated, mentally incompetent or otherwise unable to sign the consent form, the member's legally authorized representative shall provide the consent.

What information is required in the informed consent documentation?

Informed consent, at a minimum, must include:

- a. A statement that the Plan-member retains the option to refuse the Telehealth consultation at any time without affecting the member's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the member would otherwise be entitled.
- b. A statement that all existing confidentiality protections shall apply to the Telehealth consultation.
- c. A statement that Plan-members shall have access to all medical information resulting from the Telehealth consultation, as provided by law, for patient access to his or her medical records.
- d. A statement that dissemination of any Plan-member identifiable images or information from the Telehealth consultation to researchers or other entities shall not occur without the written consent of the member.
- e. A statement that alternative options are available, including in-person services and these alternatives are specifically listed.
- f. A statement on whether the Telehealth consultation will be or will not be recorded.
- g. A statement that the Plan-member has a right to be informed of all parties who will be present at each Telehealth consultation and has the right to exclude anyone from either the originating or distant site.

Where should the signed informed consents be stored?

Written consents shall become a part of the Plan-member's medical record and a copy must be provided to the member or the member's legal authorized representative.

Do signed consents need to be forwarded to Nebraska Total Care?

No; however, Nebraska Total Care retains the right to request copies for audit and program integrity purposes.

Is there a sample Telehealth consent form that I can use for a resource?

Yes, a sample Telehealth consent form is located in Appendix A. – See [Appendix A: Sample Telehealth Consent Form](#)

OUT-OF-STATE TELEHEALTH SERVICES

Are out-of-state Telehealth services covered?

Yes, out-of-state Telehealth services are covered if the Telehealth service otherwise meets the regulatory requirements for payment for the services provided outside Nebraska; and:

- ◆ When the distant site is located in another state and the originating site is located in Nebraska; or
- ◆ When the Plan-member is located at an originating site in another state, whether or not the provider's distant site is located in or out of Nebraska.

* Please note: All out-of-network Health Care Providers require prior authorization, excluding family planning, emergency room, and table top x-ray services.

PHYSICAL THERAPY, OCCUPATIONAL THERAPY & SPEECH THERAPY

Does Nebraska Total Care cover Physical Therapy, Occupational Therapy & Speech Therapy services provided via Telehealth?

Home health physical therapy, occupational therapy, and speech pathology services are covered when provided via Telehealth subject to the limitations as set forth in state regulations, as amended. However, services requiring "hands on" professional services are excluded.

Does Nebraska Total Care require Prior Authorizations for Physical Therapy (PT), Occupational Therapy (OT) & Speech Therapy (ST) services provided via Telehealth?

Please contact Nebraska Total Care by visiting www.NebraskaTotalCare.com or by calling #1-844-385-2192. Thank you. – See *Nebraska Total Care Provider News* [PT/OT/ST Billing Guidelines Consistent with CMS "Total Time" Approach](#)

Are Modifiers required for PT/OT/ST?

Yes, services provided after July 1, 2017 require that therapy modifiers be utilized when submitting claims for PT/OT/ST. The following modifiers are applicable: GP – Physical Therapy, GO – Occupational Therapy & GN – Speech Therapy. In addition, Modifier GT is required when services are provided via Synchronous Telehealth.

REIMBURSEMENT

What is Nebraska Total Care's Fee Schedule?

Nebraska Total Care does not have its own fee schedule. Nebraska Total Care aligns with the [Nebraska Medicaid Fee Schedule](#) and negotiated contract rates.

What is the effective date of the Nebraska Medicaid Fee Schedule?

Typically, the Nebraska Medicaid Fee Schedule is effective July 1st through June 30th of each year.

Does the Originating Site Fee and Telemonitoring reimbursement codes apply to all services?

Yes; however, due to limitations of the Nebraska DHHS MMIS system, the billing codes for the Originating Site Fee and Telemonitoring only appear on the Nebraska DHHS Mental Health and Physician [Fee Schedules](#). – See [Health Plan Advisory No. 17-03](#)

Where can I locate additional information regarding reimbursement for a specific type of Telehealth services?

Please review this document in its entirety for reimbursement information on specific types of Telehealth services.

When did the Originating Site Fee and Telemonitoring reimbursement codes take effect?

