Federal & State Telehealth Reimbursement

Association of Departments of Family Medicine

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CENTER FOR CONNECTED HEALTH POLICY (CCHP)

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is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.
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TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

Search by Category & Topic

**Medicaid Reimbursement**
- Live Video
- Store & Forward
- Remote Patient Monitoring Reimbursement

**Private Payer Reimbursement**
- Private Payer Laws
- Parity Requirements

**Professional Regulation/Health & Safety**
- Cross-State Licensing
- Consent
- Prescribing
- Misc (Listing of Practice Standards)
TWO MAJOR PAYERS FOR TELEHEALTH DELIVERED SERVICES

MEDICAID

Policies vary from state-to-state with some more expansive than others.

MEDICARE

Still has one of the most limited telehealth reimbursement policy, though some changes have been made.

As of Jan 2020
FEDERAL TELEHEALTH POLICY

- Geographic limitation
- Site limitation
- Specific list of eligible provider
- Specific list of services reimbursed
- Modality

MEDICARE

Still has one of the most limited telehealth reimbursement policy, though some changes have been made.

As of Jan 2020

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Geographic Limitation

- Patient must be located in a rural HPSA or non-MSA area **EXCEPT**
  - Treatment for acute stroke
  - ESRD in the home
  - Substance use disorder in the home and co-occurring mental health conditions
  - Counseling, individual and group therapy delivered by Opioid Treatment Program (OTP)
Site Limitations

- Patient must be located in
  - Physician’s office
  - Hospital
  - Critical Access Hospital (CAH)
  - Rural Health Center (RHC) or Federally Qualified Health Center (FQHC)
  - Hospital-based dialysis facility
  - Skilled nursing facility (SNF)
  - Community mental health center
  - Hospital or CAH-based renal dialysis center
  - Mobile strike units

EXCEPTION: The home is an eligible originating site for ESRD services and SUD or a co-occurring mental health disorder services. (But no facility paid)
FEDERAL TELEHEALTH POLICY

Eligible Provider

- Distant site provider must be:
  - Physician
  - Nurse Practitioners
  - Physician Assistants
  - Nurse-midwives
  - Clinical nurse specialists
  - Certified registered nurse anesthetists
  - Clinical psychologist and clinical social workers
  - Registered dietitians or nutrition professional
  - Opioid treatment program (Limited list of services)

NOTE: FQHCs & RHCs are not eligible distant site providers

As of Jan 2020
FEDERAL TELEHEALTH POLICY

Services

➢ Treatment for OUD Services
  ▪ G2086: Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month.
  ▪ G2087: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month.
  ▪ G2088: Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes (List separately in addition to code for primary procedure).

As of Jan 2020
MEDICARE POLICY, NOT TELEHEALTH

Services that are delivered via technology but not called “telehealth”

- Chronic Care Management (CCM)
- Transitional Care Management (TCM)
- Principle Care Management (PCM)
- Remote Physiologic Monitoring Services
- Internet-based communications technology
- Interprofessional Internet Consultation
- Online Digital Evaluation Service (E-visit)

As of Jan 2020
MEDICARE POLICY, NOT TELEHEALTH

Services that are delivered via technology but not called “telehealth”

- Chronic Care Management (CCM)
- Transitional Care Management (TCM)
- **Principle Care Management (PCM)** – care management services for one serious chronic condition. G2064 & G2065 *
- Remote Physiologic Monitoring Services

* New for 2020

As of Jan 2020
Services that are delivered via technology but not called “telehealth”

- Internet-based communications technology
  - Virtual Check-In – Live Video, G2012
  - Remote Evaluation of Pre-Recorded Information – S&F, G2010
MEDICARE POLICY, NOT TELEHEALTH

Services that are delivered via technology but not called “telehealth”

- Interprofessional Internet Consultation – Provider to Provider consultation, 99446-99449
- Online Digital Evaluation Service (E-visit) – Online “assessment,” for practitioners that are qualified non-physician health professionals. G2061-2063

As of Jan 2020
Medicare Advantage (MA) plans are now allowed to cover Part A and B services when delivered via telehealth.
MA plans decide what services can be offered, as long as they are services covered under Part A and B.
If the services are not typically covered under Part A and B, MA plans may offer those services via telehealth but will be covered under supplemental plans.
Must use credentialed, contracted network providers.
Modalities are broadly defined.
Geographic and facility restrictions found in Medicare fee-for-service do not apply.
Limitations on type of providers who can provide these additional telehealth benefits will continue to apply.
All relevant state laws will apply.
Not mandatory for MA plans to offer to cover more services beyond what is required in fee-for-service.
FEDERAL LEGISLATION & OTHER POLICY

The CONNECT Act

- Provides HHS Secretary authority to waive restrictions if certain criteria met
- For mental health services, home would be an eligible originating site and waive geographic limits
- Removes geographic limits on FQHCs and RHCs
- Allows FQHCs and RHCs to be distant site providers

Proposed Regulations for DEA Registry

- This registry would expand the ability of telehealth providers to prescribe controlled substances, but proposed regulations have not been released.

As of Jan 2020
40 states and DC have telehealth **private payer** laws

Some go into effect at a later date.

**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”

As of October 2019
MEDICAID REIMBURSEMENT BY SERVICE MODALITY
(Fee-for-Service)

Live Video
50 states and DC

Store and Forward
Only in 14 states

Remote Patient Monitoring
22 states

As of October 2019
POLICIES VARY GREATLY

California Medicaid
Provider allowed to decide if it is appropriate to deliver covered services via store-and-forward or live video as along as certain conditions met.

Massachusetts
Medicaid will only reimburse for telemental and behavioral health services provided via live video.
Thank You!

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