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Telemedicine Reimbursement and Credentialing

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Telemedicine Reimbursement

Why is it important?

Encourages use of telemedicine services

Provides mechanism to reimburse providers

One tool to ensure sustainability of program

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Telemedicine Reimbursement

Who is mandated to reimburse in Oregon?

Medicare

Medicaid Fee for Service

(Medicaid Managed Care Plans are not yet contractually obligated to pay)

Private Payers

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Telemedicine Reimbursement

Medicare

Must comply with the five parameters:

- Care setting
- Geography
- Clinician provider type
- Service type
- Technology type

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Telemedicine Reimbursement

Medicare

Care setting:

- A person receiving care must be physically present
- May not be the patient's personal residence or location on the move.
  - ***Accepted originating sites :***
    - Physician's or Practitioner Office, Rural Health Clinic, FQHC
    - Hospital or Critical Access Hospital (CAH)
    - Renal dialysis center (Hospital or FQHC based)
    - Skilled nursing facility (SNF) (Effective January 1, 2009.)
    - Community mental health center (CMHC) (Effective January 1, 2009.).

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Telemedicine Reimbursement

Medicare

Geographic Parameters:

- Originating sites must be located in a rural HPSA but not a MSA

Accepted Clinician Provider Type:

- Physician
- Nurse Practitioner
- Physician Assistant
- Nurse Midwife
- Clinical Nurse Specialist
- Clinical Psychologist
- Clinical Social Worker
- Nutrition Professional

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Telemedicine Reimbursement

Medicare

Service Types

Services	Codes
Consultations	99241-99255
Office or other outpatient visits	99201-99215
Individual psychotherapy	90804-90809
Pharmacologic management	90862
Psychiatric diagnostic interview examination	90801
End stage renal disease related services	HCPCS G0308G0309 G0311 G0312 G0314 G0315 G0317 G0318
Individual medical nutrition therapy	HCPCS G0270 9780297803
Neurobehavioral status exam	96116
Follow-up inpatient telehealth consultations	HCPCS G0406-G0408
Individual and group kidney disease education	HCPCS G0420 and G0421
Individual and group diabetes self-management training services	HCPCS G0108 and G0109
Group medical nutrition therapy and health and behavior assessment and intervention services	and 96154
Subsequent hospital care services	and 99233
Subsequent nursing facility care services	and 99310

Telemedicine Reimbursement

Medicare

Service Types

ATA requesting additional codes in 2012:

99291-2 Critical Care and Evaluation
96040 Medical Genetics and Counseling
99640-7 Smoking and Tobacco Cessation Counseling
99334-7 Domiciliary or Rest Home Assessment and Management
99444 Online Internet Assessment and Management by Physician
98969 Online Internet Assessment and Management by a Non-physician
99091 Collection and Processing of Physiological Data and
99090 Analysis of Data Stored on Computers (recommend unbundling these two codes from an office visit.)

For more information, go to:
www.americantelemed.org/files/public/policy/ATA_code_request_to_CMS_for_2012.pdf

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Telemedicine Reimbursement

Medicare

Technology:

- Patient must be physically present, consultant must be able to interact with the patient.

Additionally:

Use of GT and GQ modifiers :

- The GT modifier indicates use of real-time/interactive technology.
- The GQ modifier indicates use of store and forward technology.
- Critically important in tracking usage and cost of telemedicine services

Originating site fee

- Flat reimbursement rate billed separately by the originating site using code Q3014, P
- Payment updated on a calendar year basis. Current fee is $24.10.

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Telemedicine Reimbursement

Medicaid

Fee for Service (Must comply with OR 410-130-0610 Telemedicine)

Accepted Originating Sites :

- Location must be appropriate for clinical care, meets HIPAA privacy requirements

Geographic Parameters:

- No Restrictions

Accepted Clinician Provider Type:

- Must be licensed to practice in Oregon and be enrolled as Division of Medical Assistance Program provider

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Telemedicine Reimbursement

Medicaid

Fee for Service (Must comply with OR 410-130-0610 Telemedicine)

Covered Services Types

- Must be medically appropriate covered service within patient's benefit package

Technology

- Consultations using video conferencing, must be billed with GT modifier
- Telephone and online or Email when video conferencing not available (Must comply with practice guidelines set forth by Health Service Commission)

Managed Care

- Currently not covered in contracts
- At the discretion of each individual plan

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Telemedicine Reimbursement

Private Payer

Oregon SB 24 (Passed in 2009 Legislative Session)

Accepted originating sites :

- No Restrictions as long as location is appropriate for clinical care and meets HIPAA requirements for privacy

Geographic Parameters:

- No Restrictions

Accepted clinician provider type:

