What is telemedicine?

In Texas, telemedicine involves a health care provider’s medical care delivered to patients physically located at sites other than where the provider is located, with the use of technology that allows the provider to communicate with and see and hear the patients in “real” time.
What is the difference between a face-to-face and an in-person evaluation?

A “face-to-face” evaluation is defined under the rules as including an evaluation performed by a distant site provider for a patient who is located at a different location qualifying as an established medical site.

An in-person evaluation is one that is conducted by the provider for a patient located in the same physical location as the provider.
Established Medical Site

- Requirements when presenting with a new condition or being seen for the first time by the distant site provider:

In order for a location to qualify as an established medical site, the key criteria are the availability and presence of:

- qualified staff, also referred to as “patient site presenters,” who are health care professionals licensed or certified in Texas, such as a nurse, emergency medical technician (EMT), or pharmacist;

- sufficient technology and medical equipment to allow for an adequate physical evaluation, as appropriate for the patient’s presenting complaint; and

- sufficient size to accommodate patient privacy and to enable the presentation of the patient to the provider.

Contingent upon the locations meeting the above criteria, they could include a nurse’s station in a public or private school, volunteer fire department, Emergency Medical Services station, oil rig, Mental Health and Mental Retardation Centers (MHMRs), Community Centers, pharmacy, or even a patient’s home.

- If patients are receiving telemedicine services outside of an Established Medical Site, they are required to see the physician at least once per year.
Patient Site Presenter

Who may act as a “patient site presenter”?

A person that is licensed or certified in Texas to perform health care services or a qualified mental health professional-community services may act as a patient site presenter. The patient site presenter may be delegated only tasks and activities within the scope of his or her licensure or certification. Patient site presenters assist in the interaction between the patient and the provider, who is located at a distant site. If only mental health services are being provided to the patient, a patient site presenter may not be required unless the patient poses a danger to himself or others.

- Not required for pre-existing conditions previously diagnosed through a face-to-face visit within the previous 12 months

- Patient Site = Originating Site
Distant Site Provider

Does a distant site provider have to see a patient in person, prior to providing treatment using telemedicine?

No. What is required is that either the provider conduct a “face-to-face” evaluation via telemedicine at an established medical site (see discussion above for basic requirements related to an established medical site) prior to providing such ongoing care, or provide treatment for a patient referred by another physician who completed a “face-to-face” evaluation via telemedicine at an established medical site.

- Key point of differentiation between Texas and most of the U.S.
  - “Established patient relationship”
  - Mental health is exempt from this requirement, except in cases of “mental health emergency”
Patient Site Provider

- Same requirements as in Texas Administrative Code
- Must be enrolled as a Texas Medicaid provider
- All patient sites must maintain documentation for each service including:
  - Date of service
  - Name of client
  - Name of distant-site provider
  - Name of patient-site provider
- Patient-site providers may only be reimbursed for the facility fee using procedure code Q3014. Procedure code Q3014 is payable to NP, CNS, PA, physicians, and outpatient hospital providers. Charges for other services that are performed at the patient site may be submitted separately.
Distant Site Provider

- Distant site practitioners include:
  - Physicians (MD, DO, DPM, DDS, DMD, OD, DC)
  - Physician Assistant
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Certified Nurse-Midwife
  - (those excluded are considered “telehealth” providers)

- Must be enrolled as a Texas Medicaid provider

- Patient must receive *in-person* evaluation for same diagnosis or condition before receiving telehealth service
Distant Site Provider

- Distant site practitioners include:
  - Physicians (MD, DO, DPM, DDS, DMD, OD, DC)
  - Physician Assistant
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Certified Registered Nurse Anesthetist
  - Certified Nurse-Midwife
  - Clinical Social Worker
  - Clinical Psychologist
  - Registered Dietician or Nutrition Professional
Originating Site

- Originating site (Patient site) defined:
  - The location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs
  - Medicare does not require a medical professional to be present unless medically necessary, as determined by the distant site provider

- Authorized originating sites include:
  - Office of physician or practitioner
  - Hospital (inpatient or outpatient)
  - Critical access hospital
  - Rural health clinic
  - Federally qualified health center
  - Hospital-based or critical access hospital-based renal dialysis center
  - Skilled nursing facility
  - Community mental health center
Medicare beneficiaries are eligible for telehealth services only if presenting from an originating site located in:

- A rural Health Professional Shortage Area (HPSA) located either outside of a Metropolitan Statistical Area (MSA) or in a rural census tract; or
- A county outside of an MSA
- Entities participating in a Federal telemedicine demonstration project
HPSA Designation

“HPSA” – Health Professional Shortage Area (Primary Care)

• Meet one of the following conditions:
  • Population to FTE primary care physician ratio of at least 3,500:1
  • Population to FTE primary care physician ratio of less than 3,500:1 but greater than 3,000:1 and have unusually high needs for primary care services or insufficient capacity of existing primary care providers

• Demonstrate that primary medical professionals in contiguous areas are over-utilized, excessively distant or inaccessible to the population under consideration

• Facilities must be either Federal and/or State correctional institutions or public and/or non-profit medical facilities

• Demonstrate that primary medical care is provided to an area or population designated as a primary care HPSA and there is insufficient capacity to meet the primary care needs of that area or population group
HPSA Designation

“HPSA” – Health Professional Shortage Area (Mental Health)

- Meet one of the following conditions:
  - Population to core-mental-health-professional ratio ≥ 6,000:1 and a population to psychiatrist ratio ≥ 20,000:1
  - Population to core-mental-health-professional ratio ≥ 9,000:1
  - Population to psychiatrist ratio ≥ 30,000:1

- Demonstrate that mental health professionals in contiguous areas are over-utilized, excessively distant or inaccessible to the population under consideration

- Community mental health centers and other public and non-profit facilities must:
  - Provide (or are responsible to provide) mental health services to an area or population designated as having a shortage of mental health professionals; and
  - Have insufficient capacity to meet the psychiatric needs of the area or population
Scenarios

• Scenario 1
  • Patient at home notices a new, large freckle on his arm
  • Opens Teladoc app via smartphone to video conference with a dermatologist, who will be randomly selected, to assess severity and recommend treatment

• Scenario 2
  • Patient admitted to hospital following surgery to repair gunshot wound to the chest
  • After assessing the patient, Hospitalist orders pulmonology consult
  • Patient is with RN and RPFT in his hospital room and receives an evaluation from remote pulmonologist via videoconference
Scenarios

• Scenario 3
  • Medicare patient who lives in a nursing home in Garland, TX sees PCP twice a year is diagnosed with hypertension
  • Patient does not own a vehicle
  • Two months following diagnosis, patient video-conferences with her PCP via webcam to discuss new symptoms and treatment options related to her hypertension

• Scenario 4
  • Commercially insured patient who lives in Health Professional Shortage Area frequently sees PCP for Hepatitis-C management
  • While at home, patient video-conferences with PCP and describes symptoms of blurred vision and constant thirst
  • PCP diagnoses patient with Type 2 Diabetes and provides an initial 6-month treatment plan
Case Studies

- **Project ECHO – University of New Mexico School of Medicine**
  - Extension for Community Health Outcomes
  - Links specialists with PCPs in underserved communities
  - Hepatitis-C treatment via telemedicine showed equal efficacy as measured by sustained virologic response

- **Show Me ECHO – State of Missouri**
  - Adapted from Project ECHO to train PCPs in Missouri
  - Equip them with tools and skills to properly treat and diagnose HCV in a timely manner
  - Trains PCPs and allows patients to remain in their community

### Treatment Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>ECHO</th>
<th>UNMH</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-response</td>
<td>14.4%</td>
<td>11.8%</td>
<td>NS</td>
</tr>
<tr>
<td>SAE</td>
<td>10.4%</td>
<td>20.6%</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>Minority</td>
<td>69%</td>
<td>49%</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>SVR Genotype 1/4</td>
<td>48%</td>
<td>50%</td>
<td>NS</td>
</tr>
<tr>
<td>SVR Genotype 2/3</td>
<td>68%</td>
<td>70%</td>
<td>NS</td>
</tr>
</tbody>
</table>

- SAE = significant adverse event
- SVR = sustained viral response
50 STATE TELEMEDICINE GAPS ANALYSIS: COVERAGE & REIMBURSEMENT
### Telemedicine in Texas

