Starting a Telemedicine Program During the COVID-19 Pandemic version 2.0

March 27, 2020
April 10, 2020

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• Introductions
• National Consortium of Telehealth Resource Centers (NCTRC)
• Upper Midwest Telehealth Resource Center (UMTRC)
• Telehealth and Technology 101
• Federal Medicare Rules and Reimbursement (including COVID-19 Changes)
• Resources for state telemedicine rules and reimbursement (including COVID-19 Changes)
• Q&A
National Consortium of Telehealth Resource Centers
NCTRC Website

https://www.telehealthresourcecenter.org/
UMTRC Services

- Virtual Librarians
  - Individual Consultation
  - Technical Assistance
  - Connections with other programs

- Presentations & Trainings
  - Project assessments
  - Updates on reimbursement policy and legislative developments
Telehealth versus Telemedicine

• Sometimes used interchangeably
• Two types of distinctions
  • Telehealth
    • Broader field of distance health activities (CME, etc.)
    • Clinical remote monitoring (usually at home)
    • Education
  • Telemedicine
    • Billable interactive clinical services
Types of Telemedicine

**Asynchronous**
- Describes store and forward transmission of medical images or information because the transmission typically occurs in one direction in time
  - *Store-and-forward telemedicine*
    - *Pictures, data*

**Synchronous**
- Describes interactive video connections because the transmission of information in both directions is occurring at exactly the same period
  - *Live and Interactive Telemedicine*
    - *HIPAA Compliant, Secure real-time audio AND video*
Telehealth is a delivery mechanism for health care services

- Live and interactive telehealth services duplicate clinical in-person care
- Some services are made better or possible with telehealth when distance is a barrier
- Reimbursement should be equal to “in-person” care
COVID-19 Resources

Blog
Broadband
Credentialing & Privileging
COVID-19 Resources
FAQs
Getting Started Guides
Grant Resources
International Resources
News
Policy & Regulations
Reimbursement
Sample Forms & Templates
Technology

This toolkit has been created to assist providers with resources for appropriate plan.

more»

ILLINOIS COVID-19 RESOURCES

more»

INDIANA COVID-19 RESOURCES

more»

MICHIGAN COVID-19 RESOURCES

more»

OHIO COVID-19 RESOURCES

https://www.umtrc.org/resources/covid-19/
Medicare and state Medicaid programs have relaxed HIPAA rules

- CMS clarified in their Final Interim Rule (released on March 31, 2020) that for telehealth services a “telecommunications system” would mean “multimedia communications equipment 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.”
  - See CCHP Telehealth Coverage Policies in the time of COVID-19
  - https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies
- See UMTRC COVID-19 Resource Page
  - https://www.umtrc.org/resources/covid-19/
  - IL – through electronic or telephonic methods, such as telephone (landline or cellular), video technology commonly available on smart phones and other devices such as FaceTime, Facebook Messenger Video Chat, Google Hangouts video, or Skype, and videoconferencing
    - should not use ‘public facing’ applications like Facebook Live, Twitch, TikTok, or similar applications
  - IN – any real-time, interactive consultation (including telephonic), but not text or email
  - MI – should be audio and visual service delivery; telephonic allowed for up to 30 days after the discontinuation of the emergency, or the 1st of the following month
  - OH – any audio or video non-public facing remote communication product that is available to communicate with patients
    - should not use ‘public facing’ applications like Facebook Live, Twitch, TikTok, or similar applications
- UMTRC still recommends HIPAA compliant technology

COVID-19 HIPAA Rules Relaxed
TTAC Toolkits

http://telehealthtechnology.org/toolkits/
TTAC Toolkits

- Clinician's Guide to Video Platforms
- Digital Cameras – DSLR
- Digital Cameras – Point and Shoot
- Electronic Stethoscopes
- Home Telehealth
- mHealth
- mHealth App Selection
- Mobile Blood Pressure
- Patient Exam Cameras
- Technology Assessment 101
- Tympanometers
- Video Otoscopes

http://telehealthtechnology.org/toolkits/
Existing Organizational EMR System and Technology

