

**SVMIC**  
Mutual Interests. Mutually Insured.

◆ Telemedicine – The Virtual Experience  
◆ August 2017

### Telemedicine vs. Telehealth

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status.

Telehealth The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Source: Health Resources Services Administration

### Telemedicine vs. Telehealth

Telemedicine is real time two-way audio video communications and includes the application of video conferencing and store-and-forward.

### Telemedicine vs. Telehealth

Telehealth is the delivery healthcare services to facilitate the assessment, diagnosis, consultation, treatment, education, and self management of a patients healthcare

### Time is Money

- Average wait time for appointment = 24.1 days
- Travel time = 37 minutes
- Wait in Clinic = 84 minutes
- Time spent with provider = 20 minutes

Source: Merritt Hawkins, 2017 Survey of Physician Appointment Wait Times  
Harvard Study 2015 Paying for Healthcare with Time

### Disruptive Technology

New ways of doing things that disrupt or overturn the traditional business methods and practices

- Uber vs. Taxi
- Amazon vs. Retailer
- Netflix vs. Blockbuster
- Telemedicine vs. Clinic

### Competition

Convenience

Access

Transparency

Cost

**SVMIC**

7

### Telemedicine Price Transparency

Physician Office  
Medicare = \$69.08  
Average = \$80.00

Telemedicine

**SVMIC**

8

### Telemedicine Corporations

**SVMIC**

9

### Telemedicine Platforms

- Subscription fee
- Established patients
- Global period
- Supplement
- Chronic Care Mgmt

**SVMIC**

10

### Telemedicine Trends

- Expanding reimbursement and payment opportunities
- Continued momentum at the state level
- Retail clinics and employer onsite health clinics on the rise
- Increased adoption in ACOs

**SVMIC**

11

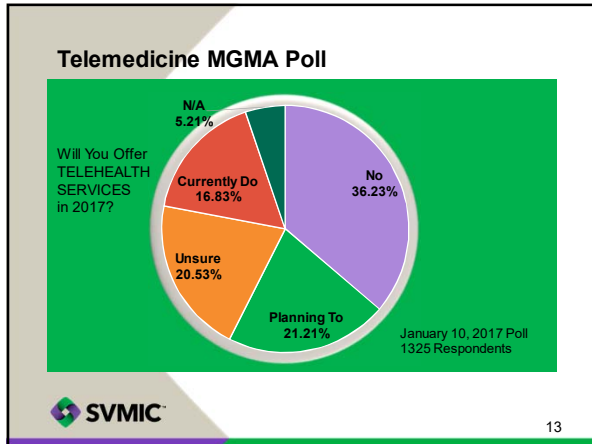
### Telemedicine Growth

- Patients will increase from **350,000** in 2013 to **7 million** in 2018
- 22%** of employers with 1,000 or more employees offer telemedicine services and another **37%** planned to by the end of 2015
- >50%** of hospitals have a telemedicine Program
- Projected to grow at a compound annual growth rate of **14.3%** from 2014 to 2020
- 2016 legislative session, **44** states have introduced over **150** telehealth-related pieces of legislation

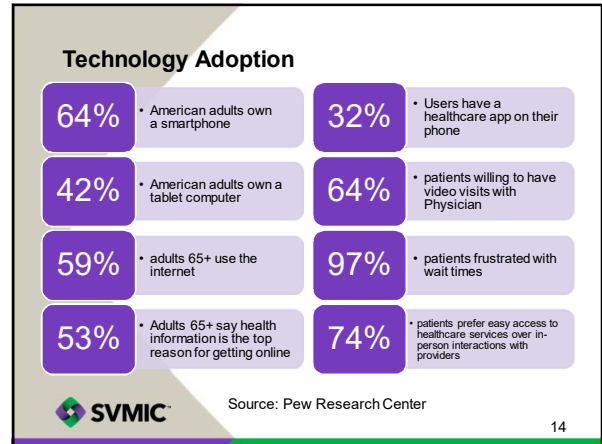
Sources: Public Health Institute Center for Connected Health Policy, Beckers Hospital Review

