



THE TELEMEDICINE MARKET LANDSCAPE

- Approximately 1 million virtual doctor visits in the U.S. in 2015¹
- Telemedicine makes up nearly one-fourth of the health IT market - expected to increase to nearly \$20+ billion by 2019²
- As of August 2015 - 29 states require health insurers to pay for telemedicine services²

1. American Telemedicine Association (ATA) Doctor visits; Health survey of 200 health-care executives, March 2016; National Business Group on Health survey of 140 large employers (Survey) Methods Book, The HHS.gov, accessed April 20, 2016.

2. Foley & Lardner LLP Online "Five Telemedicine Trends Transforming HealthCare in 2016," Lockman, Nathanski, November 15, 2015.

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IN THE NEWS

- Moms see telehealth as a more convenient alternative to the doctor's office.
- A survey of 500+ mothers finds that every one of them wants round-the-clock access to doctors and other healthcare offerings.
 - ~80% want to learn more about telemedicine for non-emergency medical issues.
 - ~65% said it's a challenge to take a sick child to the doctor's office during the school year

Survey Finds Strong Support for Telehealth from Mothers
ERIC Winkler | www.hhs.gov/press/2015/11/03/20151103-telehealth

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IN THE NEWS

Johns Hopkins Medicine is expanding its telemedicine program to emergency departments in 3 of its largest hospitals.

- A custom-made telemedicine cart allows off-site physicians to screen and assess patients during low-traffic night hours at the hospital.
- Clinicians are able to view patients' medical records, monitor vitals and a high-resolution video linkup allows them to peer into ears, eyes, throats, etc.
- The program allows for greater flexibility in EDs and has reduced wait times for initial screenings of patients.

At Three Johns Hopkins Hospitals, Your Emergency Room Doctor May Treat You from Afar
Hospitals & Health Care Business Journal | 11/22/2016

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PHYSICIAN EXPERIENCES



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<https://www.youtube.com/watch?v=ZxUaF65YBVQ>

BENEFITS OF TELEHEALTH

- Convenient for both patients and providers
 - On average, **patients spend two hours**, including travel & waiting room, **for a 20 minute office visit**
- Offers physicians flexibility for working location and hours
- Can replace unnecessary office, urgent care, and ED visits

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EXAMPLES OF TELEHEALTH

- Telephone Visits
- Video Visits
- Online encounters / secure messaging
- Telemedicine (e.g. pacemaker checks)
- Telepsychiatry
- Teleconsults – MD to MD

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USES OF VIDEO VISITS

- Follow-up/Consults including ED
- Pain management
- Results review
- Pre operative questions
- Medication management
- Counseling and psychotherapy
- Health education
- Wound care
- Skin care
- Minor injury consultations
- Respiratory issues
- Occupational medicine
- Pediatrics
- Speech therapy
- Physical therapy
- Occupational therapy

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KEY CONSIDERATIONS FOR CLINICAL PRACTICE

- **Infrastructure** upgrades may be required
 - iPhones, iPads, technical support, etc.
 - Clear and simple guidelines and technical support for patients
- **Training** for physicians
 - Technical and documentation/coding training
 - Video and phone etiquette (e.g. have bright light facing you, etc.)
- **Allow flexibility** for the mode of communication to change
 - Conversion of telephone appointments to video and vice versa

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KEY CONSIDERATIONS FOR CLINICAL PRACTICE

- Documentation and coding
 - Documentation quality should be same as face to face
 - Patient identification and consent required
- Clear policies and procedures
 - Allow ease of use but balance with appropriate guardrails to ensure appropriate clinical use

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Questions?

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**Telehealth -
Coding & Billing Rules**

by Sutter Health - Ethics &
Compliance Services
Greta Fees, Compliance Officer of System
Enterprises



AGENDA

- Defining Telemedicine vs. Telehealth
- Eligible Telehealth Patients
 - Medi-Cal & Medicare
- Eligible Medi-Cal and Medicare practitioners
- Federal and CA law requirements
 - Requirements for participation in a telehealth program and the requirements for reimbursement
 - Eligible services for reimbursement
- Transmission Sites and Costs
- References

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DISCLAIMER

- The Information provides a general overview of the basic definitions and requirements for Medicare and Medi-cal coverage of telemedicine and does not constitute billing or compliance advice. The views represented are those of the presenter and do not represent the view of Sutter Health or any of its Affiliates

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DEFINING TELEMEDICINE

- Currently, there is no universal definition for “telehealth”, “m-health” or “telemedicine”. For example, some states interchange or alternate the terms “**telemedicine**” and/or “**telehealth**”
- In some states, both terms are explicitly defined in law and regulations and in other states “**telehealth**” is used to reflect a broader definition of services while “**telemedicine**” is used mainly to define delivery of **medical services**
- Telemedicine Definition, Medicaid. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Deliverystems/Telemedicine.htm>

WHAT IS TELEHEALTH? HOW IS TELEHEALTH DIFFERENT FROM TELEMEDICINE?

