Reimbursement and Telemental Health: Availability, Evolving Opportunities, and Coverage

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Introduction to Telemental Health

1. Benefits and Impact
2. Definitions
3. Regulatory Issues
   - Medicare and Medicaid
     - Reimbursement
     - Licensure/Credentialing/Approved Providers
     - Privacy and Security
     - Risk Issues
4. Reimbursement
Benefits / Aims

1. Widens reach of mental health professionals to clients (mental health and substance abuse)

2. Cost effective

3. Scope of services expanded (diagnostic, therapeutic, pre and post hospitalization assessments and follow up care, medication management, psychotherapy and consultation*)

4. Empower consumers

5. Improve population health (some say still questionable for all health conditions)

6. Enhanced access not limited to office or clinic hours

*NOTE: Medicare vs. Medicaid vs. Private Payer may vary
Definitions / Delivery Models

1. Telemedicine – Use of medical information exchanged from one site to another via electronic communication to improve client’s health

2. Telemental Health – telemedicine applied to mental health services
   - Asynchronous or “Store and Forward”
   - Synchronous
   - Originating Site/Hub site
   - Hub sites
   - Distant Site Practitioners
Generally, telehealth services must be provided through an “interactive telecommunications system,” defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and the distant-site physician or practitioner. An exception is provided for asynchronous “store-and-forward” technology when the originating site is part of a federal telemedicine demonstration program in Alaska or Hawaii.
To qualify for Medicare reimbursement, telehealth services must be:

- On the list of Medicare telehealth services;
- Furnished via an interactive telecommunications system;
- Furnished by a physician or an authorized practitioner; and
- Furnished to an eligible telehealth individual located in a telehealth originating site
Medicare telehealth services include the following, when furnished via an interactive telecommunications system:

- Consultations;
- Office visits;
- Office psychiatry services; and
- Any additional services specified by the HHS Secretary.
Medicare Procedures Currently Reimbursable for Telemental Health

- Individual psychiatric interview
- Individual psychotherapy
- Individual & group health & behavior assessment & intervention
- Neurobehavioral status examination
- Pharmacologic management
- Smoking cessation
- Alcohol and/or substance (other than tobacco) abuse structured assessment (for example, AUDIT, DAST) and brief intervention, 15 to 30 minutes and intervention greater than 30 minutes respectively
Medicare Telemental Health Procedure Additions for 2015

- Annual alcohol misuse screening, 15 minutes
- Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
- Annual depression screening, 15 minutes
- High-intensity behavioral counseling to prevent sexually transmitted infections, face-to-face, individual, includes: education, skills training, and guidance on how to change sexual behavior, performed semiannually, 30 minutes
- Annual, intensive behavioral therapy for cardiovascular disease, individual, 15 minutes
- Face-to-face behavioral counseling for obesity, 15 minutes
Medicare Telemental Health Procedure Additions for 2015

- Family psychotherapy, with two separate codes, one for family therapy with the patient present and one for family therapy with the patient absent
- Prolonged evaluation, which will allow therapists to be compensated for sessions that go overtime
- Chronic care patient management, which is not a telehealth code and does not require the patient to be present so it is available to be used for any medical patient, regardless of location
- Psychological testing by computer, which also is not a telehealth code but as of 2015 is reimbursable
Medicare Reimbursement

1. Originating site (HPSA or county not included in metropolitan statistical area) – Patient Location (patient enrolled in Medicare Part B)
   - Office
   - Hospital
   - FQHC
   - SNF
   - CMHC
   - Rural health clinic
   - Exceptions – Demonstration Projects
   - Originating sites evaluated annually
   - NEVER PATIENT’S HOME!
     ➤ Originating site gets site fee
2. **Distant site – remote physician service**
   - Physician
   - PA
   - CRNP
   - CNS
   - NM
   - Psychologist
   - Social Worker
   - Nutrition professional
   - Gets Professional Fee
Survey of Guidelines

Telemedicine Statement of Policy

- Applies only to hospitals
- Surveyed by DOH based upon DAAC regulations, 28 Pa. Code §51.3
- Survey utilizes Medicare Conditions of Participation (CoPs) from Federal Code of Regulations
- See Exhibit A attached to slide materials
Medicaid Telehealth

- Single largest payor of mental health treatment services in US
- Accounts for 26% of total national mental health spending
- Over half of all Medicaid beneficiaries with disabilities are diagnosed with mental illness
- Generally under state Medicaid plans
- Rules for telemedicine often come from HHS
Medicaid is the single largest payor of mental health services in U.S.