- No Restrictions other than must be a part of the payer panel

Covered Services

- Must be medically appropriate covered service within patient's benefit package

Technology

- Patient must be present; consultant must be able to interact with the patient
- Consultations using video conferencing, must be billed with GT modifier

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Telemedicine Reimbursement

Private Payer

Oregon SB 787 (Passed in 2011 Legislative Session)

Accepted originating sites:

- No Restrictions

Geographic Parameters:

- No Restrictions

Accepted clinician provider type:

- Must be part of an Academic Medical Center

Covered Services

- Diabetes, only. Must be medically appropriate covered service within patient's benefit package

Technology

- Can be delivered using video, audio, Voice over Internet Protocol or transmission of telemetry

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Telemedicine Reimbursement

What is considered Telemedicine?

- CMS and most Private Payers view Telemedicine as an interactive audio and video telecommunications system, permitting real-time communication between the distant site physician or practitioner and the patient. For these payers, the patient must be “seen” by the consulting physician.

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Telemedicine Reimbursement

What is considered Telemedicine?

- When the consult involves only a phone conversation and a video consult is not engaged, this is not considered Telemedicine, by current CMS and private payer rules. However, Medicaid will allow for a phone visit, if video conferencing is not available.

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Telemedicine Reimbursement

What is considered Telemedicine?

- When a video consult is engaged only for the purpose of connecting the OHSU physician to the patient's family members or care givers. In some cases, if the patient is being transferred to OHSU, it is beneficial for the family members to meet the OHSU physician prior to the transport. This kind of interaction is not considered Telemedicine.

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Telemedicine Reimbursement

Payer Query

- Aetna
- Blue Cross
- Care Oregon
- DMAP
- HealthNet
- Kaiser
- Lifewise
- PacificSource
- UHC

- Outside of Medicare, we asked the main payers the following questions on how they would reimburse Telemedicine services

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Telemedicine Reimbursement

Payer Poll #1

- Will your plans cover telemedicine as of 1/1/10 dates of service?

➢ Responses were all “Yes” except for Care Oregon OHP

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Telemedicine Reimbursement

Payer Poll #2

- Will you cover Inpatient Telemedicine services billed with modifier GT ?
- Will you cover Outpatient/Office/Ambulatory services billed with modifier GT?

➢ Responses to both questions show “Yes” across the board

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Telemedicine Reimbursement

Medicare Rules

- Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in either a rural Health Professional Shortage Area or a non-Metropolitan Statistical Area county as defined by the Public Health Services Act.

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Telemedicine Reimbursement

Qualified Originating Sites

- Physician's or practitioner's office
- Hospital (inpatient or outpatient)
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally qualified health center (FQHC)
- Hospital-based or critical access hospital-based renal dialysis center
- Skilled nursing center (SNF)
- Community mental health center (CMHC)

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Telemedicine Reimbursement

Telemedicine Modifiers

- Modifier “GT” – Via interactive audio and video telecommunications system
- Modifier “GQ” – Via asynchronous telecommunications system

➢ For asynchronous, store and forward telecommunications technologies, an originating site is only a Federal telemedicine demonstration program conducted in Alaska or Hawaii

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Telemedicine Reimbursement

Inpatient Billing Codes

- G0425 – Initial inpatient telehealth consultation, typically 30 minutes communicating with the patient via telehealth
- G0426 - Initial inpatient telehealth consultation, typically 50 minutes communicating with the patient via telehealth
- G0427 - Initial inpatient telehealth consultation, typically 70 minutes communicating with the patient via telehealth

Telemedicine Reimbursement

Critical Care Billing Codes

- 0188T – Remote real-time interactive video-conferenced critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes
- 0189T – each additional 30 minutes (List separately in addition to code for primary service)

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Telemedicine Reimbursement

Decision Tree

- Codes used to bill depend first on whether the patient was:

➢ Not admitted at all
➢ Admitted at the local hospital
➢ Transferred and admitted at OHSU