The new Nebraska DHHS Telehealth regulations covering Telemonitoring and Originating Site Fees took effect January 1, 2017. – See [Provider Bulletin 17-05](#)

How do I determine if a Prior Authorization is required by Nebraska Total Care?

- a. Please visit [Nebraska Total Care Pre-Auth Check](#).
- b. All out-of-network Health Care Providers require prior authorization, excluding family planning, emergency room, and table top x-ray services.
- c. If an authorization is required for Physical Health or Behavioral Health, you can use the secure [Nebraska Total Care Provider Portal](#) to submit online.

What if I fail to obtain the required Prior Authorization?

Failure to obtain the required approval or pre-certification may result in a denied claim(s). All services are subject to benefit coverage, limitations, and exclusions as described in applicable plan coverage guidelines. Nebraska Total Care Health Care Providers are contractually prohibited from holding any Nebraska Total Care Plan-member financially liable for any service administratively denied by Nebraska Total Care for the failure of the provider to obtain timely authorization. All out-of-network services require Prior Authorization except for family planning, emergency room, post-stabilization services and table top x-rays. Please review guidelines and procedure for requesting a medical prior authorization by visiting the [Nebraska Total Care Practice Improvement Resource Center](#).

What codes are used to file a claim for Telehealth services?

Please refer to the correlating sections in this document for additional information regarding specific Telehealth reimbursement guidelines.

- a. [Asynchronous Telehealth](#): The appropriate E/M code with Modifier GQ.
- b. [Synchronous Telehealth](#): The appropriate E/M code with Modifier GT.
- c. [Telemonitoring](#): HCPCS S9110 with Modifier 52.
- d. [Originating Site Fee](#): HCPCS Q3014.
- e. [Transmission Costs](#): HCPCS T1014.

Are there restrictions on where Telehealth services can occur?

Eligible Originating Sites include a Plan-member's home and Nebraska Total Care Provider Network Health Care Facilities.

Are there geographic or distance requirements for Telehealth services?

No, [Nebraska Legislative Bill 92](#) was approved by the Governor on April 27, 2017; removing the 30-mile restriction related to a child receiving Telehealth services. Original section [71-8509](#), Revised Statutes Cumulative Supplement, 2016, is repealed.

Are reimbursement rates based on distance between the Health Care Practitioner and the Plan-member?

No, Telehealth reimbursement rates do not depend on the distance between the Health Care Practitioner and the Plan-member.

Is communication between a Plan-member and a Health Care Practitioner via telephone, fax or email reimbursable?

No, audiovisual telecommunications technology is required to qualify for billable Telehealth services.

What Place of Service Code should I use when submitting claims for Telehealth services?

Please use Place of Service code 02: Telehealth when submitting claims for Telehealth services.

Is communication between Health Care Practitioners via telephone, fax or email reimbursable?

Asynchronous Telehealth (*Store & Forward*) is reimbursable when there is a transfer of digital images, sounds, or previously recorded video from one location to another to allow a consulting Health Care Practitioner to obtain information, analyze it, and report back to the referring Health Care Practitioner. The consulting Health Care Practitioner submits the claim to Nebraska Total Care. Payment is not made to the referring Health Care Practitioner. – See [Asynchronous Telehealth](#)

Is non-emergent medical transportation for Telehealth services covered?

Yes, non-emergent medical transportation is covered to and from Telehealth Originating Sites for Plan-members to receive medically necessary Telehealth services. Guidelines are outlined in the [Nebraska Total Care Provider Manual](#).

Are Telehealth services covered when the service delivered is deemed to be investigational or experimental?

No, Telehealth services deemed to be investigational or experimental are not covered.

Are [Rural Health Clinic](#) or [Tribal Health Clinic](#) core services provided via Telehealth covered under the encounter rate?

Rural Health Clinic and Tribal Health Center core services are not covered under the encounter rate. Payment for Telehealth services is set at the Medicaid E/M rate for the comparable in-person service.

What are the regulations regarding [Telehealth services at Federally Qualified Health Centers](#)?

Payment for the professional service performed by the Distant Site Health Care Practitioner will be equal to what would have been paid without the use of telehealth. If a core service is provided via telehealth and the center/clinic is the Distant Site, the FQHC will be reimbursed at the PPS or the APM encounter rate (whichever was chosen at the time of the service). Non FQHC services provided via Telehealth would not be eligible for PPS/APM payment. Non-FQHC services will be paid according to the Nebraska Medicaid Fee Schedule.