- Epic
- Cerner
- Meditech

- Cisco
- Microsoft
Developing a Telemedicine Program

- Assess & Define
- Develop & Plan
- Implement & Monitor

**Figure 1: The Plan-Do-Check-Act Cycle**

ACT
Implement the Best Solution

PLAN
Identify Your Problems

CHECK
Study Results

DO
Test Potential Solutions

www.MindTools.com
Personalities on your team

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The characters of *Who Moved My Cheese* mapped to the four PSIU forces of Organizational Physics.
Getting Started Guides

TELEHEALTH START-UP AND RESOURCE GUIDE

This start-up and resource guide was created in partnership between Telligen and goTRAC, the Great Plains Telehealth Resource and Assistance Center.

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TELEHEALTH TRAINING MODULE

Telehealth Training Module Developed by: The California Telemedicine and eHealth Center.

more>>

15 STEPS FOR CREATING A BUSINESS PROPOSAL TO IMPLEMENT TELEMEDICINE

Here, you'll find a concise overview of 15 steps to implement a successful telemedicine program at your facility.

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TELEHEALTH MARKETING AND MARKET ANALYSIS MODULE
Telemedicine Room Design

- Location / Size
- Placement of equipment & furniture
- Electrical & telecommunications connections
- Lighting, Acoustics, Wall color
Existing
Patient Room

• Large enough to move around comfortably
  • Exam table
  • Chairs
  • Telemedicine equipment
  • Patient
  • Telepresenters
  • Work surface
  • Phone/computer, etc.
Seeing patients from home in their home

- Privacy
- Webside Manner
- Video Etiquette
- Consent
- Vital Signs
# Sample Work Plan

<table>
<thead>
<tr>
<th>Goal</th>
<th>Strategies &amp; Objectives</th>
<th>Activities</th>
<th>Responsibility</th>
<th>Time Period</th>
<th>Outcomes &amp; Process Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you want?</td>
<td>How are you going to get there?</td>
<td>What are the steps?</td>
<td>Who is going to do it?</td>
<td>How long will it take?</td>
<td>How do you know if you achieved your goal?</td>
</tr>
<tr>
<td>Reduce ED wait times for psych consults</td>
<td>Provide telepsych services in the ED</td>
<td>Find a space</td>
<td>Team Lead</td>
<td>By 1st Quarter 2020</td>
<td>1) By the end of 2nd Quarter 2020, we will see 20 patients via telepsych</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Invest in video technology</td>
<td>Team member A</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hire a psychiatrist</td>
<td>Team member B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

S - Specific  
M - measurable  
A - achievable  
R - relevant  
T - timely
Don’t do this!
Clean and Uncluttered

An uncluttered background optimizes camera function and improves the view at the remote site. Wires, telephones, fax machines, monitors, computers, peripheral equipment and furniture can contribute to a cluttered and inefficient workspace. Make an effort to arrange and store them in an organized, efficient way.
Optimal Lighting

• Diffused soft light source
  • No shadows
  • Depicts colors naturally
• Place a light in front of a patient to reduce shadows
• Avoid backlight from windows or overhead lights
Acoustics

- High ceilings and hard surface floors
  - Can create echoes

- External noises
  - from facility HVAC
  - From traffic outside

- Sound dampening
  - Carpet, drapes, acoustic tiles on the ceiling
  - Sound dampening paint
White or light walls can darken faces. A dark wall can lighten faces.

A robin’s egg blue or light gray background works well on all skin tones.
Professionals are regulated at the state level (doctors, nurses, counselors, etc.)

- **Medicare**
  - Pays for certain outpatient professional services (CPT codes) for patients accessing care in rural counties and HPSAs in rural census tracts
  - *No regs; only conditions of payment*

- **Medicaid**
  - Telemedicine is “a cost-effective alternative to the more traditional face-to-face way of providing medical care... that states can choose to cover”
  - As of Spring 2019, all 50 States and DC cover live and interactive telemedicine
Medicare Telehealth Reimbursement Requirements

- Patient outside of a MSA
- Patient in designated originating site
- Services within CPT Code Range
- Services Delivered by Eligible Practitioners

Waived during the national pandemic

Still True, but expanded!
Updated Areas:

