TELEMEDICINE REGULATORY REVIEW CONCEPT PAPER

The following provides an explanatory research outline relating to telemedicine and telehealth.

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health statuses. Closely associated with telemedicine is the term "telehealth," which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Research shows the following are considered part of telemedicine or telehealth:

- Videoconferencing
- Transmission of still images
- E-health, including patient portals
- Remote monitoring of vital signs
- Continuing medical education and nursing call centers

Telemedicine is not a separate medical specialty. Products and services related to telemedicine are often part of a larger investment by health care institutions in either information technology or in the delivery of clinical care. Even in the reimbursement fee structure, there is usually no distinction made between services provided on site and those provided through telemedicine and often no separate coding is required for billing of remote services.¹ Federal laws allowing for Medicare and Medicaid² (§ 410.78 Telehealth services) (See Appendix B: Telemedicine Regulatory Attachment) to help cover certain aspects of telemedicine are making way for increasing changes to allow greater access to those in need. For purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting two-way, real-time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at minimum, audio and video equipment³
A table consisting of the billing codes recommended by the Centers for Medicare and Medical Services is outlined below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Healthcare Common Procedure Coding System (HCPCS)/CPT Code</th>
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<tbody>
<tr>
<td>Telehealth consultations, emergency department or initial inpatient</td>
<td>HCPCS codes G0425 – G0427</td>
</tr>
<tr>
<td>Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs</td>
<td>HCPCS codes G0406 – G0408</td>
</tr>
<tr>
<td>Office or other outpatient visits</td>
<td>CPT codes 99201 – 99215</td>
</tr>
<tr>
<td>Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days</td>
<td>CPT codes 99231 – 99233</td>
</tr>
<tr>
<td>Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days</td>
<td>CPT codes 99307 – 99310</td>
</tr>
<tr>
<td>Individual and group kidney disease education services</td>
<td>HCPCS codes G0420 – G0421</td>
</tr>
<tr>
<td>Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training</td>
<td>HCPCS codes G0108 – G0109</td>
</tr>
<tr>
<td>Individual and group health and behavior assessment and intervention</td>
<td>CPT codes 96150 – 96154</td>
</tr>
<tr>
<td>Individual psychotherapy</td>
<td>CPT codes 90804 – 90809</td>
</tr>
<tr>
<td>Pharmacologic management</td>
<td>CPT code 90862</td>
</tr>
<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>CPT code 90801</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment</td>
<td>CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961</td>
</tr>
<tr>
<td>Individual and group medical nutrition therapy</td>
<td>HCPCS code G0270 and CPT codes 97802 – 97804</td>
</tr>
<tr>
<td>Neurobehavioral status examination</td>
<td>CPT codes 96119</td>
</tr>
<tr>
<td>Smoking cessation services</td>
<td>HCPCS codes G0436 and G0437 and CPT codes 98498 and 99407</td>
</tr>
</tbody>
</table>

Note: The CPT codes include all primary care related visit CPT codes.

It is important to note that you, the distant site practitioner, should submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GT, “via interactive audio and video telecommunications systems” (e.g., 99201 GT). By coding and billing the GT modifier with a covered telehealth procedure code, you are certifying that the beneficiary was present at an eligible originating site when the telehealth service was furnished. By coding and billing the GT modifier with a covered ESRD-related service telehealth code, you are certifying that one visit per month was furnished “hands on” to examine the vascular access site.

Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient). As such, states have the option/flexibility to determine:

- Whether (or not) to cover telemedicine
- What types of telemedicine to cover
- Where in the state it can be covered
- How it is provided/covered
- What types of telemedicine practitioners/providers may be covered/reimbursed, as long as such practitioners/providers are “recognized” and qualified according to Medicaid statutes/regulations
- How much to reimburse for telemedicine services, as long as such payments do not exceed Federal Upper Limits
If the state decides to cover telemedicine, but does not cover certain practitioners/providers of telemedicine or its telemedicine coverage is limited to certain parts of the state, the state is then responsible for assuring access and covering face-to-face visits/examinations by these “recognized” practitioners/providers in those parts of the state where telemedicine is not available. Therefore, the general Medicaid requirements of comparability, state-wideness and freedom of choice do not apply with regard to telemedicine services. Research also shows that Medicaid guidelines require all providers to practice within the scope of their State Practice Act.