What are other non-covered Telehealth services?

- ◆ Health care services that do not meet the definition of [Medical Necessity](#).
- ◆ Health care services requiring "hands-on" professional care.

- ◆ Physician visits required on the specific periodic schedule for nursing facility certification to Plan-members in a Skilled Nursing Facility for individuals age 65 or older in institutions for mental disease.
- ◆ Physician visits to Plan-members in nursing facilities for patients under 21 years of age required on the specific periodic schedule for nursing facility certification.
- ◆ Medical equipment, supplies, orthotics and prosthetics furnished by durable medical equipment suppliers and pharmacies.
- ◆ Medical transportation services, including ambulance services and ambulatory room and board.
- ◆ Health Care Practitioner consultation for behavioral health when the Plan-member has an urgent psychiatric condition requiring immediate attention by a licensed mental health practitioner.
- ◆ Health care services utilizing Telehealth technology solutions insufficient to appropriately complete the service billed.

Are Telehealth services reimbursable at [Psychiatric Day Treatment Centers](#)?

Health Care Practitioner services, when they otherwise meet the requirements set forth in state regulations, provided by Telehealth technologies are included in the cost basis used to set the Medicaid rate.

Does Nebraska Total Care cover Specialist CPT Codes 99446 – 99449 for “Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; medical consultative discussion and review”?

No, Health Care Practitioners should utilize the appropriate E/M code and Modifier GQ. – See [Asynchronous Telehealth](#)

Who should I contact at Nebraska Total Care when I have a question regarding Telehealth claims or reimbursement?

Please reach out to your Nebraska Total Care Provider Relations Representative with questions regarding Telehealth claims or reimbursement. The Provider Relations Team serves as the primary liaison between Nebraska Total Care and our Provider Network. – See [Nebraska Total Care Contact Information](#)

SAFETY PLANS

What is a Safety Plan?

A Safety Plan specifically outlines the actions the Plan-member and the Health Care Practitioner will take in the event an emergency or urgent situation arises during or after the Telehealth consultation.

When are Safety Plans required?

Safety Plans must be developed for all Plan-members utilizing Synchronous Telehealth services, except for a child receiving telebehavioral health services.

Are there cases when Safety Plans are required for a child receiving telebehavioral health services?

Yes, in cases where there is a threat that the child may harm himself/herself or others, the Health Care Practitioner shall work with the child and his/her parent or guardian to develop a Safety Plan prior to the initial Telehealth service. – See [Children Receiving Telebehavioral Health Services](#)

Where should Safety Plans be stored?

Safety Plans shall become a part of the Plan-member's medical record and a copy must be provided to the member or the member's legal authorized representative.

Do Safety Plans need to be forwarded to Nebraska Total Care?

No; however, Nebraska Total Care retains the right to request a copy for audit and program integrity purposes.

ASYNCHRONOUS TELEHEALTH

What is Asynchronous Telehealth?

Asynchronous Telehealth (*Store & Forward*) is the transfer of digital images, sounds, or previously recorded video from one location to another to allow a consulting Health Care Practitioner to obtain information, analyze it, and report back to the referring Health Care Practitioner.

What are the requirements for Asynchronous Telehealth reimbursement?

Consulting Health Care Practitioners can submit a claim when all of the following requirements are met:

- ◆ The transmitted information must be specific to the Plan-member's condition and adequate for meeting the procedural definition of the code that is billed.
- ◆ After obtaining and analyzing the transmitted information, the consulting Health Care Practitioner reports back to the referring Health Care Practitioner.
- ◆ The consulting Health Care Practitioner bills for services using the appropriate E/M code with modifier GQ.

Which Health Care Practitioner submits the claim to Nebraska Total Care?

The consulting Health Care Practitioner submits the claim to Nebraska Total Care. No payment is made to the referring Health Care Practitioner.

What procedure code is used for Asynchronous Telehealth services?

The appropriate E/M code for the professional service along with Telehealth Modifier GQ.

What does Modifier GQ represent?

Modifier GQ indicates health care services were performed via Asynchronous Telehealth.

Does Nebraska Total Care pay a different rate for services provided through Telehealth than it pays for the same service provided in-person?

