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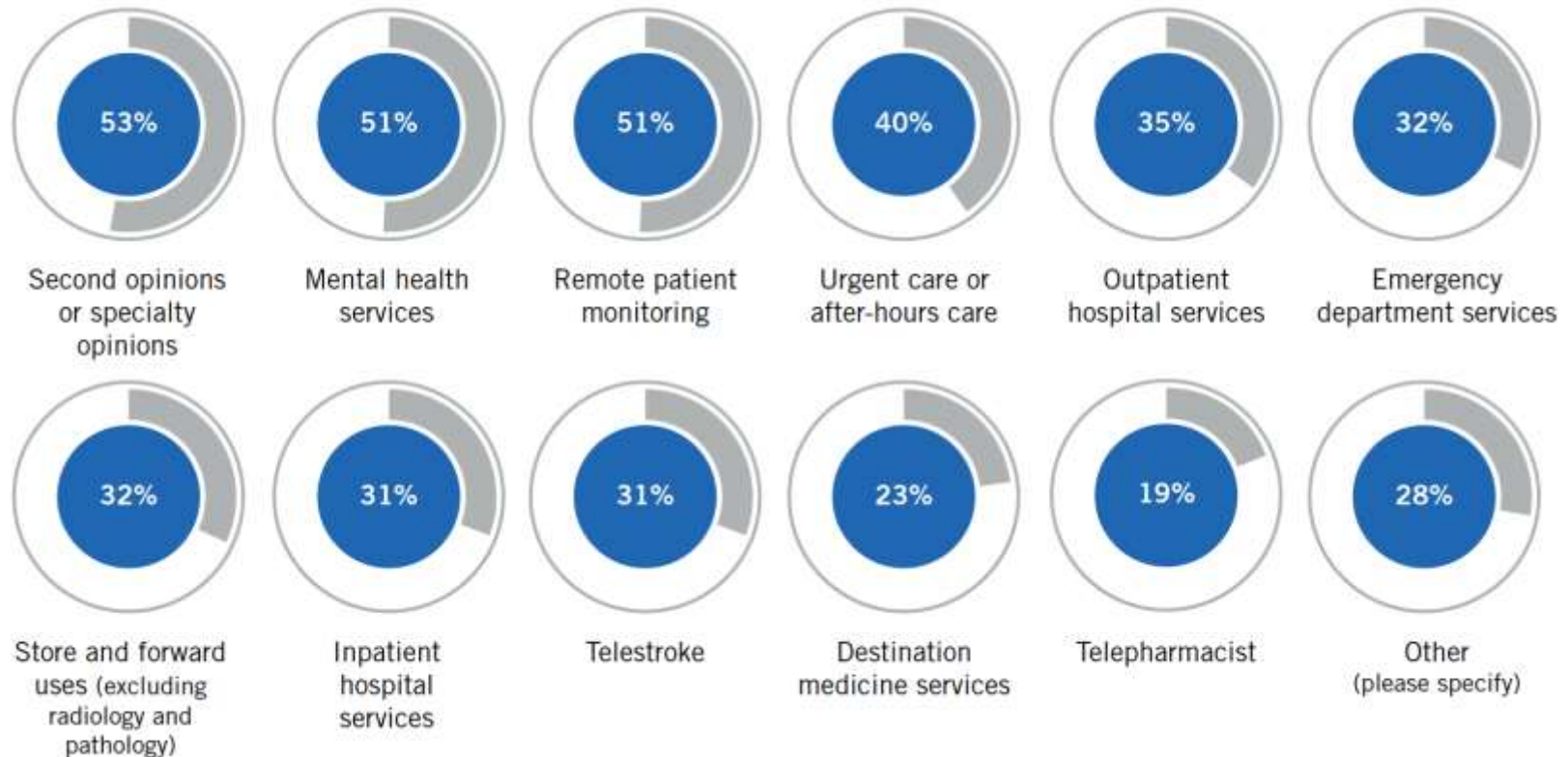
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Telehealth in Hospitals – What's Now and What's New

