

A stylized sunburst graphic with a solid orange circle on the left and numerous thin, light-orange lines radiating outwards across the entire orange background.

TELEHEALTH REIMBURSEMENT

AMCHP PEER-TO-PEER EXCHANGE

Spokane, WA

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877-707-7172
cchpca.org

CENTER FOR CONNECTED HEALTH POLICY

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DISCLAIMERS

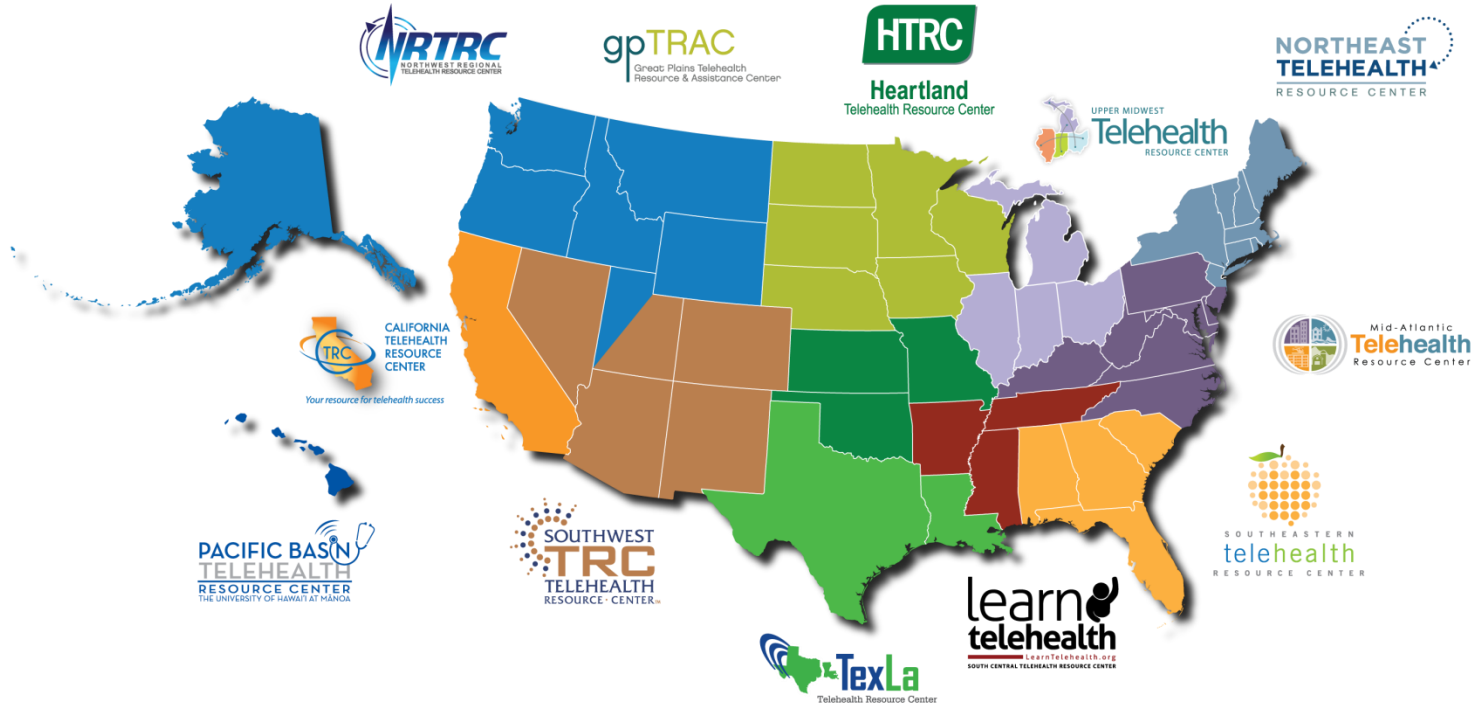
- Any information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.
- Always consult with legal counsel.
- CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.





