Telehealth 101

Telehealth Summit
May 24, 2018

Tim Bickel – Telehealth Director, University of Louisville
Deborah Burton, Telehealth Program Manager, KentuckyOne Health, Lexington; Chair, Kentucky Telehealth Board
Donna Veno – Telehealth Board Administrator, Frankfort
Objectives

• Understand where to find resources for implementing telehealth
• Learn methods for including telehealth into your practice
• Consider legal and regulatory issues when implementing telehealth
• Understand how to register and obtain approval to become members of the Kentucky TeleHealth Network for Medicaid telehealth providers / sites billing for telehealth services
• Learn how to access resources and educational opportunities including UK and UofL Grand Rounds, CE accredited programming, public health programming and ad-hoc programs
How do I get started?

- Assess patient service needs and identify internal/external resources; Determine Reimbursement eligibility
- Identify a clinical champion for the planned project and Leadership support and funding, Telehealth Team support
- Complete legal and regulatory requirements including BAAs, Contracts, Credentialing & Privileging, Consent Forms, Malpractice Insurance; Register Medicaid telehealth sites / providers with the KTHN
- Determine technology infrastructure, network adequacy with medical grade broadband, security and risk assessment, HIPAA compliance, and equipment/peripheral needs
- Review existing Clinical Guidelines, develop protocols and processes for referral, scheduling, patient flow, billing, Medical Records
- Ask experienced Telehealth professionals at Telehealth Resource Centers, KTHN Board, ATA SIGs
Registering with the KTHN

- Medicaid telehealth providers and sites must register and be approved by the Telehealth Board to be members of the Kentucky TeleHealth Network (KTHN) until July 1, 2019
- A letter requesting membership and the member application completed & forwarded to Donna Veno at donna.veno@ky.gov
- The Telehealth Board will approve the 2018 membership requests at their quarterly meetings – June 22, Sept 10, Dec 10
- Telehealth providers should not bill Medicaid for services prior to becoming a member of the KTHN
Understanding Telehealth Policy

- Reimbursement
  - Medicare
  - Medicaid
  - Medicaid MCOs
  - Private Health Insurance
  - Contractual Agreements
- Privacy / Security / Confidentiality
- Consent
- Telecommunications mode
- Credentialing and Privileging of Providers
- Provider Licensing
- Malpractice and Liability
1. Eligible location per the telehealth eligibility analyzer
2. Eligible location type
3. Eligible type of provider
4. Technology requirements met for type of delivery
5. Eligible CPT/HCPCS code
Medicare Originating/Patient Site Location – Eligibility Analyzer

- Medicare Reimbursement – HPSA/MUA

https://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.asp
Medicare Originating Sites

The originating site is the location of the patient at the time the service is being furnished. The distant site is the site where the physician or other licensed practitioner delivering the service is located.

- The offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)
Medicare Distant Site Practitioner

- Physicians.
- Nurse practitioners (NPs).
- Physician assistants (PAs).
- Nurse-midwives.
- Clinical nurse specialists (CNSs).
- Certified registered nurse anesthetists.
- Registered dietitians or nutrition professionals.
- Clinical psychologists (CPs) and clinical social workers (CSWs). CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
Medicare Telehealth Delivery

A condition of payment requires use of an interactive audio and video telecommunications system that permits real-time communication between the distant practitioner site and the beneficiary at the originating site.
The final rule went on display at the Office of the Federal Register's Public Inspection Desk on November 2, 2017, and will be available until the regulation is published on November 15, 2017. See CMS-1676-F in the “Related Links” section below.

LIST OF MEDICARE TELEHEALTH SERVICES CY 2018

<table>
<thead>
<tr>
<th>Code</th>
<th>Short Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>96160</td>
<td>Pt-focused hlth risk assmt</td>
</tr>
<tr>
<td>96161</td>
<td>Caregiver health risk assmt</td>
</tr>
<tr>
<td>97802</td>
<td>Medical nutrition indiv</td>
</tr>
<tr>
<td>97803</td>
<td>Med nutrition indiv subseq</td>
</tr>
<tr>
<td>97804</td>
<td>Medical nutrition group</td>
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<tr>
<td>99201</td>
<td>Office/outpatient visit new</td>
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<tr>
<td>99202</td>
<td>Office/outpatient visit new</td>
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<td>Office/outpatient visit est</td>
</tr>
<tr>
<td>99215</td>
<td>Office/outpatient visit est</td>
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<td>99231</td>
<td>Subsequent hospital care</td>
</tr>
<tr>
<td>99232</td>
<td>Subsequent hospital care</td>
</tr>
<tr>
<td>99233</td>
<td>Subsequent hospital care</td>
</tr>
<tr>
<td>99307</td>
<td>Nursing fac care subseq</td>
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<tr>
<td>99308</td>
<td>Nursing fac care subseq</td>
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<tr>
<td>99310</td>
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<tr>
<td>99354</td>
<td>Prolonged service office</td>
</tr>
<tr>
<td>99355</td>
<td>Prolonged service office</td>
</tr>
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</table>
Check for Annual Changes