Accounts for more than 26% of total mental health spending

One-half of all Medicaid beneficiaries with disabilities are diagnosed with a mental illness

39 states have some form of coverage reimbursement for telehealth service

Most states, like Pennsylvania, permit only psychologists or psychiatrists to perform telehealth encounters

Few states have “parity” with telemedicine provision vs. telehealth provision – Pennsylvania included
Pennsylvania Medicaid Telehealth

- Two MA Bulletins
  - Consultations Performed Using Telemedicine - May 23, 2012 (Attached Exhibit B)
  - OMHSAS Bulletin (OMHSAS 14-1) OMHSAS Guidelines for Approval of Telepsych Services in HealthChoices (Attached Exhibit C)
  - One Department of Aging Directive (APD #19-1-05) permits home monitoring, medications, activity and sensor monitoring (Not really considered telemedicine) (Attached Exhibit D)
1. Established telemedicine, which is the use of real-time interactive telecommunications technology that includes, at a minimum, audio and video equipment as a mode of delivering consultation services.

2. Expanded the scope of physician specialists who may render consultations to MA recipients using interactive telecommunication technology to include all physician specialists (CRNPs, CNMs)

3. Removed the requirement that the telemedicine consultations be performed during the course of an office visit with participation by the referring provider.
Consultations performed using real-time, interactive telecommunication technology by all MA enrolled physician specialists. The interactive telecommunication equipment must include, at a minimum, audio and video equipment.
Consultations Performed Using Telemedicine

- Referring physicians, CRNPs, and CNMs enrolled in the MA Program who participate in a telemedicine consultation that is performed at the same time as an office visit may continue to bill using office visit procedure codes.

- They can also continue to bill using the telehealth originating site facility fee procedure code and informational modifier in order to be paid for the technology service.
Consultations Performed Using Telemedicine

- Specialists enrolled in the MA Program may bill for a consultation rendered using interactive telecommunication technology using procedure codes.
- Providers should fully document the specific interactive telecommunication technology used to render the consultation, and the reason the consultation was conducted using telecommunication technology, and not face-to-face, in the MA recipient’s medical record, in accordance with MA regulations at 55 Pa. Code §1101.51 relating to ongoing responsibilities of providers.
Services provided by psychiatrist or psychologist only within their scope of practice using real time, two way interactive audio visual transmission.

Does not include telephone conversations, emails, faxes between practitioners or recipient and practitioner.
PA Medicaid will reimburse licensed psychiatrists and licensed psychologists for telepsychiatry outpatient services including:

- Psychiatric diagnostic evaluation
- Psychological Evaluations
- Pharmacological management
- Consultations (with patient/family)
- Psychotherapy
Providers must have documented endorsement to deliver mental services through telepsych from the county mental health program and the HealthChoices Behavioral Health Managed Care Organization, and this endorsement must be submitted to the PA Office of Mental Health and Substance Abuse Services regional office for final approval.
Requirements

Telepsych is a service provided in the mandatory Medicaid Managed Care program and can be provided only with an approval from OMHSAS. Telepsych may be used to deliver in-plan services when the psychiatrist or licensed psychologist is not physically available to provide an in-plan service in person or is not available due to location, after-hour emergencies, shortage of professionals, or transportation barriers for individual(s).

The individual receiving services must provide informed consent to participate in any services utilizing telepsych. The individual (including the parent/guardian for a child under 14 years of age) has the right to refuse telepsych services. The individual must also be made aware of any alternatives available and any challenges that such alternatives will pose, including delays in service, need to travel, etc.

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Confidentiality must be maintained as required by the laws of the Commonwealth and Health insurance Portability and Accountability Act (HIPAA). Written confidentiality guidelines must be maintained and submitted to the Department of Public Welfare (DPW). All existing confidentiality requirements and protections that apply to written medical records shall apply to services delivered by telecommunications, including the actual transmission of the service, any recordings made during the time of transmission, and any other electronic records.

The technology utilized to provide the service must conform to the industry-wide compressed audio-video communication standards for real-time, two-way interactive audio-video transmission.

All telepsych transmissions must be performed on a dedicated secure line and/or must utilize an acceptable method of encryption. Transmissions must employ acceptable authentication and identification procedures by both the sender and the receiver.
Billing

1. Telepsych services are provided only by licensed psychiatrists and licensed psychologists. Billing for the psychiatrist, or licensed psychologist services (with the license number of the psychiatrist or licensed psychologist providing the service) will follow billing protocols as directed by the BHMCO.