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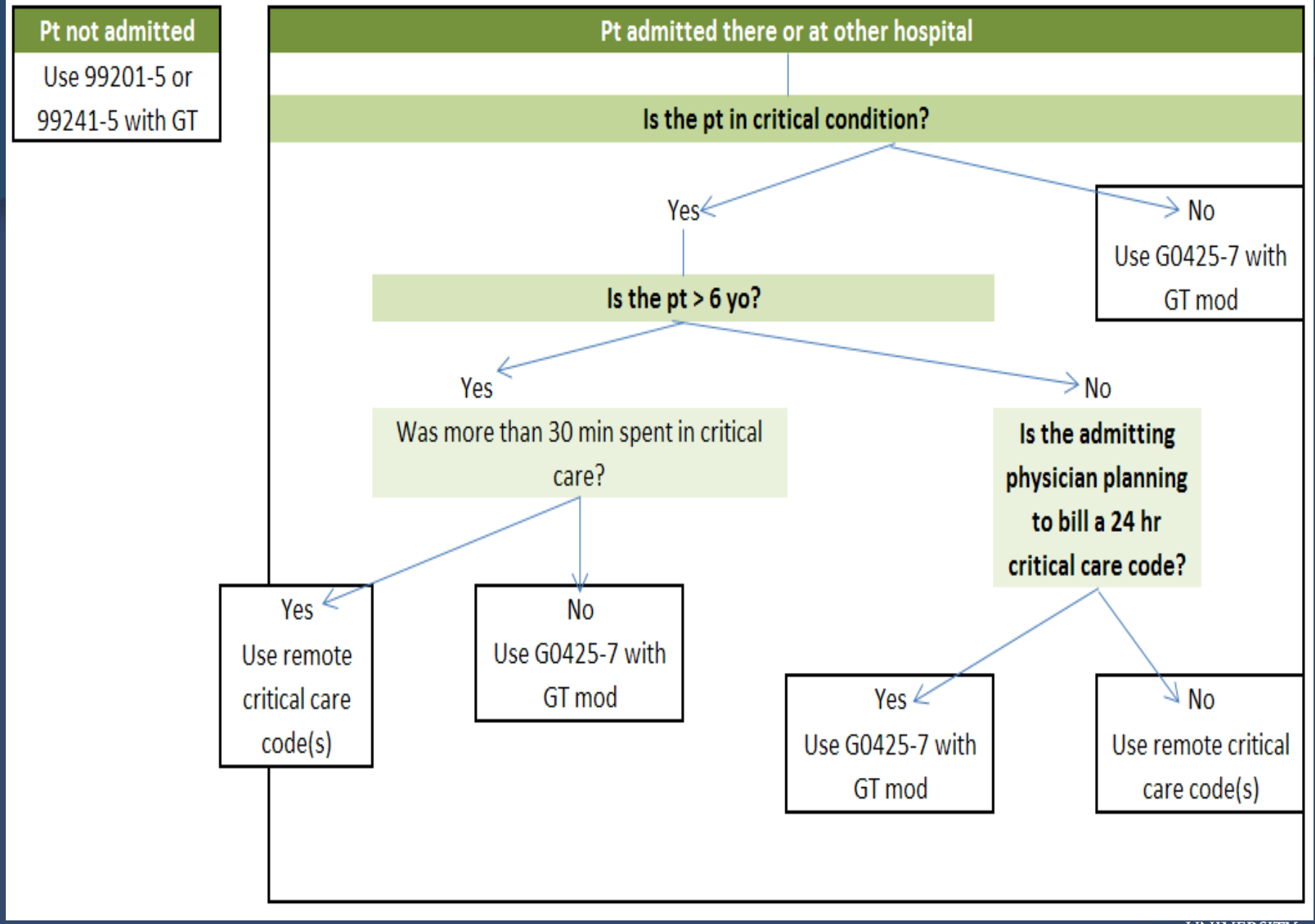
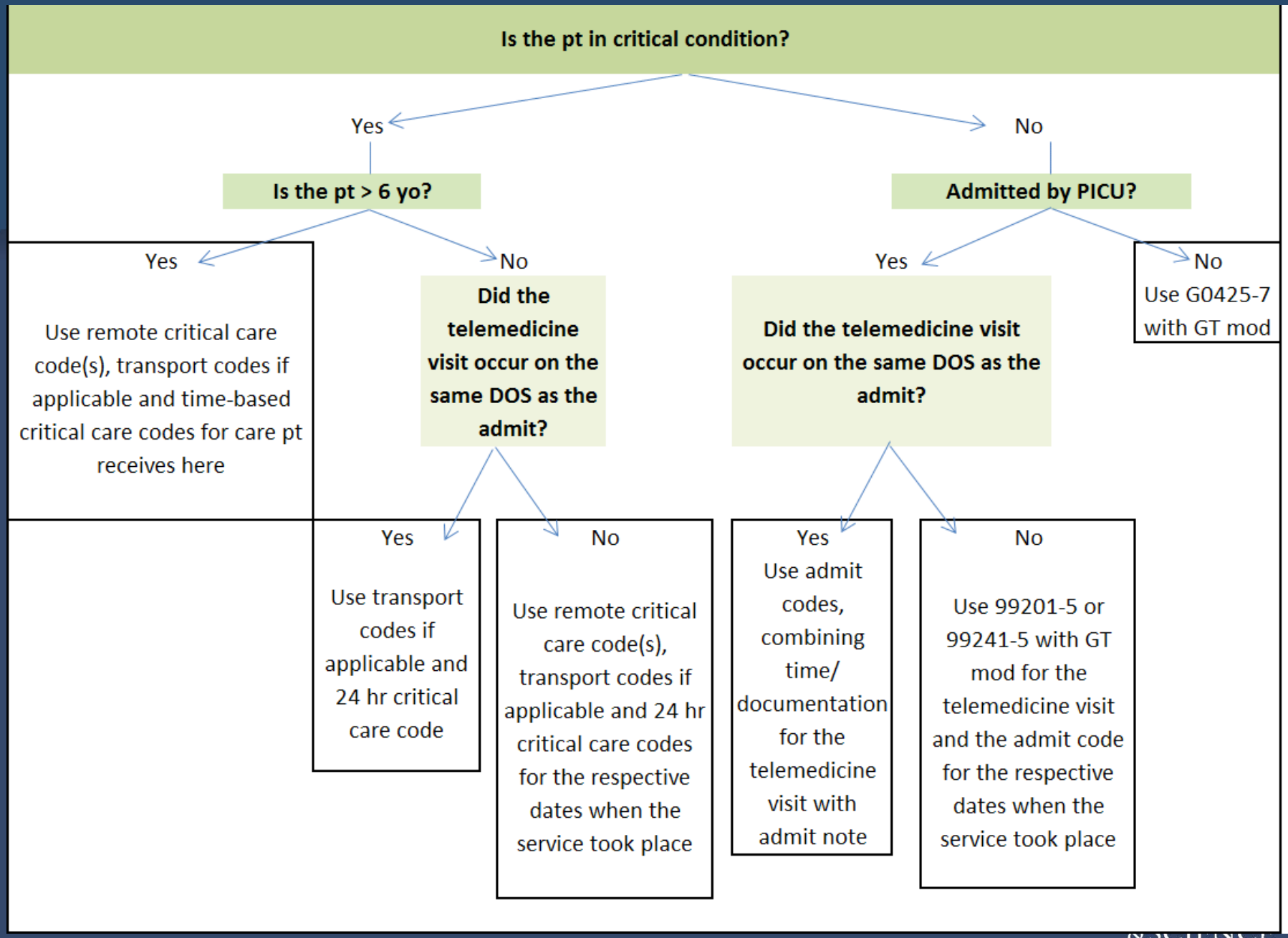