**SVMIC**

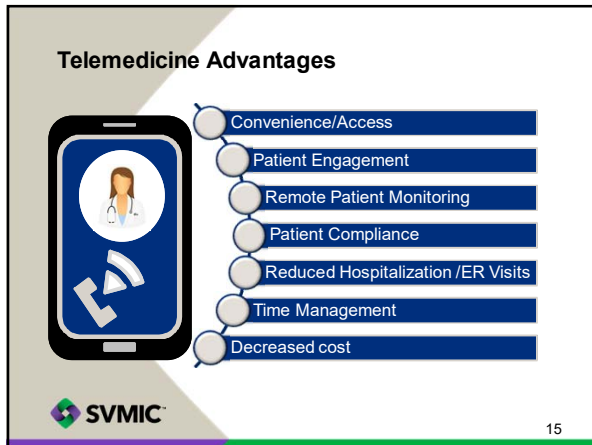
12



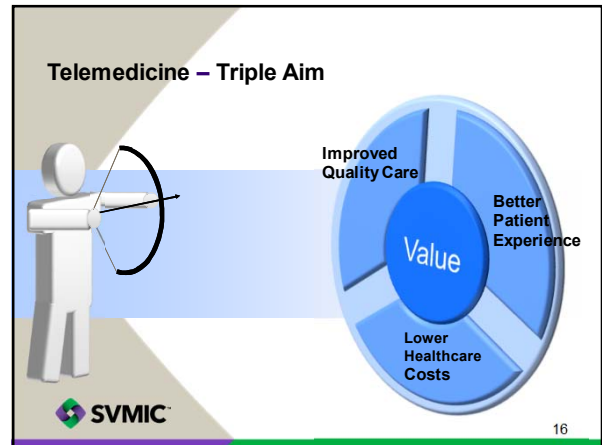
13



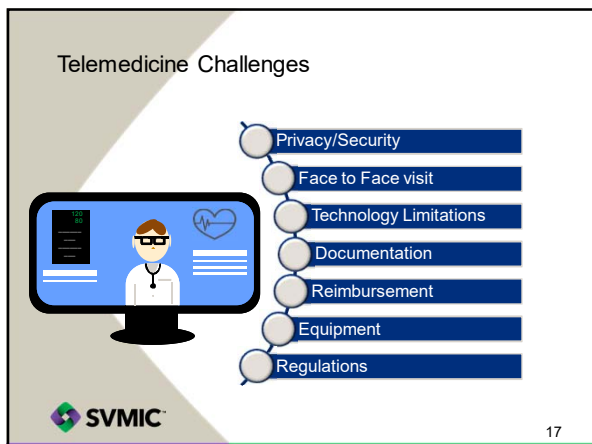
14



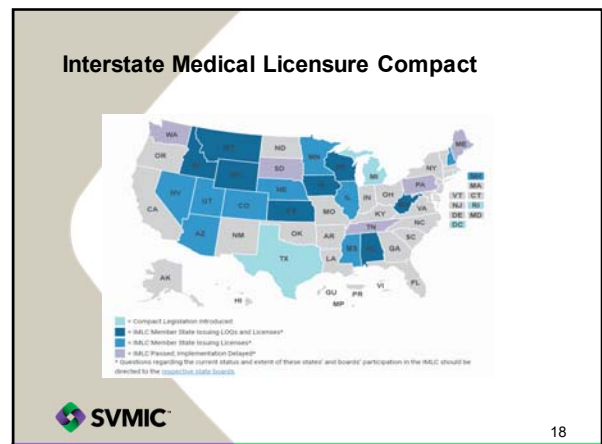
15



16




17




18


### Telemedicine Technology & Application




Synchronous



Asynchronous



Remote Monitoring



Mobile Health

**SVMIC** 19

### Remote Monitoring & Mobile Health

Otoscope



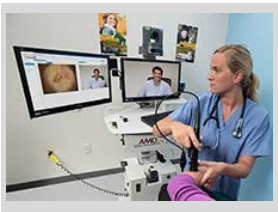
Stethoscope



**SVMIC** 20

### Definition of Interactive

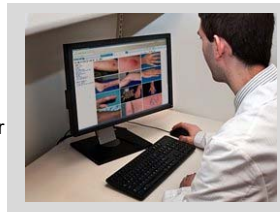
Two-way, real-time (live) interactive communication between the patient and the distant site (consulting) practitioner.



**SVMIC** 21

### Definition of Store and Forward

Asynchronous (not live) transmission of medical information to be reviewed at a later time by a health care provider at the distant (consulting) site.



**SVMIC** 22

### Telemedicine Application

Remote	In-Person
<ul style="list-style-type: none"> <li>• Prescription Refill</li> <li>• Urinary Track Infection</li> <li>• Minor Cough &amp; Cold</li> <li>• Chronic disease Mgmt</li> <li>• Care Plan Updates</li> </ul>	<ul style="list-style-type: none"> <li>• Complex Infection</li> <li>• Physical Exam</li> <li>• Cut Sprain Fracture</li> </ul>

**SVMIC** 23


### Telemedicine Reimbursement Considerations

- Tennessee Parity Law (56-7-1002)
- Telehealth Services (63-1-155)
- Tennessee Board of Medical Examiners
- Self Pay
- BCBS
- CMS Coverage Guidelines

**SVMIC** 24


### Tennessee Parity Law (56-7-1002. Telehealth services) (2017)

- ◆ Requires commercial insurance payors to cover telehealth services effective October 1, 2015
- ◆ Qualified site
- ◆ Store-and-forward telemedicine services
- ◆ Telehealth
- ◆ Applies to commercial payors only

 25

### Telehealth Services Tenn. Code Ann. § 63-1-155 (2017)


- ◆ Telehealth set to the same standard as in person encounters
- ◆ Board or licensing entity governing any healthcare provider may not establish more restrictive policy
- ◆ Obtain informed consent for telemedicine consultations

 26

### Tennessee Board of Medical Examiners 0880-02-16

- ◆ Effective 10/31/2016
- ◆ Requires full medical license in state of Tennessee
- ◆ Defines Facilitator
- ◆ Clarifies Requirements
- ◆ Defines Physician Patient Relationship