CCHP is an independent, **public interest** organization that strives to advance state and national telehealth policies that promote better systems of care improved health outcomes and provide greater **health equity of access to quality, affordable care and services.**







TTAC
TelehealthTechnology.org
National Telehealth Technology Assessment Resource Center



Center for Connected Health Policy
The National Telehealth Policy Resource Center

2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

12 Regional Resource Centers



TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS



National Policy

State Laws and Reimbursement Policies

Current Laws, Regulations, Pending Bills State & Federal

Medi-Cal

Telehealth Advancement Act



Government Health Care Congress 2015 ; Medicaid Summit »

JULY 14-16, 2015

Arlington, Virginia

Don't miss the opportunity to hear CCHP's executive director, Mario Gutierrez, speak at the 2015 Government Health Care Congress; Medicaid Summit! Health insurance executives, state and federal officials will gather across three summits to discuss the future of Medicaid expansion, Medicare regulations, access to care, cost savings and Dual Eligible demonstrations. For more information or to register for this conference visit the [World Congress](#)

Home » Telehealth Policy » National Policy » State Laws and Reimbursement Policies

State Laws and Reimbursement Policies

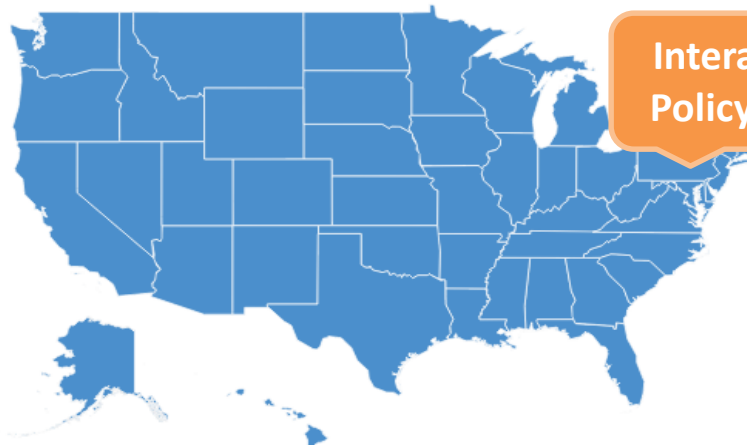
The Center for Connected Health Policy helps you stay informed about telehealth-related laws, regulations, and Medicaid programs. We cover current and pending rules and regulations for the U.S. and all fifty states.

All Current Laws and Policies

All Pending Legislation and Regulations

Full Report "State Telehealth Laws and Reimbursement Policies"