The reimbursement rate for professional Telehealth consultations is the same rate as the comparable in-person services. Physicians, other licensed Health Care Practitioners, facilities, and ancillary provider's contract directly with Nebraska Total Care for payment of covered services. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. Additional information can be found by visiting the [Nebraska Total Care Practice Improvement Resource Center](#).

What is Teleradiology?

Teleradiology is the electronic transmission of radiologic images from one location to another for the purposes of interpretation and/or consultation.

When are Teleradiology services covered?

Coverage is available for teleradiology services when the services meet the American College of Radiology Standards for Teleradiology and [associated radiology prior authorization](#) requirements are obtained.

Where can I find information regarding the American College of Radiology Standards for Teleradiology?

The American College of Radiology Standards for Teleradiology can be found by visiting [The ACR-AAPM-SIM Technical Standard for Electronic Practice of Medical Imaging](#).

SYNCHRONOUS TELEHEALTH

What is Synchronous Telehealth?

Synchronous Telehealth is a live, two-way interaction between a Plan-member and a Health Care Practitioner located at a distant site using audiovisual telecommunications technology.

Does the Plan-member need to consent in writing prior to receiving Synchronous Telehealth services?

Yes, prior to the initial Telehealth consultation, Health Care Practitioners who deliver health care services to Plan-members through Synchronous Telehealth are required to obtain written informed consent (in writing or via email) from the member indicating the information has been discussed with the Health Care Practitioner or his/her designee and the member understands the information provided. –See [Informed Consent](#)

Do Health Care Practitioners need to develop a Safety Plan prior to utilizing Synchronous Telehealth services?

Safety Plans must be developed for all Plan-members utilizing Synchronous Telehealth services, except for a child receiving telebehavioral health services, unless there is a threat that the child may harm himself/herself or others. – See [Safety Plans](#)

Are there geographic or distance requirements for Synchronous Telehealth services?

No, [Legislative Bill 92](#) was approved by the Governor on April 27, 2017; removing the 30-mile restriction related to a child receiving Telehealth services. Original section [71-8509](#), Revised Statutes Cumulative Supplement, 2016, is repealed.

Can the Plan-member be at home during a Synchronous Telehealth consultation?

Yes, Synchronous Telehealth includes services originating from a Plan-member's home or any other location where such member is located.

Are Health Care Practitioner consultations covered if the Plan-member has an urgent psychiatric condition requiring immediate attention by a licensed mental health practitioner?

No, Telehealth services are not covered if the Plan-member has an urgent psychiatric condition requiring immediate attention by a licensed mental health practitioner.

Are reimbursement rates based-on distance between the health care provider and the Plan-member?

No, Telehealth reimbursement rates do not depend on the distance between the Health Care Practitioner and the Plan-member.

Are Prior Authorizations required for Synchronous Telehealth?

Please visit [Nebraska Total Care Pre-Auth Check](#) to verify services that require prior authorization. If an authorization is required for Physical Health or Behavioral Health, you can use the secure [Nebraska Total Care Provider Portal](#) to submit authorizations online.

Does Nebraska Total Care pay a different rate for services provided through Synchronous Telehealth than it pays for the same service provided in-person?

The reimbursement rate for medically necessary professional Telehealth consultations is the same rate as the comparable in-person services. Payment of claims is dependent on eligibility, covered benefits, provider contracts, correct coding and billing practices. Additional information can be found by visiting the [Nebraska Total Care Practice Improvement Resource Center](#).

What procedure codes are used for Synchronous Telehealth?

The appropriate E/M code for the professional services along with Telehealth Modifier GT.

Does Nebraska Total Care utilize the new CPT Modifier 95 for reporting a Synchronous Telehealth service?

No, at this time please continue to use Modifier GT.

Does Nebraska Total Care utilize the new Telehealth Place of Service code?

Yes, Nebraska Total Care is configured to utilize Place of Service 02: Telehealth to indicate the billed service was furnished as a Telehealth service from a Distant Site.

What is the definition of Place of Service (POS) 02: Telehealth?

POS 02: Telehealth is the location where health services and health related services are provided or received, through telecommunication technology.

CHILDREN RECEIVING TELEBEHAVIORAL HEALTH SERVICES

What safety measures are required for a child receiving telebehavioral health services?