Telehealth is different from telemedicine because it refers to a *broader scope of remote healthcare services* than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

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TELEMEDICINE & TELEHEALTH DEFINITIONS

- **Telehealth: Centers for Medicare and Medicaid Services (CMS)**
 - Telehealth Service means professional consultations, office visits, and office psychiatry services, (as identified by specific HCPC codes), as well as any additional services specified by CMS through an annual update process, which are furnished by a physician or practitioner at a distant site (i.e. not the same location as the patient) via telecommunications system that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient and distant site physician or practitioner. Citation: Social Security Act 1834(m)(1)(4)(F); 42 C.F.R. 410.78(42) CFR 410.78)
- **Telehealth: Health Resources and Services Administration (HRSA)**
 - The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health related education, public health and health administration. Technologies include videoconferencing, the internet, store and forward imaging, streaming medical, terrestrial and wireless communication
- **Telehealth: Medi-Cal - California Department Healthcare Services**
 - The Telehealth Advancement Act of 2011 defines telehealth as the mode of delivering health care services and public health utilizing information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health care while the patient is at the originating site and the health care provider is at the distant site.
 - Telehealth includes telemedicine, store and forward, remote patient monitoring devices, telephone calls, facsimile machines (faxes), tweets, and other electronic health care communication between providers and patients.
 - *Medi-cal uses the term telemedicine when it makes a distinction from telehealth

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ELIGIBLE TELEHEALTH INDIVIDUALS & PRACTITIONERS MEDICARE & MEDI-CAL

- Eligible Patients:
- Medicare: A patient enrolled in Medicare Part B who receives telehealth service at an "originating site" specified by CMS
 - Medi-Cal: A patient enrolled in Medi-Cal or a Medi-Cal managed care plan
- Eligible Providers/Practitioners:
- Medicare:
 - Physicians
 - Nurse Practitioners (NP);
 - Physician Assistants (PA);
 - Nurse Mid-wives;
 - Clinical nurse specialists;
 - Certified registered nurse anesthetists;
 - Clinical Psychologists (some conditions apply);
 - Registered dietitians or nutrition professionals;
- Also must be enrolled in the Medicare program to be eligible for Medicare reimbursement
- Medi-Cal:
 - All authorized practitioners licensed under Division 2 of the Business & Professions Code to provide service via telehealth
- Also must be enrolled as a Medi-cal provider to be eligible for Medi-Cal reimbursement

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FEDERAL LAW REQUIREMENTS – MEDICARE

Medicare Rules:

- As a condition of payment, you (defined as the physician or practitioner at the distant site) must use an interactive audio and video telecommunications system that permits real-time communication between you, at the distant site, and the beneficiary at the originating site and the patient must be present and participating in the telehealth visit – DHHS
- Beneficiary must be presented from an originating site located in:
 - A rural Health Professional Shortage Area (HPSA) located either outside of a Metropolitan Statistical Area (MSA) or in a rural census tract; or
 - A county outside of a MSA
 - Check HRSA for an originating sites eligibility at <http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx>
- Entities that participate in a Federal Telemedicine demonstration project

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FEDERAL LAW REQUIREMENTS – MEDICARE

- Authorized originating sites:
 - Physician or Practitioners offices
 - Hospitals
 - Critical Access Hospitals (CAH)
 - Rural Health Clinics
 - Federally Qualified Health Centers
 - Hospital based or CAH based Renal Dialysis Centers
 - Skilled Nursing Facilities
 - Community Mental Health Centers

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CY 2016 MEDICARE TELEHEALTH SERVICES

Service ** Partial list, full list included in handouts	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Telehealth consultations, emergency department or initial inpatient	G0425-G0427
Follow up inpatient telehealth consultations in hospital or SNFs	G0405-G0408
Office or other outpatient visits	99201-99205
Subsequent Hospital Visits * limit to 1 every 3 days	99213-99233
Individual and group kidney disease education services	G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	G0108 and G0109
Individual and group health and behavior assessment and intervention	96150-96154
Individual psychotherapy	96150-96154