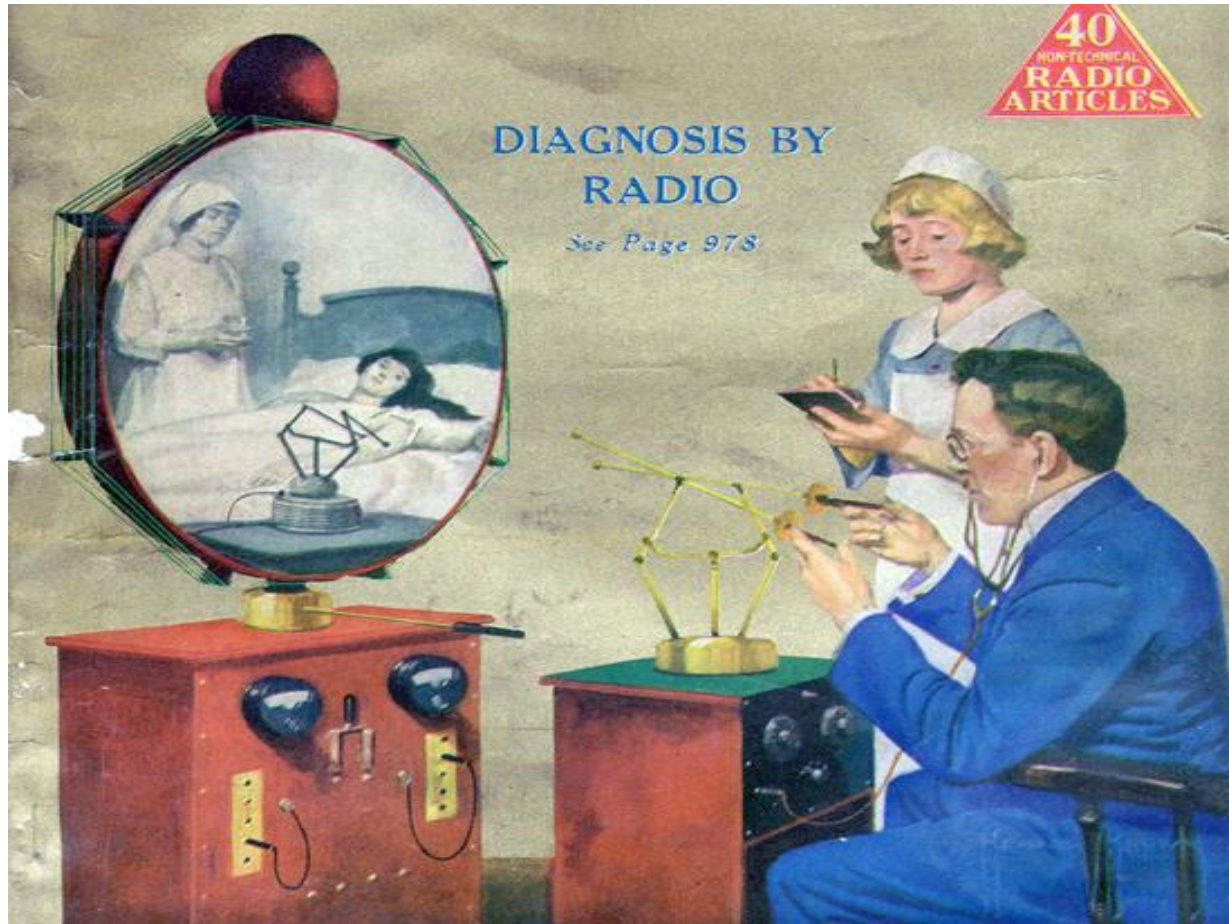
Law and Policies by State:



Interactive Policy Map



WHAT IS TELEHEALTH?



A doctor's diagnosis "by radio" on the cover of the February, 1925 issue of Science and Invention magazine



WHAT IS TELEHEALTH?



Telehealth is a means of enhancing health care, public health, and health education delivery and support using digital telecommunication technologies.



MEDICARE

HISTORY OF FEDERAL TELEHEALTH POLICY

Balanced Budget Act of 1997

- Medicare beneficiaries in rural HPSAs may receive care via telehealth
- Practitioner required to be w/patient during consult
- Consulting & Referring physicians share fee (75/25)

Benefits Improvement & Protection Act 2000

- Included non-MSA sites
- Eliminated fee sharing
- Expanded eligible services for reimbursement

Medicare Improvements for Patients & Providers Act, 2008

- Expanded list of facilities that may act as an originating (patient location) site

Various Changes Made Administratively

- Credentialing & Privileging Regulations
- Increase in number of codes reimbursed
- Redefinition of "rural"
- Inclusion of Chronic Care Management Codes

Medicare telehealth policy very limited & has not changed much in recent years



MEDICARE

SOCIAL SECURITY ACT OF 1835(m) or 42 USC 1395m

- Only Live Video reimbursed
- Store & Forward (Asynchronous) only for Alaska & Hawaii demonstration pilots
- Specific list of providers eligible for reimbursement
- Limited to rural HPSA, non-MSA, or telehealth demonstration projects
- Limited types of facilities eligible
- Limited list of reimbursable services, but CMS decides what can be delivered via telehealth and reimbursed



MEDICARE

ELIGIBLE PROVIDERS

- Physicians
- Nurse practitioners
- Physician assistants
- Nurse midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists & clinical social workers
- Registered dietitians or nutrition professionals

ELIGIBLE SITE (FACILITY)

- Offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based renal dialysis centers (including satellites)
- Skilled Nursing Facilities
- Community Mental Health Centers



