Michigan Cancer Consortium
Annual Meeting
November 7, 2018

Becky Sanders, Program Director

Upper Midwest Telehealth Resource Center

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Priority of Telemedicine in Your Organization

- 31%: One of our top priorities
- 48%: A high priority
- 17%: A medium priority
- 4%: A low priority

Reach UMTRC Benchmark Study
January 2018
https://reachhealth.com/resources/telemedicine-industry-survey/
Response to Regulatory and Reimbursement Uncertainty

<table>
<thead>
<tr>
<th>Activity</th>
<th>Increase</th>
<th>Stay About the Same</th>
<th>Decrease</th>
<th>Can’t Predict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working to influence telemedicine policy at the local and federal levels</td>
<td>46%</td>
<td>35%</td>
<td>4%</td>
<td>14%</td>
</tr>
<tr>
<td>Patient adoption and use of telemedicine</td>
<td>44%</td>
<td>40%</td>
<td>3%</td>
<td>14%</td>
</tr>
<tr>
<td>Internal adoption and use of telemedicine</td>
<td>43%</td>
<td>43%</td>
<td>4%</td>
<td>11%</td>
</tr>
<tr>
<td>Investment in our telemedicine program</td>
<td>42%</td>
<td>36%</td>
<td>2%</td>
<td>20%</td>
</tr>
<tr>
<td>Prioritization of telemedicine in our organization</td>
<td>37%</td>
<td>35%</td>
<td>3%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Reach UMTRC Benchmark Study
January 2018
https://reachhealth.com/resources/telemedicine-industry-survey/
TelehealthResourceCenters.org

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National Consortium of Telehealth Resource Centers

https://www.telehealthresourcecenter.org/
UMTRC Services

- Virtual Librarians
  - Individual Consultation
  - Technical Assistance
  - Connections with other programs
- Presentations & Trainings
  - Project assessments
  - Updates on reimbursement policy and legislative developments

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Definitions and Concepts

**Telehealth and Telemedicine**

- Sometimes used interchangeably
- Two types of distinctions -
  - **Telehealth** =
    - Broader field of distance health activities (CME, etc.)
    - Clinical remote monitoring (usually at home)
  - **Telemedicine** = billable interactive clinical services
Types of Telemedicine

• Asynchronous-Describes store and forward transmission of medical images or information because the transmission typically occurs in one direction in time. (Store-and-forward telemedicine)

• Synchronous-Describes interactive video connections because the transmission of information in both directions is occurring at exactly the same period. (Live and Interactive Telemedicine)
# Store and Forward

## ADVANTAGES
- No scheduling constraints.
- Less burdensome technical requirements.
- Low connection and equipment costs. (POTS)
- Information stored centrally, more secure.

## DISADVANTAGES
- Limited Specialties.
- Delay in getting feedback.
- No patient provider interaction.
- Incomplete view of the case.
- Limited reimbursement.
What is Store-and-Forward

Store-and-Forward: A Web-based telemedicine application that allows for the secure transfer of:

• Patient medical records
• Pictures
• Video footage
• EKGs
• Vital Signs
• Blood Sugars
• ECGs
• EEGs
What is Live and Interactive Telemedicine?

Utilizing videoconferencing technology to provide real time medical consultation between provider and patient or provider and provider.
Service vs. Delivery Mechanism

- TH is not a service, but a delivery mechanism for health care services
  - Most TH services duplicate in-person care
  - Some are made better or possible with TH
  - Reimbursement equal to “in-person” care
Federal Telemedicine Law & Policy

• Professionals are regulated at the state level (doctors, nurses, counselors, etc.)

• **Medicare:** Pays for certain outpatient professional services (CPT codes) for patients accessing care in rural counties and HPSAs in rural census tracts.

• *No regs; only conditions of payment.

