Idaho Telehealth Reimbursement, Billing and Coding
Idaho Telehealth Webinar Series

**Purpose:** In alignment with SHIP, provide a telehealth curriculum to primary care practices to enhance capacity in specialty care and behavioral health service delivery.

- Wednesday Sept. 28\(^{th}\) - Demand Analysis
- Tuesday October 11\(^{th}\) - Readiness Self-Assessment
- Wednesday November 2\(^{nd}\) - Reimbursement, Billing and Coding
- Tuesday November 8\(^{th}\) - Equipment Selection
- Wednesday December 14\(^{th}\) - Program Development
- Tuesday, January 10\(^{th}\) - Evaluation and Monitoring

*All webinars will be held at 11:30am PT/12:30pm MT*
Learning Objectives

• Review Idaho rules and regulations impacting telehealth reimbursement

• Review Idaho payer requirements for reimbursement and associated codes
  – Medicaid
  – Medicare
  – Private payers

• Review elements of program sustainability

• Q &A
HMA: Our Firm

• We are a leading independent, national health care research and consulting firm providing technical and analytical services.
• We specialize in publicly-financed health programs, system reform and public policy.
• We work with purchasers, providers, policy-makers, program evaluators, investors and others.
• We are currently participating in the implementation of the SHIP through the PCMH Transformation component.
What is Telehealth?

A comprehensive overview is available under “helpful links” within this link:
Reimbursement Overview

• Reimbursement policies quickly evolving
• Many states still only offer reimbursement for live “synchronous” interactions between provider and patient
• Coverage of specialty services for telemedicine are limited
• Coverage of non-physician providers is limited
• Key: continue to consult state regulations and legislation to identify opportunities
What services would I bill for?

• Depends on what your payers cover
  – Example: originating vs. distant site
• Once you know your payer mix, review insurer requirements for coverage
  – Consult billing staff to see which insurers are billed the most (Medicare, Medicaid, Commercial Plans)
• Submit claims like you would for an office visit, using codes to indicate telehealth modality
Attendee Survey

- Do you know your payer mix? (Y/N)
Idaho Telehealth Act

• Chapter 57
• Key elements:
  – Patient-provider relationship may be established without an in-person encounter
  – Providers must act within the scope of their license
  – Telehealth interactions must satisfy the Idaho community standard of care
  – Can issue prescription drug orders using telehealth
  – Must support continuity of care and appropriate referral
• See detailed language in Appendix
IDAHO MEDICAID
REIMBURSEMENT CONSIDERATIONS
## History of Idaho Medicaid Telehealth
### Mental Health

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2003</td>
<td>Reimbursed physicians in mental health clinics for two services via telehealth technology – pharmacological management and psychotherapy (20-30 minutes)</td>
<td></td>
</tr>
<tr>
<td>January 2008</td>
<td>Physicians allowed to provide psychiatric telehealth services in other sites as well as mental health clinics. Also added psychiatric diagnostic interview as an allowable service for telehealth</td>
<td></td>
</tr>
<tr>
<td>May 2009</td>
<td>IDAPA rules were amended to include requirements that only physicians could bill for psychiatric telehealth services</td>
<td></td>
</tr>
<tr>
<td>September 2013</td>
<td>Rules for behavioral health (BH) services were amended. The change allowed for the provision of BH services delivered via telehealth methods under a managed care contract</td>
<td></td>
</tr>
<tr>
<td>July 2016</td>
<td>Rules for school-based Community Based Rehabilitation Services (CBRS) allow CBRS supervision to be delivered via telehealth in the educational environment</td>
<td></td>
</tr>
</tbody>
</table>
Developmental Disabilities

- July 2011: As part of redesign added coverage of 2 telehealth services

Primary Care

- February 2016: Rules allow primary care services to be delivered via telehealth. Providers of telehealth services must be licensed by the Idaho Board of Medicine

Therapy Services

- July 2016: Rules allow licensed occupational and physical therapists, and speech language pathologists to provide certain services through telehealth
Idaho Medicaid reimburses for specific services via telehealth.