2. BHMCOs may reimburse for the cost of the mental health staff who is on site to attend to emergency or other needs.

3. BHMCOs may also pay a telehealth originating site facility fee for the technology services provided.
Telepsych program implementation and ongoing monitoring will be the responsibility of the BH-MCO’s. This includes the practice of continuous performance improvement monitoring, utilizing outcomes and consumer satisfaction surveys. The provider must have all performance improvement studies available for review by OMHSAS upon request.
Provider credentialing – Joint Commission

Joint Commission: Recognized credentialing by proxy based upon the requirement that the physician practicing at the distant site must be credentialed to treat the patient at the originating site – assuming 2 participating facilities.
Element of Performance for MS. 13.01.01: All licensed independent practitioners who are responsible for the patient’s care, treatment, and services via telemedicine link are credentialed and privileged to do so at the originating site through one of the following mechanisms:

- The originating site fully privileges and credentials the practitioner;
- The originating site privileges practitioners using credentialing information from the distant site if the distant site is a Joint Commission – accredited organization;
Licensure and Credentialing Issues

The originating site uses the credentialing and privileging decision from the distant site to make a final privileging decision if all the following requirements are met:

- The distant site is a Joint Commission – accredited hospital or ambulatory care organization;
- The practitioner is privileged at the distant site for those services to be provided at the originating site;
- For hospitals that use Joint Commission Accreditation for deemed status purposes: The distant site provides the originating site with a current list of licensed independent practitioners’ privileges.

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The originating site has evidence of an internal review of the practitioner’s performance of these privileges and sends to the distant site information that is useful to assess the practitioner’s quality of care, treatment, and services for use in privileging and performance improvement.

At a minimum, this information includes all adverse outcomes related to sentinel events considered reviewable by Joint Commission that result from the telemedicine services provided; and complaints about the distant site licensed independent practitioner from patients, licensed independent practitioners, or staff at the originating site.

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Medicare conditions of participation. 42 CFR § 482.22 provides as follows:

“When telemedicine services are furnished to the hospital’s patients through an agreement with a distant site hospital, the governing body of the hospital whose patient is receiving the telemedicine services may choose to rely upon the credentialing and privileging decisions made by the distant hospital when making recommendations on privileges for the individual distant site physicians and practitioners providing such services, if the hospital’s governing body ensures, through its written agreement with the distant site hospital, that all of the following provisions are met:

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The distant site hospital providing the telemedicine services is a Medicare participating hospital;

The individual distant site physician or practitioner is privileged at the distant site hospital providing the telemedicine services, which provides a current list of the distant site physicians or practitioners’ privileges at the distant site hospital;

The individual distant site physician or practitioner holds a license issued or recognized by the state in which the hospital whose patients are receiving the telemedicine services is located.

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With respect to distant site physician or practitioner, who holds current privileges at the hospital whose patients are receiving the telemedicine services, the hospital has evidence of an internal review of the distant site physicians or practitioners performance of these privileges and sends the distant site hospital such performance information for use in the periodic appraisal of the distant site physician or practitioner.

At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant site physician or practitioner to the hospitals’ patients and all complaints the hospital has received about the distant site physician or practitioner.
Interstate Licensure

To date, there is no single or universal licensure statute for telemedicine arrangements that may cross state (or even country) boundaries. Each state has authority to regulate the health care providers who practice within its borders and, thus, legislates its own requirements and sets up its own mechanism by which clinicians secure a provider license.
Pennsylvania State Board of Medicine issues extraterritorial licenses to physicians residing or practicing in an adjoining state, near Pennsylvania boundary and whose practice extends into Pennsylvania, to practice in Pennsylvania. 63 P.S. §422.34

- Equivalent license held in other state must be unrestricted
- Must show evidence of malpractice coverage
- Certification by reciprocating State Board of Medicine of current license in that state of residence and primary area of practice
- Pennsylvania State Board of Medicine can revoke licensure privileges at any time
- No such recognition for psychologists or other allied health professionals or mental health professionals
- Need licensure in all states with originating sites
When services are provided from a location in another state, the psychiatrist/licensed psychologist must be licensed in the Commonwealth of Pennsylvania. A psychiatrist in a neighboring state providing services in Pennsylvania may maintain a reciprocal licensure as an extraterritorial. They must be credentialed, when appropriate, at the facilities where the individual is receiving the services. Ideally, they should be acquainted with the facility and staff involved, either by site visits or other means.

The psychiatrist or licensed psychologist must abide by the laws, regulations and policies of the Commonwealth of Pennsylvania including the Mental Health Procedures act (MHPA), Act 147, Advance Directives, and any other law, regulation, or policy that guides the service being provided. Out-of-state psychiatrists and licensed psychologists providing telepsych services to Pennsylvania residents must meet the Commonwealth’s licensing and other credentialing requirements and must also abide by all applicable laws, regulations, and policies.
Potential Liability Issues

Professional Negligence

- failure to provide/exercise standard of care for services prevailing in the community.