• **Medicaid:** Telemedicine is “a cost-effective alternative to the more traditional face-to-face way of providing medical care...that states can choose to cover.”
Medicare Telehealth Reimbursement Requirements

1. Patient Outside of a MSA
2. Patient in Designated Originating site
3. Services within CPT Code Range
4. Services Delivered by Eligible Practitioners?
HPSA Rural Designation

• Updated Annually:
• Otherwise eligible sites in health professional shortage areas (HPSAs) located in rural census tracts of MSA counties will be eligible originating sites. (RUCA codes 4-10, also 2-3 in counties over 400 sq. mi., <35/sq. mi. density)

• Eligibility Lookup Tool
   http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx
Medicare Reimbursement

➢ Published Annually
➢ Eligible Originating and Distant Sites
➢ Eligible Providers
➢ Telehealth Services by HCPCS/CPT Code
➢ Most basic services usually allowed
➢ Many screening and prevention services allowed

**Target Audience:** Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

These slides are the property of the presenter. Do not duplicate without permission.
<table>
<thead>
<tr>
<th>Service</th>
<th>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 G0406–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 codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961</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</td>
<td>CPT code 90963</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</td>
<td>CPT code 90964</td>
</tr>
</tbody>
</table>

New 2018 Codes

- **HCPCS code G0296** (counseling visit to discuss need for lung cancer screening eligibility)
- **CPT code 90785** (Interactive Complexity Psychiatry Services and Procedures)
- **CPT codes 96160 and 96161** (Health Risk Assessment)
- **HCPCS code G0506** (Care Planning for Chronic Care Management)
- **CPT codes 90839 and 90840** (Psychotherapy for Crisis)
Basic Billing Model

- Professional fee (CPT-based) goes to Specialist ("remote site")
- Facility fee goes to Clinic ("originating site")
  - Originating site facility fee (Q3014) is a "separately billable Part B service"
    - NOT the same as "facility fee" in Part A
  - Billed as Q3014 (revenue code 780)
  - Around $25 per encounter
Telemedicine - The Standard Model

- Rural “originating site”
- Specialist at “distant site”

Patient

Specialist

Facility Fee (Part B)

Professional Fee (Part B)

CMS
Chronic Care Management (CCM)

➢ Services furnished to patient with 2 or more chronic conditions expected to last at least 12 months, or until the death of the patient, that place the patient at significant risk of death, acute exacerbation or decompensation, or functional decline

➢ First introduced 1/1/2015
  ○ CPT 99490 - 20 minutes/month

➢ Effective 1/1/2017
  ○ CPT 99487 - 60 minutes/month
  ○ CPT 99489 - additional 30 minutes/month

CCM-Service-99490

- 20 minutes of clinical staff time per month, directed by physician or other qualified professional.
- Comprehensive care plan established, implemented, revised, or monitored.
- Create structured, clinical summary record, care plan – demographics, problems, allergies, medications

CCM Service-99487/89

- 60 minutes of clinical staff time per month, directed by a qualified professional.
- Comprehensive care plan established, implemented, revised, or monitored.
- Each additional 30 minutes of care delivered, additional billing
- Create structured, clinical summary record, care plan – demographics, problems, allergies, medications

Authorized Billing Providers

- Physicians
- Certified Nurse Midwives
- Clinical Nurse Specialists
- Nurse Practitioner
- Physician Assistant