Pt not admitted
Use 99201-5 or 99241-5 with GT
Pt admitted there or at other hospital
Is the pt in critical condition?
Yes
No
Use G0425-7 with GT mod
Is the pt > 6 yo?
Yes
No
Was more than 30 min spent in critical care?
Is the admitting physician planning to bill a 24 hr critical care code?
Yes
Use remote critical care code(s)
No
Use G0425-7 with GT mod
Yes
Use G0425-7 with GT mod
No
Use remote critical care code(s)


Is the pt in critical condition?
Yes
No
Is the pt > 6 yo?
Admitted by PICU?
Yes
No
Yes
No
Use remote critical care code(s), transport codes if applicable and time-based critical care codes for care pt receives here
Did the telemedicine visit occur on the same DOS as the admit?
Did the telemedicine visit occur on the same DOS as the admit?
No
Use G0425-7 with GT mod
Yes
Use transport codes if applicable and 24 hr critical care code
No
Use remote critical care code(s), transport codes if applicable and 24 hr critical care codes for the respective dates when the service took place
Yes
Use admit codes, combining time/ documentation for the telemedicine visit with admit note
No
Use 99201-5 or 99241-5 with GT mod for the telemedicine visit and the admit code for the respective dates when the service took place

Telemedicine Reimbursement

Denials Received

- 0188T - CPT not payable by Medicare
- 0188T - CPT not recognized by DMAP
- G0425 - GT modifier redundant to service provided or not recognized by plan
- G0425 - Chart notes requested by OHP plan because the local hospital charge had not yet been submitted

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Telemedicine Reimbursement

0188T

- Temporary code so not on most fee schedules
- Was initially reimbursed as anesthesia by some OHPs as the code begins with a zero
- Calling the health plan was required to explain the purpose of this code and ask for reprocessing paid at a higher rate
- We were successful in getting additional reimbursement