- If the Department elects to reimburse for other services, Medicare coverage and reimbursement standards will be used as a general guideline.

Telehealth services must provide services equal in quality to services provided in person.

- All Medicaid rules, regulations and policies apply.
- All Idaho licensure board rules apply.
• HIPAA/Privacy Requirement Compliance:
  – Healthcare processes that provide two-way live video services through consumer devices that use internet-based video conferencing should have a bandwidth of at least 384 Kbps in each of the downlink and uplink directions.
  – Such services should provide a minimum of 640X480 resolution at 30 frames per second. Each end point shall use bandwidth sufficient to achieve at least the minimum quality shown above.
  – The performing provider at the distant site is responsible to maintain standards of care within the identified scope of practice.
• **Provider Requirements**
  
  – Qualified Healthcare Provider – For telehealth policy, it is a provider who is enrolled with Idaho Medicaid and is qualified to provide one of the covered telehealth services

  – Distant site performing providers:
    • are required to maintain current Idaho licensure, as applicable and follow all applicable licensure rules.
    • Must disclose to the patient their identity, current location, telephone number and Idaho license number

  – Telehealth providers must have in place a systematic quality assurance and improvement program relative to telehealth services that is documented, implemented and monitored.

  – Providers are to develop and document evaluation processes and participant outcomes
Medicaid Documentation Requirements

• Individual treatment record must include:
  – Documentation of the services provided
  – Participant consent
  – Mode of delivery
  – Be of the same quality as an in-person visit

• The mode of communication must be noted in the record

• If an operator who is not an employee of the involved agency is needed to run the teleconferencing equipment, the individual must sign a confidentiality agreement
Medicaid Documentation Requirements

• Before an initial telehealth visit, the provider who delivers the service must assure that any written information is provided in a form and manner that the patient can understand

• Healthy Connections referral policy applies to services provided via telehealth

• All documentation must be made available upon request of the Department
Reimbursement Limitations

- No reimbursement will be made for the use of equipment at either the originating or distant sites.
- Reimbursement is not available for:
  - Telephone conversations
  - E-mail
  - Text messaging
  - Fax
- Only 1 provider may be reimbursed per date of service for a service provided through telehealth, unless there is a medical necessity reason.
- Services that are interrupted or terminated early due to equipment problems will not be reimbursed.
Covered Services

• **Physician/Midlevel Services** (physicians, physician assistants, nurse practitioners)
  – Primary care services
  – Specialty Services
  – Psychotherapy with evaluation and management
  – Psychiatric diagnostic interview
  – Pharmacological management

• **Therapeutic Consultation and Crisis Intervention**
  – For children with developmental disabilities
  – The provider can be a DD agency, an independent Medicaid provider under agreement with the department, or the Infant Toddler Program
  – Performing provider must have a Doctoral or Master’s degree in psychology, education, applied behavioral analysis, or have a related discipline with one thousand five hundred (1500) hours of relevant coursework or training, or both, in principles of child development, learning theory, positive behavior support techniques, dual diagnosis, or behavior analysis (may be included as part of degree program), and two years relevant experience in designing and implementing comprehensive behavioral therapies for children with DD and challenging behavior.
  – Two services: H2011 – Therapeutic consultation and H2019 – Crisis intervention
Covered Services

• **Therapy Services**
  - Medicaid will reimburse for certain therapy services when provided using telehealth
    - 92507 – Treatment of speech, language, voice, communication and/or auditory processing disorder; individual
    - 97110 – Therapeutic procedure, 1 or more areas each 15 minutes
    - 97530 - Therapeutic activities, direct (one-on-one) patient contact
  - Covered telehealth services include speech therapy provided by licensed speech language pathologists as well as therapeutic procedures and activities provided by licensed occupational therapists and licensed physical therapists.
  - Evaluations must be performed with an in-person visit to the participant and is not covered through telehealth.

