Speaker

- Derrick Ramsey, B.B.A M.Ed.
  - Senior Director
  - Innovative Healthcare Transformations (InHT), TexLa Telehealth Resource Center

Telemedicine 101

TexLa Telehealth Resource Center

Texas Tech University Health Sciences Center

F. Marie Hall Institute for Rural & Community Health

- The F. Marie Hall Institute for Rural and Community Health at Texas Tech University Health Sciences Center is partnered with Well-Ahead Louisiana with the Louisiana Department of Health to form the TexLa Telehealth Resource Center (TRC).

- The TexLa Telehealth Resource Center is a federally-funded program designed to provide technical assistance and resources to new and existing Telehealth programs throughout Texas and Louisiana.

Portions of the information in these slides have been provided in part by other regional Telehealth Resource Centers located throughout the country. This information is used with permission from each of these TRCs.

Disclaimers/Disclosures

- 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.

- TexLa TRC and this Speaker has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.

- I have accurately represented the titles and appointments that I hold at Texas Tech University Health Sciences Center.

- I have used content that I do not own or have created. I assert under Title 17, Section 107 of the United States Code, that my fair use without expressed permission of any copyrighted or otherwise protected material is limited to the purposes of critique, comment, reporting, teaching, scholarship, education and/or research.

- I claim the right to assert no liability for the validity of any information or material that I do not own or have created.
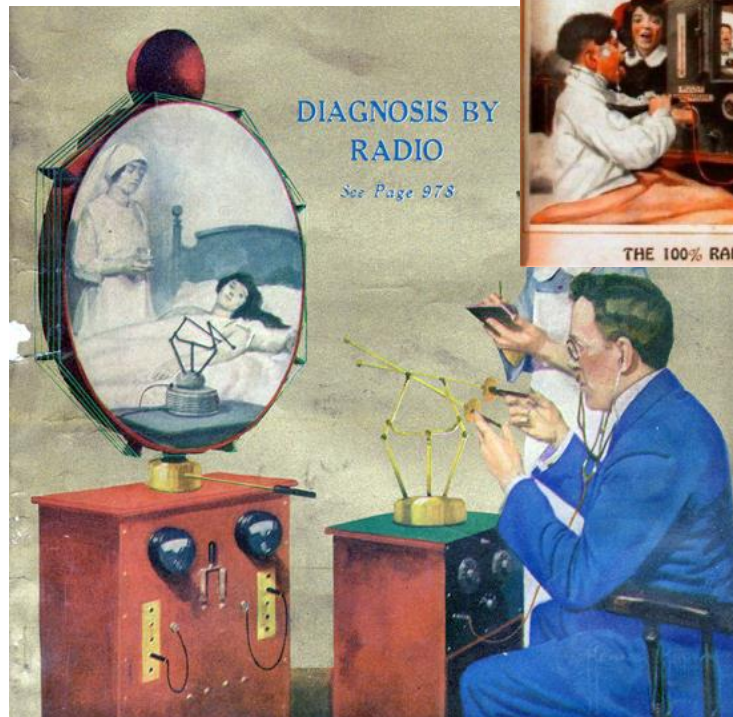
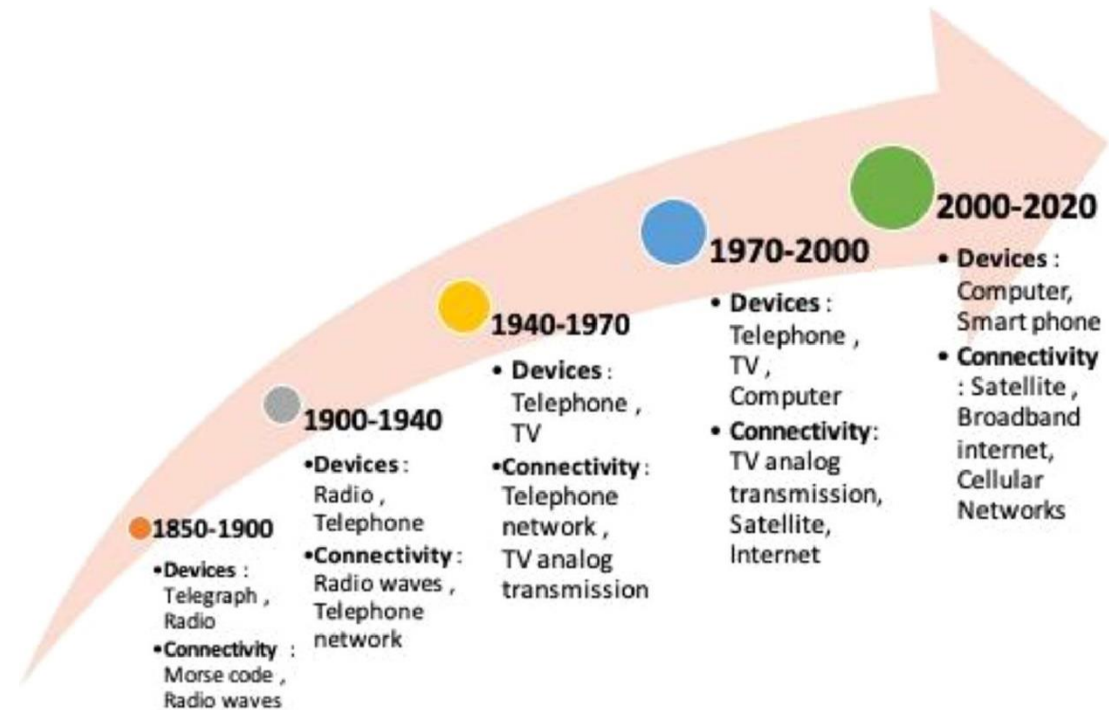# National Consortium of Telehealth Resource Centers
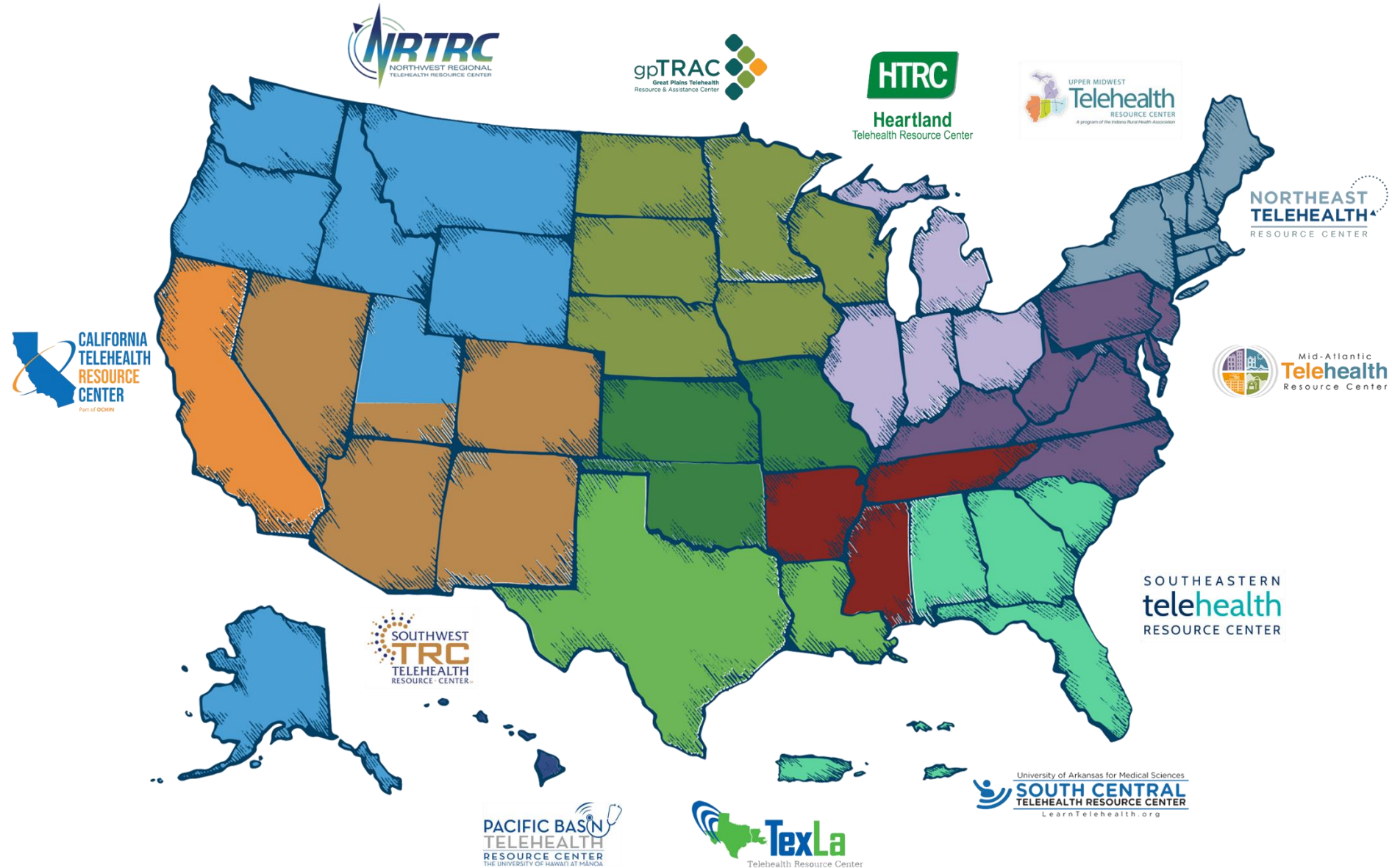
Telemedicine History

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

1850-1900
- Devices : Telegraph , Radio
- Connectivity : Morse code , Radio waves