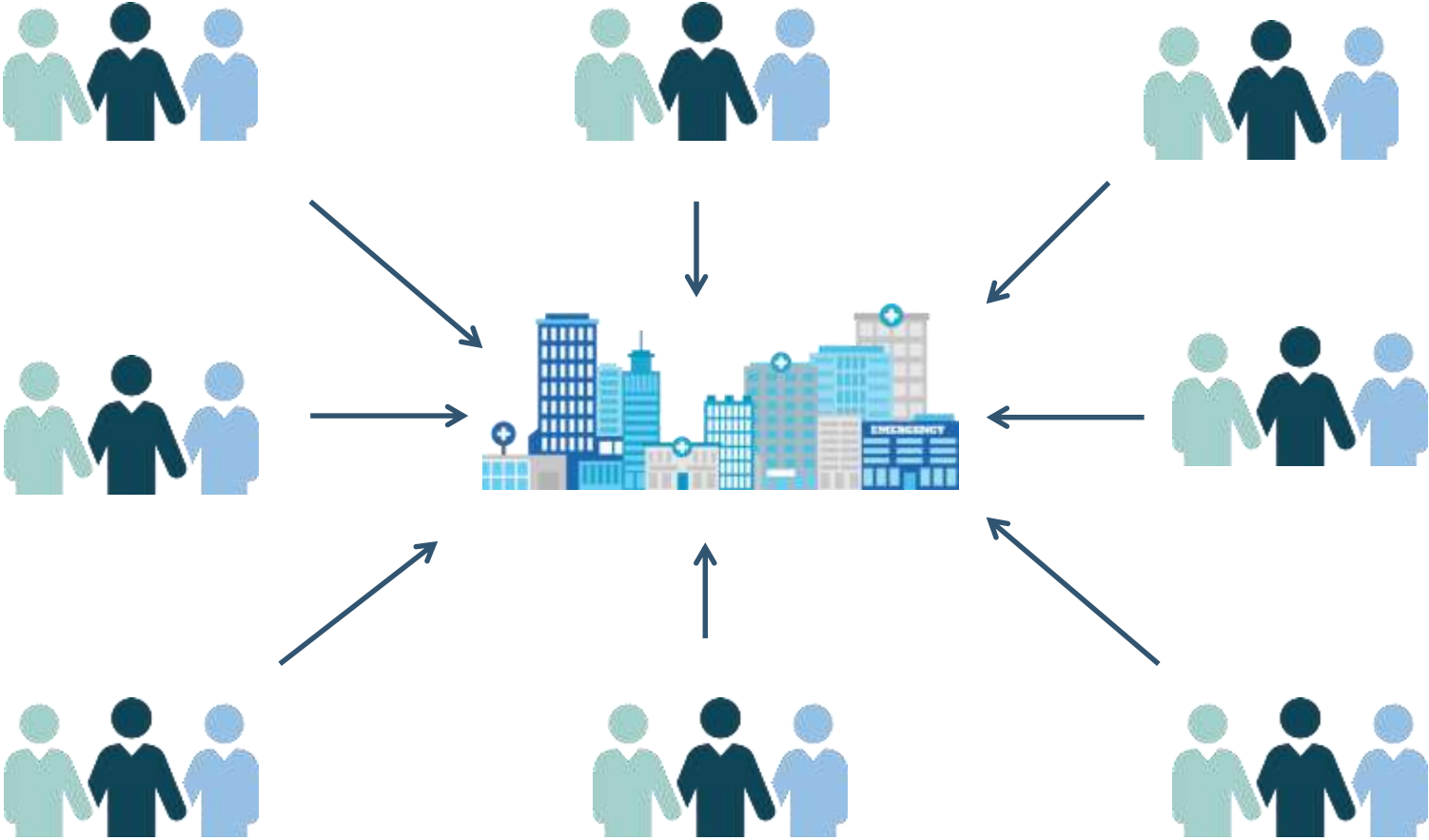
March 2019

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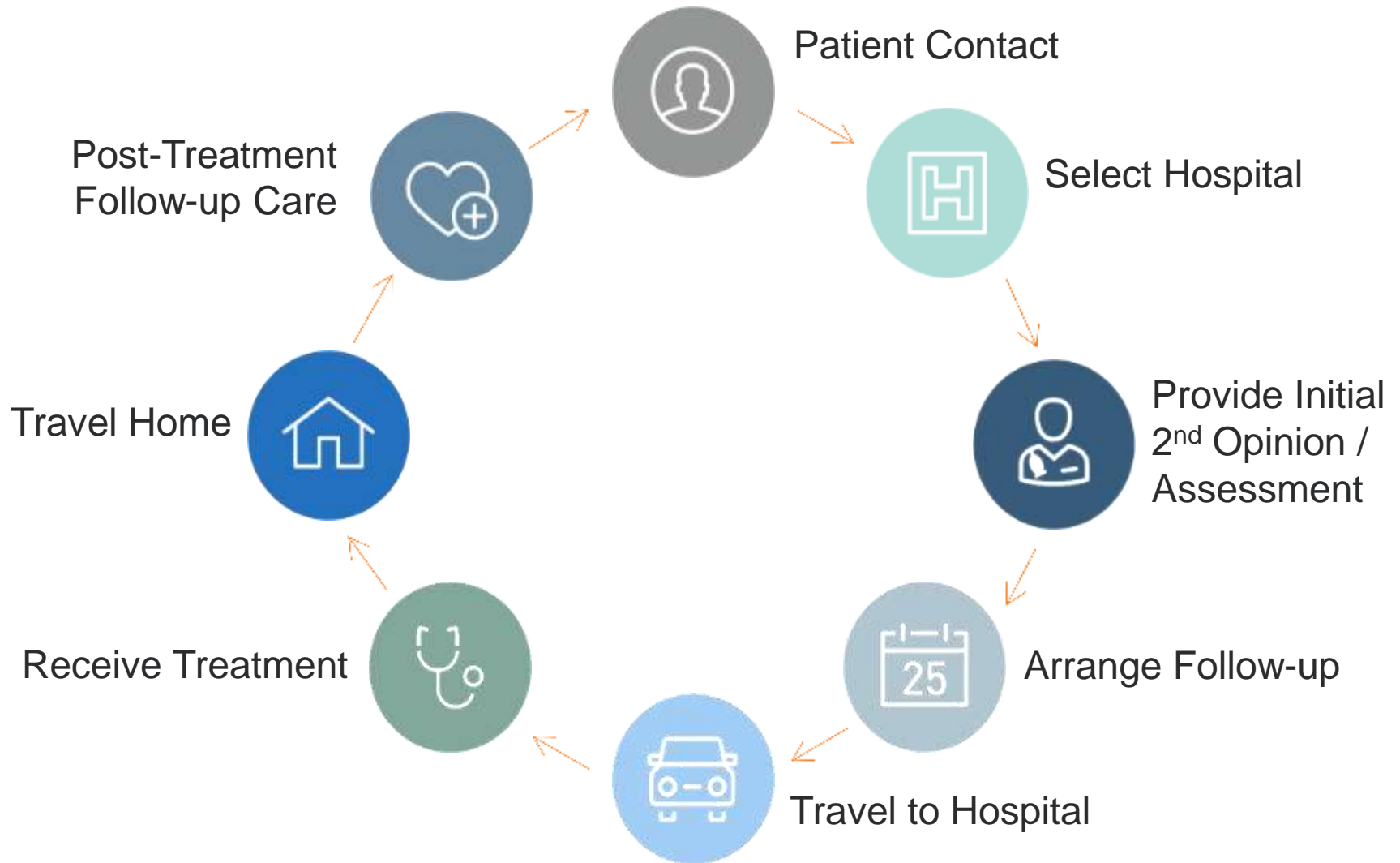
Perception of Opportunities in Telemedicine