• **CBRS Supervision in the Educational Environment**
  - Telehealth may be used to provide CBRS supervision provided in the educational setting. The supervisor must meet the qualifications identified in IDAPA 16.03.09.855.10. There is not separate reimbursement.
Medicaid Billing/Coding

- Covered telehealth services must be billed with GT modifier (GT=Via interactive audio and video telecommunications systems)
- The 3 therapy services must also have the HO modifier when billed by a school district to indicate the services were provided by the licensed professional
- FQHC, RHC or IHS must put GT on reported CPT codes but not their encounter code, T1015
- Any location is an allowable originating site for telehealth services delivered by the participant’s Healthy Connections primary care provider or board certified physician specialist (specialist services require a referral from the primary care provider)
### Billing/Coding

#### Procedure Codes

**Idaho Medicaid**

The procedure codes listed on this page are the only services that can receive Idaho Medicaid reimbursement when delivered via telehealth.

**Telehealth:** codes allowable effective July 1, 2016

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90791</td>
<td>Psychiatric Diagnostic Evaluation</td>
</tr>
<tr>
<td>90792</td>
<td>Psychiatric Diagnostic Eval w/Medical Services</td>
</tr>
<tr>
<td>90832</td>
<td>Psychotherapy Patient &amp; /Family 30 Minutes</td>
</tr>
<tr>
<td>90833</td>
<td>Psychotherapy Pt &amp; /Family W/E &amp; M Services 30 Min</td>
</tr>
<tr>
<td>90834</td>
<td>Psychotherapy Patient &amp; /Family 45 Minutes</td>
</tr>
<tr>
<td>90835</td>
<td>Psychotherapy Pt &amp; /Family W/E &amp; M Services 45 Min</td>
</tr>
<tr>
<td>90837</td>
<td>Psychotherapy Patient &amp; /Family 60 Minutes</td>
</tr>
<tr>
<td>90838</td>
<td>Psychotherapy Pt &amp; /Family W/E &amp; M Services 60 Min</td>
</tr>
<tr>
<td>92507*</td>
<td>Treatment of speech, language, voice, communication and/or auditory processing disorder; Individual</td>
</tr>
<tr>
<td>96150</td>
<td>Health &amp; Behavior Assessment, Each 15 Min W/Pt 1st Assessment</td>
</tr>
<tr>
<td>96151</td>
<td>Health &amp; Behavior Assessment, Each 15 Min W/Pt Re-Assessment</td>
</tr>
<tr>
<td>96152</td>
<td>Health &amp; Behavior Intervention, Each 15 Min Individual</td>
</tr>
<tr>
<td>96153</td>
<td>Health &amp; Behavior Intervention, Each 15 Min Group 2/Gt Patients</td>
</tr>
<tr>
<td>96154</td>
<td>Health &amp; Behavior Intervention, Each 15 Min Family W/Pt</td>
</tr>
<tr>
<td>97110*</td>
<td>Therapeutic procedure, 1 or more areas, each 15 minutes</td>
</tr>
<tr>
<td>97530*</td>
<td>Therapeutic activities, direct (one-on-one) patient contact, each 15 minutes</td>
</tr>
<tr>
<td>99354</td>
<td>Prolonged Service Office O/P Direct Contact 1st Hour</td>
</tr>
<tr>
<td>99355</td>
<td>Prolonged Service Office O/P Direct Contact Each 30 Minutes</td>
</tr>
<tr>
<td>99406</td>
<td>Tobacco Use Cessation, Intermediate 3-10 Minutes</td>
</tr>
<tr>
<td>99407</td>
<td>Tobacco Use Cessation, Intensive Greater than 10 Minutes</td>
</tr>
<tr>
<td>99495</td>
<td>Transitional Care Manage Service 14 Day Discharge</td>
</tr>
<tr>
<td>99496</td>
<td>Transitional Care Manage Service 7 Day Discharge</td>
</tr>
<tr>
<td>99201</td>
<td>Office Outpatient New 10 Minutes</td>
</tr>
<tr>
<td>99202</td>
<td>Office Outpatient New 20 Minutes</td>
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<td>99203</td>
<td>Office Outpatient New 30 Minutes</td>
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<td>99204</td>
<td>Office Outpatient New 45 Minutes</td>
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<td>99205</td>
<td>Office Outpatient New 60 Minutes</td>
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<tr>
<td>99211</td>
<td>Office Outpatient Visit 5 Minutes</td>
</tr>
<tr>
<td>99212</td>
<td>Office Outpatient Visit 10 Minutes</td>
</tr>
<tr>
<td>99213</td>
<td>Office Outpatient Visit 15 Minutes</td>
</tr>
<tr>
<td>99214</td>
<td>Office Outpatient Visit 25 Minutes</td>
</tr>
<tr>
<td>99215</td>
<td>Office Outpatient Visit 40 Minutes</td>
</tr>
<tr>
<td>H2011</td>
<td>Therapeutic consultation</td>
</tr>
<tr>
<td>H2019</td>
<td>Crisis Intervention</td>
</tr>
</tbody>
</table>