1900-1940
- Devices : Radio , Telephone
- Connectivity : Radio waves , Telephone network

1940-1970
- Devices : Telephone , TV
- Connectivity : Telephone network , TV analog transmission

1970-2000
- Devices : Telephone , TV , Computer
- Connectivity : TV analog transmission, Satellite, Internet

2000-2020
- Devices : Computer, Smart phone
- Connectivity : Satellite , Broadband internet, Cellular Networks

Jawahar Jagarapu, Rashmin C Savani, A brief history of telemedicine and the evolution of teleneonatology, https://doi.org/10.1016/j.semperi.2021.151416

Telemedicine/Telehealth/Digital Health
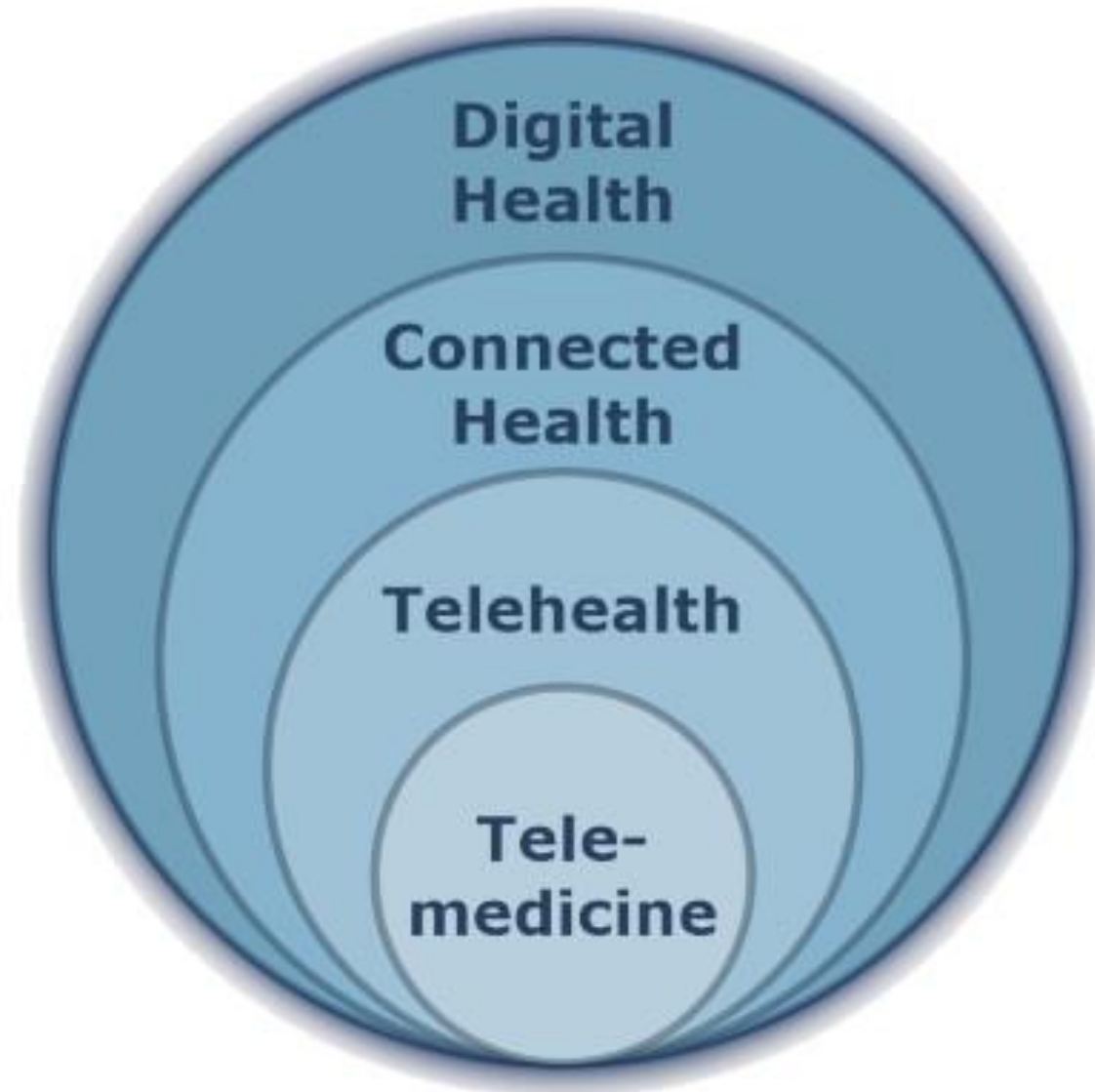
Digital Health Growth

- Physician use of technology to provide televisits or virtual visits has doubled since 2016, with nearly 30% of doctors adopting digital health technology. (AMA survey).

- It is expected that the digital health market which was evaluated at $71.4 billion in 2017 will earn a massive revenue of $379 billion by 2024.