Hospitals: Destination Medicine and Follow-Up Care



Online Second Opinions



What Are Your Sources of Payment?

Self-Payment

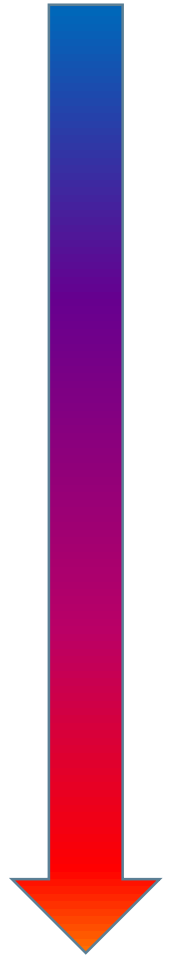
Commercial Insurance (incl. employer-pay)

Medicare Advantage

Medicaid Managed Care

Medicare FFS

Medicaid FFS



Medicare Telehealth Coverage - The Perfect Storm



**DISTANT SITE
PROVIDER**



**ORIGINATING
SITE**



**COVERED
SERVICES
(CCPT CODE)**



**GEOGRAPHIC
LOCATIONS**

PROPER TECHNOLOGY PLATFORM

Medicaid Basics



■ Texas:

- *Modality:* Live (real time) video; store/forward and home telemonitoring
- *Covered services:* Limited list.
- *Originating Site:* Established medical site, state mental health facility and state supported living centers; *under certain circumstances- the patient's home*
- *Distant Site Providers:* Physicians, CNS, NPs, APRNs, PAs, CNM, *Hospitals*, counselors, therapists, psychologists, etc.
- *Facility Fee:* Available, but not when patient is at home.

Medicaid Basics



■ Oklahoma (SoonerCare):

- *Modality*: Live (real time) video; store/forward and remote patient monitoring
- *Covered services*: Limited list by CPT code on Medicaid website.
- *Originating Site*: An “appropriate site for the delivery of telehealth services”
- *Distant Site Providers*: No limitation, beyond need for proper license and enrolled with SoonerCare.
- *Facility fee*; None

Commercial Insurance

- Commercial Payor Rules
 - What are the restrictions?
 - Location
 - Service
 - Provider
- Most states have parity laws
 - Note: **Coverage Parity** is not the same as **Payment Parity**
 - Each parity law must be reviewed closely to determine if a business model is lucrative or a loss leader
- RPM often specifically covered otherwise it would not be covered by parity statute



No longer “*not a Medicare issue*”

- Expansion of originating site
 - ESRD Services – patient’s home
 - Mobile Stroke Units
 - Medicare Advantage expansion
 - Patient home for SUD /mental health treatment
- Reimbursable “non-telehealth” digital health (unrestricted by SSA §1834(m))
 - “Technology – based” services
 - Remote patient monitoring



“Technology – based” services

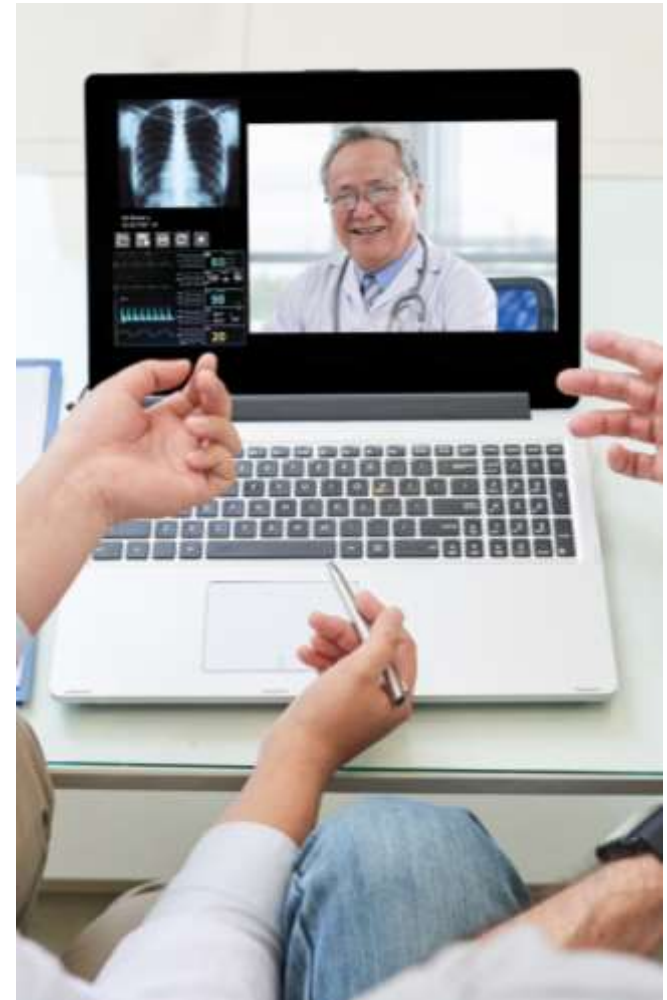
- Innately not face-to-face
- Virtual Check-In (HCPCS G2012)
 - Established patients
 - No E/M in prior 7 days or subsequent 24 hours/“soonest available”
 - 5-10 minutes of discussion
- Remote Evaluation of Pre-Recorded Data (HCPCS G2010)
 - Established patient recorded images or videos
 - Interpretation and follow-up in 24 hours
 - No E/M in prior 7 days or subsequent 24 hours/ “soonest available”