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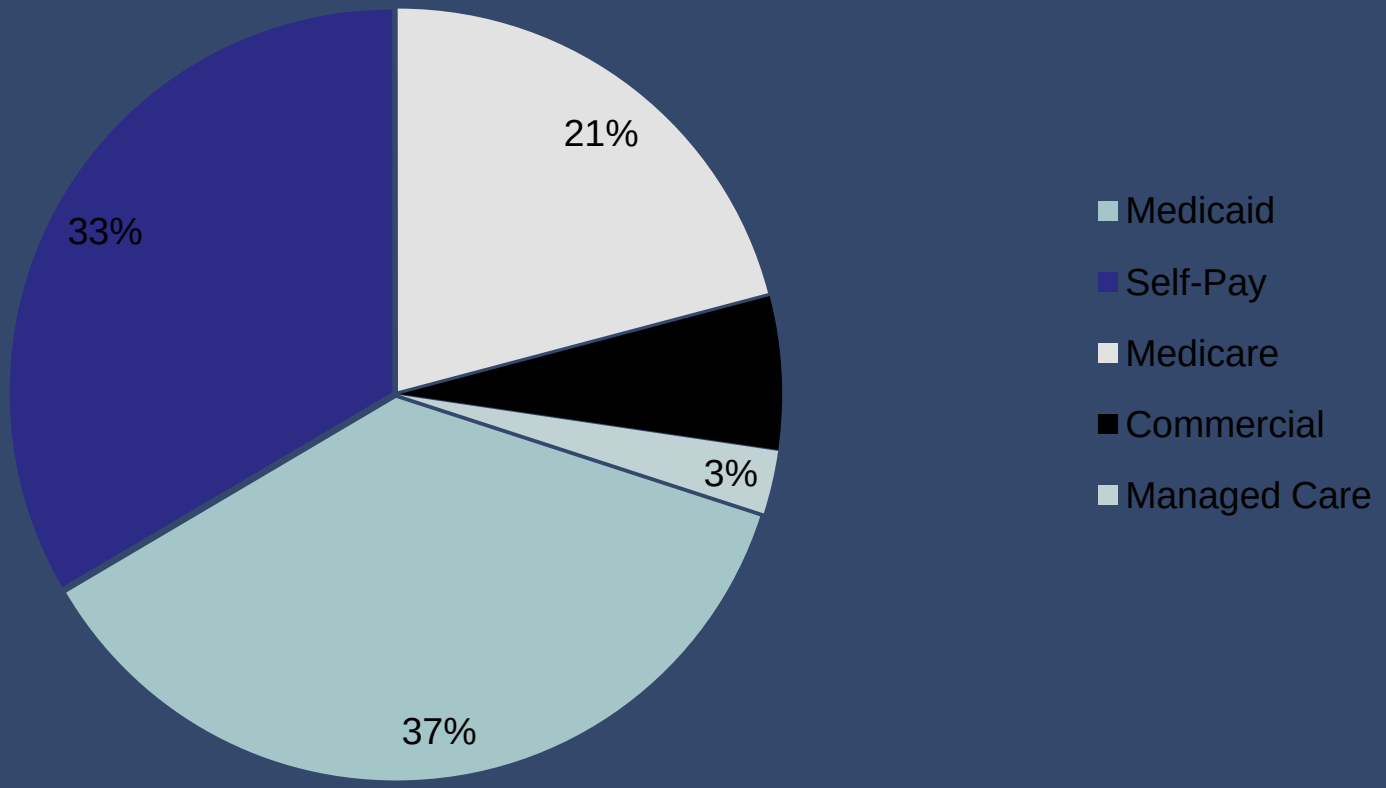
Telemedicine Reimbursement