In order to effectively attend to an urgent situation or emergency, an appropriately trained staff member or employee familiar with the child's treatment plan or familiar with the child shall be immediately available in person to the child receiving telebehavioral health services.

In cases in which there is a threat that the child may harm himself/herself or others, the Health Care Practitioner shall work with the child and his/her parent or guardian to develop a Safety Plan prior to the initial Telehealth service. - See [Safety Plans](#)

Can this safety requirement be waived?

The requirement to have an appropriately trained staff member or employee familiar with the child's treatment plan or familiar with the child immediately available in person for the child receiving telebehavioral health services may be waived by the child's parent or legal guardian.

Where should Safety Waivers be stored?

Safety waivers shall become a part of the Plan-member's medical record and a copy must be provided to the member or the member's authorized representative.

Do Safety Waivers need to be forwarded to Nebraska Total Care?

No; however, Nebraska Total Care retains the right to request a copy for audit and program integrity purposes.

Does Nebraska Total Care pay a different rate for services provided through Telehealth than it pays for the same service provided in-person?

The reimbursement rate for a Telehealth consultation is the same rate as the comparable in-person consultation, based on the current [Medicaid Fee Schedule](#).

Are Telehealth services covered if the Plan-member has an urgent psychiatric condition requiring immediate attention by a licensed mental health practitioner?

No. Telehealth services are not covered if the Plan-member has an urgent psychiatric condition requiring immediate attention by a licensed mental health practitioner. Psychotherapy for crisis (*CPT Codes 90839 & 90840*), are not covered Telehealth services.

TELEMONITORING

What is Telemonitoring?

Telemonitoring is the remote monitoring of a Plan-member's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a Health Care Practitioner for analysis and storage.

What are the requirements for Telemonitoring reimbursement?

Reimbursement for telemonitoring services to Plan-members can be requested when all of the following conditions have been met:

- a. Telemonitoring is covered only when services are from the Originating Site.
- b. The Plan-member is cognitively capable of operating the equipment or has a willing and able person to assist in the transmission of the electronic data.
- c. The Originating Site has space for all program equipment and full transmission capability.
- d. The Health Care Practitioner maintains a Plan-member record that contains data supporting the medical necessity of the service, all transmissions, and subsequent review received from the member, and how the data transmitted from the member is being utilized in the continuous development and implementation of the member's plan of care.
- e. Telemonitoring devices are FDA approved.
- f. Telemonitoring services are not investigational or experimental.
- g. Monitoring of the Plan-member's clinical data is not duplicated by any other health care provider.
- h. The data transmission complies with standards set by HIPAA.
- i. Certifying the Telehealth technology solution in use at both the originating and the distant site are sufficient to appropriately complete the service billed.

What procedure code is used for Telemonitoring?

HCPCS code S9110 with Modifier 52. Health Care Practitioners need to bill for each date of service on a separate line for audit and program integrity purposes.

Why do Health Care Practitioners need to bill for each date of service on a separate line?

HCPCS S9110 is a monthly code, however telemonitoring services are paid at the daily per diem rate; Modifier 52 is essential to indicate reduced (*daily*) services.

What services are included in the daily Telemonitoring per diem rate?

- ◆ Health Care Practitioner review and interpretation of Plan-member information & data.
- ◆ Equipment and all supplies, accessories and services necessary for proper functioning and effective use of the equipment.
- ◆ Medically necessary visits to the home by a Health Care Practitioner.
- ◆ Training on the use of equipment and completion of necessary medical records.

Are additional billable services allowed for Telemonitoring?

No additional or separate payments beyond the fixed payment is allowable.

What is the Medicaid daily per diem rate for Telemonitoring?

As of January 2017, the Medicaid daily Telemonitoring per diem rate is \$6/day.

Are prior authorizations required for Telemonitoring?

No, prior authorizations will not be utilized with Telemonitoring.

Do Health Care Practitioners need to obtain written informed consent and/or develop a safety plan prior to utilizing Telemonitoring services?

Written informed consent and safety plans are not required for Telemonitoring services.

ORIGINATING SITE FEE

The Originating Site Fee is the fee paid to a facility hosting the Plan-member during a Telehealth session when the Health Care Practitioner is located at a Distant Site.

What procedure code is used for the Originating Site Fee?

HCPCS code Q3014.