* Codes marked with an asterisk may be billed by school districts. The district must use the H1O modifier in addition to the GT modifier to indicate that the services were provided by the licensed professional.

Updated: May 9, 2016
Medicare Telehealth Coverage Requirements

• Telehealth services
  – Must involve an interactive telecommunications system that at a minimum uses audio and video equipment that permits two-way, real-time interactive communication between the patient and distant site physician or practitioner
  – Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system
Medicare Telehealth Coverage Requirements

Originating Site (location of patient)

– Must be:
  • A rural Health Professional Shortage Area located outside of either a Metropolitan Statistical Area or in a rural census tract; or
  • A county outside of a MSA
  • HRSA tool to determine an originating site’s eligibility for telehealth payment:

– Valid originating sites
  • Offices of physicians or practitioners
  • Hospitals
  • Critical Access Hospitals
  • Rural Health Clinics
  • Federally Qualified Health Centers
  • Hospital-based or CAH-based renal dialysis centers
  • Skilled Nursing Facilities
  • Community Mental Health Centers

– Billing
  • May bill originating site facility fee HCPCS code Q3014
Medicare Telehealth Coverage Requirements

Distant Site (location of physician or practitioner)

• Valid providers
  – Physician
  – Physician assistant
  – Nurse practitioner
  – Clinical nurse specialist
  – Nurse-midwife
  – Clinical psychologist
  – Clinical social worker
  – Registered dietician or nutrition professional
  – Certified registered nurse anesthetist

• Valid services
  – There is a defined list of covered services (see next slide)
  – Clinical psychologists and clinical social workers cannot bill for the following CPT codes
    • 90792
    • 90833
    • 90836
    • 90838
Medicare Telehealth Coverage Requirements

Distant Site (location of physician or practitioner)

- Only the physician or practitioner at the distant site may bill for professional services
- Services must be modified with “GT”
  - Billing GT means you are certifying that the beneficiary was present at an eligible originating site when you provided the telehealth service
  - Additionally, if billing for an ESRD-related service, you are certifying that you furnished one hands on visit per month to examine the vascular site.
- Reimbursement for the service provided is the same as when it is provided in person
- Payments made to the physician or practitioner at the distant site, including deductible and coinsurance, for the professional service may not be shared with the referring practitioner or telepresenter
### Medicare CPT Codes for Telehealth