Charges Payer Mix



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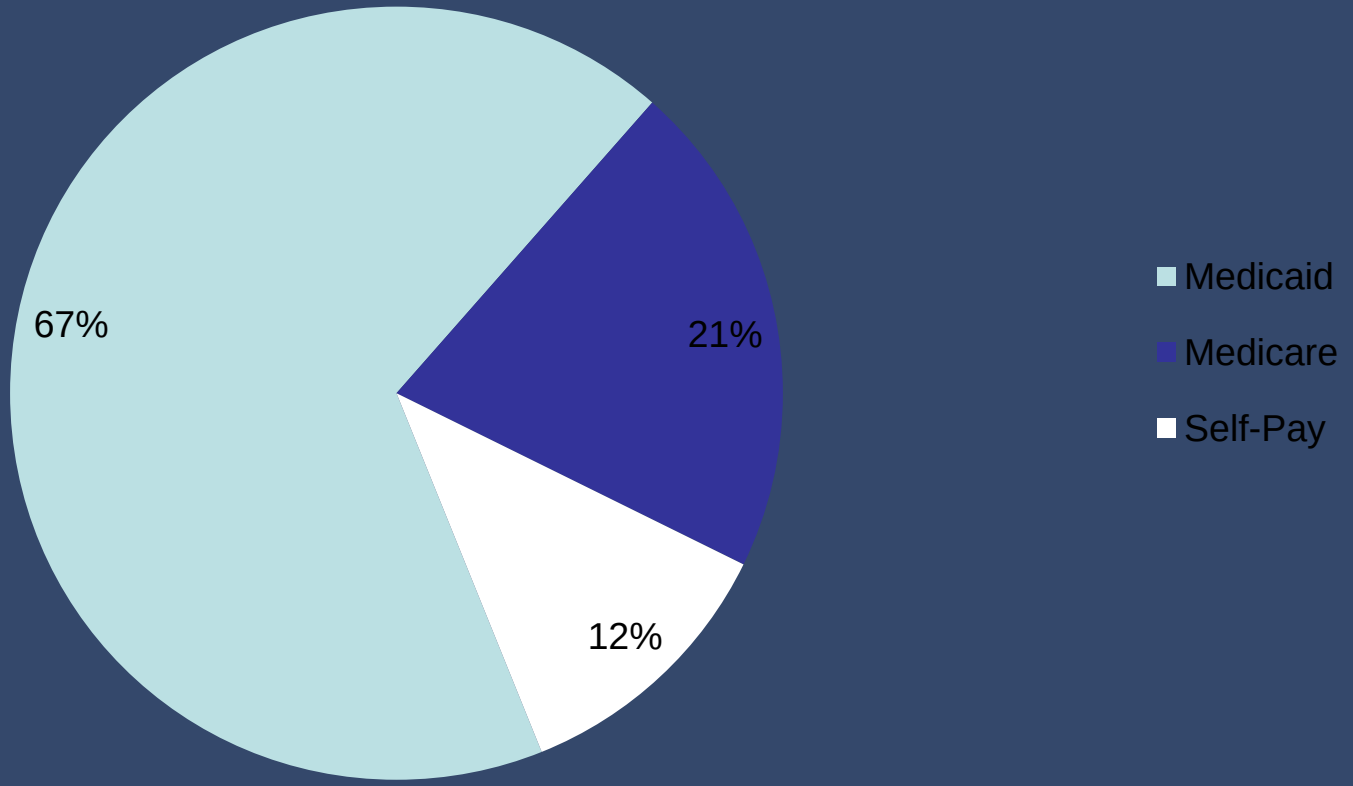
Telemedicine Reimbursement

Payments Payer Mix



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Telemedicine Reimbursement

Patient Forms

- In order for OHSU to bill the health plans, the patient or family member must sign an OHSU Terms and Conditions Form.
- Additionally, the patient or family member must sign an OHSU Telemedicine Consent Form, agreeing to be seen telemedically.
- OHSU provides these forms to our telemedicine affiliates.

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Telemedicine Reimbursement

Patient Billing

- The patient does not receive a statement unless there is a patient balance. If the patient has insurance, we will submit a claim to the health plan. Once the claim has been processed by the plan, the patient will receive a statement showing the payment received and what amount, if any, is the patient's responsibility.

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Telemedicine Reimbursement

Patient Responsibility

- The ultimate responsible party will be determined by each patient's benefits. Some services may not be included in the patient's benefit plan. Based on the EOB received from the health plan, we are legally obligated to hold the patient responsible for any portion of the claim assigned to the patient.
- To date, we have not received a denial where the entire charge is patient responsibility.

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Telemedicine Reimbursement

EMR Challenges

- OHSU has a large integrated EMR and the Telemedicine workflow created a challenge because the patient is not actually in-house.
- Workflow discussions involved multiple teams from all potential areas involved, including the Emergency Department.
- At the time of the consult, patients are not registered in the EMR, so it made most sense to use the Emergency Department model.

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Telemedicine Credentialing

- What is credentialing?
- What is privileging?
- Why are they important?
- How do credentialing and privileging relate to the provision of telemedicine services?

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Telemedicine Credentialing

Before doctors are permitted to practice medicine in a hospital, the hospital must verify the physician's claimed experiences.

Physician credentialing:

- Assesses and confirms a doctor's stated education, personal background, licensing and prior affiliations.

Privileging:

- Separate process,
- Grants an individual physician permission to perform specific procedures in the hospital, based upon past exposure to these procedures.

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Telemedicine Credentialing

The credentialing process can be lengthy and may include:

- Verifying all levels of medical training and education
- Contacting the American Board of Medical Specialties or other qualified boards to verify board certifications
- Confirming the validity of any claimed medical licenses
- Making an inquiry with the National Practitioner Data Bank
- Looking at the Medicare/Medicaid system for potential problems
- Examining Drug Enforcement Administration Certification for doctors who will be prescribing controlled substances
- Verifying malpractice coverage and considering any claims for medical malpractice
- Investigating any disciplinary actions

Credentialing is an ongoing process; generally, hospitals should reevaluate and update a doctor's credentials every two years.

