

# Telemedicine 101 for Practices

## Virtual Care Terminology in Texas

- Telemedicine – A health care service delivered by (1) a physician licensed in this state, or (2) a health professional acting under the delegation and supervision of a physician licensed in this state and acting within the scope of the physician’s or health professional’s license, to a patient at a different physical location from the physician or health professional using telecommunications or information technology
- Telehealth – A health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this state and acting within the scope of the health professional’s license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology (for example, interpreter services, pharmacy services, diabetes education)
- e-Consults – A consultation between providers or between patient and provider connecting with asynchronous technology
- Remote patient monitoring – A mobile application or fully managed kit that monitors vital signs, patient activity, blood sugar levels, and the like, and allows for video and instant messaging chat
- Synchronous communication – Occurring in real time, for example, a two-way consult between a patient and physician
- Asynchronous communication – Delayed or “store and forward” communication, for example, email or transfer of a diagnostic image or video from one site to another for viewing and consult
- Originating site of care – Location of the patient (in this state) and (if applicable) telepresenter at the time of service
- Distant site of care – Location of the eligible health care provider

## Why telemedicine?

Interest in telemedicine is growing rapidly and becoming a new method of care for practices of various specialties, sizes, and locations. The potential benefits of telemedicine are vast for both patients and practices:

- Increased patient access to care
- Improved patient satisfaction
- Improved patient outcomes
- More convenience
- Fewer cancellations and no-shows
- Fewer in-office visits
- Fewer hospital admissions
- Stronger chronic care management program
- Fewer patients lost to retail clinics, urgent care centers, and emergency departments
- Added value and competitive edge to your practice
- More new patients
- Increased practice revenue

## Who can provide services?

- Telemedicine: a physician, or a health professional (such as an advanced nurse practitioner or physician’s assistant)
- Licensed Dietician

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## Which services are best suited for telemedicine encounters?

Telemedicine encounters can be appropriate for a wide variety of health services; the list would vary by specialty. Examples are:

- Lab results review
- Simple follow-up or check-ins for chronic care management
- Acute, noncomplicated conditions
- Mental health sessions
- Medication management
- Nutrition services
- Concierge medicine, to triage the need for additional care
- Surgical prep and follow-up
- Urgent-care conditions
- After-hours coverage

## Should my documentation indicate the encounter was a telemedicine visit?

Ideally, include a statement in your narrative such as, “This encounter was provided via secure two-way video and audio” to call out the virtual care component of the visit and match any modifier (TMB Administrative Code Rule 174.2 Definitions; Texas Occupations Code 111.001).

## Can I see new patients during a telemedicine encounter?

Yes. There are no preexisting relationship requirements. However, if you’ll be unable to achieve the appropriate standard of care in a telemedicine encounter, you should rule out telemedicine for this visit. Factors to consider are quality of the visual exam, access to past medical/family/social histories, medication history, chronic conditions, and the like.

## Is third-party payer information available at this time?

Yes. Although payment for telemedicine remains complex, TMA and other industry leaders continue monitor how claims adjudicate and will work with payers to change and align policies as needed.

- Medicare and Medicaid provide a list of specific CPT and HCPCS codes – commercial payers do not. They refer to the CPT manual, the Centers for Medicare & Medicaid Services, and the American Medical Association. The CPT manual notates an acceptable telehealth code with a star.
- Medicaid separates telemedicine and telehealth.
- Medicaid indicates in its policy if a procedure code is limited to once per day.
- Major payer policies indicate if they do or do not cover audio-only telephone consultation, text only email message, or fax.
- Use the patient cost estimator tools for an estimate of patient’s responsibility.
- As of Jan. 1, 2018, the modifier GT is no longer required on professional claims for telehealth services submitted to Medicare. Some health plans still require it. POS 02 replaced the modifier.

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## Cost Estimator Tools

**Medicare:** Pays for covered services according to the Medicare Physician Fee Schedule (does not distinguish between a service provided via telemedicine or in person). View the schedule on Novitas Solutions (Medicare payer for Texas) website.

[www.novitas-solutions.com/webcenter/portal/MedicareJH/FeeLookup](http://www.novitas-solutions.com/webcenter/portal/MedicareJH/FeeLookup)

**Medicaid Fee-for-Service:** Like Medicare, the fee schedule does not distinguish between a service provided via telemedicine or in person. Check the Texas Medicaid and Healthcare Partnership Telecommunication Services Handbook (search for it at [www.tmhp.com](http://www.tmhp.com)) to confirm a covered service or use the fee schedule look up tool at <http://public.tmhp.com/FeeSchedules/Default.aspx>

**Medicaid managed care organizations (MCOs):** Check with each Medicaid MCO directly for coverage details.

**Aetna:** Covers services as if they were provided face to face, as long as they are otherwise eligible under the plan. [www.aetna.com/health-care-professionals/claims-payment-reimbursement/payment-estimator-fee-schedules.html](http://www.aetna.com/health-care-professionals/claims-payment-reimbursement/payment-estimator-fee-schedules.html)

**United Healthcare:** Does not specify how it will reimburse telemedicine. Use the patient cost estimator for determination of benefits. See [www.uhcprovider.com/en/claims-payments-billing.html](http://www.uhcprovider.com/en/claims-payments-billing.html)

**Humana:** Policy has minimal information. Use Humana's cost estimator at Availity.com. See [www.humana.com/provider/medical-resources/claims-payments/claims-payment/payment-resources](http://www.humana.com/provider/medical-resources/claims-payments/claims-payment/payment-resources)

**Blue Cross and Blue Shield of Texas:** Policy states that the amount of the copayment, coinsurance, or deductible will not exceed the amount as if the service was provided in person. Use the patient cost estimator available through Availity. See [www.bcbstx.com/provider/claims/carecost\\_estimator.html](http://www.bcbstx.com/provider/claims/carecost_estimator.html)

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