TELEHEALTH REIMBURSEMENT OVERVIEW

Last Updated June 1, 2018

Medicare

OVERVIEW

- Medicare will reimburse distant site providers for a specific set of Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS) codes based on the Medicare fee schedule. Distant site providers may only be reimbursed for those services and procedures that fall within the scope of their professional license. Each year, the Centers for Medicare and Medicaid Service (CMS) receives formal requests for code expansion and may approve for additional codes to be reimbursed.
- Medicare will pay an originating site facility fee (using HCPCS code Q3014) to originating sites (where the patient is located) for facilitating the telehealth encounter.
- List of current CPT/ HCPS codes eligible for Medicare reimbursement CY2018 here.

ELIGIBLE DISTANT SITE PROVIDERS

- Medicare will reimburse for distant site services delivered by:
    - Physicians
    - Nurse practitioners
    - Physician assistants
    - Nurse midwives
    - Clinical nurse specialists
    - Clinical psychologists (doctoral level)*
    - Clinical social workers (licensed clinical social workers)*
    - Registered dietitians

*Cannot bill for psychotherapy services that include medication management and medical evaluation and management as these services fall outside of the scope of practice of clinical psychologists and social workers.

Source: Centers for Medicare and Medicaid Services (CMS)

ELIGIBLE SITES

- Medicare will reimburse for services delivered to patients located at originating sites in a Health Professional Shortage Area (HPSA) as defined by the Health Resources and Services Administration (HRSA) located outside a Metropolitan Statistical Area (MSA) or in a rural census tract, or in a county that is outside of a MSA as defined by the United States Census Bureau. Distant site providers are not limited to a specific location to eligible for reimbursement. To provide services to patients located at an originating site located in Oregon, distant site providers must hold a current Oregon license consistent with their professional discipline and, as appropriate, be credentialed to practice at the originating site facility.
- More detail about your location's rural and HPSA designations available here.
- Specified originating sites:
    - Provider offices
    - Hospitals (including Critical Access Hospitals)
    - Rural Health Clinics
    - Federally Qualified Health Centers
    - Skilled Nursing Facilities
    - Community Mental Health Centers
    - Hospital-based or Critical Access Hospital-Based Renal Dialysis Centers
- Originating sites are paid an originating site facility fee for telehealth services.
- Originating sites must bill Medicare for that fee separate from the service, using HCPCS code Q3014.
- The current, CY 2018 amount for HCPCS code Q3014 (telehealth originating site facility fee) is, $ 25.76.

Source: CMS

REIMBURSABLE SERVICES

Live Video	Services must be delivered via two-way video when the patient is present. The service must involve a "face-to-face" interaction between the distant site provider and patient. The choice of CPT/HCPCS codes depends on the type and level of intensity of the service provided. When billing, the appropriate CPT/HCPCs code must be submitted with the modifier GT -via interactive audio and video telecommunications systems to indicate the service took place via telehealth. Source: CMS

Remote Patient Monitoring	Medicare does not reimburse for remote patient monitoring.
Email/Phone/Fax	Medicare does not reimburse for email, phone, or fax-based services.
Store & Forward (Asynchronous)	Asynchronous "store and forward" technology is reimbursable only in in Federal telemedicine demonstration programs in Alaska or Hawaii. This service is not reimbursed by Medicare outside of these two state demonstration programs.

Private Payer

OVERVIEW

- Oregon Senate Bill 144 amends ORS 743A.058 to clarify the coverage of telemedicine services in Oregon.
- Private insurers are not required to reimburse a health professional for a telemedicine service if that service is not covered in their health plan, or the health professional has not contracted with the plan.
- The Public Employees Benefit Board and the Oregon Educators Benefit Board are now required to reimburse for telemedicine services.
- Health benefit plans must provide coverage of a telemedical health service that is provided using synchronous two-way interactive video conferencing if:
    - The plan provides coverage of the health service when provided in person by the health professional
    - The health service is medically necessary
    - The health service is determined to be safely and effectively provided using synchronous two-way interactive video conferencing according to generally accepted health care practices and standards
    - The application and technology used to provide the health service meets all standards required by state and federal laws governing the privacy and security of protected heath information

Sources: Senate Bill 24 (2009) | Oregon Senate Bill 144 (2015)

ELIGIBLE PROVIDERS

- Oregon law allows for a "health professional" to provide services telemedically.
- This person must be licensed, certified, or registered in Oregon to provide health care services or supplies.