- Telehealth Resources Centers' technical assistance requests increased at least ten fold soon after CMS' new rules for telehealth allowed for coverage of more patients in all settings in response to the pandemic.

National Health Interview Survey

**Data from the National Health Interview Survey**

In 2021, 37.0% of adults used telemedicine in the past 12 months.

Telemedicine use increased with age, and was higher among women (42.0%) compared with men (31.7%).

Non-Hispanic White (39.2%) and non-Hispanic American Indian or Alaska Native (40.6%) adults were more likely to use telemedicine compared with Hispanic (32.8%), non-Hispanic Black (33.1%), and non-Hispanic Asian (33.0%) adults.

The percentage of adults who used telemedicine increased with education level and varied by family income.

The percentage of adults who used telemedicine varied by region and decreased with decreasing urbanization level.

Figure 1. Percentage of adults aged 18 and over who used telemedicine in the past 12 months, by sex and age: United States, 2021

Group	Percent
Total	37.0
Men	¹31.7
Women	42.0
18–29	²29.4
30–44	35.3
45–64	38.9
65 and over	43.3
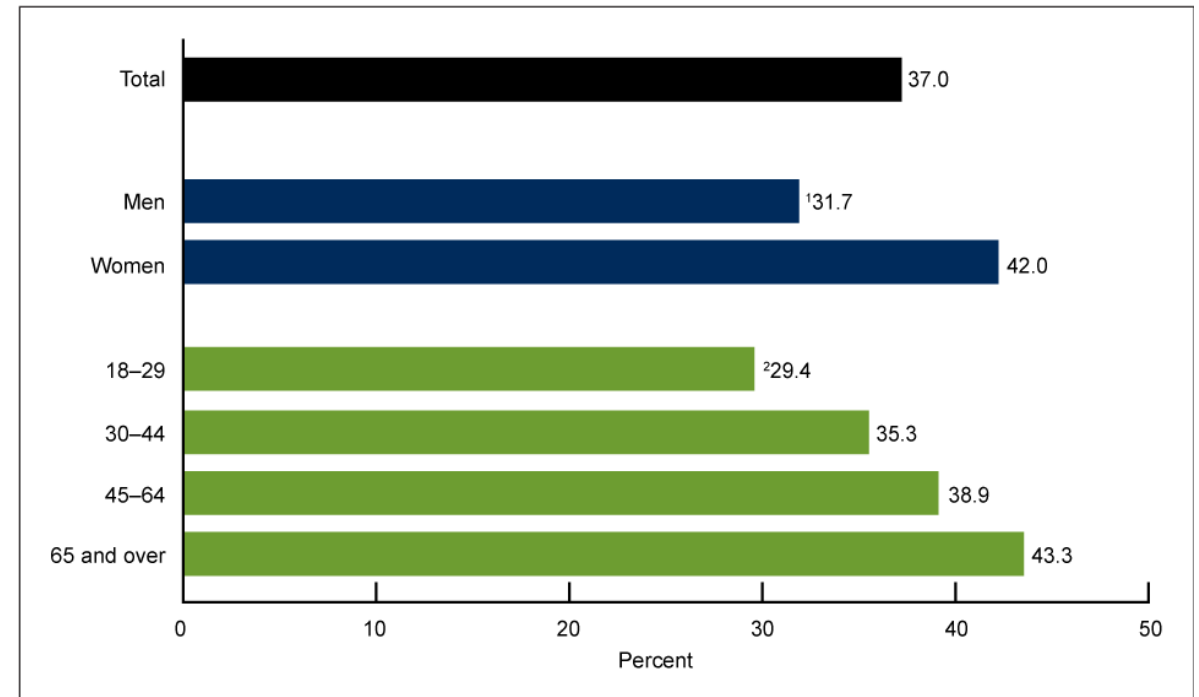
¹Significantly different from women (*p* < 0.05).
²Significant linear trend by age (*p* < 0.05).
NOTES: Telemedicine use is defined as an appointment with a doctor, nurse, or other health professional by video or phone. Estimates are based on household interviews of a sample of the U.S. civilian noninstitutionalized population. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db445-tables.pdf#1.
SOURCE: National Center for Health Statistics, National Health Interview Survey, 2021.
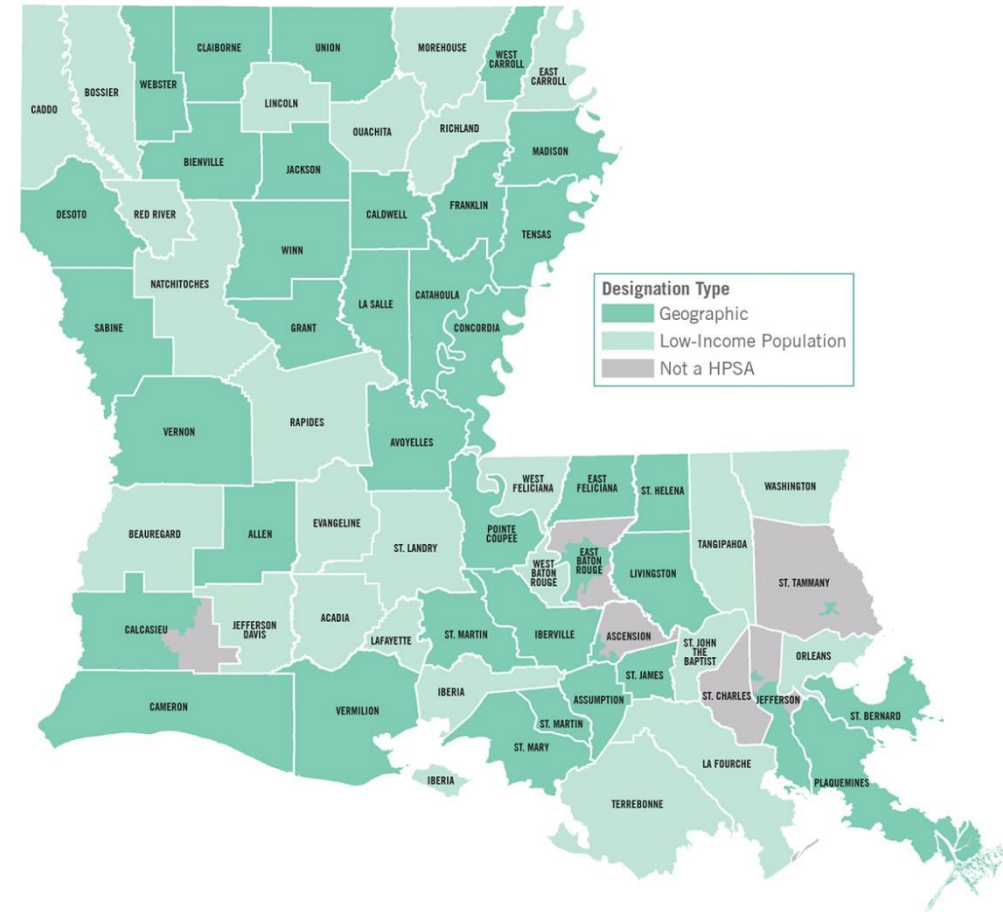
Current Challenges in Rural Health Care