“Technology – based” services

■ Interprofessional Consultations

- 6 codes
 - 4 recently unbundled (99446, 99447, 99448, 99449)
 - 2 new (99451, 99452)
- 5 for **consultative physician**; 1 for **treating or requesting physician or QHP**
- Telephone, internet, EHR assessment/management
- Verbal and/or written reports required
- Certain limitations on frequency



Remote Patient Monitoring

- New Codes Effective January 1, 2019
 - Education/Equipment Set – Up (CPT 99453)
 - Device Supply (CPT 99454)
 - Collection and interpretation of data (CPT 99457)
- More User Friendly than 99091
 - 99457 – calendar month
 - Accounts for equipment related costs
 - No face to face exam
 - 20 minutes
 - Clinical staff allowed



Remote Patient Monitoring

- Certain detailed requirements
 - Minimum of 16 days
 - Consent
 - Co-pay applies
- **Recent TC allows for incident to billing**
- Questions still outstanding:
 - Who can bill for set-up?
 - What education is required?
 - What device and how must data be recorded?



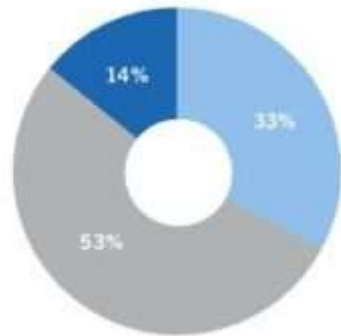
Medicare Compliance

- Mandatory Claims Submission rules
 - Potential penalties include fines and program exclusion
 - Proper claims submission requires proper enrollment
 - Cross jurisdictional telehealth models add layer of compliance considerations
 - *Alternative:* Opt-out and privately contract with patients