Summary of Policies in the Calendar Year (CY) 2018 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, and CT Modifier Reduction List

MLN Matters Number: MM10393
Related Change Request (CR) Number: 10393
Related CR Release Date: December 22, 2017
Effective Date: January 1, 2018
Related CR Transmittal Number: R3938CP
Implementation Date: January 2, 2018

Note: This article was revised on March 28, 2018, to add a link to MLN Matters Article MM10152. That article advises providers that Change Request (CR) 10152 eliminates the requirement to use the GT modifier (via interactive audio and video telecommunications systems) on professional claims for telehealth services, effective January 1, 2018. All other information is unchanged.
Medicare Coding Modifiers

Requirement to use the GT modifier is now eliminated for Medicare

Distant Providers now use Telehealth Place of Service (POS) Code 02

Distant site practitioners billing telehealth services under the Critical Access Hospital Optional Payment Method submit institutional claims still use the GT modifier.

POS 02 - Telehealth

Place of Service Code Set

Place of Service Codes for Professional Claims

Database (updated November 2016)

Listed below are place of service codes and descriptions. These codes should be used on professional claims to specify the entity where service(s) were rendered. Check with individual payers (e.g., Medicare, Medicaid, other private insurance) for reimbursement policies regarding these codes. If you would like to comment on a code(s) or description(s), please send your request to psocd@cms.hhs.gov.

NOTE: Please direct questions related to billing place of service codes to your Medicare Administrative Contractor (MAC) for assistance, and not to psocd@cms.hhs.gov.

<table>
<thead>
<tr>
<th>Place of Service Code(s)</th>
<th>Place of Service Name</th>
<th>Place of Service Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>02</td>
<td>Telehealth</td>
<td>The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)</td>
</tr>
</tbody>
</table>

https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html
Medicare Telehealth Billing

Distant/Provider Site – POS 02

• “one every three days” frequency edit logic for telehealth services when codes 99231-99233 are billed with POS 02 for claims with DOS Jan. 1, 2018, and after.

• apply the existing “one every 30 days” frequency edit for telehealth services when codes 99307-99310 are billed with POS 02

• POS 02 also applies to:
  • Emergency department and initial inpatient telehealth consultations (G0425-G0247)
  • Follow-up inpatient telehealth consultations (G0406-G0408)
  • Diabetes self-management training (G0108-G0109)

• POS 02 does not apply to critical access hospitals. Distant site services billed under CAH method II on institutional claims still require modifier GT.

• https://www.aapc.com/blog/40330-pos-02-replaces-modifier-gt-for-telehealth/
• Medicare Claims Processing Manual, Chapter 12, Sections 190.3.2, 190.3.3, 190.3.6, 190.6.1
Originating/Patient Site Facility Fee

- The originating site will use its regular place of service (POS) code on the claim — for example, 23 for an emergency department or 20 for an urgent care facility.
- CY 2018, the payment amount for Healthcare Common Procedure Coding System (HCPCS) code Q3014 (Telehealth originating site facility fee) is currently $25.76. (The beneficiary is responsible for any unmet deductible amount and Medicare coinsurance.)
Medicaid

• Providers must be **licensed** in the State of Kentucky, **enrolled** as a Medicaid Provider, **credentialed/privileged** in the healthcare facility where the patient is located, and **approved** as member of KTHN (until July 2019).