- Difficulty recruiting physicians
- Geographic isolation
- Diminishing community economics

Rural Healthcare Availability
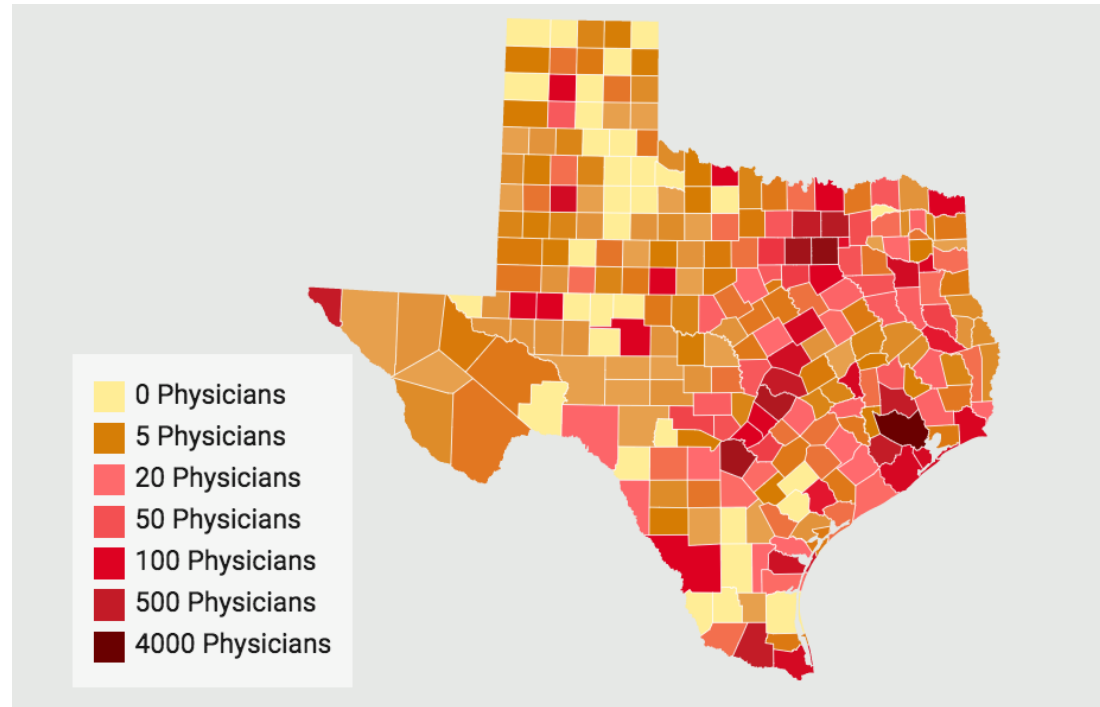
Map: Rolando Hernandez Source: The Texas Department of Health Services

Source: HRSA Data Warehouse | Updated March 2022

Telemedicine Can Be Used to:

- Shrink the distances between rural and underserved and providers

- Bring care to special populations (correctional, schools, veterans)

- For mental health

- Provide services during public emergencies:
  - COVID-19
  - Hurricane or Natural Disasters

Types of Telemedicine (modality)

- Live Videoconferencing (Synchronous): Live, two-way interaction between a person and a provider using audiovisual telecommunications technology.