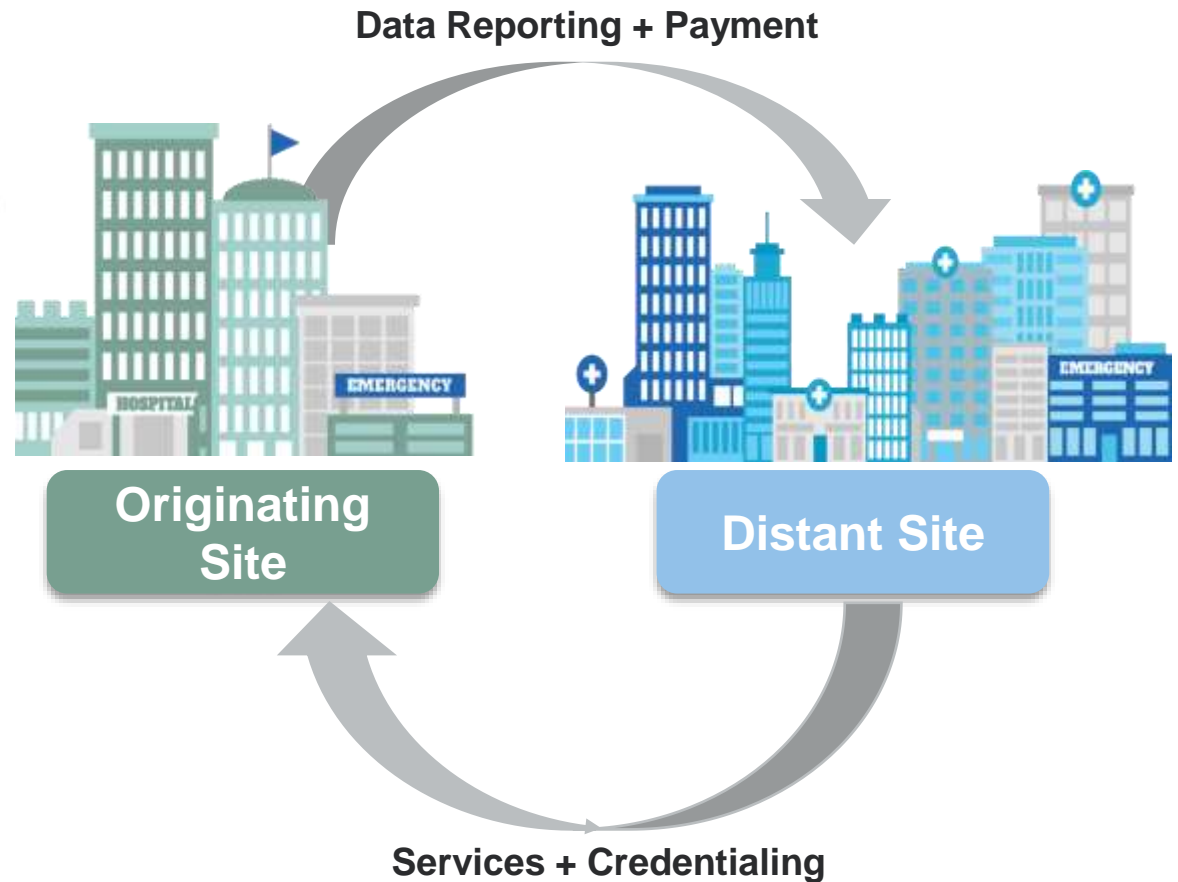
Telemedicine Credentialing by Proxy

19 DOES YOUR ORGANIZATION USE TELEMEDICINE CREDENTIALING BY PROXY FOR PHYSICIAN CREDENTIALING?

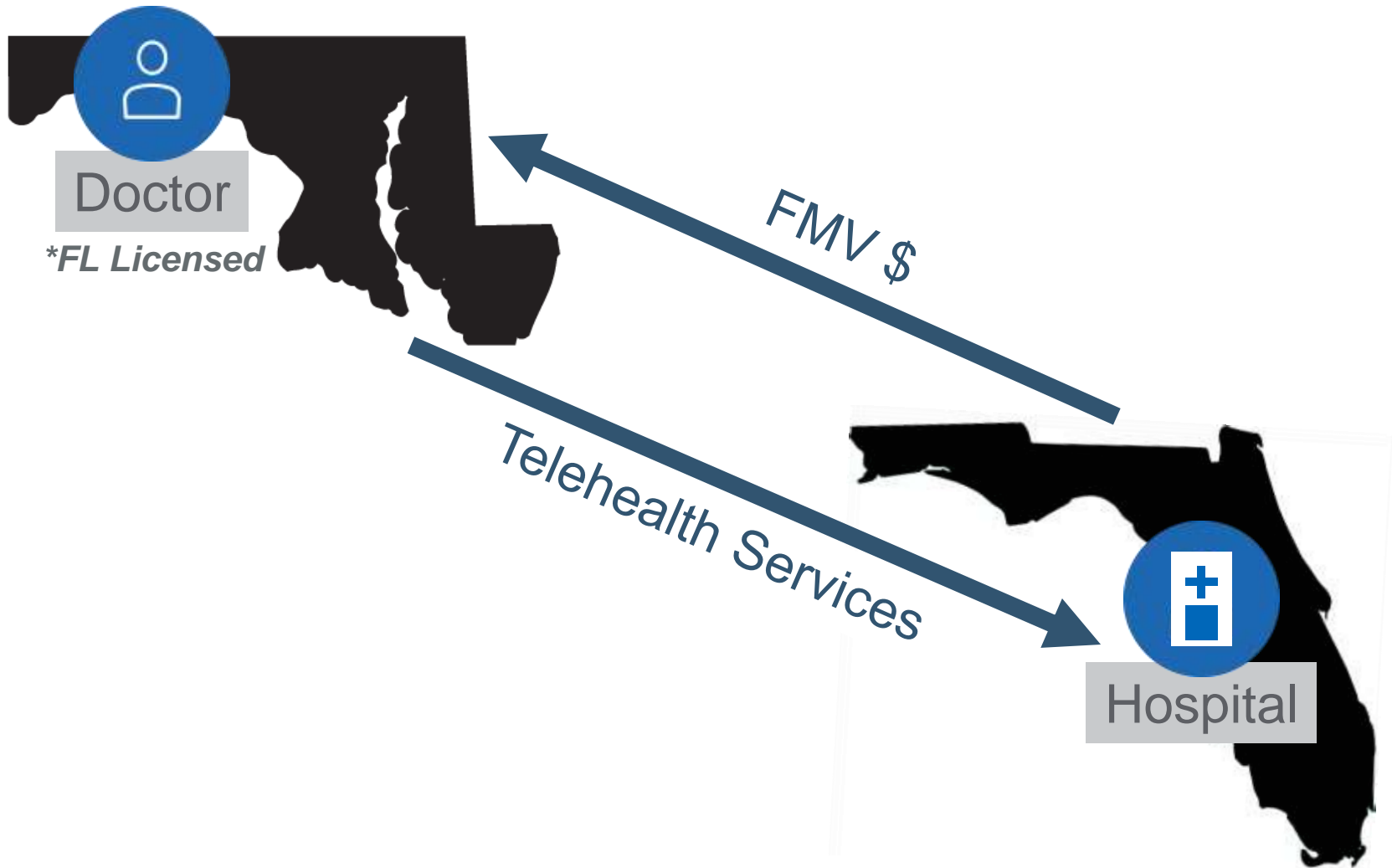


Yes No Don't know

Source: Foley & Lardner 2017 Telemedicine & Digital Health Survey (Nov 2017)



