Public Health and the Use of Telehealth Technology

June 15, 2020

Please be advised that UMTRC only provides guidance on billing issues based on experience, anecdotal information we have heard in the field, and through research. Following our advice does not guarantee payment. We always recommend you check with the payer (or your Medicare Administrative Contractor) to verify UMTRC’s information.

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Basics of Telehealth and Telemedicine
Technology Tips
Reimbursement
Public Health Use
Q&A
Funded by the U.S. Health Resources and Services Administration (HRSA), the National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts to who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.
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
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
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
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
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

Services within CPT Code Range

Services Delivered by Eligible Practitioners

Still True, but expanded!

Waived during the public health emergency

Patient outside MSA

Patient Designated Originating Site

Patient in Designated Originating Site
Updated Annually

- Otherwise eligible sites in Health Professional Shortage Areas (HPSAs) located in rural census tracts of Metropolitan Statistical Areas (MSA) counties will be otherwise 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

HPSA Rural Designation

Waived during the public health emergency
Medicare Learning Network
Telehealth Fact Sheet

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

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</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>Subsequent nursing facility care services, with the limitation of 1</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</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, 90954, 90955, 90957,</td>
</tr>
<tr>
<td>monthly capitation payment</td>
<td>90958, 90960, 90961</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per</td>
<td>90963</td>
</tr>
<tr>
<td>full month, for patients younger than 2 years of age to include</td>
<td></td>
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<tr>
<td>monitoring for the adequacy of nutrition, assessment of growth and</td>
<td></td>
</tr>
<tr>
<td>development, and counseling of parents</td>
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</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

Part B Facility Fee
Q3014

Rural Originating / Spoke / Patient Site

Urban Distant / Hub / Provider Site

Part B Professional Fee
Normal CPT Code with Modifiers

CMS
Virtual Check-in Codes

- **G2010, G2012**
  - Synchronously or asynchronously; can use telephone

- **PTs, OTs, and speech language pathologists may also bill**
  - G2061, G2062, G2063

- **NOTE**
  - These codes are designed for short 5-10 minute quick check-ins
  - Reimbursement is low
Interprofessional
Telephone
Internet
EHR
Consultations
(eConsult)

- 99446, 99447, 99448, 99449, 99451, 99452
- eConsult allows for provider-to-provider consultation
- Both providers get paid, but codes have certain time needed
E-Visits

- **Online Digital Evaluation**
  - G2061
    - Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes
  - G2062
    - Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes
  - G2063
    - Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes

- **Online Medical Evaluations**
  - 99421, 99422, 99423

- These are not considered ‘telehealth’ services
Telephone E/M Services

- Added by Interim Final Rule (3/31/2020)
- 98966-98968
- 99441-99443
CMS Waivers

- March, April, and May
  - More than 80 new CPT codes
  - Workforce and Supervision
    - Practitioner Locations
    - Provider Enrollment
- Patients over Paperwork
  - Stark Law Waivers
  - Signature Requirements
  - Consent and Documentation
  - Changes to MIPS
  - Accelerated / Advance Payments
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.
This toolkit has been created to assist providers with resources for planning.

**ILLINOIS COVID-19 RESOURCES**

**INDIANA COVID-19 RESOURCES**

**MICHIGAN COVID-19 RESOURCES**

**OHIO COVID-19 RESOURCES**

[https://www.umtrc.org/resources/covid-19/](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](https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies)

- See UMTRC COVID-19 Resource Page
  - [https://www.umtrc.org/resources/covid-19/](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
• State Specific Reimbursement Summaries
  • Illinois, Indiana, Michigan, Ohio
  • Medicare
  • State Medicaid
  • Private Payer Laws

https://www.umtrc.org/resources/reimbursement/
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/
Spring 2020 State Telemedicine Laws & Reimbursement Policies

State Telehealth Laws and Reimbursement Policies
AT A GLANCE | Spring 2020

*Please note that since the research was conducted for this report in February 2020, the COVID-19 emergency has imposed many temporary waivers, exceptions and changes to telehealth policy across the nation. These changes, while significant, in most cases do not reflect a permanent shift in a state’s telehealth policy, and are only in effect through the duration of the emergency. Therefore, these COVID-19 specific policy changes are not reflected in the data used for this factsheet.*

Telehealth policy trends continue to vary from state-to-state, with no two states alike in how telehealth is defined, reimbursed or regulated. A general definition of telehealth used by CCHP is the use of electronic technology to provide health care and services to a patient when the provider is in a different location.

16 Medicaid programs reimburse for S&D
23 Medicaid programs reimburse for RPM
50 States and the District of Columbia (D.C.) have a definition for telehealth, telemedicine or both.
50 States and D.C. reimburse for live video
19 States reimburse services to the home
Spring 2020 State Telemedicine Laws & Reimbursement Policies

State Telehealth Laws and Reimbursement Policies

**Other Common Telehealth Restrictions**
- The specialty that telehealth services can be provided for
- The types of services or CPT codes that can be reimbursed (e.g., physical exam, etc.)
- The types of providers that can be reimbursed (e.g., physician, nurse, etc.)

**Private Payer Reimbursement**
42 states and the District of Columbia have reported payer telehealth reimbursement as of March 2019. Some laws require reimbursement of telehealth on a par with in-person coverage, however most only require parity in covered services, not reimbursement amount.

