



# ***SAMHSA-HRSA Center for Integrated Health Solutions***

## **A TO Z DEVELOPING TELEBEHAVIORAL HEALTH CAPACITY TO SERVE THE NEEDS OF YOUR PATIENTS**

**Health Centers**

**Healthy Start Programs**

**Ryan White HIV/AIDS Program Grantees and Service Providers**

**Rural Health Clinics**

**Session 2**

**Regulatory & Reimbursement Environment**

**June 5, 2013**



## Today's Speakers

Michael R. Lardiere, LCSW  
VP HIT & Strategic Development  
National Council for Community  
Behavioral Healthcare

Phil Hirsch, PhD  
Chief Clinical Officer  
HealthLinkNow  
phirsch@healthlinknow.com

Carrie S. Bill, Esq. Feldesman  
Tucker Leifer Fidell LLP  
cbill@ftlf.com



## **The web site:**

<http://www.integration.samhsa.gov/operations-administration/cihs-telebehavioral-health>

## **The Listserv:**

All Participants will receive an email and a link to join the Listserv

**All of the presentations will be archived on the web site**



## Goals of the Training

- 1: Identify for their own organization one or more telebehavioral health service models that are clinically appropriate and a pathway to sustainability;
- 2: Identify and engage the range of stakeholders necessary to successfully establish telebehavioral health services;
- 3: Coordinate their telebehavioral health activities with pertinent local, state and federal partners.



## T/TA SERIES SCHEDULE

- **Session I:** Overview & Laying the Groundwork  
May 22, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session I:** Office Hours Q+A  
May 29, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session II:** State Regulatory/Reimbursement  
Topography; Engagement and Outreach  
June 5, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session II:** Office Hours Q+A  
June 12, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session III:** Economics, Partnerships  
June 19, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session III:** Office Hours Q+A  
June 26, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session IV:** Technology and Logistics  
July 17, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session IV:** Office Hours Q+A  
July 24, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session V:** Implementation  
August 7, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session V:** Office Hours Q+A  
August 14, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session VI:** Launch, Refinement, Lessons Learned  
and Wrap Up  
August 21, 2013 @ 12:00 PM EST  
Register [Here](#)
- **Session VI:** Office Hours Q+A  
August 28, 2013 @ 12:00 PM EST  
Register [Here](#)



# Carrie Bill



# Interstate Licensure Considerations

To date, there is no single or universal licensure statute for telemedicine arrangements that may cross state boundaries

Behavioral health providers are generally required to obtain licenses in order to provide services to patients in other states using electronic communications

- Behavioral health provider should obtain license in state where health center is located

Depending on the state, there may be a special licensure option specifically for telemedicine

For more information, consult your state's Board of Medical Examiners



# Reimbursement Considerations:

## Medicaid

Trend is to provide reimbursement if care would be covered if it were provided in-person

- Rapid expansion in the area of behavioral health
- For Medicaid beneficiaries, check State Plan Amendment to ensure that behavioral health services are covered
- Over 25 states provide some level of reimbursement for services delivered via telemedicine for interactive consultations to Medicaid recipients
- Services are coded and typically billed just like regular in-office services



# Reimbursement Considerations: Medicare

- Limitations related to geographic location and originating site
  - Patient must be in an originating site, such as a “community mental health center,” located in a HPSA or in county not classified as Metropolitan Statistical Area (unless it is part of a federal telehealth demonstration project)
    - Originating sites authorized by law also include, but are not limited to, hospitals, federally qualified health centers, rural health clinics, skilled nursing facilities, and physician/practitioner offices
  - Originating site facility fee reimbursement- separately billable Part B payment
    - \$24.24 per visit or 80% of actual charge, whichever is less (2012)
  - Interactive telecommunications system (audio and video allowing for real time communication) is required as a condition of payment
  - Patient must be present and participating in the telehealth visit



# Reimbursement

## Considerations: Medicare

- Limitations related to coverage and payment for eligible telehealth services
  - **Services:** Consultation, office visits, individual psychotherapy, and pharmacologic management delivered via a telecommunications system
    - Clinical psychologists and social workers cannot bill for psychotherapy services that include medical evaluation and management services
  - **Providers:** Remote telehealth services can be furnished by a physician, NP, PA, nurse midwife, diatitian, clinical psychologist or a clinical social worker to eligible individual – paid same amount as clinician providing the service would have been paid if service had been furnished without use of a telecommunications system
  - Limitations on number of telehealth services/sessions