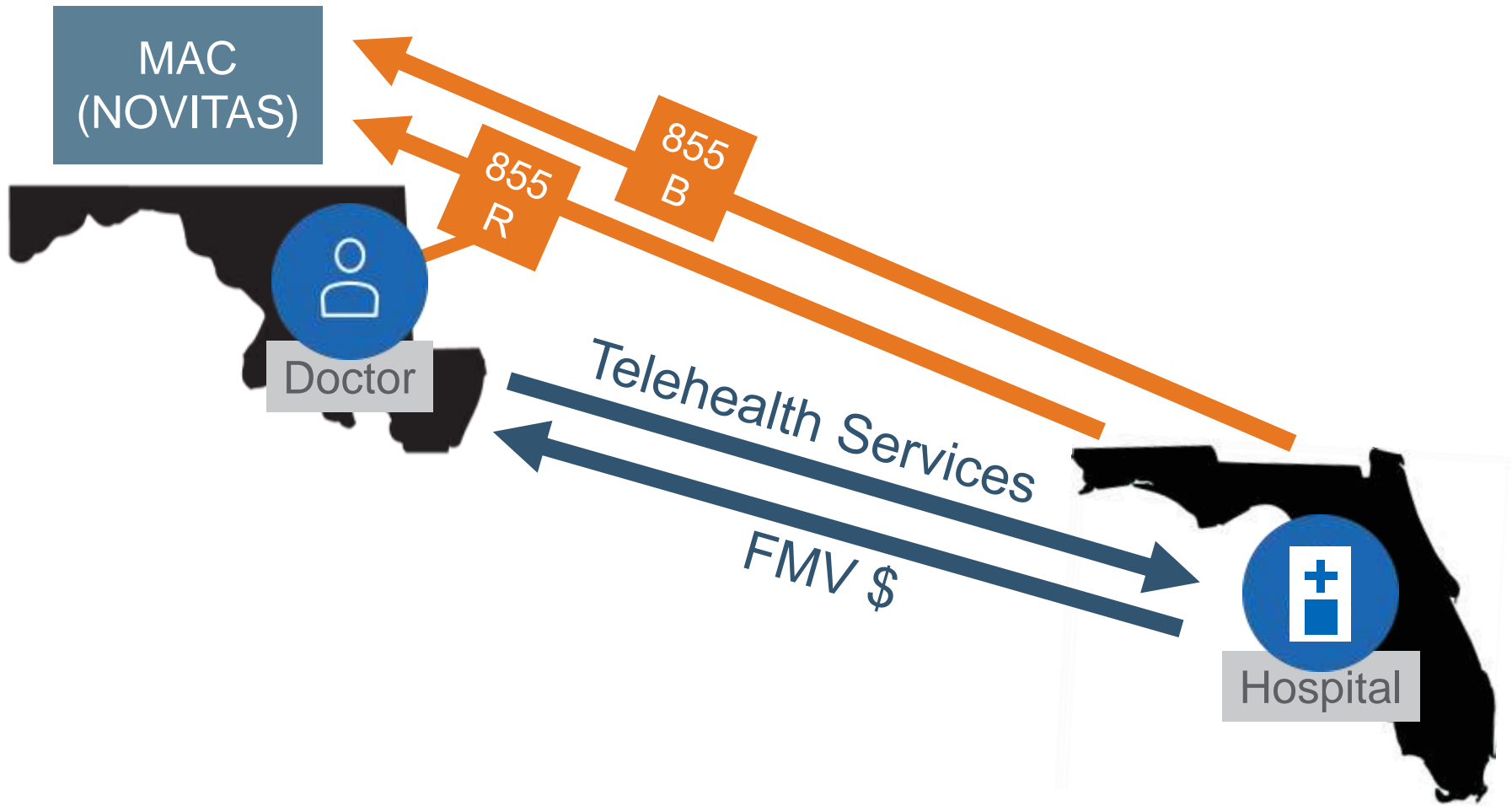
Cross Jurisdictional Telehealth Services



Cross Jurisdictional Medicare Reassignment/ Enrollment

- Submission to proper MAC
 - Reassignee enrolls with MAC of distant site practitioner
 - 855B and 855R
- Reporting the practice location
 - **855B** – Location required; Distant site practitioner’s location is now a Medicare enrolled practice location of the Reassignee
 - **855R** – Location is optional

Cross Jurisdictional Enrollment/Reassignment



Proper Claims Submission (Distant & Originating if Part B)

- Submit to correct MAC
- Report correct Code
- Report correct POS
- Proper completion of fields (24B v. 32)
- Ensure compliance with state licensing laws