Source: Oregon Senate Bill 144 (2015)

ELIGIBLE SITES

- Plans may not distinguish between originating sites that are rural and urban in providing coverage.
- The originating site is where the patient is located and may be, but is not limited to a:
    - Hospital
    - Rural Health Clinic
    - Federally Qualified Health Center
    - Physician's office
    - Community Mental Health Center
    - Skilled Nursing Facility
    - Renal Dialysis Center
    - Site where public health services are provided

Sources: Oregon Senate Bill 144 (2015) | ORS 743A.058

REIMBURSABLE SERVICES

Live Video	Must be provided via two-way videoconferencing.
Remote Patient Monitoring	No reimbursement mandated
Email/Phone/Fax	No reimbursement mandated
Store & Forward (Asynchronous)	No reimbursement mandated

Medicaid

OVERVIEW

Fee For Service (FFS)

- Oregon is one of 48 states that offers Medicaid reimbursement for telemedicine.
- For purposes of the Oregon Medicaid program, telemedicine/telehealth is defined as the use of medical information exchanged from one site to another, via telephone or electronic communications, to improve a patient's health status.
- To be reimbursable under the Oregon FFS Medicaid program:
    - Telemedicine must be two-way, real time interactive communication between the patient at the originating site and the physician or practitioner at the distant site.
    - The referring and evaluating providers must both be licensed in Oregon to practice within the scope of their State Practice Act and enrolled as a Division of Medical Assistance Programs (Division) provider.
    - For Addiction and Mental Health Division (AMH) providers, in addition to being enrolled as a Division provider under (3)(a). AMH providers must have an AMH agency letter of approval, certification of Approval or license issued by AMH. Individuals must also be providing covered services and be authorized to submit claims for covered telemedicine services under this rule.

- OAR 410-130-0610 Oregon Medicaid law covers services that are specifically allowed in this rule per the Oregon Health Services Commission's Prioritized List of Health Services and Practice Guideline.

Sources: 2015 ORS 743A.058[1] Telemedical services and Oregon Administrative Rules (OARs)
Oregon Health Authority, Health Systems Division: Medical Assistance Programs 410-130-0610

Managed Care/Coordinated Care Organization (CCO)

- CCOs are allowed to develop reimbursement criteria for telemedicine separate from, or additional to, the Oregon Health Authority's (OHA) FFS policy.
- CCOs are generally following the Medicaid FFS policy described in this document.
- OAR 410-130-0610 Oregon Medicaid law covers services that are specifically allowed in this rule per the Oregon Health Services Commission's Prioritized List of Health Services and Practice Guideline.

Source: Specific questions may be directed to the respective CCO here.

ELIGIBLE PROVIDERS

- The originating site/referring provider and the distant site provider must both be licensed to practice medicine within the state of Oregon or within the contiguous area of Oregon and must be enrolled as a Division of Medical Assistance Programs provider.
- Addiction and Mental Health Division (AMH) providers must have an agency letter of approval, certification of approval, or license issued by AMH, be providing covered services and be authorized to submit claims for telemedicine.

Source: OR 410-130-0610

ELIGIBLE ORIGINATING SITES

Oregon Medicaid will pay the transmission site (where the patient is located) an originating site/transmission site fee using code Q3014. Health plans may not distinguish between rural or urban originating sites. Originating sites may include, but not be limited to a:

- Hospital
- Rural Health Clinic
- Federally Qualified Health Center
- Physician's office
- Community Mental Health Center
- Skilled Nursing Facility
- Renal Dialysis Center
- Site where public health services are provided

Source: OR 410-130-0610; ORS 743A.058

REIMBURSABLE SERVICES

Live Video	Oregon Medicaid will reimburse for live two-way, real time interactive video communication between the patient, and the physician or practitioner at the distant site. The originating site or referring provider may bill for an originating site fee. The originating site/referring provider is not required to be present with the client for the consult. The distant site provider may bill for the service provided. To bill for two-way (synchronous) video conferencing services: 1. Only the originating (transmission) site may bill for the transmission (originating site fee). Bill using the transmission code Q3014. 2. The originating site ('referring') practitioner may bill an E/M code only if a separately identifiable visit is performed. The visit must meet all the criteria of the E/M code billed. 3. The practitioner providing the service from the distant site may bill for the evaluation, using the most appropriate E/M code. A General Telemedicine (GT) modifier must be added to the E/M code to designate that the evaluation was done via synchronous transmission. 4. In addition, for AMH services specifically identified as allowable for telephonic delivery when appropriate, refer to the procedure code and reimbursement rates published by AMH.

Source: OR 410-130-0610

Remote Patient Monitoring	No reimbursement available
Email/Phone/Fax:	Patient consultations using telephone and online or e-mail are covered when billed services comply with the practice guidelines set forth by the Health Service Commission (HSC) and the applicable HSC approved code requirements, delivered consistent with the HSC practice guideline. To bill for telephone or email services use the E/M code authorized in the HSC practice guideline.

Source: OR 410-130-0610

Store & Forward (Asynchronous)	No reimbursement available.