Telemedicine 101

OPSO Fall Conference 2018

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Telemedicine has resulted in...

**Reduced** morbidity and mortality

**Improved** patient outcomes

**Lowered** overall cost of care
Why should you embrace telemedicine?

- Enhanced wellness
- Chronic disease management
- Enables access
- Improved efficiency
- Increased patient safety
Four steps to adopt telemedicine in your practice

1. Familiarize yourself with federal and state laws regulations
2. Identify a telemedicine service model that best meets your goals and the needs of your patients
3. Determine the technology and support needed while following all applicable privacy laws
4. Understand appropriate practice guidelines to initiate a telemedicine service model
Tools/Resources available to your practice

Downloadable tools

Complete telemedicine toolkit
Access all tools and resources for this module.

Download [ZIP, 344 KB]

Individual tools

Adopting telemedicine in practice module (PDF)
Download a printable PDF version of this module.

Online telemedicine resources
Link to online telehealth resources to obtain information, such as specialty society clinical practice guidelines and understanding privacy, confidentiality and security while using telemedicine.

Download [MS WORD, 42 KB]
What is Telemedicine?

• There is not a clear legal definition as to what it means.

• It applies to any delivery of healthcare services in any way other than in person.

• States have different laws and definitions
Telemedicine definition

Centers for Connected Health Policy:
“Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery.”

The American Telemedicine Association (ATA)
“The delivery of any healthcare service or transmission of wellness information using telecommunications technology.”

-Closely associated with telemedicine is the term “Telehealth,” which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services.

-Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and
Telemedicine Modalities

• Video Conferencing (synchronous-real time)
• Store and forward (asynchronous)
• Remote patient monitoring
• Mobile Health
Video Conferencing

Video conferencing uses two-way interactive audio-video technology to connect users when a live, face-to-face interaction is necessary.

Video devices can include videoconferencing units, peripheral cameras, video-scopes, or web cameras.

Display devices include computer monitors, plasma/LED TV, LCD projectors, and even tablet computers.
Store and Forward

Store and forward technologies allow for the electronic transmission of medical information, such as digital images, documents, and pre-recorded videos through secure email transmission. This information can include X-rays, MRIs, photos, patient data, and even video-exam clips.

Store and forward communications primarily take place among medical professionals to aid in diagnoses and medical consultations when live video or face-to-face contact is not necessary.
Remote Patient Monitoring

Remote patient monitoring (RPM) uses digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for assessment and recommendations.

Monitoring programs can collect a wide range of health data from the point of care, such as vital signs, weight, blood pressure, blood sugar, blood oxygen levels, heart rate, and electrocardiograms. Health professionals monitor these patients remotely and act on the information received as part of the treatment plan.
Mobile Health

Mobile health or mHealth, a relatively new and rapidly evolving aspect of technology-enabled health care, is the provision of health care services and personal health data via mobile devices. mHealth technology uses devices such as smart phones and portable monitoring sensors that transmit information to providers, as well as dedicated application software (apps), which are downloaded onto devices. Given its recent emergence into this field, policies governing the use of this technology are continually being shaped.
Federation of State Medical Boards

Model Policy for Appropriate Use of Telemedicine Technologies in the Practice of Medicine

1. Establishing the Physician-Patient Relationship
2. Evaluation & Treatment of the Patient
3. Informed Consent
4. Medical Records
5. Privacy & Security
6. Required Disclosures
7. Special Rules for Prescribing

Physician Patient Relationship

• Agreement between physician and patient to have physician diagnose and treat

• Fully verify and authenticate patients location

• Disclose and validate the identity of the provider

• Obtain consents

• Some states adopt Federation Concepts
1. Fully verifying and authenticating the location and, to the extent possible, identifying the requesting patient;
2. Disclosing and validating the provider’s identity and applicable credential(s);
3. Obtaining appropriate consents from requesting patients after disclosures regarding the delivery models and treatment methods or limitations, including informed consents regarding the use of telemedicine technologies as indicated in subsection (5) below;
4. Establishing a diagnosis through the use of acceptable medical practices, such as patient history, mental status examination, physical examination (unless not warranted by the patient’s mental condition), and appropriate diagnostic and laboratory testing to establish diagnoses, as well as identify underlying conditions or contra-indications, or both, to treatment recommended or provided;
5. Discussing with the patient the diagnosis and the evidence for it, the risks and benefits of various treatment options; and
6. Ensuring the availability of the distant site provider or coverage of the patient for appropriate follow-up care; and
7. Providing a written visit summary to the patient.
Practitioners using Telemedicine will be held to the same standard of care as practitioners engaging in more traditional in-person care delivery, including the requirement to meet all technical, clinical, confidentiality and ethical standards required by law.
Informed Consent

- Patient & Practitioner Identification
- Activity types permitted using telemedicine (e.g., Rx, schedule, patient education, etc.)
- Patient agreement that physician determines if telemedicine appropriate for diagnosis/treatment
- Security Measure Details (encryption, privacy, etc.)
- Hold Harmless Clause for information lost due to technical failures
- Information Forwarding Consent-to forward to third party
Medical Records

- Keep record of visit as if in-person visit
- Include in record informed consent for telemedicine visits
What about the Exam?