The state of Pennsylvania requires a current state medical license to practice telemedicine within the state, and there are exemptions for those near state lines. If they go outside the state, then they must abide by the laws of that state. An extraterritorial license empowers the licensee residing in or maintaining the office of practice in any adjoining state near the boundary line between such state and this Commonwealth, whose medical practice extends into this Commonwealth, to practice medicine and surgery with or without restriction in this Commonwealth on such patients... The exercise of discretion of the board in granting such a license will depend on the needs of the patients in Pennsylvania, the availability of medical care in the area involved and whether the adjoining state extends similar privileges to Pennsylvania physicians. 63 PENN. STAT. ANN. § 422.34(a) and (c) (2) (See Appendix B: Telemedicine Regulatory Attachment). A duly licensed physician residing in or maintaining his office of practice in a state near the boundary line between said state and Pennsylvania whose practice extends into Pennsylvania will have the right to practice in Pennsylvania at the discretion of the board, provided he files a certified copy of his license and that the board in the adjoining state reciprocates by extending the same privilege to physicians in Pennsylvania. 64 PENN. STAT. ANN. § 271.10(a) (See Appendix B: Telemedicine Regulatory Attachment)

On May 22nd of this year, the governor of Pennsylvania announced that, “Pennsylvania will increase recipients’ access to specialist care by expanding coverage for telemedicine... By fully embracing telemedicine, we will improve a person’s ability to receive care...” Research shows that The Department of Public Welfare’s Medical Assistance Program has been expanded to include additional specialty physicians who will be able to perform consultations and diagnose patients, recommend and monitor treatment, and even order tests or prescribe medication. This will allow the 2.1 million Pennsylvanians covered by the Medical Assistance Program to gain easier access to telemedicine and the benefits it bestows on them. The evolution of telemedicine allows for some difficulties to be lifted for those patients seeking healthcare treatments, especially in rural areas.
Appendix A: References in Order of Appearance

   http://www.americantelemed.org/i4a/pages/index.cfm?pageid=3333
2. Centers for Medicare & Medicaid Services, HHS.  
   http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html
   http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html
   http://www.ncsl.org/issues-research/health/state-coverage-for-telehealth-services.aspx
Appendix B: TELEMEDICINE REGULATORY ATTACHMENT

Regulatory Attachment with Federal and State Guidelines

Federal § 410.78
Telehealth Services

(a) Definitions. For the purposes of this section, the following definitions apply:

(1) Asynchronous store and forward technologies means the transmission of a patient's medical information from an originating site to the physician or practitioner at the distant site. The physician or practitioner at the distant site can review the medical case without the patient being present. An asynchronous telecommunications system in single media format does not include telephone calls, images transmitted via facsimile machines and text messages without visualization of the patient (electronic mail). Photographs visualized by a telecommunications system must be specific to the patient's medical condition and adequate for furnishing or confirming a diagnosis and or treatment plan. Dermatological photographs, for example, a photograph of a skin lesion, may be considered to meet the requirement of a single media format under this provision.

(2) Distant site means the site at which the physician or practitioner delivering the service is located at the time the service is provided via a telecommunications system.

(3) Interactive telecommunications system means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

(4) Originating site means the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. For asynchronous store and forward telecommunications technologies, the only originating sites are federal telemedicine demonstration programs conducted in Alaska or Hawaii.

(b) General rule. Medicare Part B pays for office or other outpatient visits, subsequent hospital care services (with the limitation of one telehealth visit every three days), subsequent nursing facility care services (not including the federally-mandated periodic visits under §483.40(c) and with the limitation of one telehealth visit every 30 days), professional consultations, psychiatric diagnostic interview examination, neurobehavioral status exam, individual psychotherapy, pharmacologic management, end-stage renal disease-related services included in the monthly capitation payment (except for one “hands-on” visit per month to examine the access site), individual and group medical nutrition therapy services, individual and group kidney disease education services, individual and group diabetes self-management (DSMT) training services (except for one hour of in-person services to be furnished in the year following the initial DSMT service to ensure effective injection training), and individual and group health and behavior assessment and intervention services furnished by an interactive telecommunications system if the following conditions are met:

(1) The physician or practitioner at the distant site must be licensed to furnish the service under state law. The physician or practitioner at the distant site who is licensed...
under state law to furnish a covered telehealth service described in this section may bill, and receive payment for, the service when it is delivered via a telecommunications system.

(2) The practitioner at the distant site is one of the following:

(i) A physician as described in § 410.20.
(ii) A physician assistant as described in § 410.74.
(iii) A nurse practitioner as described in § 410.75.
(iv) A clinical nurse specialist as described in § 410.76.
(v) A nurse-midwife as described in § 410.77.
(vi) A clinical psychologist as described in § 410.71.
(vii) A clinical social worker as described in § 410.73.
(viii) A registered dietitian or nutrition professional as described in § 410.134.

(3) The services are furnished to a beneficiary at an originating site, which is one of the following:

(i) The office of a physician or practitioner.
(ii) A critical access hospital (as described in section 1861(mm)(1) of the Act).
(iii) A rural health clinic (as described in section 1861(aa)(2) of the Act).
(iv) A federally qualified health center (as defined in section 1861(aa)(4) of the Act).
(v) A hospital (as defined in section 1861(e) of the Act).
(vi) A hospital-based or critical access hospital-based renal dialysis center (including satellites).
(vii) A skilled nursing facility (as defined in section 1819(a) of the Act).
(viii) A community mental health center (as defined in section 1861(ff)(3)(B) of the Act).