<table>
<thead>
<tr>
<th>Parity</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parity:</strong></td>
<td><strong>Gaps:</strong></td>
</tr>
<tr>
<td><strong>Progress</strong></td>
<td>Legislation enacted that recognizes schools as an originating site for telemedicine covered services under Medicaid.</td>
</tr>
<tr>
<td><strong>Private Insurance</strong></td>
<td>TX private insurance parity law enacted in 1997 and also includes coverage for state employee health plans.</td>
</tr>
<tr>
<td><strong>Medicaid</strong></td>
<td>Two distinct definitions of telemedicine vs. telehealth.</td>
</tr>
<tr>
<td><strong>Mental/behavioral Health Services</strong></td>
<td>Originating site includes established medical health site and state mental health facility, which excludes the home.</td>
</tr>
<tr>
<td><strong>Rehabilitation</strong></td>
<td>Patients must receive an in-person evaluation for the same diagnosis or condition being rendered via telemedicine. Patients with mental health diagnoses or conditions are exempt from this requirement if the purpose of telemedicine is to screen and refer for additional services. In order to continue receiving telemedicine services, the patient must have an in-person evaluation at least once within the 12 months before receiving telemedicine.</td>
</tr>
<tr>
<td><strong>Home Health</strong></td>
<td>Coverage for interactive audio-video only as well as RPM for home health agencies and hospitals. Requires written informed consent and a telepresenter during the telemedicine encounter.</td>
</tr>
</tbody>
</table>

### Medicaid Service Coverage & Conditions of Payment:

<table>
<thead>
<tr>
<th>Patient Setting</th>
<th>Eligible Technologies</th>
<th>Distance or Geography Restrictions</th>
<th>Eligible Providers</th>
<th>Physician-provided Services</th>
<th>Mental/behavioral Health Services</th>
<th>Rehabilitation</th>
<th>Home Health</th>
<th>Informed Consent</th>
<th>Telepresenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>B</td>
<td>A</td>
<td>C</td>
<td>B</td>
<td>B</td>
<td>F</td>
<td>F</td>
<td>B</td>
<td>C</td>
</tr>
</tbody>
</table>

### Innovative Payment or Service Delivery Models:

<table>
<thead>
<tr>
<th>State-wide Network</th>
<th>Medicaid Managed Care</th>
<th>Medicare-Medicaid Dual Eligibles</th>
<th>Health Home</th>
<th>HCBS Waiver</th>
<th>Corrections</th>
<th>Other</th>
</tr>
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<tbody>
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</tbody>
</table>

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TCA

American Telemedicine Association 2016
Recent Legislative Support

• **ECHO Act**
  - Signed into law December 14, 2016
  - Requires HHS to study impact on outcomes, healthcare workforce, implementation of public health programs and access in rural areas

• **21st Century Cures Act**
  - Signed into law December 13, 2016
  - Requires CMS and MedPAC to report to Congress on current and potential telehealth initiatives within Medicare population
  - May lead to relaxing requirements on the originating site’s type and location
Looking Ahead

• Need for telemedicine services in Texas is high!
  • 47th in U.S. for active PCPs/100,000
  • Growing and aging population
  • Fewer medical students per capita than some of the largest states
  • New residents and grads are moving to large metro areas

• Growing body of research highlighting benefits of telemedicine
• Positive results for inpatient care, especially in ICU
• Remote patient monitoring proving to be successful
  • Diabetes management
  • Cardiovascular care
Looking Ahead

- Global Telemedicine market estimated at $23.2 B in 2015
  - Expected to grow rapidly to reach $66.6 B by 2021
  - Largest segments: pathology, radiology, dermatology, tele-psych
    (Global Telemedicine Market - Growth, Trends and Forecasts (2016-2021))

- Providers Leading the Way
  - VA System
  - Correctional System

- Driving Consumer Demand
  - School Systems
  - Employers

- Payers Leading the Way
  - Medicaid (select states)
  - Commercial Payers
Looking Ahead

17+ million members • 73% visit growth • Publically-traded • Suing TMB • Courts poised to facilitate telemedicine
QUESTIONS?

Telemedicine in Texas
A Regulatory Overview

Mike Siegel
msiegel@texascarealliance.com
APPENDIX
Texas Medicaid Telemedicine Services – Distant Site

The following procedure codes, when billed with the GT modifier, are a benefit for distant-site telemedicine providers:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>90791 90792 90832 90833 90834 90836 90837 90838 90951 90952 90954 90955 90957 90958 90960 90961 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215 99241 99242 99243 99244 99245 99251 99252 99253 99254 99255 G0406* G0407* G0408* G0425 G0426 G0427 G0459</td>
</tr>
</tbody>
</table>

*Procedure codes are limited to one service per day.