• Most states require a Appropriate/Good Faith Exam prior to Telemedicine services
• Some states allow for the exam to take place via video
• Some states require in person visit before a telemedicine visit
• Some states require exam before prescribing
• Key concept: Know rules for home and remote state
Coding for Telehealth

• POS: 02

• Modifier:
  • GQ - Asynchronous televisit
  • GT - Synchronous televisit (has been eliminated with use of POS 2)

CMS Proposed Telehealth Changes to Physician Fee Schedule for CY 2019
• http://www.cchpca.org/sites/default/files/resources/INFOGRAPH%20CMS%20PROPOSED%20
  TELEHEALTH%20CHANGES%20TO%20PFS%20CY%202019.pdf

Telehealth Reimbursement Fact Sheet
• http://www.cchpca.org/sites/default/files/resources/TELEHEALTH%20REIMBURSEMENT%202018%20FINAL%20.pdf
As a condition of payment, you 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.

Asynchronous “store and forward” technology, the transmission of medical information the physician or practitioner at the distant site reviews at a later time, is permitted only in Federal telemedicine demonstration programs in Alaska or Hawaii.
Healthcare Physician Shortage Area

Per CMS, "beneficiaries are eligible for telehealth services, only if they are presented from an originating site located in a rural Health Professional Shortage Area or in a county outside of a Metropolitan Statistical Area."

A list of Health Professional Shortage Areas, by state and county, may be found on the Department of Health and Human Services Health Resources and Services Administration website (http://hpsafind.hrsa.gov). The U.S. Census maintains a list of Metropolitan Statistical Areas on its website (http://www.census.gov/population/metro/).
CMS Approved
Telehealth Originating Sites

The Patient Must Be In an Approved "Originating Site" and in Health Professional Shortage Area.

<table>
<thead>
<tr>
<th>Authorized Originating Sites</th>
<th>Non Eligible Originating Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of a physicians or practitioners</td>
<td>Beneficiary's home</td>
</tr>
<tr>
<td>Hospitals</td>
<td>Independent Renal Dialysis Facilities</td>
</tr>
<tr>
<td>Critical Access Hospitals (CAHs)</td>
<td>Sites within an MSA or not within a HPSA</td>
</tr>
<tr>
<td>Rural Health Clinics (RHCs)</td>
<td>Submit claim with GY modifier as statutory requirements not met.</td>
</tr>
<tr>
<td>Federally Qualified Health Centers (FQHCs)</td>
<td></td>
</tr>
<tr>
<td>Hospital-based or CAH-based Dialysis Centers</td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facilities (SNFs)</td>
<td></td>
</tr>
<tr>
<td>Community Mental Health Centers (CMHCs)</td>
<td></td>
</tr>
</tbody>
</table>
CPT manual lists 79 codes that can be billed if telemedicine used
<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS/CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth consultations, emergency department or initial inpatient</td>
<td>HCPCS codes G0425–G0427</td>
</tr>
<tr>
<td>Follow-up inpatient telehealth consultations furnished to beneficiaries</td>
<td>HCPCS codes G0406–G0408</td>
</tr>
<tr>
<td>Office or other outpatient visits</td>
<td>CPT codes 99201–99215</td>
</tr>
<tr>
<td>Subsequent hospital care services, with the limitation of 1 telehealth</td>
<td>CPT codes 99231–99233</td>
</tr>
<tr>
<td>Subsequent nursing facility care services, with the limitation of 1</td>
<td></td>
</tr>
<tr>
<td>telehealth visit every 30 days</td>
<td></td>
</tr>
<tr>
<td>Individual and group kidney disease education services</td>
<td>HCPCS codes G0420 and G0421</td>
</tr>
<tr>
<td>Individual and group diabetes self-management training services, with</td>
<td>HCPCS codes G0108 and G0109</td>
</tr>
<tr>
<td>a minimum of 1 hour of in-person instruction to be furnished in the</td>
<td></td>
</tr>
<tr>
<td>initial year training period to ensure effective injection training</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual and group medical nutrition therapy</td>
<td>HCPCS code G0270 and CPT codes 97802–97804</td>
</tr>
<tr>
<td>Neurobehavioral status examination</td>
<td>CPT code 96116</td>
</tr>
<tr>
<td>Smoking cessation services</td>
<td>HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407</td>
</tr>
<tr>
<td>Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services</td>
<td>HCPCS codes G0396 and G0397</td>
</tr>
<tr>
<td>Annual alcohol misuse screening, 15 minutes</td>
<td>HCPCS code G0442</td>
</tr>
<tr>
<td>Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</td>
<td>HCPCS code G0443</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Service Description</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour</td>
<td>CPT code 99354</td>
</tr>
<tr>
<td>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes</td>
<td>CPT code 99355</td>
</tr>
<tr>
<td>Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)</td>
<td>CPT code 99356</td>
</tr>
</tbody>
</table>

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Private Payers

While most insurances are required by law to cover telemedicine visits at a comparable rate to in-person visits, they may all have different requirements for how you log the visit. In order to make sure a doctor's office is adhering to their guidelines, it's important to do some research before submitting a claim.