What is the Originating Site Fee Medicaid rate?

As of January 2017, the Medicaid Originating Site Fee rate is \$20/visit.

Does the Health Care Facility hosting the Plan-member submit the Originating Site Fee claim?

Yes, the Nebraska Total Care contracted Health Care Facility hosting the Plan-member during a Telehealth service submits the claim for reimbursement.

Are there restrictions on what types of Health Care Facilities can host a Plan-member?

Nebraska Total Care contracted Health Care Facilities can host Plan-members and serve as the Originating Site. Originating Sites must meet all Health Care Facility telehealth requirements prior to hosting a Plan-member. – See [Health Care Facility Requirements](#)

Does the Distant Site Health Care Practitioner need to be listed on the corresponding Originating Site Fee claim?

Yes, the Health Care Practitioner conducting the Telehealth service is required to be documented in the Rendering Provider ID Field (Field 24J on the 1500 Claim Form) along with their NPI number.

On the 1500 Claim Form, whose name should be entered into Field 31 (*Signature of Physician or Supplier Including Degrees or Credentials*)?

The “Registered Signer” for the Health Care Facility at the Originating Site should be entered into Field 31.

Why is the Distant Site Health Care Practitioner's name required on the Originating Site (*Health Care Facility*) claim?

The Health Care Practitioner's name is required to help prevent fraud and abuse. Nebraska Total Care reserves the right to audit corresponding provider claims to monitor program integrity.

Are Originating Site Fee claims held or denied if the Distant Site Synchronous Telehealth service claim has not processed?

Originating Site Fee claims will process upon receipt when using HCPCS Q3014. Nebraska Total Care reserves the right to audit corresponding provider claims to monitor program integrity.

What Place of Service Code should I use when submitting claims for Telehealth services?

Please use Place of Service code 02: Telehealth when submitting claims for Telehealth services.

What type of documentation is required to qualify as an Originating Site?

Please refer to the [Health Care Facility Requirements](#) section in this document.

TRANSMISSION COST

When are Transmission Costs reimbursed?

Transmission Costs, unless services are provided by an Internet Service Provider (ISP), are reimbursed at the Nebraska Total Care contracted rate when:

- a. The transmission is directly related to Synchronous Telehealth services, and
- b. The Telehealth technology solution in use at both the Originating and Distant Site is sufficient to allow the Health Care Practitioner to appropriately complete the service billed. These same standards apply to any peripheral diagnostic scope or device used during the Telehealth consultation, and
- c. They are in compliance with the quality standards for real time, two-way interactive audio-visual transmission, and
- d. Comply with the federal Health Insurance Portability and Accountability Act of 1996 and rules and regulations adopted thereunder and with regulations relating to the encryption adopted by the federal Centers for Medicare and Medicaid Services and which satisfy federal requirements relating to efficiency, economy and quality of care, and
- e. The telehealth service provided by the Health Care Practitioner is a covered Health Plan service, and
- f. The telehealth services are not provided by an Internet Service Provider.

Who submits the claim for Transmission Costs?

The Nebraska Total Care contracted Health Care Facility hosting the Plan-member during a Telehealth service and Distant Sites can submit a claim for reimbursement for Transmission Costs.

What procedure code is used for Transmission Costs?

HCPCS code T1014.

What is the Medicaid Transmission Cost rate?

As of January 1, 2017, the Medicaid Transmission Cost rate was \$.08/minute; effective July 1, 2017 the rate is \$.09/minute.

Where do I enter the number of transmission minutes on Claim Form 1500?

Please [enter the number of transmission minutes in Field 24G](#) (*Days or Units*) on the 1500 Claim Form.

Is specific Telehealth documentation required in the Plan-member medical record?

Yes, please see [Documentation](#).

ADDITIONAL TELEHEALTH RESOURCES

Please note this section contains links to other websites and resources operated by third parties. These links are provided for your reference and information purposes only. Nebraska Total Care does not control such websites or resources and is not responsible for their availability or content. Our inclusion of links to such websites does not imply any endorsement of the material on such websites or any association with their operators.