- Telemental Health alters provider-patient relationship model – interaction may not be synchronous with “store and forward” technology. Provide review studies, etc. sometime after patient receives them.

- “Distant” provider has no direct contact with client. Lack of “relationship” may exercise likelihood of negligence action

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Potential Liability Issues

- **Professional Negligence**
  - If distant provider recommended by hospital/mental health provider requesting consult – does client “assume” distant provider is an “agent” of entity requesting consult?
  - Licensure/Credential – failure to ensure provider a receiving site properly credentialed/licensed. Also a reimbursement/overpayment issue.
  - More defendants like to be targeted in a suit. May name originating and distant site personnel. Suit could implicate telecommunication vendors and consultants
Remedies

- Credential all distant providers
- Purchase liability insurance specific to telemedicine
- Develop and execute agreements with all telehealth providers outlining specific elements (each independent contractor who maintains electronic link, security, privacy of equipment, requisite licensure, credentialing requirements will be met, what state law applies)
Informed Consent Issues

- Crucial to document client’s understanding of telehealth process, alterations to process
- Remember what constitutes informed consent varies by state (often based on case law)
- Record informed consent process, document all involved practitioners in care of client and any other staff the client may encounter
- Any risk specifically related to the electronic nature of the care delivery (e.g., technology disruptions, failures, or limitations)
- Specific security and privacy measures that have been implemented, as well as any increased privacy risks relative to the telehealth technology
- A plan for ongoing care, including details about who is responsible for various aspects of the patient’s care
- A plan for alternative care in the case of an emergency or technological malfunction
Documentation Issues

Medicaid – all documentation requirements under 55 Pa. Code §1101.51(e) ongoing responsibilities of providers

55 Pa. Code §1151(e)

(i) The record shall be legible throughout;
(ii) The record shall identify the patient on each page;
(iii) Entries shall be signed and dated by the responsible licensed provider. Care rendered by ancillary personnel shall be countersigned by the responsible licensed provider. Alterations of the record shall be signed and dated;
(iv) The record shall contain a preliminary working diagnosis as well as a final diagnosis and the elements of a history and physical examination upon which the diagnosis is based.

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V. Treatment as well as the treatment plan shall be entered in the record. Drugs prescribed as part of the treatment, including the quantities and dosages shall be entered in the record. If a prescription is telephoned to a pharmacist, the prescriber’s record shall have a notation to this effect;

VI. The record shall indicate the progress at each visit, change in diagnosis, change in treatment and response to treatment;

VII. The record shall contain summaries of hospitalizations and reports of operative procedures and excised tissues;

VIII. The record shall contain the results, including interpretations of diagnostic tests and reports of consultations

IX. The disposition of the case shall be entered in the record

X. The record shall contain documentation of the medical necessity of a rendered, ordered or prescribed service.
Medicare – AHIMA documentation suggestions

- Patient name
- Identification number
- Date of service
- Referring physician
- Consulting physician
- Provider organization
- Type of evaluation performed
- Informed consent, if appropriate (in many telemedicine programs, the referring physician/organization retains the original and a copy is sent to the consulting physician/organization)
Documentation Issues

- Diagnosis/impression
- Recommendations for further treatment
- Retain records per statute, policy, or reimbursement requirements
- Can be stored hard copy, video, disk, audiotape, electronically
- Determine who retains this – originating or distant site
Security/Privacy Issues

- HIPAA Compliance Privacy and Security Standards must be met – use encryption – no Hypes/Google talk
- Release of any records per applicable state law and MA Bulletin states PA’s MPA controls
- BA agreement with vendor
- HIPAA NPP as part of intake procedure
- Security Risk Assessment not only a HIPAA requirement – essential
- Threats/Interruption/Interception/Integrity (modification of PHI or fabrication of PHI)
Future of Telemental Health

- Policy trends under Medicaid – use adjunct in Autism Support Services
- Affordable Care Act – “health home” better coordination of primary, acute behavioral and long-term social service needs for high cost beneficiaries
- Private payers doing telehealth visits in patient homes (Capital Blue Cross, Blue Cross/Blue Shield) (not Medicare patients)
- Visits via desktop computer, tablet or mobile phone (? Privacy/Safety Issues)
- Affordable Co-pays - $39 - $49
- Telemedicine parity laws in 27 states and Washington, D.C. (not PA)
- Increased use of monitored health devices
Questions