MEDICARE REIMBURSED SERVICES

SERVICE	HCPCS CODE	CPT CODE
Telehealth consultations, emergency department or initial inpatient	G0425-G0427	
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	G0406-G0408	
Office or other outpatient visits		99201-99215
Subsequent hospital care services, w/limitation of 1 telehealth visit every 3 days		99231-99233
Subsequent nursing facility care services, w/limitation of 1 telehealth visit every 30 days		99307-99310
Individual and group kidney disease education services	G0420-G0421	
Individual & group diabetes self-management training services w/min. 1 hour of in-person instruction in initial year training period to ensure effective injection training	G0108-G0109	
Individual & group health & behavior assessment & intervention		96150-96154
Individual psychotherapy		90832-90834, 90836-90838
Telehealth Pharmacologic Management	G0459	
Psychiatric diagnostic interview examination		90791-90792
ESRD-related services included in the monthly capitation payment		90951-90952, 90954-90955, 90957-90958, 90960-90961
ESRD-related services for home dialysis per full month for patients <2 years to 19 includes monitoring for nutrition, growth & development & counseling of parents		90963-90965
ESRD-related services for home dialysis per full month patients 20 & older		90966
Individual & group medical nutrition therapy	G0270	97802-97804
Neurobehavioral status examination		96116
Smoking cessation services	G0436-G0437	99406-99407
Alcohol and/or substance (other than tobacco) abuse structured assessment & intervention services	G0396-G0397	



MEDICARE REIMBURSED SERVICES

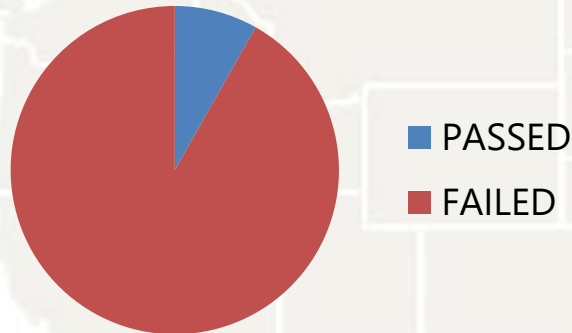
Annual alcohol misuse screening, 15 minutes	G0442	
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	G0443	
Annual depression screening, 15 minutes	G0444	
High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training & guidance, performed semi-annually, 30 minutes	G0445	
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual 15 minutes	G0446	
Face-to-face behavioral counseling for obesity, 15 minutes	G0447	
Transitional care management services w/moderate medical decision complexity (face-to-face w/in 14 days of discharge)		99495
Transitional care management services w/high medical decision complexity (face-to-face visit w/in 7 days of discharge)		99496
Psychoanalysis		90845
Family psychotherapy w/o the patient present		90846
Family psychotherapy (conjoint psychotherapy w/patient present)		90847
Prolonged service in office or other outpatient setting requiring direct patient contact beyond the usual service; first hour & additional 30 minutes		99354, 99355
Prolonged service in inpatient or observation setting requiring unit/floor time beyond usual service, first hour & each additional 30 minutes		99356, 99357
Annual Wellness Visit, first visit & subsequent visit	G0438, G0439	

Approximately 80 codes reimbursed if provided via telehealth out of 10,000 possible codes

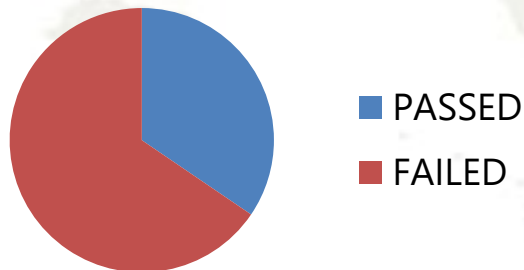


TELEHEALTH POLICY TODAY

FEDERAL BILLS 2014-2016



STATE BILLS 2014-2016



FEDERAL TELEHEALTH POLICY

- Medicare reimbursement still limited
- Restrictions on geography, facility, provider & services remain
- Movement on telehealth has been limited to demonstrations/pilots

STATE TELEHEALTH POLICY

- Increased introduction and passage of telehealth related policies
- Primary issues have been reimbursement, licensing (Compact), prescribing
- Varied policies across state lines create confusion for providers practicing in multiple states
- Utilization has not necessarily increased as rapidly as anticipated

STATE TELEHEALTH PROGRAMS – NO TWO ARE ALIKE!