Source [http://share.tn.gov/sos/rules\\_filings/08-03-16.pdf](http://share.tn.gov/sos/rules_filings/08-03-16.pdf)

 27

### Tennessee Board of Medical Examiners 0880-02-.14

PREREQUISITES TO PRESCRIBING OR DISPENSING DRUGS - IN PERSON, ELECTRONICALLY OR OVER THE INTERNET

- ◆ Performed an appropriate history and physical examination
- ◆ Made a diagnosis based upon the examinations and all diagnostic and laboratory tests consistent with good medical care
- ◆ Formulated a therapeutic plan, and discussed it, along with the basis for it and the risks and benefits of various treatments options, a part of which might be the prescription or dispensing drug, with the patient
- ◆ Insured availability of the physician or coverage for the patient for appropriate follow-up care

 28


### Are Telemedicine visits reimbursable?

✔ **Yes**




- As long as you meet the payor requirements
- Some telemedicine companies are a self pay only program


✘ **No**

- Texting, email, and fax are not reimbursable
- Many payors have restrictions

 29


### Telemedicine Self-Pay

		
May have patients sign a waiver or ABN	May be attractive to patients in high deductible health plans	May use healthcare savings account

 30

### Telemedicine BCBS of Tennessee


- ◆ Medical Appropriateness
  - Both providers licensed in Tennessee
  - Site of origin of service
    - Physician or practitioner office
    - Hospital
    - Critical Access Hospital
    - Rural health clinic
    - Federally qualified health center
- ◆ Practitioner at distant site must be a physician or allied health professional
- ◆ Administered through an interactive audio and video in real time
- ◆ Must have policies and procedures in place to comply with local, state and federal requirements;



31




### CMS Coverage Guidelines


Geographic Location	Originating Sites	Practitioners
<ul style="list-style-type: none"> <li>◆ HPSA Area</li> <li>◆ A county outside of a MSA.</li> </ul>	<ul style="list-style-type: none"> <li>◆ The offices of physicians or practitioners</li> <li>◆ Hospitals</li> <li>◆ Critical Access Hospitals (CAHs)</li> <li>◆ Rural Health Clinics</li> <li>◆ Federally Qualified Health Centers</li> <li>◆ Hospital-based or CAH-based Renal Dialysis Centers (including satellites)</li> <li>◆ Skilled Nursing Facilities (SNFs)</li> <li>◆ Community Mental Health Centers (CMHCs)</li> </ul>	<ul style="list-style-type: none"> <li>◆ Physicians</li> <li>◆ Nurse practitioners (NPs)</li> <li>◆ Physician assistants (PAs)</li> <li>◆ Nurse-midwives</li> <li>◆ Clinical nurse specialists (CNSs)</li> <li>◆ Certified registered nurse anesthetists</li> <li>◆ Clinical psychologists (CPs) and clinical social workers (CSWs).</li> <li>◆ Registered dietitians or nutrition professionals</li> </ul>



32

### CMS Coverage Guidelines


- 
**Requires interactive audio and video that permits real-time communication at the distant site, and the originating site.**
- 
**Professional Service Billing**
  - CPT or HCPCS code for the professional service along with the telehealth modifier GT
- 
**Originating Site Facility Fee**
  - HCPCS code Q3014



33

### Telemedicine Coding


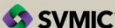
- ◆ Telemedicine is not a service provided, it is a mode of delivery
- ◆ The **originating site** is the location of the patient at the time the service is being furnished.
- ◆ The **distant site** is the site where the physician or other licensed practitioner delivering the service is located.
- ◆ Originating site use HCPCS code Q3014
- ◆ Distant site use 02 place of service
- ◆ Medicare modifier GT
- ◆ Commercial payer modifier 95



34

### Telemedicine Privacy and Security



- ◆ Authorized users
- ◆ Secure communication
- ◆ Monitor communication
- ◆ Bandwidth
- ◆ Storage
- ◆ Business Associate Agreement (BAA)

35

### Telemedicine Malpractice


- ◆ Obtain written assurances from carrier
- ◆ May create telemedicine policy
- ◆ Consider state lines
- ◆ Little history available

36

### Telemedicine Documentation


- ◆ Same as that any face-to-face patient encounter
- ◆ Statement that the service was provided using telemedicine
- ◆ The location of the patient
- ◆ The location of the provider
- ◆ The names of all persons participating in the telemedicine service and their role in the encounter.



37

### Telemedicine Considerations

- Type of Service
  - New vs. Est Patients
  - Chronic Conditions
  - Minor Issue
- State lines
  - Licensed where patient is located
- Workflow
  - Scheduling
  - Documentation
  - Coordinator
- Speed, Clarity, and Security
  - BAA
  - Bandwidth



38

### Questions



**Michael D. Cash, MHSA, FACMPE**  
*Medical Practice Consultant*  
[michaelc@svmic.com](mailto:michaelc@svmic.com)  
O 615.846.8353 M 479.601.3644

101 Westpark Drive, Suite 300 • Brentwood, TN 37027  
P 800.342.2239 F 615.370.1343 [SVMIC.com](http://svmic.com)



39