For additional information, see Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services (270 – Telehealth Services)



# Reimbursement Considerations: Private Insurers

Regulations for reimbursement by private insurers are set by States

- Many states have enacted laws requiring that services provided via telemedicine must be reimbursed if same service would be reimbursed when provided in person
- Some programs cover specific telehealth services (e.g., behavioral health)
- State waivers or special programs offering remote diagnostics or remote monitoring for specific diseases entities or for particular populations, allow additional coverage of telemedicine services



# Federal e-Health Initiatives

## Office for the Advancement of Telehealth (OAT) within HRSA

- Works with DHHS Office of the Assistant Secretary for Planning and Evaluation to:
  - Identify privacy, confidentiality and security concerns unique to telemedicine
  - Lead, coordinate and promote use of telehealth technologies by administering telehealth grant programs, providing technical assistance, and developing policy initiatives
- From Oct 2006 through Sept 2008, OAT administered 93 telehealth/telemedicine projects
  - 24 were awarded funds totaling more than \$6.1 million



## **Polling Question**

**What do you perceive as the biggest hurdle to implementing telebehavioral health services in your state?  
(Check all that apply)**

- We do not have qualified staff**
- Our state Medicaid does not pay for telebehavioral**
- We have concerns regarding confidentiality**
- We believe our issues are more technology focused**



# Phil Hirsch, PhD





Telemedicine Overview  
*Board-by-Board Approach*

Document Summary:

- Ten (10) state boards issue a special purpose license, telemedicine license or certificate, or license to practice medicine across state lines to allow for the practice of telemedicine.
- Fifty-seven (57) state boards plus the DC Board of Medicine require that physicians engaging in telemedicine are licensed in the state in which the patient is located.
- Minnesota allows physicians to practice telemedicine if they are registered to practice telemedicine or are registered to practice across state lines.
- Fifteen (15) states currently require private insurance companies to cover telemedicine services to the same extent as face-to-face consultations.
- Massachusetts permits coverage for services provided through telemedicine as long as the deductible, copayment or coinsurance doesn't exceed the deductible, copayment or coinsurance applicable to an in-person consultation.

State	Type of License Required	Legislation/Regulations/Policy Guidelines	Pending Legislation/Notes
AL	Board can issue a special purpose license to practice across state lines upon application.	<p>No person shall engage in the practice of medicine or osteopathy across state lines in this state, hold himself or herself out as qualified to do the same, or use any title, word or abbreviation to indicate to or induce others to believe that he or she is licensed to practice medicine or osteopathy across state lines in this state unless he or she has been issued a special purpose license to practice medicine or osteopathy. ALA. CODE § 34-24-502.</p> <p>The commission shall only issue a special purpose license to practice medicine or osteopathy across state lines to an applicant whose principal practice location and license to practice is located in a state or territory of the United States whose laws permit or allow for the issuance of a special purpose license to practice medicine or osteopathy across state lines or similar license to a physician whose principal practice location and license is located in this state. It is the stated intent of this article that physicians and osteopaths who hold a full and current license in the State of Alabama be afforded the opportunity to obtain, on a reciprocal basis, a license to practice medicine or osteopathy across state lines in any state or territory of the United States as a pre-condition to the issuance of a special purpose license as authorized by this article to a physician or osteopath licensed in such state or territory. The State Board of Medical Examiners shall determine which states or territories have reciprocal licensure requirements meeting the qualifications. ALA. CODE § 34-24-507.</p>	

# Licensing



[http://www.fsmb.org/pdf/grpol\\_telemedicine\\_licensure.pdf](http://www.fsmb.org/pdf/grpol_telemedicine_licensure.pdf)



# Health plan payment



Fee for service  
(ROI)

Value based payment  
(Value Proposition)

Medicare,  
Medicaid  
Commercial



# Medicare

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Centers for Medicare & Medicaid Services



Official CMS Information for  
 Medicare Fee-For-Service Providers

## Telehealth Services

RURAL HEALTH FACT SHEET SERIES



eligible beneficiary via a telecommunications system. For eligible telehealth services, the use of a telecommunications system substitutes for an in-person encounter.