National Average: $40.82

National Average Rates:
99487 - $92
99489 - $47
## CCM Eligibility

<table>
<thead>
<tr>
<th>Eligible Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Multiple (2 or more) chronic conditions expected to last at least 12 months, or until the death of the patient</td>
</tr>
<tr>
<td>• Chronic conditions place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline</td>
</tr>
<tr>
<td>• Primary coverage - Medicare or other participating health plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eligible Chronic Conditions - Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Alzheimer’s disease and related dementia</td>
</tr>
<tr>
<td>• Arthritis (osteoarthritis and rheumatoid)</td>
</tr>
<tr>
<td>• Asthma</td>
</tr>
<tr>
<td>• Atrial fibrillation</td>
</tr>
<tr>
<td>• Autism Spectrum Disorder</td>
</tr>
<tr>
<td>• Cancer</td>
</tr>
<tr>
<td>• Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>• Depression</td>
</tr>
<tr>
<td>• Diabetes</td>
</tr>
<tr>
<td>• Heart Failure</td>
</tr>
<tr>
<td>• Hypertension</td>
</tr>
<tr>
<td>• Ischemic Heart Disease</td>
</tr>
<tr>
<td>• Osteoporosis</td>
</tr>
</tbody>
</table>
## CCM-Care Plan

### Requirements

- Patient-centered - based on physical, mental, cognitive, psychosocial, functional, and environmental (re)assessment, and an inventory of resources Comprehensive plan for all health issues.

- Patient provided with written or electronic copy. Provision documented in the medical record.

- Care plan should be shareable with outside entities electronically (fax counts).

### Typical Clinical Content

- Problem list
- Expected outcome and prognosis
- Measurable treatment goals
- Symptom management
- Planned interventions and individuals responsible for each
- Medication management
- Community/social services ordered
- A description of services outside the practice and how they will be directed/coordinated
- Schedule for periodic plan review, and revision as appropriate
Behavioral Health Integration Services

➢ Enhances ‘usual’ primary care services by adding two key services; care management support for patients receiving behavioral health treatment; and regular psychiatric inter-specialty consultation to the primary care team

➢ Effective 1/1/2018 - Psychiatric Collaborative Care Model (CoCM)
  ○ CPT 99492 - first month of CoCM - 70 minutes/month
  ○ CPT 99493 - subsequent months - 60 minutes/month
  ○ CPT 99494 - each additional 30 minutes/month

➢ General Behavioral Health Integration (BHI)
  ○ CPT 99484 - 20 minutes/month

Implications of CCM and CoCM CPT Codes

• Not “telehealth codes” but will drive many telehealth services that meet its requirements
• Will be used to promote:
  • Primary Care Redesign
  • Expansion of ACOs
  • Commercial payer reimbursement for same services
  • MACRA/MIPS
2019 Physician Fee Schedule

- Released 7/21/2018 - ‘Monumental’, ‘sea of change’
  - Brief Communications - Technology-based Service - ‘virtual check-in’
    - Proposed CPT GCVI1 at $14; not a telehealth code (no telehealth restrictions)
    - RHC/FQHC to get own code
  - Asynchronous Remote Evaluation of Pre-Recorded Patient Information
    - Proposed CPT GRAS1 - around $12.24; not a telehealth code (no telehealth restrictions)
    - RHC/FQHC to get own code
  - Interprofessional Internet Consultation - between providers via phone/internet
    - Proposed 99446-99449; rates TBD; verbal patient consent required
  - Additional Proposals
    - Bipartisan Budget Act of 2018 changes; remote psych monitoring, new CCM codes
2019 Physician Fee Schedule

- Center for Connected Health Policy Info Graphic
  - [http://www.cchpca.org/sites/default/files/resources/INFOGRAPH%20CMS%20PROPOSED%20TELEHEALTH%20CHANGES%20TO%20PFS%20CY%202019.pdf](http://www.cchpca.org/sites/default/files/resources/INFOGRAPH%20CMS%20PROPOSED%20TELEHEALTH%20CHANGES%20TO%20PFS%20CY%202019.pdf)

- Center for Connected Health Policy Fact Sheet
  - [http://www.cchpca.org/sites/default/files/resources/PROPOSED%20PFS%20CY%202019%20FINAL.pdf](http://www.cchpca.org/sites/default/files/resources/PROPOSED%20PFS%20CY%202019%20FINAL.pdf)
Upper Midwest Telehealth Resource Center

The Upper Midwest Telehealth Resource Center (UMTRC) is a consortium of active telehealth organizations, headed by the Indiana Rural Health Association (IRHA) that provides a comprehensive set of telehealth clinical and technical assistance services within Indiana, Illinois, Michigan, and Ohio.