- Otherwise eligible sites in Health Professional Shortage Areas (HPSAs) located in rural census tracts of Metropolitan Statistical Area (MSA) counties will be eligible originating sites.
  - (RUCA codes 4-10, also excludes counties over 400 sq. mi., <35/sq. mi. density)

- Eligibility Lookup Tool

HPSA Rural Designation

Waived during the national pandemic
Eligible Originating and Distant Sites
Eligible Providers
Telehealth Services by HCPCS/CPT Code

Most basic services usually allowed
Many screening and prevention services allowed

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsht.pdf?utm_source=Telehealth+Enthusiasts&utm_campaign=2a178351b-EMAIL_CAMPAIGN_2019_04_1&utm_medium=email&utm_term=0_ae00b0e89a-2a178351b-353223937
### MLN Fact Sheet Example

<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>G0425–G0427</td>
</tr>
<tr>
<td>Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs</td>
<td>G0406–G0408</td>
</tr>
<tr>
<td>Office or other outpatient visits</td>
<td>99201–99215</td>
</tr>
<tr>
<td>Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days</td>
<td>99231–99233</td>
</tr>
<tr>
<td>Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days</td>
<td>99307–99310</td>
</tr>
<tr>
<td>Individual and group kidney disease education services</td>
<td>G0420–G0421</td>
</tr>
<tr>
<td>Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training</td>
<td>G0108–G0109</td>
</tr>
<tr>
<td>Individual and group health and behavior assessment and intervention</td>
<td>96150–96154</td>
</tr>
<tr>
<td>Individual psychotherapy</td>
<td>90832–90838</td>
</tr>
<tr>
<td>Telehealth Pharmacologic Management</td>
<td>G0459</td>
</tr>
<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>90791–90792</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment</td>
<td>90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</td>
<td>90963</td>
</tr>
</tbody>
</table>
CMS Alert!

Medicare Beneficiaries Expanded Telehealth Benefits During COVID-19 Outbreak

Under the Coronavirus Preparedness and Response Supplemental Appropriations Act and Section 1135 waiver authority, the Centers for Medicare & Medicaid Services (CMS) broadened access to Medicare telehealth services, so beneficiaries can get a wider range of services from their doctors and other clinicians without traveling to a health care facility. On March 6, 2020, Medicare began temporarily paying clinicians to furnish beneficiary telehealth services residing across the entire country.

Before this announcement, Medicare could only pay clinicians for telehealth services, such as routine visits in certain circumstances. For example, the beneficiary getting the services must live in a rural area and travel to a local medical facility to get telehealth services from a doctor in a remote location. In addition, the beneficiary generally could not get telehealth services in their home.

Under this Section 1135 waiver expansion, a range of providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, can offer a specific set of telehealth services. The specific set of services beneficiaries can get include evaluation and management visits (common office visits), mental health counseling, and preventive health screenings. Beneficiaries can get telehealth services in any health care facility including a physician’s office, hospital, nursing home or rural health clinic, as well as from their homes. This change broadens telehealth flexibility without regard to the beneficiary’s diagnosis, because at this critical point it is important to ensure beneficiaries follow CDC guidance including practicing social distancing to reduce the risk of COVID-19 transmission. This change will help prevent vulnerable beneficiaries from unnecessarily entering a health care facility when clinicians can meet their needs remotely.

To read the Fact Sheet on this announcement visit: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

Telemedicine Billing

CMS

Part B Professional Fee Normal CPT Code with Modifiers

Urban Distant / Hub / Provider Site

Q3014

Rural Originating / Spoke / Patient Site

Urban Distant / Hub / Provider Site
Physician and Other Clinicians: CMS Flexibilities to Fight COVID-19

To enable services to continue while lowering exposure risk, clinicians can now provide the following additional services by telehealth:

- Emergency Department Visits, Levels 1-5 (CPT codes 99281-99285)
- Initial and Subsequent Observation and Observation Discharge Day Management (CPT codes 99217-99220; CPT codes 99224-99226; CPT codes 99234-99236)
- Initial hospital care and hospital discharge day management (CPT codes 99221-99223; CPT codes 99238-99239)
- Initial nursing facility visits, All levels (Low, Moderate, and High Complexity) and nursing facility discharge day management (CPT codes 99304-99306; CPT codes 99315-99316)
- Critical Care Services (CPT codes 99291-99292)
- Domiciliary, Rest Home, or Custodial Care services, New and Established patients (CPT codes 99327-99328; CPT codes 99334-99337)
- Home Visits, New and Established Patient, All levels (CPT codes 99341-99345; CPT codes 99347-99350)
- Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent (CPT codes 99468-99473; CPT codes 99475-99476)

- Initial and Continuing Intensive Care Services (CPT code 99477-994780)
- Care Planning for Patients with Cognitive Impairment (CPT code 99483)
- Psychological and Neuropsychological Testing (CPT codes 96130-96133; CPT codes 96136-96139)
- Therapy Services, Physical and Occupational Therapy, All levels (CPT codes 97161-97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507)
- Radiation Treatment Management Services (CPT codes 77427)
- Licensed clinical social worker services, clinical psychologist services, physical therapy services, occupational therapist services, and speech language pathology services can be paid for as Medicare telehealth services.
A complete list of all Medicare telehealth services can be found here: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Virtual Check-Ins & E-Visits
- Additionally, clinicians can provide virtual check-in services (HCPCS codes G2010, G2012) to both new and established patients. Virtual check-in services were previously limited to established patients.
- Licensed clinical social workers, clinical psychologists, physical therapists, occupational therapists, and speech language pathologists can provide e-visits. (HCPCS codes G2061-G2063).
- A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients (CPT codes 98966-98968; 99441-99443)

Remote Patient Monitoring
- Clinicians can provide remote patient monitoring services to both new and established patients. These services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient’s oxygen saturation levels using pulse oximetry. (CPT codes 99091, 99457-99458, 99473-99474, 99493-99494)

Removal of Frequency Limitations on Medicare Telehealth
- To better serve the patient population that would otherwise not have access to clinically appropriate in-person treatment, the following services no longer have limitations on the number of times they can be provided by Medicare telehealth:
  - A subsequent inpatient visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every three days (CPT codes 99231-99233);
  - A subsequent skilled nursing facility visit can be furnished via Medicare telehealth, without the limitation that the telehealth visit is once every 30 days (CPT codes 99307-99310)
  - Critical care consult codes may be furnished to a Medicare beneficiary by telehealth beyond the once per day limitation (CPT codes G0508-G0509).
Other Medicare Telehealth and Remote Patient Care

- For Medicare patients with End Stage Renal Disease (ESRD), clinicians no longer must have one “hands on” visit per month for the current required clinical examination of the vascular access site.

- For Medicare patients with ESRD, we are exercising enforcement discretion on the following requirement so that clinicians can provide this service via telehealth: individuals must receive a face-to-face visit, without the use of telehealth, at least monthly in the case of the initial 3 months of home dialysis and at least once every 3 consecutive months after the initial 3 months.

- To the extent that a National Coverage Determination (NCD) or Local Coverage Determination (LCD) would otherwise require a face-to-face visit for evaluations and assessments, clinicians would not have to meet those requirements during the public health emergency.

- Beneficiary consent should not interfere with the provision of telehealth services. Annual consent may be obtained at the same time, and not necessarily before, the time that services are furnished.

- Physician visits: CMS is waiving the requirement in 42 CFR 483.30 for physicians and non-physician practitioners to perform in-person visits for nursing home residents and allow visits to be conducted, as appropriate, via telehealth options.
Medicare Physician Supervision requirements: For services requiring direct supervision by the physician or other practitioner, that physician supervision can be provided virtually using real-time audio/video technology.

Medicare Physician Supervision and Auxiliary Personnel: The physician can enter into a contractual arrangement that meets the definition of auxiliary personnel at 42 CFR 410.26, including with staff of another provider/supplier type, such as a home health agency (defined under § 1861(o) of the Act) or a qualified home infusion therapy supplier (defined under § 1861(iii)(3)(D)), or entities that furnish ambulance services, that can provide the staff and technology necessary to provide care that would ordinarily be provided incident to a physician’s service (including services that are allowed to be performed via telehealth). In such instances, the provider/supplier would seek payment for any services provided by auxiliary personnel from the billing practitioner and would not submit claims to Medicare for such services.