• **907 KAR 3:170(5)(2)** – “A telehealth provider shall bill for a telehealth consultation using the appropriate two (2) letter “**GT**” modifier.”
• Law applies to both Medicaid and Commercial Health Plans.
• CHFS is mandated to provide oversight, guidance and direction to Medicaid providers delivering care via Telehealth and the Kentucky Telehealth Board will be disbanded.
• Eliminated the mandate for “originating site” and “distant site” to be registered and approved as KTHN members to be eligible for Medicaid or Commercial Health Plan reimbursement.
• Clinical telehealth encounters eligible for reimbursement in a traditional in-person encounter will be reimbursed at the same rate when provided by telehealth encounters.
• Clinicians eligible for reimbursement in a traditional in-person encounter will be reimbursed at the same rate when performing telehealth encounters.
SB112 - CHFS Mandate

- Provide oversight, guidance, and direction to Medicaid providers delivering care using telehealth
- Develop policies and procedures to ensure the proper use and security for Telehealth (confidentiality, data integrity, privacy and security, informed consent, privileging and credentialing, reimbursement, and technology)
- Promote access to health care provided via telehealth
- Maintain a list of Medicaid providers who may deliver telehealth services to Medicaid recipients throughout the Commonwealth
- Require that specialty care be rendered by a health care provider who is recognized and actively participating in the Medicaid program
- Require that a patient’s primary care provider process any required prior authorization requesting a referral or consultation for specialty care and that any specialist coordinate care with the patient’s primary care provider.
• Telehealth encounters must be performed using interactive audio and video technology unless store and forward technologies mimic the standard practice of care where images are sent to a provider for evaluations.

• Asynchronous (store and forward) telecommunication technologies meet the requirement for a face-to-face encounter if the healthcare provider has access to the patient’s medical history.

• Email, text chat, facsimile or standard audio-only telehealth call do not meet the technology standard.

• Telehealth shall be delivered over a secure communications connection that complies with the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. secs. 1320d to 1320d-9.
Private Payers

• Commercial Insurance -
  • www.lrc.ky.gov/Statutes/statute.aspx?id=17373

• 304.17A-138 Prohibition against health benefit plan excluding coverage for telehealth -- Benefits subject to deductible, co-payment, or coinsurance -- Payment subject to provider network arrangements -- Administrative regulations.
• When billing for telemedicine visits, some payers use the 95 modifier code for commercial insurance plans.

• Others require the “GT” modifier and POS code
American Medical Association CPT Modifier change

- Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified healthcare professional.

- Information exchanged must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via face-to-face interaction.

- Appendix P is the list of CPT codes for services that are typically performed face-to-face but may be rendered via a real-time (synchronous) interactive audio and video telecommunications system.
CPT® Appendix P
Modifier 95

- In the 2017 CPT code manual, Appendix P, the telemedicine-appropriate codes are marked with a star (*).

- This modifier may be appended to 79 designated codes (primarily evaluation and management (E/M) services and medicine codes, plus several Category III codes)

- Example - office visit code 99201–99215, neurobehavioral status exam code 96116, or nutrition therapy codes 97802 and 97803, then add 95 modifier.

- Check with your payers to determine their billing preference
Anthem Blue Cross and Blue Shield Medicaid

MEDICAID PROVIDER BULLETIN
January 2017

This is an update about information in the provider manual. For access to the latest manual, go online to https://mediproviders.anthem.com/ky.

New place of service code for telehealth

Effective January 1, 2017, providers billing for telemedicine services can begin using place of service (POS) code 02 for a physician or practitioner furnishing telehealth services from a distant site. A distant site is defined as the location where health services and health-related services are provided or received through telecommunication technology. This telehealth POS code would not apply to originating site facilities billing a facility fee.

Modifier GT, via interactive audio and video telecommunications systems, is still required when billing for telehealth services. If you bill for telehealth services with POS code 02 and without the GT modifier, your claim will be denied.

Provider action
No provider action to be taken.

Questions
If you have questions about this communication, please contact Provider Services at 1-855-661-2028 or call your Provider Relations representative directly.
<table>
<thead>
<tr>
<th>Allergy</th>
<th>Oncology</th>
<th>Pediatric Sexual Abuse</th>
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</thead>
<tbody>
<tr>
<td>Burn</td>
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<td>Pediatric Endocrinology</td>
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<td>HIV and AIDS</td>
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<td>Surgery</td>
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<td>Transplant</td>
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<td>Pediatric Otolaryngology</td>
<td>Home Health</td>
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<tr>
<td>Occupational Medicine</td>
<td></td>
<td>Remote Monitoring</td>
</tr>
</tbody>
</table>
Other Telehealth Applications

- Emergency Medicine for Psychiatric and Medical Care
- Outpatient Medical and Psychiatric Care
- Home-Based Vital Signs Monitoring for Chronically Ill Patients/Remote Patient Monitoring (RPM)
- Direct-to-Consumer Acute Care Services on Patient’s Own Communication Devices
- School-Based Telehealth
- Correctional Telehealth
- Diabetic Retinal Exams in Primary Care Centers
- Outpatient Substance Use and MAT services
• Telehealth is not about technology, it is about people!