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Telemedicine Credentialing

Privileging is the process of authorizing practitioners to provide specific services to patients depending on type of training and competency assurance. This may include:

- Medical knowledge
- Special education when applicable
- Technical and clinical skills
- Clinical judgment
- Clinical Activity Reports and other data indicating mortality index, length of stay, and complication rates
- Proctoring outcomes when indicated
- Suspension for record delinquencies

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Telemedicine Credentialing

Hospital credentialing and privileging are governed by the hospital's bylaws and may vary greatly from hospital to hospital.

Why is that important?

Hospitals are responsible for ensuring the care and safety of patients treated in their facility:

- From a risk management perspective
- From a legal perspective

Hospital's responsibility is separate from the physicians responsibility. Hospitals failure to exercise reasonable care with respect to the care of its patients can result in a claim of "institutional negligence".

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Telemedicine Credentialing

Why is that important?

Growing number of states adopting doctrine of "negative credentialing" as a component of institutional negligence

Presents another source of potential liability for hospitals

Hospitals must ensure that all physician credentialing and privileging decisions are consistent with hospital bylaws, medical staff bylaws and accreditation standards.

Case in Point:

An Illinois case resulted in a $ 7.7 million to patient with amputated foot. Hospital granted category II surgical credentials to podiatrist even though he never completed a 12-month podiatric surgical residency and was not board certified as required by the hospital's bylaws and hospital accreditation standards.

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Telemedicine Credentialing

Why is this important to Telemedicine?

Requirement for full credentialing creates barriers to telemedicine implementation

- Puts substantial burden on originating site hospitals, both from a staff resource and financial perspective
- Creates significant bureaucratic and financial burden on distant site hospitals
- Creates a duplication of workload for telemedicine providers who have gone through the credentialing and privileging process at the distant site hospital.

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Telemedicine Credentialing

Why is this important to Telemedicine?

The OHSU Experience

- Telemedicine agreements with 10 hospitals
- Includes five services:
  - PICU, NICU, Stroke, Neurosurgery, Trauma
- Has involved 46 OHSU providers over the last 18 months
- Process varies at each originating site according to hospital and medical staff bylaws.
- Each originating site has a unique set of supplemental forms that OHSU providers must read and sign.

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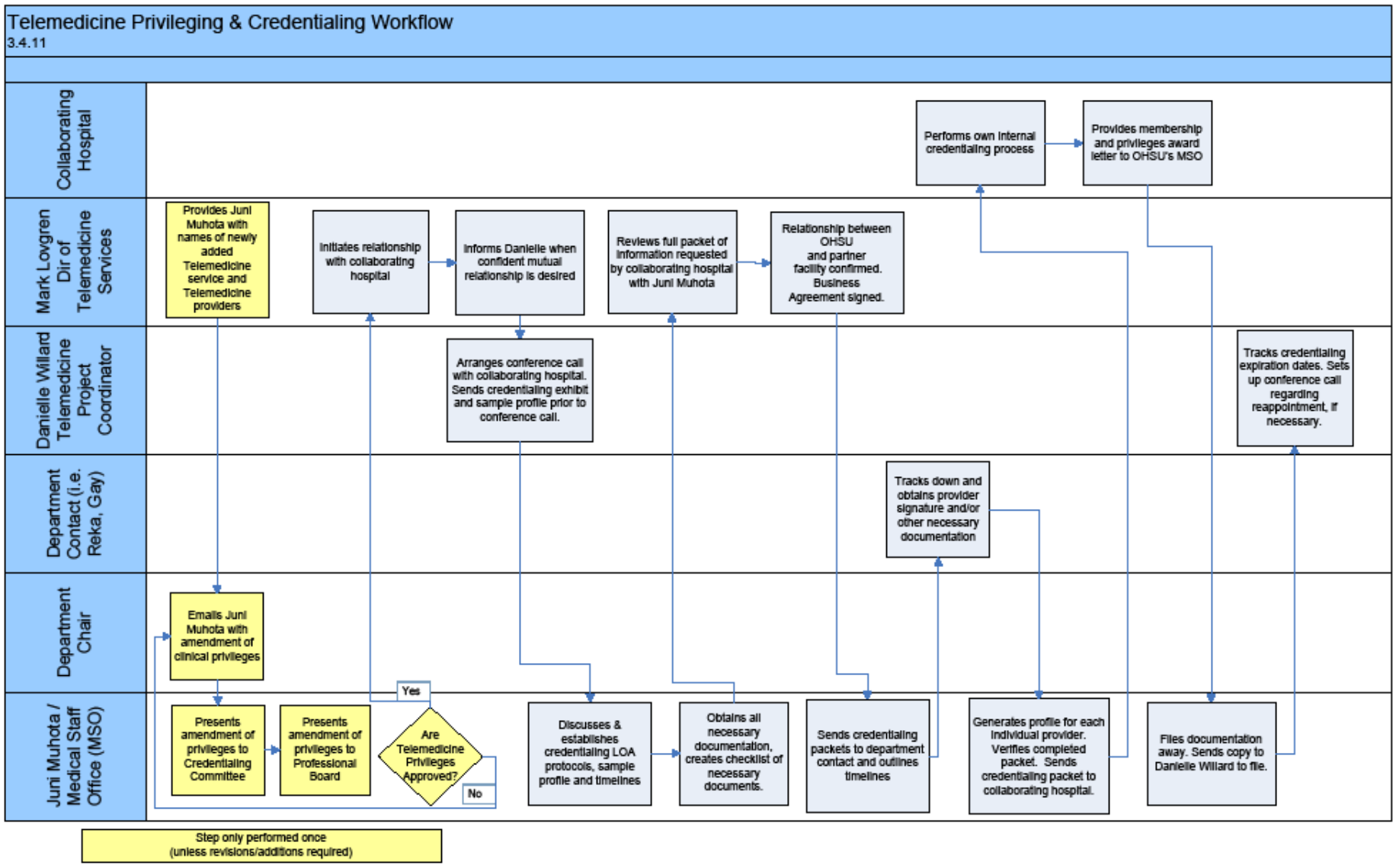
Telemedicine Credentialing