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BILLING AND PAYMENT FOR PROFESSIONAL SERVICES – MEDICARE

- Submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GT, "via interactive audio and video telecommunications systems" (for example, 99201 GT).
- By coding and billing the GT modifier with a covered telehealth procedure code, you are certifying that the beneficiary was present at an eligible originating site when you furnished the telehealth service.
- By coding and billing the GT modifier with a covered ESRD-related service telehealth code, you are certifying that you furnished one "hands on" visit per month to examine the vascular access site.
- New 2017 requirement to use the telehealth place of service code at the distant site (i.e. where the physician/practitioner is located) not required at the originating site

STATE LAW REQUIREMENTS - MEDI-CAL

- The Department of Health Care Services (DHCS) considers telehealth a cost-effective alternative to health care provided in-person, particularly to underserved areas. Telehealth is not a distinct service, but a way that providers deliver health care to their patients that approximates in-person care. The standard of care is the same whether the patient is seen in-person or through telehealth.
- DHCS's coverage and reimbursement policies for telehealth align with the [California Telehealth Advancement Act of 2011](#) and federal regulations. State law defines telehealth as "the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site." This definition applies to all health care providers in California, not just Medi-Cal providers.
- Medi-Cal also complies with [federal regulations for telehealth](#), which are the same for Medicaid as they are for Medicare. Medicaid regulations authorize telehealth using "interactive communications" and asynchronous store and forward technologies. Interactive telecommunications must include, at a minimum, audio and video equipment permitting real-time two-way communication, according to the Centers for Medicare and Medicaid Services.

STATE LAW REQUIREMENTS - MEDI-CAL

- In-person contact between a health care provider and a patient not required for telehealth services
- Type of setting where services provided for the patient or by the provider is not limited
- Health care provider not required to document a barrier to an in-person visit for Medical coverage of service provided via telehealth
- Must obtain oral consent from the patient

MEDI-CAL REIMBURSEMENT

- Medi-Cal pays for current Medi-Cal benefits appropriately provided via telehealth:
- Selected Evaluation and Management (E&M) services for patient visit and consultation.
- Selected psychiatric diagnostic interview examination and selected psychiatric therapeutic services.
- Teledermatology by store and forward.
- Teleophthalmology by store and forward.
- Teledentistry
- Transmission costs (up to 90 minutes per patient, per day, per provider).
- Originating site facility fee.
- Interpretation and report of X-rays and electrocardiograms performed via telehealth.

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TELEMEDICINE COMMUNICATION DOMAINS

- Interactive, real time, two-way communications between patient and provider
 - *Telephones, facsimile machines, and stand-alone electronic mail systems do not meet the definition of an interactive telecommunications system.*
- "Store and forward;" patient data shared between patients and providers and in consultations among providers
- Remote monitoring of patient data (such as by intensivists of critical care patients in a distant hospital)
- Connection to remote provider from an institutional setting such as a clinic or hospital
- Connection to remote provider from patient's home
- Connection to remote provider from patient's mobile device

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TRANSMISSION SITES & COSTS

- Transmission Sites - An "originating site" is where the patient is located at the time health care services are provided via a telecommunications system, or where the asynchronous store and forward service originates.
- A "distant site" is where the health care provider is located while providing services via a telecommunication system.
- Transmission Costs - The originating site facility fee is reimbursable when billed with code Q3014 (telehealth originating site facility fee).
- Transmission costs incurred while providing telehealth services via audio/video communication are reimbursable when billed with code.
 - T1014 (telehealth transmission, per minute, professional services bill separately).

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REFERENCES

- Medi-Cal Provider Manual- Telehealth
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2354CP.pdf>
- <http://www.dhcs.ca.gov/Programs/Pages/Telehealth.aspx>
- <https://www.healthit.gov/providers-professionals/facts/what-telehealth-how-telehealth-different-telemedicine>
- <https://www.medicare.gov/medicaid/benefits/telemed/index.html>
- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.html>
- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/>
- <http://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx>
- <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSvc-fcstcht.pdf>
- <https://www.acep.org/Physician-Resources/Practice-Resources/Administration/Financial-Issues-/Reimbursement/Telemedicine-for-Medicare-Patients-FAQ/>
- ASHRM 2016 - Telemedicine Telehealth: Risk Management and Regulatory Compliance Strategies (PDF handout - WG #917266)

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Questions?

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