• Telehealth services should be integrated as much as possible into the current processes of health care delivery

• A telehealth champion must be identified for the project
Telehealth Resources

• Medicaid Telehealth Coverage and Reimbursement -
  http://www.lrc.ky.gov/kar/907/003/170.htm

• Medicare Telehealth Services Fact Sheet –
Quick Guide to Store-Forward and Live-Interactive Teledermatology for Referring Providers

A concise overview of workflows, equipment requirements and best practices for both Live (synchronous) and Store-and-Forward (asynchronous) teledermatology. Funding support for this initiative was provided by United Health Foundation.

Download

Operating Procedures for Pediatric Telehealth

This document covers the provision of healthcare by providers to children, from the time of birth through the legal age of majority, using telehealth, which includes both real-time and "store and forward" interactive technologies and mobile devices. This guidance may also be applied to young adults beyond the age of legal majority who continue to receive pediatric care, such as those with a chronic pediatric illness or disability.

Download

Principles for Delivering Telerehabilitation Services

This document is an update to the “A Blueprint for Telerehabilitation Guidelines” (2010) and reflects the current utilization of telerehabilitation services. This guide serves to inform and assist stakeholders in providing effective, quality services that are based on client needs, current empirical evidence, and available technologies. The content in this document addresses general administrative, clinical, technical, and ethical principles for utilization of telerehabilitation services.

Download

Practice Guidelines for Telestroke

The telestroke guidelines assist practitioners in providing assessment, diagnosis, management, and/or remote consultative support to patients exhibiting symptoms and signs consistent with an acute stroke syndrome, using telemedicine communication technologies.

Download

Practice Guidelines for Telemental Health with Children and Adolescents

This clinical guideline covers the delivery of child and adolescent mental health and behavioral services by a licensed health care provider through real-time videoconferencing.

Download
Welcome to the Consortium of Telehealth Resource Centers

Telehealth Resource Centers (TRCs) have been established to provide assistance, education, and information to organizations and individuals who are actively providing or interested in providing health care at a distance. Our simple charter from the Office for Advancement of Telehealth is to assist in expanding the availability of health care to underserved populations. And because we are federally funded, the assistance we provide is generally free of charge.
The National Telehealth Technology Assessment Resource Center aims to create better-informed consumers of telehealth technology. By offering a variety of services in the area of technology assessment, the TTAC (pronounced “tea-tac”) aims to become the place for answers to questions about selecting appropriate technologies for your telehealth program. More Information >

**mHealth App Selection**

Keeping up with mHealth developments and industry innovations is a never-ending process. TTAC's latest toolkit provided an overview of the mHealth market, with general discussion of devices, definitions, and how mHealth may benefit your organization. While that toolkit focused on mobile devices, this toolkit will look beyond the devices and explore how to choose an mHealth application (or simply “app”) for use in your organization or home.
### All Programs for: 05/24/18

Please click on the Program Time to get more details on the below listed programs. The details page has more information, attachments and more instructions when available.

* You can click on each participating site to get more details on that site. While you hover your mouse over the site you will be presented the sites e.164.

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<th>EST/EDT (CST/CDT)</th>
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<th>Description</th>
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</thead>
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<td>07:30 - 09:00</td>
<td>Zoom</td>
<td>UK/Cincinnati Adult Congenital Disease (ACHD) Case Review / Journal Club Meeting <a href="mailto:244955593@zoomcrc.com">244955593@zoomcrc.com</a> 244955593@162.255.36.11</td>
</tr>
</tbody>
</table>

**Participating Sites:** UK-K128

| 07:45 - 08:45     | Zoom    | UK Faculty development session- https://ukv.zoom.us/j/2018715239 2018715239@162.255.36.11 Hazard dial 1031061 |

**Participating Sites:** UK Turfland Room "A/B"

| 08:00 - 09:00     | Zoom    | UK Pediatric Grand Rounds- Grand Rounds participants from a PC, Mac, iPhone, iPad, Android Smartphone or android Tablet go to this link: https://ukv.zoom.us/j/3258232832 |

**Participating Sites:** UK- COM Basement MPRO27
Local Telehealth Resources

- Rob Sprang – (859) 218-5105
  rsprang@uky.edu
- Tim Bickel – (502) 852-1559
  tim.bickel@louisville.edu
- Donna Veno – (502) 564-0105 x2421
  donna.veno@ky.gov
- Deborah Burton – (859) 313-4278
  DeborahBurton@catholichealth.net