

# Federal & State Telehealth Reimbursement

Association of Departments of Family  
Medicine

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**CENTER FOR CONNECTED HEALTH POLICY (CCHP)**

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.

# DISCLAIMERS

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# TELEHEALTH STATE-BY-STATE POLICIES, LAWS & REGULATIONS

The screenshot displays the website's navigation bar with links for 'ABOUT', 'TELEHEALTH POLICY', 'RESOURCES', and 'CONTACT'. A search bar is also present. Below the navigation, a text box explains that CCHP helps users stay informed about telehealth-related laws and regulations. The main content area features a map of the United States with a callout box labeled 'Interactive Policy Map'. To the left of the map is a filter panel titled 'Current State Laws & Reimbursement Policies' with dropdown menus for 'All 50 States & D.C.', 'All Categories', and 'All Topics', and an 'APPLY' button. A legend at the bottom indicates that red states have policies and grey states do not. A 'CITE CCHP' button is located to the right of the map.

## 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

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

## MEDICARE

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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*

# FEDERAL TELEHEALTH POLICY

## 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)

*As of Jan 2020*

# FEDERAL TELEHEALTH POLICY

## 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)

*As of Jan 2020*

# 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*

# MEDICARE POLICY, NOT TELEHEALTH

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

*As of Jan 2020*

## 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 PLANS

## MA Plans now have greater flexibility to cover telehealth services

- 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*

# REIMBURSEMENT REQUIREMENTS FOR PRIVATE PAYERS



## 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*

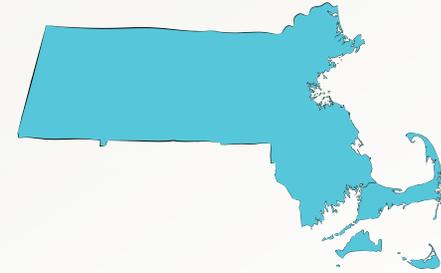
## POLICIES VARY GREATLY

### California Medicaid



Provider allowed to decide if it is appropriate to deliver covered services via store-and-forward or live video as long 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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