Medicare Physician Supervision requirements: Direct physician supervision is no longer required for non-surgical extended duration therapeutic services provided in hospital outpatient departments and critical access hospitals. Instead, a physician can provide a general level of supervision for these services so that a physician is no longer required to be immediately available in the office suite.

Physician Services: CMS is waiving 482.12(c)(1-2) and (4), which requires that Medicare patients in the hospital be under the care of a physician. This allows hospitals to use other practitioners, such as physician’s assistant and nurse practitioners, to the fullest extent possible. This waiver should be implemented in accordance with a state’s emergency preparedness or pandemic plan.

National coverage determinations (NCDs) and Local Coverage Determinations (LCDs): To the extent NCDs and LCDs require a specific practitioner type or physician specialty to furnish or supervise a service, during this public health emergency, the Chief Medical Officer or equivalent of a hospital or facility will have the authority to make those staffing decisions.
Practitioner Locations:

- Temporarily waive Medicare and Medicaid’s requirements that physicians and non-physician practitioners be licensed in the state where they are providing services. State requirements will still apply. CMS waives the Medicare requirement that a physician or non-physician practitioner must be licensed in the State in which s/he is practicing for individuals for whom the following four conditions are met: 1) must be enrolled as such in the Medicare program, 2) must possess a valid license to practice in the State which relates to his or her Medicare enrollment, 3) is furnishing services – whether in person or via telehealth – in a State in which the emergency is occurring in order to contribute to relief efforts in his or her professional capacity, and 4) is not affirmatively excluded from practice in the State or any other State that is part of the 1135 emergency area. A physician or non-physician practitioner may seek an 1135-based licensure waiver from CMS by contacting the provider enrollment hotline for the Medicare Administrative Contractor that services their geographic area. This waiver does not have the effect of waiving State or local licensure requirements or any requirement specified by the State or a local government as a condition for waiving its licensure requirements.

Provider Enrollment:

- CMS has established toll-free hotlines for physicians, non-physician practitioners and Part A certified providers and suppliers establishing isolation facilities to enroll and receive temporary Medicare billing privileges. CMS is providing the following flexibilities for provider enrollment:
  - Waive certain screening requirements.
  - Postpone all revalidation actions.
  - Allow licensed physicians and other practitioners to bill Medicare for services provided outside of their state of enrollment.
  - Expedite any pending or new applications from providers.
  - Allow practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment while continuing to bill from your currently enrolled location.
  - Allow opted-out practitioners to terminate their opt-out status early and enroll in Medicare to provide care to more patients.
• Stark Law Waivers
• National Coverage Determinations and Local Coverage Determinations on Respiratory Related Devised, Oxygen and Oxygen Equipment, Home Infusion Pumps and Home Anticoagulation Therapy
• Signature Requirements
• Changes to MIPS
• Accelerated/Advance Payments
• Additional Guidance
  • The Interim Final Rule and waivers can be found at: https://www.cms.gov/about-cms/emergencypreparedness-response-operations/current-emergencies/coronavirus-waivers

• CMS has released guidance to providers related to relaxed reporting requirements for quality reporting programs at:
DEA Prescribing via Telemedicine

https://www.deadiversion.usdoj.gov/coronavirus.html
Electronic Prescribing of Controlled Substance (EPCS)

DEA Policy: Questions and Answers for Prescribing Practitioners (EPCS)
DEA Guidance: Use of Mobile Devices in the Issuance of EPCS
DEA Guidance: Remote Identity Proofing EPCS at hospital/clinics.

Medication Assisted Treatment (MAT)

DEA Policy: Use of Telephone Evaluations to Initiate Buprenorphine Prescribing
DEA Guidance: Exemption Allowing Alternate Delivery Methods for OTPs
Substance Abuse and Mental Health Services Administration (SAMHSA): OTP Update Page
SAMHSA: COVID-19 Guidance for Opioid Treatment Programs
DEA Guidance: Methadone Shortages
Telemedicine

DEA Policy: Use of Telephone Evaluations to Initiate Buprenorphine Prescribing

On January 31, 2020, the Secretary of the Department of Health and Human Services issues a public health emergency (HHS Public Health Emergency Declaration).