(4) Originating sites must be located in either a rural health professional shortage area as defined under section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A)) or in a county that is not included in a Metropolitan Statistical Area as defined in section 1886(d)(2)(D) of the Act. Entities participating in a federal telemedicine demonstration project that have been approved by, or receive funding from, the Secretary as of December 31, 2000, qualify as an eligible originating site regardless of geographic location.

(5) The medical examination of the patient is under the control of the physician or practitioner.

(c) **Telepresenter not required.** A telepresenter is not required as a condition of payment unless a telepresenter is medically necessary as determined by the physician or practitioner at the distant site.

(d) **Exception to the interactive telecommunications system requirement.** For federal telemedicine demonstration programs conducted in Alaska or Hawaii only, Medicare payment is permitted for telehealth when asynchronous store and forward technologies, in single or multimedia formats, are used as a substitute for an interactive telecommunications system.

(e) **Limitations.** (1) A clinical psychologist and a clinical social worker may bill and receive payment for individual psychotherapy via a telecommunications system, but may not seek payment for medical evaluation and management services.

(2) The physician visits required under § 483.40(c) of this title may not be furnished as telehealth services.
(f) **Process for adding or deleting services.** Changes to the list of Medicare telehealth services are made through the annual physician fee schedule rulemaking process.


State of Pennsylvania: 63 PENN. STAT. ANN. § 422.34(a) and (c)(2).

An extraterritorial license empowers the licensee residing in or maintaining the office of practice in any adjoining state near the boundary line between such state and this Commonwealth, whose medical practice extends into this Commonwealth, to practice medicine and surgery with or without restriction in this Commonwealth on such patients...The exercise of discretion of the board in granting such a license will depend on the needs of the patients in Pennsylvania, the availability of medical care in the area involved and whether the adjoining state extends similar privileges to Pennsylvania physicians.

State of Pennsylvania: 63 PENN. STAT. ANN. § 271.10(a).

A duly licensed physician residing in or maintaining his office of practice in a state near the boundary line between said state and Pennsylvania whose practice extends into Pennsylvania will have the right to practice in Pennsylvania at the discretion of the board, provided he files a certified copy of his license and that the board in the adjoining state reciprocates by extending the same privilege to physicians in Pennsylvania.

State of Pennsylvania Press Release

**News for Immediate Release**

May 22, 2012

**Governor Corbett Improves Access to Quality Health Care through Telemedicine Initiative**

**Harrisburg** – Committed to helping the 2.1 million Pennsylvanians covered by the Medical Assistance program, Governor Tom Corbett today announced that Pennsylvania will increase recipients’ access to specialist care by expanding coverage for telemedicine.

By using proven technology, like interactive audio and video equipment, physicians and patients will now be able to connect from remote locations. This practice is commonly referred to as telemedicine and allows for two-way, real-time interactive communication between the patient and the physician.

“By fully embracing telemedicine, we will improve a person’s ability to receive care, especially for Pennsylvania’s large rural population who can now receive diagnosis and treatment from distant medical centers,” said Governor Corbett. “This expansion will help more Pennsylvanians receive the quality health care they need from anywhere in the state.”
The use of telemedicine had previously been limited to specific specialist consultations. Now, it has been expanded to include additional specialty physicians who will be able to perform consultations and diagnose patients, recommend and monitor treatment, and even order tests or prescribe medication.

To expand the use of telemedicine, the following changes have been made to the Department of Public Welfare’s Medical Assistance program:

- Establish the use of real-time interactive technology, such as audio and video equipment as a method of delivering consultation services;
- Consultations can now occur between all physician specialists like cardiologists, obstetricians or neurologists; and
- Remove the requirement that telemedicine consultations can only be performed with participation from the referring physician.

Telemedicine leads to better results for patients because of increased choice and access to quality care. It is one of the fastest-growing trends in health care as many employers, insurance carriers and now, Pennsylvania’s Medical Assistance program, are more fully embracing the technology.

“Healthier patients lead to a higher quality of life for the individual and their family,” Corbett said. “When we have the opportunity to embrace an initiative that delivers proven results for those in our care, we welcome the opportunity because the ultimate outcome is a stronger, healthier Pennsylvania.”

“The Department of Public Welfare is pleased for the opportunity to expand options such as telemedicine to our Medical Assistance patients and their medical providers,” said Secretary of Public Welfare Gary D. Alexander. “We look forward to finding additional ways to offer effective and innovative care for those that we serve.”

The Department of Public Welfare, which oversees the Medical Assistance program, will expand telemedicine to all participating Medical Assistance providers on May 23, 2012. For more information, visit [www.pa.gov](http://www.pa.gov).

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