Note: Procedure codes for behavioral health services are subject to the benefits and limitations outlined in Chapter 29, “Outpatient Behavioral Health.” Procedure codes 90833, 90836, and 90838 are add-on codes and must be billed with a primary E/M procedure code in order to be reimbursed.
Texas Medicaid Telehealth Services – Distant Site

The following procedure codes, when billed with the GT modifier, are a benefit for distant-site telehealth providers:

<table>
<thead>
<tr>
<th>Procedure Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>90791</td>
</tr>
</tbody>
</table>

**Note:** Procedure codes for behavioral health services are subject to the benefits and limitations outlined in Section 4, “Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), and Licensed Professional Counselor (LPC)” and Section 6, “Physician, Psychologist, and Licensed Psychological Associate (LPA) Providers” of the *Behavioral Health, Rehabilitation, and Case Management Services Handbook (Vol. 2, Provider Handbooks).*
# Medicare Telehealth Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Healthcare Common Procedure Coding System (HCPCS)/CPT Code</th>
</tr>
</thead>
<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 90307–90310</td>
</tr>
<tr>
<td>Individual and group kidney disease education services</td>
<td>HCPCS codes G0420 and 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 and 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 90832–90834 and 90836–90838</td>
</tr>
<tr>
<td>Telehealth Pharmacologic Management</td>
<td>HCPCS code G0459</td>
</tr>
<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>CPT codes 90791 and 90792</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>
</tbody>
</table>
| End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents (effective for services furnished on and after January 1, 2016) | CPT code 90963 }
# Medicare Telehealth Services

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents (effective for services furnished on and after January 1, 2016)</td>
<td>CPT code 90964</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents (effective for services furnished on and after January 1, 2016)</td>
<td>CPT code 90965</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 20 years of age and older (effective for services furnished on and after January 1, 2016)</td>
<td>CPT code 90966</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 code 96116</td>
</tr>
<tr>
<td>Smoking cessation services</td>
<td>HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407</td>
</tr>
<tr>
<td>Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services</td>
<td>HCPCS codes G0396 and G0397</td>
</tr>
<tr>
<td>Annual alcohol misuse screening, 15 minutes</td>
<td>HCPCS code G0442</td>
</tr>
<tr>
<td>Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes</td>
<td>HCPCS code G0443</td>
</tr>
<tr>
<td>Annual depression screening, 15 minutes</td>
<td>HCPCS code G0444</td>
</tr>
<tr>
<td>High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior, performed semi-annually, 30 minutes</td>
<td>HCPCS code G0445</td>
</tr>
</tbody>
</table>
# Medicare Telehealth Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes</td>
<td>HCP GS code G0446</td>
</tr>
<tr>
<td>Face-to-face behavioral counseling for obesity, 15 minutes</td>
<td>HCP GS code G0447</td>
</tr>
<tr>
<td>Transitional care management services with moderate medical decision complexity (face-to-face visit within 14 days of discharge)</td>
<td>CPT code 99495</td>
</tr>
<tr>
<td>Transitional care management services with high medical decision complexity (face-to-face visit within 7 days of discharge)</td>
<td>CPT code 99496</td>
</tr>
<tr>
<td>Psychoanalysis</td>
<td>CPT codes 90845</td>
</tr>
<tr>
<td>Family psychotherapy (without the patient present)</td>
<td>CPT code 90846</td>
</tr>
<tr>
<td>Family psychotherapy (conjoint psychotherapy) (with patient present)</td>
<td>CPT code 90847</td>
</tr>
<tr>
<td>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour</td>
<td>CPT code 99354</td>
</tr>
<tr>
<td>Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes</td>
<td>CPT code 99355</td>
</tr>
<tr>
<td>Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service) (effective for services furnished on and after January 1, 2016)</td>
<td>CPT code 99356</td>
</tr>
<tr>
<td>Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; each additional 30 minutes (list separately in addition to code for prolonged service) (effective for services furnished on and after January 1, 2016)</td>
<td>CPT code 99357</td>
</tr>
<tr>
<td>Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit</td>
<td>HCP GS code G0438</td>
</tr>
<tr>
<td>Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) subsequent visit</td>
<td>HCP GS code G0439</td>
</tr>
</tbody>
</table>
Expedited Medical Licensing

Enactments: 18

Active Legislation: 1

= Compact legislation enacted

= Compact legislation introduced