- Store-and-Forward (Asynchronous): Transmission of recorded health history through an electronic communications system to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction.

- Remote Patient Monitoring (RPM): Personal health and medical data collection from an individual in one location via electronic communication technologies, which is transmitted to a provider in a different location for use in care and related support.

- Mobile Health (mHealth): Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and PDAs. Applications can range from targeted text messages that promote healthy behavior to wide-scale alerts about disease outbreaks, to name a few examples.
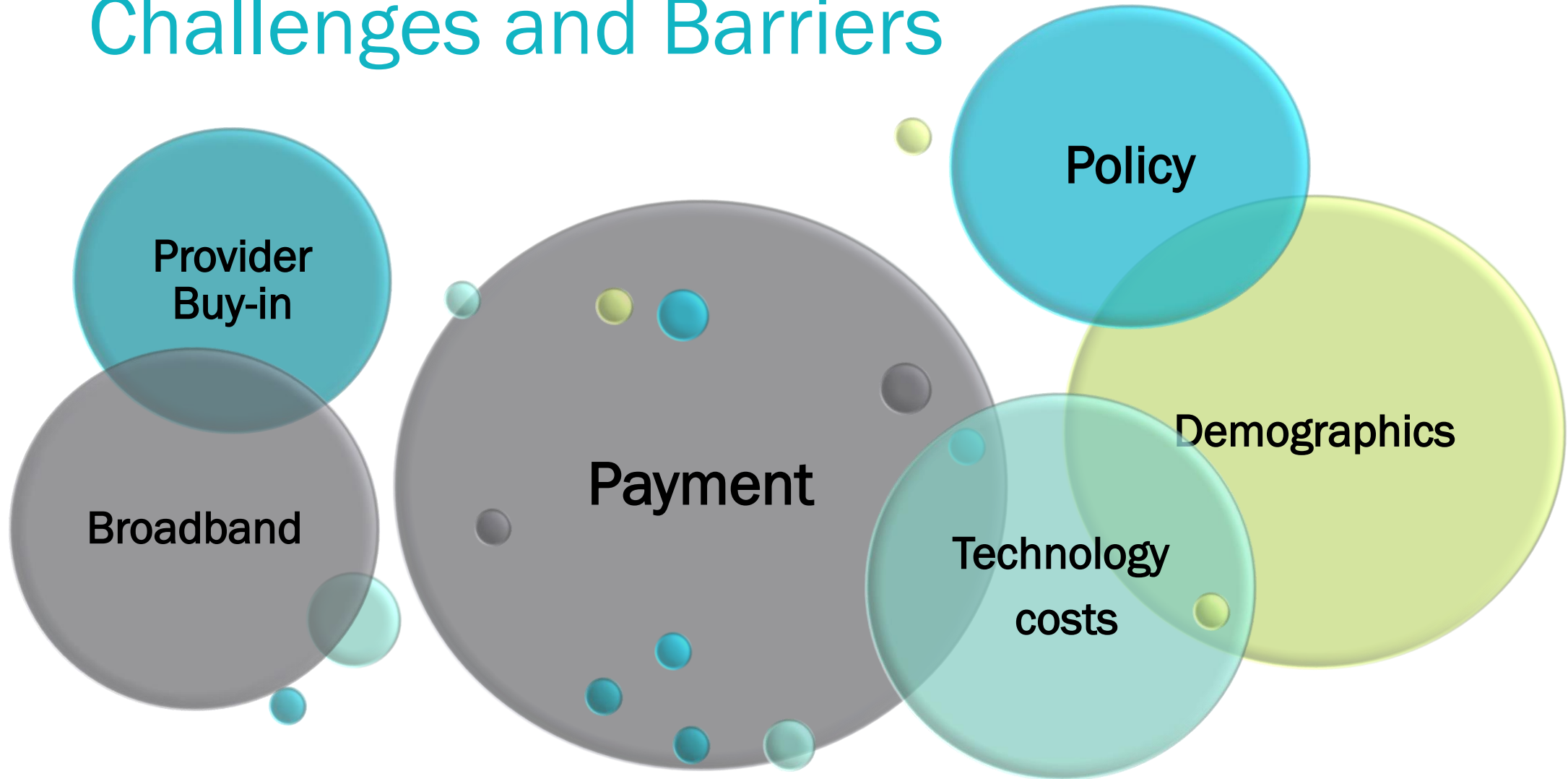
Patient Telemedicine Impact