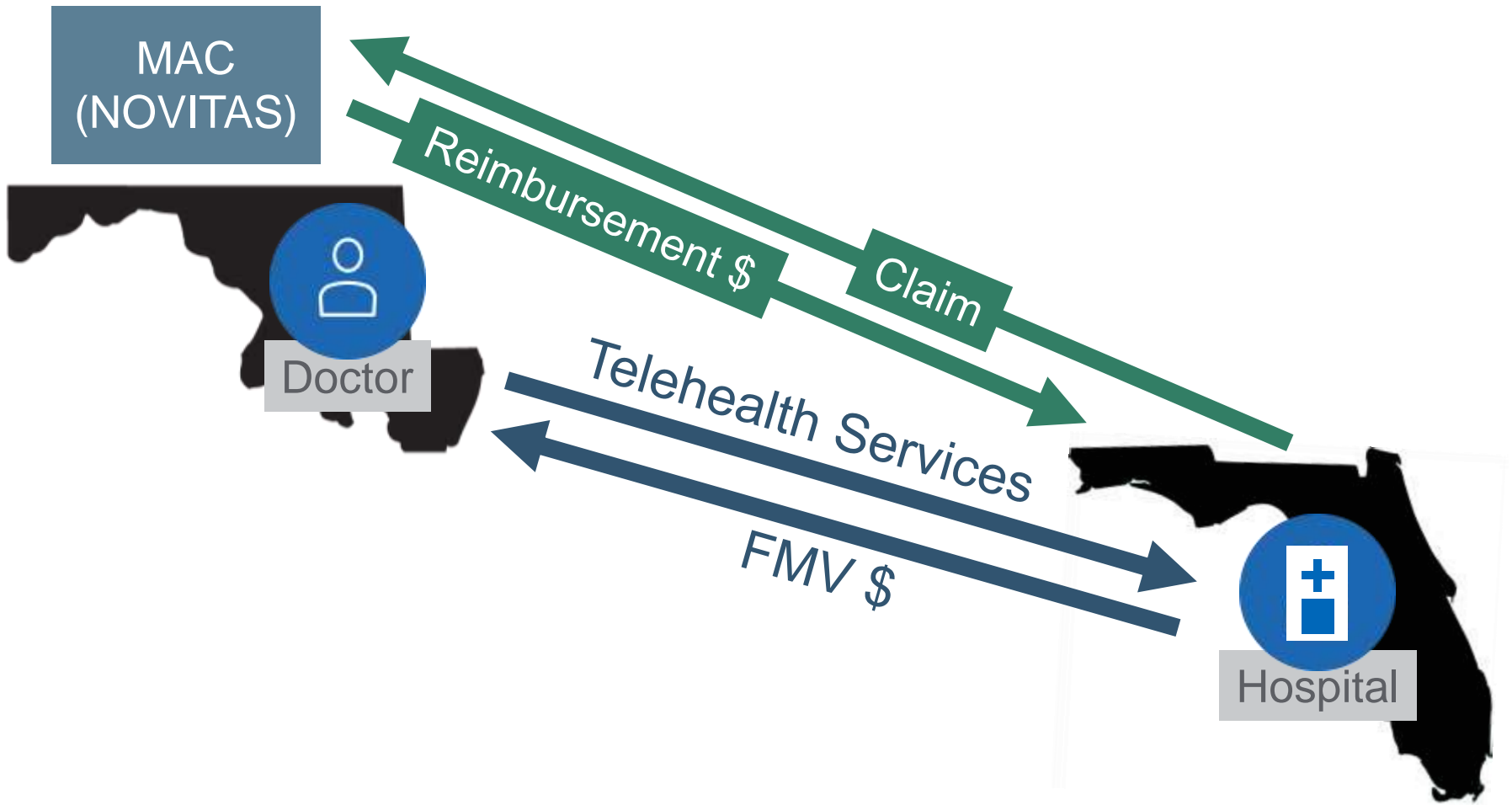
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) DATE:

24. A. DATE(S) OF SERVICE

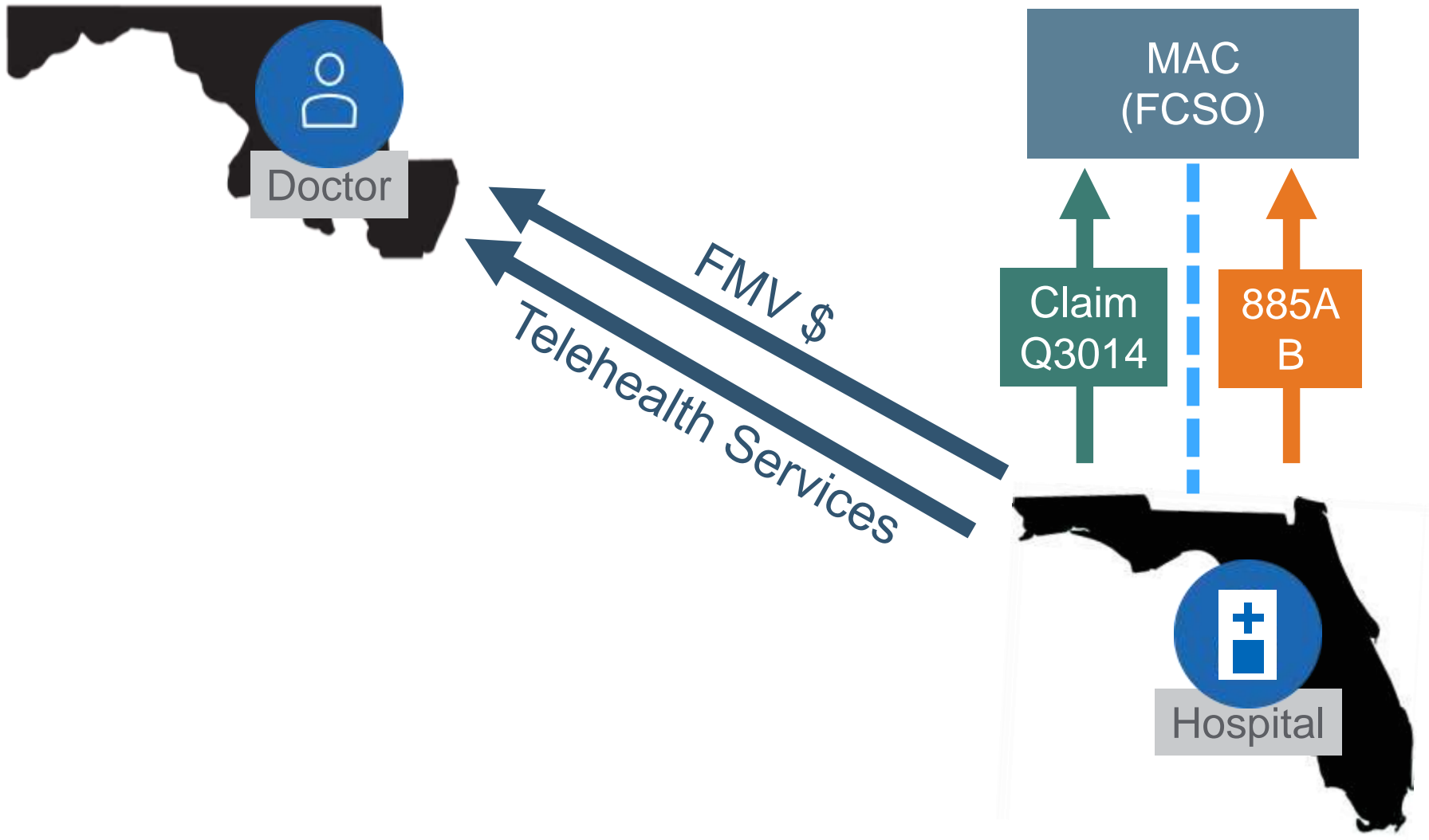
From	To	B. PLACE OF SERVICE
MM DD YY	MM DD YY	