HELPFUL WEBSITES

- [Title 471: Nebraska Medical Assistance Program Services 1-006](#)
- [Statutes pertaining to the Nebraska Telehealth Act](#)
- [American Telemedicine Association](#)
- [Great Plains Telehealth Resource & Assistance Center](#)
- [National Telehealth Technology Assessment Resource Center](#)
- [Center for Connected Health Policy](#)
- [Medicaid.gov: Telemedicine](#)
- [US Department of Health & Human Services Health Information Privacy](#)
- [HITECH Act Enforcement Interim Final Rule](#)
- [Federal Register.gov: HIPAA Modification 2013](#)
- [Nebraska Heritage Health](#)
- [Nebraska Medicaid Medical Necessity Guidelines](#)
- [Federation of State Boards of Physical Therapy Telehealth in Physical Therapy](#)

CONNECTIVITY & BROADBAND

Are there discount telecom or broadband resources available to health care providers?

The Rural Health Care Program supports health care facilities in bringing world class medical care to rural areas through increased connectivity. It provides up to \$400 million annually in reduced rates for broadband and telecom services. There are two subprograms in the RHC Program: the Healthcare Connect Fund Program and the Telecommunications Program. To learn more, please visit the [Universal Service Administrative Co. Rural Health Care Program](#).

Are there discount telecom or broadband resources available to Plan-members?

Yes, the FCC offers a Lifeline program that can potentially lower or eliminate the cost of monthly phone or internet service for qualifying low-income consumers in every state, territory, commonwealth, and on Tribal lands. Only one Lifeline Program benefit (either wireless or landline telephone, home internet or a cell phone data plan) is allowed per household. To learn more, please visit [Universal Service Administrative Co. Lifeline Support](#).

Where can I learn more about Nebraska's broadband availability and planning activities?

The State of Nebraska created the Broadband Mapping Site to offer information regarding broadband availability and planning activities to its citizens. Through continuous collaborative efforts among the State, federal government, broadband providers and community organizations, they are able to provide you with an up-to-date representation of broadband. To learn more, please visit the [Nebraska Broadband Mapping Project](#) and the [Nebraska Broadband Mapping and Planning Initiative](#).

Is there a statewide commission focused on Nebraska information technology investments?

Yes, the Nebraska Information Technology Commission (NITC) is a nine-member commission established by the Legislature to provide advice, strategic direction, and accountability on information technology investments in the state. To learn more, please visit [Nebraska Information Technology Commission](#).

GRANT PROGRAMS & FUNDING OPPORTUNITIES

- [Foundation Center](#): An estimated 140,000 Funders. Whatever your mission, discover the funders most likely to support you, learn about their interests and perspectives, and gain the knowledge you need to win funding from them.
- [Grants.gov](#)
- [Health Resources & Services Administration Open Opportunities](#): HRSA makes grants to organizations to improve and expand health care services for underserved people.
- [Patient-Centered Outcomes Research Institute](#): Studies that compare outcomes to determine the effectiveness, including risks and benefits, of two or more approaches to health care.

- [Robert Wood Johnson Foundation Funding Opportunities](#): The RWJF funds a wide array of research and initiatives to help address some of America's most pressing health challenges.
- [Rural Health Information Hub Funding Opportunities](#): Summaries of funding programs are provided by RHIhub for your convenience. Please contact the funder directly for the most complete and current information.
- [Rural Health Network Development Planning Grant Program](#): The purpose of the Network Planning program is to assist in the development of an integrated health care network, specifically for entities that do not have a history of formal collaborative efforts.
- [Substance Abuse & Mental Health Services Administration](#): SAMHSA makes grant funds available through the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services.
- [Universal Service Administrative Co Rural Health Care Services](#): The Rural Health Care Program supports health care facilities in bringing world class medical care to rural areas through increased connectivity. It provides up to \$400 million annually in reduced rates for broadband and telecom services. There are two subprograms in the RHC Program: the Healthcare Connect Fund Program and the Telecommunications Program.
- [USDA Economic Impact Initiative Grants](#) provide funding to assist in the development of essential community facilities in rural communities that have extreme unemployment and severe economic depression.
- [USDA Telecom Programs](#)
 - [Community Connect Grants](#): This program helps fund broadband deployment into rural communities where it is not yet economically viable for private sector providers to deliver service.
 - [Distance Learning and Telemedicine Grants](#): This program helps rural communities use the unique capabilities of telecommunications to connect to each other and to the world, overcoming the effects of remoteness and low population density. For example, this program can link teachers and medical service providers in one area to students and patients in another.
 - [The Rural Broadband Access Loan and Loan Guarantee Program](#) (*Broadband Program*) furnishes loans and loan guarantees to provide funds for the costs of construction, improvement, or acquisition of facilities and equipment needed to provide service at the broadband lending speed in eligible rural areas.
 - [Telecommunications Infrastructure Loans & Loan Guarantees](#): This program provides financing for the construction, maintenance, improvement and expansion of telephone service and broadband in rural areas.
- [Walmart Foundation](#): A program or initiative that works to improve access to healthcare and to promote healthy lifestyles.