72
patients

$750
fuel costs

124
hours

http://learntelehealth.org/modules/ImpactCalculator/story.html

Challenges and Barriers

Telehealth Policy

State Telehealth Laws at a Glance

- 49 states and DC have a definition for telehealth, telemedicine, or both
- 19 states reimburse for service to the home
- 40 states have active private payer reimbursement laws
- 38 states and DC require consent
- Licensure across state lines an ongoing issue

- https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies

State Policy Restrictions

- Some states have restrictions for online prescribing – particularly controlled substances
- Some may control the specialty that can be provided
- Some states specify the types of providers
- Some specify specific CPT codes

Telehealth Policy Issues

- Licensing
- Credentialing and Privileging
- Informed Consent
- HIPAA
- Online Prescribing
- Malpractice Insurance
- Private Payer Laws

Billing Telehealth

Reimbursement

How Payment Decisions Are Made

Medicare

- Patient Setting
- Technology
- Geography
- Provider Type
- Service Type

Medicaid

- Patient Setting
- Technology
- Provider Type
- Service Type

Commercial

- Parity Laws
- May follow Medicare or Medicaid
- Exceptions

Medicare Telemedicine Services

Telehealth Visits

Synchronous audio/visual visit between a patient and clinician for evaluation and management (E&M)

Code	Description
CPT Code 99202-99205	Office or other outpatient visit for the evaluation and management of a new patient
CPT Code 99211-99215	Office or other outpatient visit for the evaluation and management of an established patient

*A list of all available codes for telehealth services can be found here:

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

Please note—Check with your payer to determine the appropriate Place of Service (POS) code for your telehealth visits. The AMA is aware that some commercial payers are requiring the use of POS 02—Telehealth (The location where health services and health related services are provided or received, through a telecommunication system.) This is important to ensure your telehealth E/M visits are accurately associated with the care of patients for suspected or diagnosed COVID-19.

Common CPT Codes

Online Digital Visits

Digital visits and/or brief check-in services furnished using communication technology that are employed to evaluate whether or not an office visit is warranted (via patient portal, smartphone).

Code	Description
CPT Code 99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
CPT Code 99422	11-20 minutes
CPT Code 99423	21 or more minutes
CPT Code 98970*	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
CPT Code 98971*	11-20 minutes
CPT Code 98972*	21 or more minutes
HCPCS Code G2061	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes
HCPCS Code G2062	11-20 minutes
HCPCS Code G2063	21 or more minutes
HCPCS Code G2012	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
HCPCS Code G2010	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

* CPT codes 98970-98971 were modified in 2020 to match the CMS language captured in HCPCS code G2061-G2063.

Remote Patient Monitoring

Collecting and interpreting physiologic data digitally stored and/or transmitted by the patient and/or caregiver to the physician or qualified health care professional.

Code	Description
CPT Code 99453	Remote monitoring of physiologic parameter(s) (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment.
CPT Code 99454	Device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days. (Initial collection, transmission, and report/summary services to the clinician managing the patient)
CPT Code 99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes
CPT Code 99458	Each additional 20 minutes (List separately in addition to code for primary procedure)
CPT Code 99091	Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/ regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days)

Important Use Case—leverage CPT codes 99453 (if patient education is performed) and 99457 to manage pulse oximetry data from the patient's home to keep them out of the emergency room and the inpatient hospital, unless it becomes necessary.

Resources for Telehealth Billing

- https://www.ama-assn.org/system/files/covid-19-telehealth-payment-policies.pdf

- https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes

- https://ldh.la.gov/assets/docs/BayouHealth/Informational_Bulletins/2020/IB20-4_rev_3.16.23.pdf

- https://www.cchpca.org/louisiana/

Getting Connected

Connectivity

- High quality, reliable and secure
- Options:
  - **DSL**
  - **Cable**
  - Wireless (4G- 5G)
  - Satellite

  Is a public internet connection sufficient?
    - Maintaining quality of a connection is difficult

Videoconferencing Platforms and Apps

- Provide means for the patient to connect
- Provides a "virtual waiting room"
- Supports the provider with scheduling and workflow
- May integrate fully or partially with an EHR
- Can provide administrative support for patient intake and payment
- HIPAA compliant