Because we are a grant-based program, many of our services are provided at no charge.

MORE
# State of the State Michigan

<table>
<thead>
<tr>
<th></th>
<th>Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicare is the same in all states.</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Medicaid</strong></td>
<td>live and interactive only</td>
</tr>
<tr>
<td><strong>Certificate</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Distance Limitation</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Physician Medical Licensure Compact</strong></td>
<td>Bill introduced</td>
</tr>
<tr>
<td><strong>Prescribing via Telehealth</strong></td>
<td>Yes, subject to certain conditions for controlled substances</td>
</tr>
<tr>
<td><strong>Patient Consent</strong></td>
<td>No reference found</td>
</tr>
<tr>
<td><strong>Private / Commercial Insurance Parity</strong></td>
<td>Parity in coverage</td>
</tr>
<tr>
<td><strong>Remote Patient Monitoring</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Rural Health Clinics can be:</strong></td>
<td>Originating site and distant site</td>
</tr>
<tr>
<td><strong>RHC can bill Q3014</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>RHC can bill provider fee</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>School Based Services</strong></td>
<td>Cannot bill Q3014 originating fee</td>
</tr>
<tr>
<td><strong>Telepharmacy</strong></td>
<td>No reference found</td>
</tr>
</tbody>
</table>

The National Telehealth Policy Center at the Center for Connected Health Policy, updates their comprehensive scan of the 50 states and District of Columbia state telehealth laws and Medicaid program policies each spring and fall. See: [http://www.cchpca.org/state-laws-and-reimbursement-policies](http://www.cchpca.org/state-laws-and-reimbursement-policies)
Michigan Pending Legislation

- **HB 5670**
  - 2/28/18: To House Committee on Communications and Technology
  - Creates Michigan broadband investment act

- **HB 6202**
  - 8/15/18: Requires the Dept of Mental Health to establish a hotline to connect individuals experiencing a mental health crisis to a local mental health providers using telecommunications and digital communications methods commonly in use.

- **SB 1059**
  - 6/7/18: Introduced and referred to Committee on Insurance
  - Updates the insurance code and adds telehealth definitions for live and interactive telemedicine and store and forward telemedicine

- **MI Rule 418.10106, -10107, -10109, -10117, -10901, -10902, -10904, -10913, -101002, -101004**
  - 8/15/18: Introduces a definition for telemedicine including limitations to providing telemedicine services (real-time, interactive audio and video telecommunications system, introduces modifier 95, and place of service code 02)
Michigan Pending Legislation

- MI Rule 418.10106, -10107, -10109, -10117, -10901, -10902, -10904, -10913, -101002, -101004
  - 8/15/18: Introduces a definition for telemedicine including limitations to providing telemedicine services (real-time, interactive audio and video telecommunications system, introduces modifier 95, and place of service code 02)
- MI Rule: Dept of Licensing and Regulatory Affairs – Pharmacy-Controlled Substances
  - 5/15/18: Prohibits the prescribing of controlled substances prior to establishing a “bona fide prescriber-patient relationship” in-person or via telehealth
Michigan Approved Legislation


- Sec. 7303a. “A prescriber who holds a controlled substances license may administer or dispense a controlled substance listed in schedules 2 to 5 without a separate controlled substances license for those activities.” Unless other rules are promulgated before 3/31/2019
- Must have bona fide prescriber-patient relationship
- Meaning a treatment or counseling relationship between a prescriber and a patient in which both of the following are present:
  - The prescriber has reviewed the patient’s relevant medical or clinical records and completed a full assessment of the patient’s medical history and current medical condition, including a relevant medical evaluation of the patient conducted in person or through telehealth.
  - The prescriber has created and maintained records of the patient’s condition in accordance with medically accepted standards.