Question: Can telemedicine now be used under the conditions outlined in Title 21, United States Code (U.S.C.), Section 802(54)(D)?

Answer: Yes. While a prescription for a controlled substance issued by means of the Internet (including telemedicine) must generally be predicated on an in-person medical evaluation (21 U.S.C. 829(e)), the Controlled Substances Act contains certain exceptions to this requirement. One such exception occurs when the Secretary of Health and Human Services has declared a public health emergency under 42 U.S.C. 247d (section 319 of the Public Health Service Act), as set forth in 21 U.S.C. 802(54)(D). Secretary Azar declared such a public health emergency with regard to COVID-19 on January 31, 2020 [https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html]. On March 16, 2020, the Secretary, with the concurrence of the Acting DEA Administrator, designated that the telemedicine allowance under section 802(54)(D) applies to all schedule II-V controlled substances in all areas of the United States. Accordingly, as of March 16, 2020, and continuing for as long as the Secretary’s designation of a public health emergency remains in effect, DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
- The practitioner is acting in accordance with applicable Federal and State laws.

Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy.

The term “practitioner” in this context includes a physician, dentist, veterinarian, or other person licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which s/he practices to prescribe controlled substances in the course of his/her professional practice (21 U.S.C. 802(21)).

Important Note: If the prescribing practitioner has previously conducted an in-person medical evaluation of the patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with applicable Federal and State laws.
FQHCs and RHCs (and FQHC look-alikes)

- Pre – COVID-19
  - IL, IN, MI, and OH Medicaid
    - *Already allowed* RHCs and FQHCs to be both originating and distant sites
  - Medicare *only allowed* FQHCs/RHCs to be originating site
    - CARES Bill passed on 03/27 allows them to be distant sites
- Check out UMTRC website for more information
State of the State

TelehealthResourceCenters.org

2 National Resource Centers

12 Regional Resource Centers

UPPER MIDWEST
Telehealth
RESOURCE CENTER
UMTRC.org
Illinois Medicaid
- Reimburse for live video telemedicine and telepsychiatry services for specific providers
  - Physician, physician assistant, podiatrist, or advanced practiced nurse
  - Licensed by the state of Illinois or by the state where the patient is located
- Bill appropriate CPT codes with GT modifier for telemedicine and telepsychiatry services
- Does not have details about reimbursement for store and forward telemedicine
- Covers home uterine monitoring with prior approval and specific criteria

Commercial/Private Insurance
- Parity Rule
  - Payers are not required to cover telehealth services, they are only required to meet certain requirement if they choose to do so

https://www.umtrc.org/resources/reimbursement/umtrc-illinois-telehealth-reimbursement-summary?back=resources
Indiana Medicaid
- Reimburses for live and interactive telemedicine
- DOES NOT reimburse for store and forward telemedicine
- Originating site must obtain patient consent; must be maintained at distant and originating sites
- Provider/patient relationship can be created during the 1st telemedicine visit
  - subject to clinical standards
- Provider/patient relationship must be established before issuing prescriptions
- Controlled substance prescriptions can be issued via telemedicine
  - Subject to DEA waivers

Commercial/Private Insurance
- Parity Rule
  - A policy must provide coverage for telemedicine services in accordance with the same clinical criteria as the policy providers coverage for the same health care services delivered in person
  - Coverage may not be less favorable than in person
  - Lifetime dollar limits must be the same

Indiana Health Coverage Programs (IHCP)

Effective 1/1/2020

• Banner 201950
• Fee-for-Service Medicaid now covers

Indiana Reimbursement (Pre-COVID-19)

• **Michigan Medicaid**
  - Reimburses for live video telemedicine and certain healthcare professionals, for patients located at certain originating sites for specific services
  - Does not reimburse for store-and-forward or remote patient monitoring
  - Consent must be directly or indirectly be obtained by a health care professional utilizing telehealth
  - A health professional providing telehealth service to a patient may prescribe the patient a drug if both of the following are met
    - The health professional is a prescriber who is acting within the scope of his or her practice and
    - If the health professional is prescribing a controlled substance, the health professional must meet the requirements of this act
  - The health professional must also provide or delegate follow-up care for the patient
  - Subject to DEA waivers