The best way to do this is to give them a call and ask the following questions:

• What telemedicine services are covered?
• What types of healthcare providers can bill for telemedicine?
• Is there a limit on the number of covered telemedicine visits?
• Are there any specific conditions required for telemedicine visits?
# State Telehealth Laws and Medicaid Program Policies

## Definition
- 49 states and the District of Columbia have a definition for telehealth, telemedicine, or both.

## Medicaid Reimbursement
- **49** states & DC reimburse for live video through Medicaid.
- **20** states reimburse for remote patient monitoring.
- **1** state offers reimbursement through their Department of Aging Services.
- **32** states reimburse for a transmission/facility fee.
- **15** states reimburse for store and forward.
- States rarely view email/phone/fax as acceptable forms of service delivery.

## Location
- A few states have required a certain amount of distance between the provider and patient.
- *In North Carolina, originating and distant site must be of a sufficient distance apart.*
- *In South Dakota, an originating site and a distant site cannot be in the same community.*

## Consent
- **31** states include some sort of informed consent.

## Online Prescribing
- Internet/online questionnaires are not adequate; states may require a physical exam prior to a prescription.

## Private Payer Laws
- **38** states and the District of Columbia have active laws.

## Cross State Licensure
- **22** participating in Interstate Medical Licensure Compact.

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[Source: www.chpca.org | Spring 2018]
Private Payers

Oregon requires coverage by health benefit plans and self insured health plans offered through the Public Employees’ Benefit Board or the Oregon Educators Benefit Board of health services that is provided using **synchronous** two-way interactive video conferencing, subject to contract terms and conditions.
State Laws

• When you are doing telemedicine, you are subject to laws not only in the state in which you practice in (home state) but also the state in which the patient is located (Remote State).

• You need to know the laws in the Home and Remote state
State Laws

• Most states require that you be licensed in that state in order to care for a patient residing there.

• Some providers elect to become licensed in multiple states in order to practice telemedicine.

• Website with resources for state laws regarding telemedicine: http://www.cchpca.org/
CCHP State Laws and Reimbursement Policies

Interactive Map

Law and Policies by State:

List of states (+ DC)
Oregon

The Oregon Medical Board considers the full use of the patient history, physical examination, and additional laboratory or other technological data all important components of the physician’s evaluation to arrive at diagnosis and to develop therapeutic plans. In those circumstances when one or more of those methods are not used in the patient’s evaluation, the physician is held to the same standard of care for the patient’s outcome.

• https://www.oregon.gov/omb/Topics-of-Interest/Pages/Telemedicine.aspx
Appropriate Use of Telemedicine Guidelines

**Licensure:** A practitioner using Telemedicine to practice medicine on patients in Washington must be licensed to practice medicine in Washington.

**Standard of Care:** Practitioners using Telemedicine will be held to the same standard of care as practitioners engaging in more traditional in-person care delivery, including the requirement to meet all technical, clinical, confidentiality and ethical standards required by law.
Other NW states

Interstate Medical Licensure Compact

The IMLC is an agreement between 24 states and 1 territory and the 31 Medical and Osteopathic Boards in those states and territory.

Under this agreement licensed physicians can qualify to practice medicine across state lines within the Compact if they meet the agreed upon eligibility requirements.

Approximately 80% of physicians meet the criteria for licensure through the IMLC.
State Telemedicine Specific Licensure

- AL, LA, ME, MN, NM, OH, OR, TN & TX
- States eliminating telehealth license & adopted Compact
  - Montana
  - Nevada
- AL, AZ, CO, ID, IL, IA, KS, ME, MN, MS, MT, NE, NV, NH, PA, SD, TN, UT, WV, WA, WI, & WY

Telehealth Specific License

Interstate Medical Licensure Compact
Telemedicine License

• Some states allow you to get a Telemedicine License only if you are already licensed in another state.

• Once licensed in that state, you will be held to the standards of all the states you are licensed in.
Liability

- Check with liability carrier to make sure you are covered for telemedicine
What about consultation?

• Delineation between “Practicing medicine” and performing a consultation.

• Broad definition of practicing medicine is: practicing medicine involves diagnosis and treatment of disease.

• To avoid practicing medicine:
  • stay away from diagnostic labels
  • Use generic language
  • You can not order or interpret tests
Resources

• Northwest Regional Telehealth Resource Center: https://www.nrtrc.org/telehealth-topics

• Center for Connected Health Policy: http://www.cchpca.org/about-cchp

• Interstate Medical Licensure Compact: https://imlcc.org/