45 states

have a definition
for **telemedicine**

34 states

(and DC) have a
definition for **telehealth**

1 states

Alabama has **no definition**
for either



MEDICAID REIMBURSEMENT BY SERVICE MODALITY

Live Video

48 states and DC

Store and Forward

Only in 15 states

Remote Patient Monitoring

21 states



PARITY IN PAYMENT WITH IN-PERSON

36 states and DC

have telehealth private payer laws

Some go into effect at a later date.

This is the most common policy change at the state level!

Parity is difficult to determine:

- Parity in services covered vs. parity in payment
- many states make their telehealth private payer laws “subject to the terms and conditions of the contract”



BILLING

- Medicaid
- Private Payer (including employer plans)
- Out-of-Pocket



MEDICAID

- Fee-for-Service vs. Managed Care
- **Fee-for-Service**
 - ❖ Most policies related to telehealth in fee-for-service
 - ❖ Typically lists limitations on when telehealth will be reimbursed
- **Managed Care**
 - ❖ Less clear
 - ❖ May often follow fee-for-service policies



MEDICAID FEE-FOR-SERVICE

TYPES OF LIMITATIONS

- Modality
- Types of services reimbursed (may be only certain codes)
- Location (very rare to have geographical limits)
- Providers
- Frequency



MODALITY LIMITATIONS

DELAWARE

- For purposes of DMAP, telemedicine is the use of medical or behavioral health information exchanged from one site to another site via an electronic interactive (**two-way, real time**) telecommunications system to improve a patient's health.

Delaware Medical Assistance Provider Manual

MINNESOTA

- "Telemedicine" is defined as the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site.

Minnesota Dept of Human Services Provider Manual



TYPES OF SERVICES REIMBURSED

NEW HAMPSHIRE

- New Hampshire follows the telehealth reimbursement policies of Medicare. Limited to certain CPT codes. Does not follow Medicare geographic limitations.

VIRGINIA

- Reimbursement provided subject to coverage requirements.
- Eligible services:
 - Evaluation and management
 - Psychiatric care
 - Specialty medical procedures
 - Speech therapy
 - Radiology service and procedures

See Billing Instructions for complete list of eligible CPT codes.

Virginia Medicaid Provider Manual



LOCATION

MARYLAND

- College or university student health or counseling office
- Community-based substance use disorder provider
- Elementary, middle, high or technical school with a supported nursing, counseling or medical office
- Local health department
- FQHC
- Hospital, including emergency department
- Nursing facility
- Private office
- Opioid treatment program
- Outpatient mental health center
- Renal dialysis center; or
- Residential services site

Maryland Medicaid Telehealth Provider Manual



PROVIDERS

TEXAS

Telemedicine eligible distant site providers:

- Physician
- Certified Nutrition Specialist
- Nurse Practitioner
- Physician Assistant
- Certified Nurse Midwife
- A distant site provider is the physician, or PA, NP or CNS who is supervised by and has delegated authority from a licensed Texas physician who uses telemedicine to provide health care services in Texas. Hospitals may also serve as the distant site provider.

Telehealth eligible distant site providers

- Licensed professional counselors
- Licensed marriage and family therapist
- Licensed clinical social worker
- Psychologist
- Licensed psychological associate
- Provisionally licensed psychologist
- Licensed dietician

TX Medicaid Telecommunication Services Handbook



FREQUENCY

MINNESOTA

- Limited to three telemedicine consults/week

Minnesota Dept of Human Services Provider Manual

DELAWARE

- Up to three different consulting providers for separately identifiable telemedicine services provided per date of service

Delaware Medical Assistance Program Practitioner Provider Manual



PRIVATE PAYERS

STATE	PRIVATE PAYER LAW
DELAWARE	✓
IOWA	
MARYLAND	✓
MINNESOTA	✓
NEW HAMPSHIRE	✓
RHODE ISLAND	
TEXAS	✓
VIRGINIA	✓
WASHINGTON	✓
WISCONSIN	



LIMITATIONS

May see the same types of limitations as seen in Medicaid

- **Modality**
- Providers
- Location
- Services
- Parity



MODALITY

Limitations often seen in how “telehealth/telemedicine” is defined.