#### CY 2016 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 G0409-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 99307-99310</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 code 90963</td>
</tr>
<tr>
<td>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)</td>
<td>CPT code 90964</td>
</tr>
<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 90965</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 90966</td>
</tr>
<tr>
<td>Individual and group medical nutrition therapy</td>
<td>HCPCS code G0270 and CPT codes 97602-97604</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</td>
</tr>
<tr>
<td>Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services</td>
<td>CPT codes 99406 and 99407</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>
</tbody>
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<table>
<thead>
<tr>
<th>Service</th>
<th>Healthcare Common Procedure Coding System (HCPCS)/CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual depression screening, 15 minutes</td>
<td>HCPCS code G0444</td>
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<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>
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<tr>
<td>Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes</td>
<td>HCPCS code G0446</td>
</tr>
<tr>
<td>Face-to-face behavioral counseling for obesity, 15 minutes</td>
<td>HCPCS 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>
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<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 setting requiring unlimited 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 99357</td>
</tr>
<tr>
<td>Annual Wellness Visit, includes a personalized prevention plan of service (PPS) first visit</td>
<td>HCPCS code G0438</td>
</tr>
<tr>
<td>Annual Wellness Visit, includes a personalized prevention plan of service (PPS) subsequent visit</td>
<td>HCPCS code G0439</td>
</tr>
</tbody>
</table>

Source: CMS Medicare Learning Network, Telehealth Services
Attendee Survey

• What type of service would you use telehealth for most often?
  – Primary care
  – Behavioral health
  – Specialty care
Participation in specific programs allows for exemptions from certain Medicare limitations of telehealth reimbursement

- Example – waives originating site and rural requirement:
  - Bundled Payments for Care Improvement
  - Next Generation Accountable Care Organizations

- New Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
  - Encourages telehealth to support alternative payment models
IDAHO PRIVATE INSURANCE REIMBURSEMENT CONSIDERATIONS
Private Insurer Reimbursement

• Private insurers generally reimburse for a broader set of telehealth services and providers than Medicaid
• Each insurer has its own policy
• To the extent that your telehealth program can improve access and lower costs, you could be an asset to the insurer and negotiate favorable rates.
# Variation in Private Insurer Coverage

<table>
<thead>
<tr>
<th>Telehealth Types</th>
<th>Blue Cross</th>
<th>Blue Shield</th>
<th>Select Health</th>
<th>PacificSource</th>
<th>Optum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live Video</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Store and Forward</td>
<td>Only radiology</td>
<td></td>
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<tr>
<td>Remote Patient Monitoring</td>
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<tr>
<td>Phone</td>
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</table>

<table>
<thead>
<tr>
<th>Eligible Provider Types</th>
<th>Blue Cross</th>
<th>Blue Shield</th>
<th>Select Health</th>
<th>PacificSource</th>
<th>Optum</th>
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</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>Psychiatry only</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>NPs</td>
<td>Psychiatry only</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>PAs</td>
<td>Psychiatry only</td>
<td></td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Clinical psychologists</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Social workers</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
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</tbody>
</table>

*Source: Idaho Telehealth Council Reimbursement Matrix*
# Variation in Private Insurer Coverage

<table>
<thead>
<tr>
<th>Eligible Services</th>
<th>Blue Cross</th>
<th>Blue Shield</th>
<th>Select Health</th>
<th>PacificSource</th>
<th>Optum</th>
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</thead>
<tbody>
<tr>
<td>Consultations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visits</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual psychotherapy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Pharmacologic management Per policy for psychiatric prescriber only</td>
<td></td>
<td></td>
<td>X</td>
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</tr>
<tr>
<td>Diagnostic assessment</td>
<td>X</td>
<td>X</td>
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</tr>
</tbody>
</table>

Source: Idaho Telehealth Council Reimbursement Matrix
EVALUATING PROGRAM SUSTAINABILITY
Developing a Sustainable Program

- Know your market size – what is your volume?
- Have you identified telehealth solutions and strategic partners to maximize capability and affordability?
- Does your governance structure incorporate accountability for financial performance?
- Is your solution flexible to meet future needs?
- Have you set up a system to measure return on investment? (e.g. chronic disease/crisis prevention, hospitalization avoidance, expanded service provision?)
Grant Opportunities