### Originating Sites

An originating site is the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in a rural Health Professional Shortage Area or in a county outside of a Metropolitan Statistical Area. Entities that participate in a Federal telemedicine demonstration project approved by (or receiving funding from) the Secretary of the Department of Health and Human Services as of December 31, 2000, qualify as originating sites regardless of geographic location.

The originating sites authorized by law are:

- ❖ The offices of physicians or practitioners;
- ❖ Hospitals;
- ❖ Critical Access Hospitals (CAH);
- ❖ Rural Health Clinics (RHC);
- ❖ Federally Qualified Health Centers (FQHC);

This publication provides the following information about calendar year (CY) 2013 Medicare telehealth services:

- ❖ Originating sites;
- ❖ Distant site practitioners;
- ❖ Telehealth services;
- ❖ Billing and payment for professional services furnished via telehealth;
- ❖ Billing and payment for the originating site facility fee; and
- ❖ Resources.

Medicare pays for a limited number of Part B services that are furnished by a physician or practitioner to an

CPT only copyright 2012 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/IDFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

ICN 901705 December 2012

- ❖ Hospital-based or CAH-based Renal Dialysis Centers (including satellites);
  - ❖ Skilled Nursing Facilities (SNF); and
  - ❖ Community Mental Health Centers (CMHC).
- Note:** Independent Renal Dialysis Facilities are not eligible originating sites.

### Distant Site Practitioners

Practitioners at the distant site who may furnish and receive payment for covered telehealth services (subject to State law) are:

- ❖ Physicians;
- ❖ Nurse practitioners (NP);
- ❖ Physician assistants (PA);
- ❖ Nurse midwives;
- ❖ Clinical nurse specialists (CNS);
- ❖ Clinical psychologists (CP) and clinical social

workers (CSW). CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838; and

- ❖ Registered dietitians or nutrition professionals.

### Telehealth Services

As a condition of payment, an interactive audio and video telecommunications system must be used that permits real-time communication between you, the physician or practitioner at the distant site, and the beneficiary, at the originating site. Asynchronous "store and forward" technology is permitted only in Federal telemedicine demonstration programs conducted in Alaska or Hawaii.

The chart below provides the CY 2013 list of Medicare telehealth services.

Service	Healthcare Common Procedure Coding System (HCPCS)/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425 – G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406 – G0408
Office or other outpatient visits	CPT codes 99201 – 99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231 – 99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307 – 99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
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	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150 – 96154
Individual psychotherapy (effective for services furnished on or after January 1, 2013)	CPT codes 90832 – 90834 and 90836 – 90838
Psychiatric diagnostic interview examination (effective for services furnished on or after January 1, 2013)	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802 – 97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services (effective for services furnished on or after January 1, 2013)	HCPCS codes G0396 and G0397
Annual alcohol misuse screening, 15 minutes (effective for services furnished on or after January 1, 2013)	HCPCS code G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes (effective for services furnished on or after January 1, 2013)	HCPCS code G0443
Annual depression screening, 15 minutes (effective for services furnished on or after January 1, 2013)	HCPCS code G0444
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 (effective for services furnished on or after January 1, 2013)	HCPCS code G0445
Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes (effective for services furnished on or after January 1, 2013)	HCPCS code G0446
Face-to-face behavioral counseling for obesity, 15 minutes (effective for services furnished on or after January 1, 2013)	HCPCS code G0447

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network/MLN/MLNProducts/downloads/telehealthsrvcfsctsht.pdf>