**Consent**
39 states and the District of Columbia have Medicaid policy requirements in effect. This number has not changed since Fall 2018.

**Licensure**
Eight states hold or issue licenses related to telehealth allowing an out-of-state licensed provider to render services via telehealth. Licensure compact states have been increasingly common. For example:

**Online Prescribing**
Most states consider an online questionnaire only as insufficient to establish the patient-provider relationship and prescribe medication. Some states allow telehealth to be used to conduct a physical exam, while others do not. Some states have relaxed requirements for prescribing controlled substances used in medication-assisted therapy (MAT) as a result of the opioid epidemic.

- Often, telehealth providers are not subject to the same prescriptive restrictions as those in non-telehealth settings.
- Medical and osteopathic boards often address issues of prescribing in their regulatory standards.
- More and more states are passing legislation directing healthcare professional boards to adopt practice standards for their providers who utilize telehealth.

**Kansas**
- Recently passed a law in 2019 requiring patients to come to telehealth the same drug prescription laws and regulations that apply to in-person prescriptions.

**West Virginia**
- Passed a law in 2018 requiring the practice of telehealth to include the same drug prescription laws and regulations that apply to in-person prescriptions.

**Center for Connected Health Policy**
The Federally Designated National Telehealth Policy Resource Center • info@cchpca.org • 877-767-7372
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Ultimate Goal: Increase Access to Care
One month can be compared to another month, and regional statistics for each month can be compared to national statistics for that month.

Regional Statistics
Select Month
March 2020

Choose Region
- Midwest
- Northeast
- South
- West

National Statistics
Select Month
March 2020

Fair Health Telehealth Regional Tracker
Nationally in March 2020

<table>
<thead>
<tr>
<th>CPT/HCPCS</th>
<th>Description</th>
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<tbody>
<tr>
<td>99441</td>
<td>Physician/Telehealth Patient Service, 5-15 Minutes of Medical Discussion</td>
</tr>
<tr>
<td>99442</td>
<td>Education and Training for Patient Self-Management, Each 30 Minutes</td>
</tr>
<tr>
<td>99233</td>
<td>Established Patient Office or Other Outpatient Visit, Typically 15 Minutes</td>
</tr>
<tr>
<td>99201</td>
<td>New Patient Office or Other Outpatient Visit, Typically 10 Minutes</td>
</tr>
<tr>
<td>99444*</td>
<td>Physician or Healthcare Professional Evaluation and Management of Patient Care by Internet/Email Related to Visit Within Previous 7 Days</td>
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</table>

<table>
<thead>
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<th>CPT/HCPCS</th>
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<tbody>
<tr>
<td>99233</td>
<td>Established Patient Office or Other Outpatient Visit, Typically 15 Minutes</td>
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<tr>
<td>99234</td>
<td>Established Patient Office or Other Outpatient Visit, Typically 25 Minutes</td>
</tr>
<tr>
<td>99837</td>
<td>Psychotherapy, 50 Minutes</td>
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<tr>
<td>99834</td>
<td>Psychotherapy, 45 Minutes</td>
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<td>99441</td>
<td>Physician Telephone Patient Service, 5-15 Minutes of Medical Discussion</td>
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<thead>
<tr>
<th>Top Five Diagnoses, 2019 vs. 2020</th>
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</thead>
<tbody>
<tr>
<td>Mar. 2019</td>
</tr>
<tr>
<td>Mental Health Conditions: 43.56%</td>
</tr>
<tr>
<td>Acute Respiratory Diseases and Infections: 18.38%</td>
</tr>
<tr>
<td>Urinary Tract Infections: 3.93%</td>
</tr>
<tr>
<td>Eye Infections and Issues: 2.66%</td>
</tr>
<tr>
<td>Skin Infections and Issues: 2.65%</td>
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</table>

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</thead>
<tbody>
<tr>
<td>Mar. 2020</td>
</tr>
<tr>
<td>Mental Health Conditions: 33.91%</td>
</tr>
<tr>
<td>Acute Respiratory Diseases and Infections: 8.12%</td>
</tr>
<tr>
<td>Urinary Tract Infections: 4.90%</td>
</tr>
<tr>
<td>Skin Infections and Issues: 3.22%</td>
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<tr>
<td>Hypertension: 2.94%</td>
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<thead>
<tr>
<th>Volume of Claim Lines, 2019 vs. 2020</th>
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</thead>
<tbody>
<tr>
<td>Mar. 2019</td>
</tr>
<tr>
<td>Urban: 4346.94%</td>
</tr>
<tr>
<td>Rural: 7.52%</td>
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<thead>
<tr>
<th>Urban vs. Rural Usage, 2019 vs. 2020</th>
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</thead>
<tbody>
<tr>
<td>Mar. 2019</td>
</tr>
<tr>
<td>Urban: 0.17%</td>
</tr>
<tr>
<td>Rural: 7.88%</td>
</tr>
</tbody>
</table>
Regionally in March 2020
Telehealth in the Public Setting

- What are some locations/service sites you could offer tele-health in a public health format?

- Could you do contact tracing or testing results follow-up via telehealth?

- Could you support expecting and recently delivered mothers and their babies?

- What clinical care does your public health department offer that you could transition over to tele-health?

- What new services do you want to offer but space is your limiting factor that could be delivered via technology?
Q&A

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