WASHINGTON

- “Telemedicine means the delivery of health care (or behavioral health) services through the ***use of interactive audio and video technology***, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, ‘telemedicine’ does not include the use of audio-only telephone, facsimile, or email.”

Revised Code of WA Sec. 41.05, 48.43, 74.09, & 70.41.020 & 71.24.



MODALITY

Limitations often seen in how “telehealth/telemedicine” is defined.

MINNESOTA

- "Telemedicine" means the delivery of health care services or consultations while the patient is at an originating site and the licensed health care provider is at a distant site. A communication between licensed health care providers that consists solely of a telephone conversation, e-mail, or facsimile transmission does not constitute telemedicine consultations or services. A communication between a licensed health care provider and a patient that consists solely of an e-mail or facsimile transmission does not constitute telemedicine consultations or services. ***Telemedicine may be provided by means of real-time two-way, interactive audio and visual communications, including the application of secure video conferencing or store-and-forward technology*** to provide or support health care delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, and care management of a patient's health care.

MN Statute Sec 256B.0625, subdivision 8 & 147.033.



OTHER LIMITATIONS

WASHINGTON

- Requirement for reimbursement, the health care service is a service recognized as an essential health benefit under section 1302(b) of the federal patient protection and affordable care act.

Revised Code of WA Sec. 48.43.735.

MINNESOTA

- A health carrier can establish criteria that a health care provider must meet to demonstrate the safety or efficacy of delivering a service via telemedicine. They can also require a health care provider to agree to certain documentation or billing practices to protect against fraud.

MN Statute Sec. 62A.672



OTHER REQUIREMENTS

TEXAS

- Each issuer of a health benefit plan must adopt and display in a conspicuous manner on their website the policies and payment practices for telemedicine medical services and telehealth services. They, however, are not required to list payment rates.

TX Insurance Code 1455.004 & .005 (SB 1107 – 2017)



PARITY

Coverage vs. Payment

DELAWARE

- Insurers must pay for telemedicine services at the same rate as in-person.

DE Title 18, Sec. 3370; & Title 18, Sec. 3571R

NEW HAMPSHIRE

- Nothing in this section shall be construed to prohibit an insurer from providing coverage for only those services that are medically necessary and subject to the terms and conditions of the covered person's policy.

NH Revised Statutes Annotated, 415-J:3



WHY DO BILLS FAIL/PASS?

- Opposition from special interest groups
 - Professional organizations
 - Health plans
 - Special interest groups such as consumer advocates
- Lack of political will – can't get the support among colleagues
- Fiscal scoring & concerns
- Skeptics – Does telehealth really work?



SUCCESSFUL STRATEGIES

- Outside Organizations
 - Coalition Building – Don't just rely on the usual suspects
 - Education – Seeing is believing
 - Have your research, especially cost savings
 - Know where the critics will weigh in and be prepared to respond
 - Be ready to negotiate
 - Have your fall back position ready
 - Know what you are willing and be prepared to compromise



SUCCESSFUL STRATEGIES

- Working With Legislative Members
 - Find a legislative champion
 - Education – Seeing is believing
 - Have your research, especially cost savings
 - Know where the critics will weigh in and be prepared to respond
 - Be ready to negotiate
 - Have your fall back position ready
 - Know what you are willing and be prepared to compromise
 - Do not leave your legislative champion vulnerable
 - Work both sides of the aisle
 - Legislative staff is key



A stylized sun graphic with a circular center and several long, thin rays extending outwards, set against a solid orange background. The sun is positioned on the left side of the frame, with rays extending towards the right.

THANK YOU!

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