# Medicaid

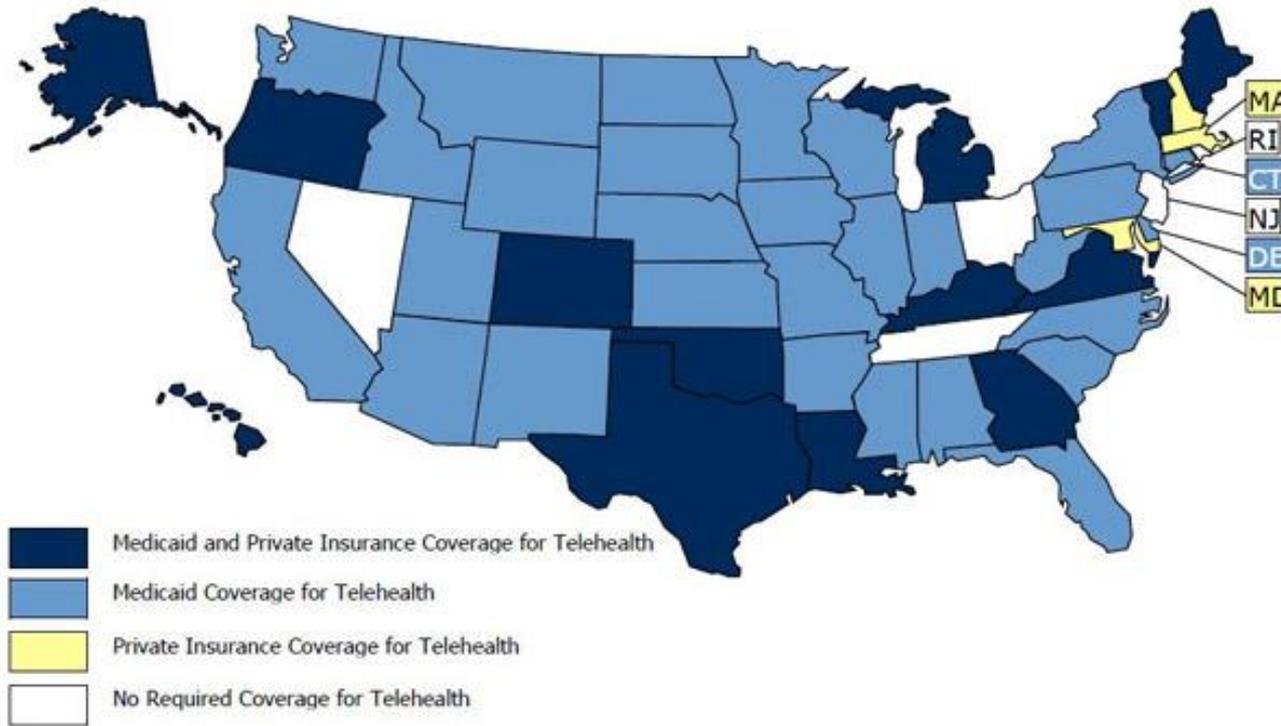
“Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient) that states can choose to cover under Medicaid.”



<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html>



# National Council of State Legislatures



Medicaid  
42

Commercial  
16

However ...

<http://www.ncsl.org/issues-research/health/state-coverage-for-telehealth-services.aspx>



# Payer engagement



Competitive  
advantage

Value  
proposition



# Competitive advantage: Early adoption



## Telehealth: Breaking Down Barriers for More Connected Healthcare

### Executive Summary

Healthcare stakeholders have high hopes for telehealth as an essential ingredient for creating a better system of care. The future of remote care delivery depends on powerful technologies and smart networks to attain these aspirations. With rising healthcare costs and unprecedented pressures on healthcare systems to connect care across the continuum, the time is right to use telehealth to break down the barriers to make healthcare more efficient, more connected and more affordable.



# Value proposition

Evidence from the literature was extrapolated using a computer simulation, which found that the hybrid model was the most cost effective. The simulation predicted savings of \$4.3 billion per year if hybrid telehealth systems were implemented in emergency rooms, prisons, nursing home facilities, and physician offices across the United States.

[Telemed J E Health](#). 2008 Jun;14(5):446-53. doi: 10.1089/tmj.2008.0017. **The value of provider-to-provider telehealth.** [Pan E](#), [Cusack C](#), [Hook J](#), [Vincent A](#), [Kaelber DC](#), [Bates DW](#), [Middleton B](#).