• There are programs available to help with start-up funding for telehealth:
  – Federal government
    • Health Resources and Services Administration – focus on rural
  – Private foundations and corporate grants
Reimbursement: Summary

• The reimbursement environment is evolving.
• In Idaho, you can only bill for certain modes of telehealth and for certain providers, depending on the insurer.
• Planning for current and future needs and modeling reimbursement potential can help you determine program sustainability.
Roadmap to Telehealth Adoption in Primary Care

- Determine need in practice or community
- Evaluate external barriers
- Establish SMART goals
- Assess financial impact/ROI
- Assess internal readiness
- Determine specialty partners and structured relationship
- Develop clinical and administrative workflows
- Evaluate technology and equipment requirements
- Staff and PCP training
- Patient engagement and community marketing
- Evaluation
- Pulling it all together: Business Plan or Project Charter
Idaho Telehealth Webinar Series

**Purpose:** In alignment with SHIP, provide a curriculum to primary care practices to enhance capacity in specialty care and behavioral health service delivery.

- Wednesday Sept. 28th - Demand Analysis
- Tuesday October 11th - Readiness Self-Assessment
- Wednesday November 2nd - Reimbursement, Billing and Coding
- Tuesday November 8th - Equipment Selection
- Wednesday December 14th - Program Development
- Tuesday, January 10th - Evaluation and Monitoring

*All webinars will be held at 11:30am PT/12:30pm MT*
Questions?

Comments?
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APPENDIX
Idaho Telehealth Access Act
Chapter 57

54-5703 - Definitions

- (5) “Synchronous interaction” means real-time communication through interactive technology that enables a provider and a patient at two (2) locations separated by distance to interact simultaneously through two-way video and audio or audio transmission.

- (6) “Telehealth services” means health care services provided by a provider to a person through the use of electronic communication, information technology, asynchronous store and forward transfer or synchronous interaction between a provider at a distant site and a patient at an originating site. Such services include, but are not limited to, clinical care, health education, home health and facilitation of self-managed care and caregiver support.

Relevant statute is Title 54 Chapter 57 (54-5701 though 54-5713)
Idaho Telehealth Access Act

• 54-5705 - Provider-Patient Relationship
  If a provider offering telehealth services in his or her practice does not have an established provider-patient relationship with a person seeking such services, the provider shall take appropriate steps to establish a provider-patient relationship by use of two-way audio and visual interaction; provided however, that the applicable Idaho community standard of care must be satisfied.

• 54-5706 – Evaluation and Treatment
  Prior to treatment, including a prescription drug order, a provider shall obtain and document a patient’s relevant clinical history and current symptoms to establish the diagnosis and identify underlying conditions and contraindications to the treatment recommended. Treatment recommendations provided through telehealth services shall be held to the applicable Idaho community standard of care that applies in an in-person setting. Treatment based on solely an online questionnaire does not constitute an acceptable standard of care.
Idaho Telehealth Access Act

- 54-5707 – Prescriptions

(1) A provider with an established provider-patient relationship, including a relationship established pursuant to section 54-5705, Idaho Code, may issue prescription drug orders using telehealth services within the scope of the provider’s license and according to any applicable laws, rules and regulations, including the Idaho community standard of care; provided however, that the prescription drug shall not be a controlled substance unless prescribed in compliance with 21 U.S.C. section 802(54)(A).

(2) Nothing in this chapter shall be construed to expand the prescription authority of any provider beyond what is authorized by the provider’s licensing board.

(3) No drug may be prescribed through telehealth services for the purpose of causing an abortion.
Idaho Telehealth Access Act

• 54-5708 – Informed Consent
  A patient’s informed consent for the use of telehealth services shall be obtained as required by any applicable law.

• 54-5709 – Continuity of Care
  A provider of telehealth services shall be available for follow-up care or to provide information to patients who make use of such services.

• 54-5710 – Referral to Other Services
  A provider shall be familiar with and have access to available medical resources, including emergency resources near the patient’s location, in order to make appropriate referrals when medically indicated.