NEBRASKA TOTAL CARE CONTACT INFORMATION

Nebraska Total Care has Provider Relations Representatives available to assist providers with any issues. Representatives are designated by provider specialties and areas of the state. To find you Provider Relations Representatives please visit the Provider Relations page at NebraskaTotalCare.com.

ADMINISTRATIVE OFFICE

2525 N. 117th Ave, Suite 100
Omaha, Nebraska 68164
Website: www.NebraskaTotalCare.com

CUSTOMER SERVICE

Toll Free: 1-844-385-2192
TTY: 1-844-307-0342
Monday through Friday; 7AM-8PM CST

CLAIMS SUBMISSION (Paper)

Nebraska Total Care
Attn: Claims
PO Box 5060
Farmington MO 63640-5060

CLAIMS SUBMISSION (Electronic)

Web Portal: www.NebraskaTotalCare.com **or**
EDI Vendor: EDIBA@centene.com
1-800-225-2573, Ext. 6075525
Please use Payer Identification #68069 **and**
Select Nebraska Total Care

TELEHEALTH DIRECTOR

Kolene Kohll
Office: 531-329-8437
Kolene.K.Kohll@NebraskaTotalCare.com

PROVIDER RELATIONS SPECIALIST

Toll Free: 1-844-385-2192
TTY: 1-844-307-0342 Relay: 711
NEProviderRelations@NebraskaTotalCare.com

REFERENCES

1. [Statutes pertaining to the Nebraska Telehealth Act](#)
2. [Title 471: Nebraska Medical Assistance Program Services](#)
3. [NE DHHS Title 175: Health Care Facility Licensure](#)
4. [Nebraska Medicaid Program State Plan](#)
5. [Nebraska Total Care Provider Manual](#)
6. [Nebraska Total Care Provider Billing Guide](#)
7. [American College of Radiology Standards for Teleradiology](#)
8. [NE DHHS Provider Bulletin No. 17-05](#)
9. [NE DHHS Health Plan Advisory No. 17-02](#)
10. [NE DHHS Health Plan Advisory No. 17-03](#)
11. [Nebraska Medicaid Fee Schedule](#)
12. [471-000-62 Nebraska Medicaid Billing Instructions for Physician, Laboratory, and Ambulatory Surgical Center \(ASC\) Services](#)
13. [HHS.gov Health Information Privacy](#)
14. [Center for Connected Health Policy: HIPAA & Telehealth](#)

APPENDIX A: SAMPLE TELEHEALTH CONSENT FORM

I, _____, agree to receive medically necessary live, interactive video telehealth services from _____, who is located at a distant site location, for _____ . This distant site location is located at _____.

I, _____, understand that:

- a. I retain the right to refuse telehealth consultations at any time without affecting my right to future care or treatment and without risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- b. All existing confidentiality protections shall apply to my telehealth consultation.
- c. I shall have access to all medical information resulting from the telehealth consultation, as provided by law.
- d. Information from the telehealth service (images that can be identified as mine or other medical information from the telehealth service) cannot be released to researchers or anyone else without my written consent.
- e. If I decline telehealth services, other alternative options are available to me, including in-person services. These options are: _____.
- f. I will be informed whether the telehealth consultation will be or will not be recorded.
- g. I will be informed of all people who will be present at all sites during my telehealth service.
- h. I retain the right to exclude anyone from either the originating or distant site.
- i. I understand that this consent is valid for six months for follow-up telehealth services with this health care provider.

I have read this document carefully and my questions have been answered to my satisfaction.

Nebraska Total Care Plan-Member Signature/Legal Authorized Representative

Date: _____

Signature of Health Care Practitioner Obtaining Consent

Date: _____

Health Care Facility Name

Address

Telephone