# Depression and Diabetes

**FIGURE 2: COMPARISON OF HEALTHCARE COSTS FOR COMORBID DEPRESSION**

MEDICAL CONDITION	COHORT SIZE	NUMBER DEPRESSED	HEALTHCARE COSTS PER MEMBER PER MONTH					
			NO TREATED DEPRESSION			WITH TREATED DEPRESSION		
			MEDICAL	BHV	TOTAL	MEDICAL	BHV	TOTAL
ARTHRITIS	715,977	157,091	\$508.90	\$12.17	\$521.07	\$926.13	\$121.86	\$1,047.99
HYPERTENSION	818,000	165,708	\$541.48	\$8.64	\$550.21	\$862.62	\$98.32	\$960.94
CHRONIC PAIN	114,724	53,647	\$898.39	\$78.45	\$976.84	\$1,209.17	\$254.29	\$1,463.46
DIABETES MELLITUS	469,355	99,985	\$691.65	\$9.76	\$701.41	\$1,074.25	\$107.55	\$1,181.80
ASTHMA	215,789	35,488	\$390.26	\$9.23	\$399.49	\$939.80	\$125.31	\$1,065.10
IHD	165,196	37,088	\$900.34	\$11.17	\$911.50	\$1,350.79	\$107.14	\$1,457.93
COPD	129,923	32,447	\$699.29	\$14.02	\$713.31	\$1,244.38	\$132.69	\$1,377.07
CANCER	305,727	62,215	\$839.98	\$10.76	\$850.74	\$1,274.07	\$102.82	\$1,376.89
CHF	29,029	8,302	\$1,828.57	\$17.14	\$1,845.71	\$2,427.11	\$139.84	\$2,566.95
STROKE	24,333	7,215	\$1,128.28	\$20.98	\$1,149.26	\$1,580.20	\$129.64	\$1,709.84

Melek, S & Norris, D. Chronic conditions and comorbid depression. Milliman Research Reports: July 2008.



# Doing the math

HEALTH PLAN MEMBERS		2,500,000		ANNUAL EXPENDITURES		\$9,000,000,000	
% Diabetes <sup>1</sup>		8.30%					
# Diabetes		207,500					
% Depressed <sup>2</sup>		25%					
# Depressed		51,875					
% Undetected Depression <sup>3</sup>		60%					
# Undetected Depression		124,500					
PMPM cost depressed	\$	1,182					
PMPM cost not depressed	\$	701					
Cost added - depression	\$	481					
<b>PMPM Savings UC to EC</b>	\$	128.00					
# in category		51,875					
Penetration		30%	20%	10%		60%	
<b>Monthly savings</b>		<b>\$1,992,000</b>	<b>\$1,328,000</b>	<b>\$664,000</b>		<b>\$ 3,984,000.00</b>	
<b>PMPM Savings undetected</b>	\$	481					
# in category		124,500					
Penetration		30%	20%	10%		60%	
<b>Monthly savings</b>	\$	<b>17,965,350</b>	<b>\$ 11,976,900</b>	<b>\$ 5,988,450</b>		<b>\$ 35,930,700</b>	
Penetration		30%	20%	10%		60%	
<b>Annualized savings</b>	\$	<b>239,488,200</b>	<b>\$159,658,800</b>	<b>\$79,829,400</b>		<b>\$435,152,400</b>	
% Offset		3%	2%	1%		5%	



**SAMHSA-HRSA**  
**Center for Integrated Health Solutions**



NATIONAL COUNCIL  
FOR COMMUNITY BEHAVIORAL HEALTHCARE



[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

Please utilize the Listserv for communication on issues

Phil Hirsch, PhD  
Chief Clinical Officer  
HealthLinkNow  
206.365.3096  
[phirsch@healthlinknow.com](mailto:phirsch@healthlinknow.com)  
[www.healthlinknow.com](http://www.healthlinknow.com)

Michael R. Lardiere, LCSW  
Vice President Health Information  
Technology & Strategic Development  
National Council for Community  
Behavioral Healthcare  
[MikeL@thenationalcouncil.org](mailto:MikeL@thenationalcouncil.org)

Carrie S. Bill, Esq.  
Feldesman Tucker Leifer Fidell LLP  
[cbill@ftlf.com](mailto:cbill@ftlf.com)  
(202) 466-8960  
[www.ftlf.com](http://www.ftlf.com)



**Attend the Office Hours and Q+A for This T/TA Session**

**When:** June 12, 2013 @ 12:00 PM EST

**Register Here:** <https://www2.gotomeeting.com/register/831277722>

**This and all webinars will be archived and available on the web site:**

<http://www.integration.samhsa.gov/operations-administration/cihs-telebehavioral-health>

**The Listserv:**

All Participants will receive an email and a link to join the Listserv