32. SERVICE FACILITY LOCATION INFORMATION

Cross Jurisdictional - Distant Provider Claims



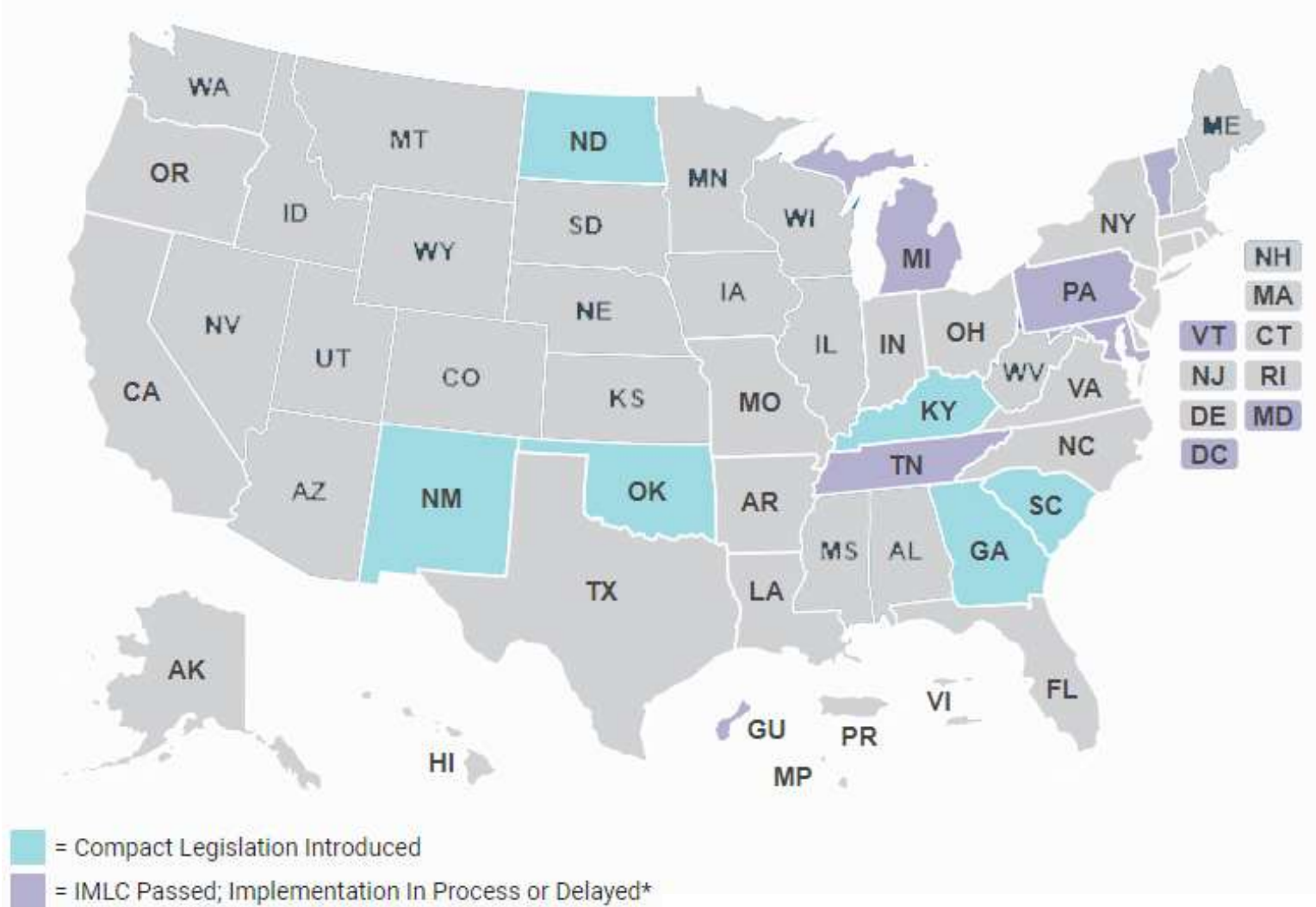
Originating Site Claims



Telemedicine and Licensing

- Physician offering care via telemedicine is subject to licensure rules of the state in which the patient is physically located at the time of the consult
- State law expressly or implicitly requires licensure if the patient is located in the state at the time of the consult
- Special rules for VA
- Common exceptions: consultations, border states, follow-up care

Growth of Interstate Licensing Compacts



Fraud and Abuse

- 2018 OIG Report
- 100 Claims without both originating and distant site claims
- 31% error rate
- Noncompliance with the “perfect storm”
- Fraud? Lack of education?
Lack of clarity on rules?

Compensation

- Consider application of Stark and Anti-kickback statute (even if contracted services not billed to federal programs)
 - Fair market value considerations
 - Set in advance methodology
 - No consideration or variation of compensation based upon volume or value of federal or state health care program referrals or generated business



Thank you!

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