• **Commercial/Private Insurance**
  - **Parity Rule**
    - Insurers and group or nongroup health care corporations shall not require face-to-face contact between a health care professional and a patient for services appropriately provided through telemedicine, as determined by the insurer or health care corporation

[https://www.umtrc.org/resources/reimbursement/umtrc-michigan-telehealth-reimbursement-summary/?back=resources](https://www.umtrc.org/resources/reimbursement/umtrc-michigan-telehealth-reimbursement-summary/?back=resources)
Ohio Medicaid (Effective 7/4/2019)
- Reimburses for live video telemedicine
- Does not reimburse for store and forward or remote patient monitoring
- Does not reimburse for originating site
  - Patient may be at home, Practitioner’s office, primary care clinic, school, FQHC, RHC, Public Health Dept, family planning clinic, inpatient / outpatient hospital, nursing facility, Intermediate care facility for individuals with intellectual disability (ICF/IIF)

Excluded Place of Service
- Penal facility or institution (jail or prison, etc.), other place of service
- No other POS restrictions for practitioner if:
  - Patient is ‘active’, practice is patient centered medical home, service provided is an inpatient or office consultation

Commercial/Private Insurance Parity Rule
- Ohio HB 166 – Creates FY 2020-2021 operating budget
- Enacted 7/18/2019 – takes effect 1/1/2021
- Requires a health benefit plan to provide coverage for telemedicine services on the same basis and to the same extent that the plan provides coverage for the provision of in-person health care services

https://www.umtrc.org/resources/reimbursement/umtrc-ohio-telehealth-reimbursement-summary/?back=resources
• Do we need any special credentials to provide telemedicine?
  • You must be licensed in the state where the patient is physically located during the telemedicine visit

• What equipment do I need? Must you use video capabilities? Do you need a headset?
  • Depends upon the platform you are using
  • Some videoconferencing platforms have apps for tablets and smart phones, other’s are browser-based
  • Synchronous two-way audio-video is best
  • Headsets are optional, but especially good to block out surrounding noises, and if using digital stethoscopes

• Is telemedicine appropriate for all ages and/or specialties?
  • Use your best judgement during this pandemic
Can telemedicine visits be for new patients or only established patients?
  - During the current epidemic, either
  - Some restrictions exist around prescriptions for controlled substances

Can I order outpatient tests or labs for a patient during a telemedicine visit?
  - Yes

Can meds be prescribed?
  - Yes

What about controlled substances?
  - UMTRC has posted the DEA COVID-19 guidelines on the COVID-19 Resources page of our website; the facility must be a DEA facility and/or the provider must be a DEA provider, but can prescribe on initial video visit, even if the provider hasn’t seen the patient before in-person
  - Pre COVID-19, the patient must have been an existing patient who had been seen before in-person in order to receive a prescription for a controlled substance via telemedicine
• How do I perform a physical exam? How do I get vitals?
  • If the patient is at home, and there isn’t anyone else with them, rely on your patient
  • Do the best you/they can
    • Does the patient have a thermometer, blood pressure cuff, fitness device to check pulse

• What if patients need to be seen in-person?
  • Follow your organization’s emergency preparedness clinical protocols

• If an in-person visit is determined necessary can I still bill for a telemedicine visit?
  • Yes

• What is the reimbursement?
  • The same as in-person for the insurance being billed
• How long should visits be scheduled for?
  • How long are your normal visits scheduled for?

• Does my collaborating doc have to do anything with these visits?
  • Same collaboration rules apply as in-person visits

• Once the COVID-19 pandemic is over, do I lose my ability to provide telemedicine services?
  • No
CCHP
Current and Pending Legislation
UMTRC Resources

COVID-19

COVID-19 TELEHEALTH TOOLKIT

This toolkit has been created to assist providers with resources for integrating telehealth into their COVID-19 response plan.

more>

ILLINOIS COVID-19 RESOURCES

more>

INDIANA COVID-19 RESOURCES

more>

MICHIGAN COVID-19 RESOURCES

more>
Thank YOU!

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