Telemedicine Credentialing

Current Status

2004 JCAHO adopted rules to allow “credentialing by proxy”

2008 Congress terminates JCAHO’s recognized hospital accreditation program, effective July 15, 2010

2009-2011 JCAHO, ATA, various telemedicine organizations, CTEL, and congressional delegations from a variety of states work with CMS to create rule changes that will allow streamlined process for telemedicine

July 5, 2011 New CMS rules become effective

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Telemedicine Credentialing

The CMS Rule

New CMS provisions allows the originating-site hospital to rely upon the decisions made by the "distant-site telemedicine entity" when making credentialing and privileging decisions for individual, distant-site practitioners who are providing telemedicine services.

- Originating-site hospital must ensure that the medical staff's credentialing and privileging processes and standards at the distant-site telemedicine entity "meets or exceeds the [CMS] standards."

- Rule does not mandate its use. Level of telemedicine credentialing and privileging at each hospital remains at the hospital's discretion as long it meets or exceeds the CMS standards.

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Telemedicine Credentialing

The CMS Rule

A written agreement is required and must establish the following:

- The distant-site hospital is a Medicare-participating hospital.
- The distant-site practitioner is privileged at the distant-site hospital.
- The distant-site hospital provides a current list of the practitioner's privileges.
- The distant-site practitioner holds a license issued or recognized by the state in which the originating-site hospital is located.
- The originating-site hospital has an internal review of the distant-site practitioner's performance and provides this information to the distant-site hospital.
- Information sent from the originating-site to the distant site must include all adverse events and complaints from telemedicine services provided by the distant-site practitioner to the originating-site hospital's patients.

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Telemedicine Credentialing

The CMS Rule

Allows for non-Medicare distant site telemedicine entities providing services to a Medicare hospital or CAH. Examples include:

- Independent provider practices (ie dermatology, cardioogy, etc.)
- Radiology entities
- Independent EICU providers

There must be **a written agreement that establishes with the hospital or CAH that includes:**

- The entity's process and standards for assessing the qualifications of its practitioners meet conditions of participation
- The distant-site practitioner has experience and expertise represented by the distant-site telemedicine entity
- The practitioner holds a license issued or recognize by the state in which the hospital or CAH is located
- The hospital or CAH that credentials and privileges thedistant-site practitioner shares the practitioner's performance review information with the entity

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Telemedicine Credentialing

The CMS Rule

New rule requires sharing of peer review and internal review information between originating hospitals and distant sites.

At minimum, monitored and shared information must include:

- All adverse events that result from telemedicine services provided by practitioner to patients
- All complaints the hospital has received about the practitioner.

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Telemedicine Credentialing

In Summary

Credentialing and Privileging are critical activities to ensure the appropriate care and safety of the patient in a hospital setting

Telemedicine brings some unique challenges to the credentialing and privileging process

The new CMS rule has laid the ground work to allow hospitals to streamline the process for telemedicine

Challenges remain in adopting the rule through changes to hospital bylaws and policies

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For more information:

www.ortelehealth.org

WWW.NRTRC.ORG

WWW.americantelemed.org

www.ctel.org

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