Agenda

- Welcome / General Introductions
- Introduction to the Upper Midwest Telehealth Resource Center (UMTRC)
- Federal guidelines and resources
- Region-specific information (IL, IN, MI, OH)
- Trends in technical assistance
- Adjourn
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
UMTRC Website Facebook LinkedIn

Website: https://www.umtrc.org/
Definitions and Concepts

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)
  - 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 not a service; but 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
Flavors of Telehealth

• Hospitals & Specialties
  • Specialists see and manage patients remotely
    • Telestroke, TeleICU

• Integrated Care
  • Mental health and other specialists work in primary care settings
    • Primary Care Medical Homes, Accountable Care Organizations

• Transitions & Monitoring (Chronic Care Management)
  • Patients access care (or care accesses patients) where and when needed to avoid complications and higher levels of care
    • Technology captures patient data and transmits to primary care
    • Community Paramedicine

• Primary Care in Schools
  • Students access care during the school day without leaving campus
COVID-19

https://www.umtrc.org/resources/covid-19/
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
Waived during the national pandemic

Medicare Telehealth Reimbursement Requirements

Still True, but expanded!
Updated Annually

- 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 2-3 in counties over 400 sq. mi., <35/sq. mi. density)

- Eligibility Lookup Tool
  http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx

Waived during the national pandemic
Medicare Learning Network
Telehealth Fact Sheet

Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Published Annually; 13 pages
Eligible Originating and Distant Sites
Eligible Providers
Telehealth Services by HCPCS/CPT Code
Most basic services usually allowed
Many screening and prevention services allowed

## CY 2019 Medicare Telehealth Services

<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</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</td>
<td>99231–99233</td>
</tr>
<tr>
<td>Telehealth visit every 3 days</td>
<td></td>
</tr>
<tr>
<td>Subsequent nursing facility care services, with the limitation of 1</td>
<td>99307–99310</td>
</tr>
<tr>
<td>Telehealth visit every 30 days</td>
<td></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</td>
<td>G0108–G0109</td>
</tr>
<tr>
<td>a minimum of 1 hour of in-person instruction furnished in the initial</td>
<td></td>
</tr>
<tr>
<td>year training period to ensure effective injection training</td>
<td></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</td>
<td>90951, 90952,</td>
</tr>
<tr>
<td>monthly capitation payment</td>
<td>90954, 90955,</td>
</tr>
<tr>
<td></td>
<td>90957, 90958,</td>
</tr>
<tr>
<td></td>
<td>90960, 90961</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home</td>
<td>90963</td>
</tr>
<tr>
<td>dialysis per full month, for patients younger than 2 years of age</td>
<td></td>
</tr>
<tr>
<td>to include monitoring for the adequacy of nutrition, assessment of</td>
<td></td>
</tr>
<tr>
<td>growth and development, and counseling of parents</td>
<td></td>
</tr>
</tbody>
</table>
Telemedicine Billing

CMS

Part B Professional Fee

Urban Distant / Hub / Provider Site

Part B Facility Fee

Rural Originating / Spoke / Patient Site
Telemedicine Billing

Part B Facility Fee Q3014

Part B Professional Fee
Normal CPT Code with Modifiers

Urban Distant / Hub / Provider Site

CMS
State of the Region
Illinois Medicaid
- Reimburses 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)

Procedures:
- 92507: Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
- 92508: Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
- 92521: Evaluation of speech fluency (e.g., stuttering, cluttering)
- 92522: Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
- 92523: Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language)
- 92524: Behavioral and qualitative analysis of voice resonance

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
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
For the most up-to-date coverage of national and state policy, visit our site as well as the Center for Connected Health Policy, housed at the National Telehealth Policy Resource Center: https://www.cchpca.org/
Bill Medicare for approved Telehealth CPT Codes

If denied, automatically goes to Medicaid

Medicaid uses a different CPT code for Telehealth services

If Medicaid also denies the services based on the fact that Medicare was not billed first

Resubmit the claim to Medicaid
Ultimate Goal: Increase Access to Care
Since the declaration of a public health emergency, interest in telehealth has risen precipitously, leading us to fulfill more technical assistance (TA) requests than ever before since mid-March. A few trends we’ve seen develop:

- Getting started
- Consent and documentation
- Technology and HIPAA compliance
- Audio-only codes for Medicare billing
- Clinical workflow
The UMTRC has several training modules and templates available here: https://www.umtrc.org/resources/getting-started-guides/

You may also want to check out our FAQs: https://www.umtrc.org/faq/resources/

For funding mechanisms, we recommend searching “telehealth” at: http://grants.gov/
The UMTRC has conducted two webinars (May 21 and April 14, 2020) on the topic of consent and documentation for each of the four states in the region. Those slides and recordings can be found here: https://www.umtrc.org/resources/umtrc-archived-webinars/

Sample, one-page informed consent form for telehealth consultation: https://www.umtrc.org/clientuploads/Resources/Sample%20Forms%20and%20Templates/Sample_Informed_Consent_for_Telehealth_Consultations.pdf
Our friends over at the National Telehealth Technology Assessment Resource Center (TTAC) have put together a set of toolkits that will help you assess your own tech needs: http://telehealthtechnology.org/toolkits/

For the latest information on HIPAA compliance, visit: https://www.hhs.gov/hipaa/index.html
This link takes you to a downloadable .zip file of all telehealth codes as updated on April 30, 2020 which includes a column that denotes the expanded list of audio-only CPT codes: https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes
• Mapping telehealth workflow: https://www.ruralhealthinfo.org/toolkits/telehealth/4/mapping-workflow

• UMTRC Annual Conference
  • July 14-15, 2020
  • South Bend, IN
  • Gillespie Conference Center
  • https://www.umtrc.org/umtrc-annual-conference
UMTRC Newsletters

- Join our mailing list
- Blogs
- News Articles
- Upcoming Events
Quarterly Stakeholder Calls (All States)
2:00pm Eastern
- January 15th
- April 15th
- July 22nd
- October 21st

See Events on UMTRC.org
Contact Information

• Autumn Daniels
  • adaniels@indianarha.org

• Becky Sanders
  • bsanders@indianarha.org

• Luke Wortley
  • lwortley@indianarha.org