HIPAA and BAA

HIPAA compliance is a process not a checkmark!
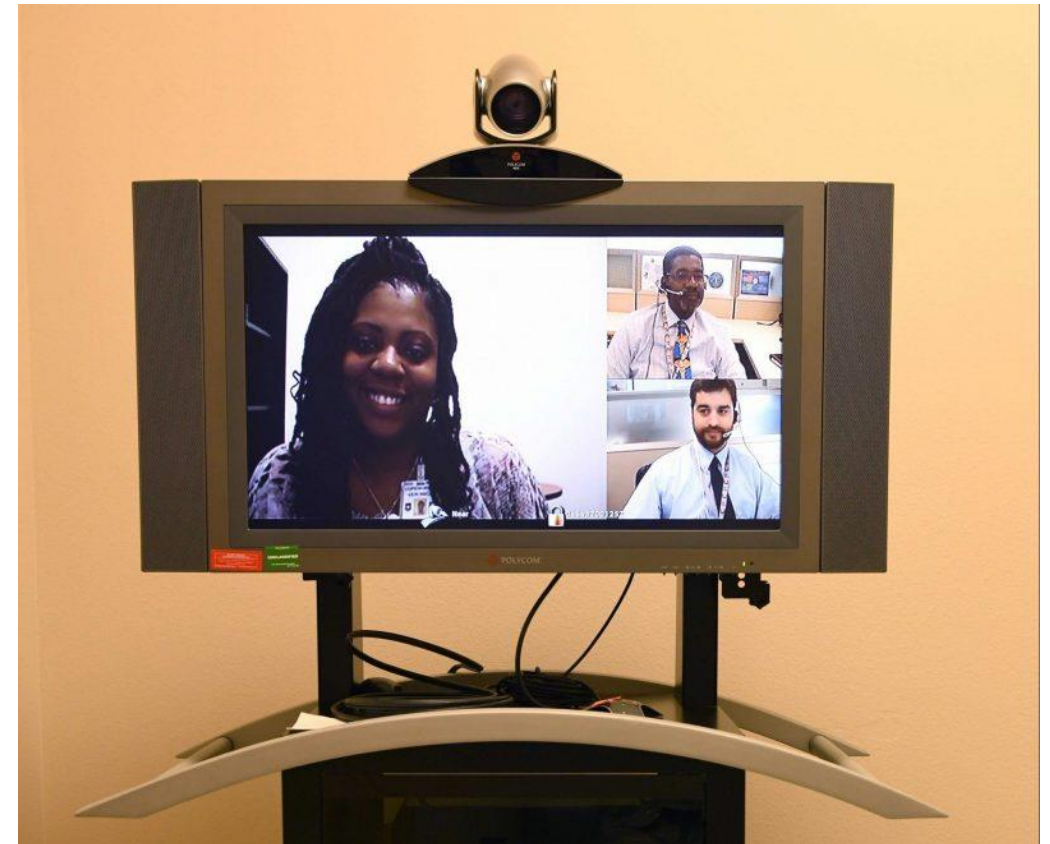
Privacy and Security

Work area has insufficient privacy allowing co-workers to unintentionally intrude

Secure office location, but the glass behind the user creates a distraction and privacy concern

Video Etiquette- "Webside" Manner

- Everyone in the room should be on screen, or introduce themselves on screen at the beginning of the encounter

- Everyone should be identified by name and role

- Patient consent should be obtained, and any questions about technology answered.

Telehealth After the Public Health Emergency

Telehealth Expansion During a Pandemic

- Permanent Changes-

- Temporary Changes(through Dec 31, 2024)-

Permanent Changes

- [Federally Qualified Health Centers (FQHCs)](#) and [Rural Health Clinics](#) (RHCs) can serve as a distant site provider for behavioral/mental telehealth services

- Medicare patients can receive telehealth services for behavioral/mental health care in their home

- There are no geographic restrictions for originating site for behavioral/mental telehealth services

- Behavioral/mental telehealth services can be delivered using audio-only communication platforms

- Rural Emergency Hospitals (REHs) are eligible originating sites for telehealth

https://telehealth.hhs.gov/providers/telehealth-policy/policy-changes-after-the-covid-19-public-health-emergency

Temporary Medicare changes through December 31, 2024

- FQHCs and RHCs can serve as a distant site provider for non-behavioral/mental telehealth services

- Medicare patients can receive telehealth services in their home

- There are no geographic restrictions for originating site for non-behavioral/mental telehealth services

- Some non-behavioral/mental telehealth services can be delivered using audio-only communication platforms

- An in-person visit within six months of an initial behavioral/mental telehealth service, and annually thereafter, is not required

- Telehealth services can be provided by all eligible Medicare providers

The Future of Telemedicine

- The pandemic has rapidly moved telemedicine and telehealth forward.
- Broader view of the value and potential for expanding telemedicine.
- More data now exists to inform new telehealth policy.
- Providers and organizations across the nation are advocating for broader telehealth flexibilities rather than a return to complex and restrictive policies pre-COVID.
- More patients are aware and asking for telemedicine services.

"I think it's fair to say that the advent of telehealth has been just completely accelerated, that it's taken this crisis to push us to a new frontier, but there's absolutely no going back."   Seema Verma, CMS administrator

Contact Us

texlatrc@ttuhsc.edu

www.texlatrc.org

NCTRC Contact Page:
https://www.telehealthresourcecenter.org/contact/

Questions?

We want to hear from you!

https://www.surveymonkey.com/r/RCYLXYT