Chapter 7 Section 22.1

Telemedicine

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1.0 DESCRIPTION

1.1 Telemedicine refers to the use of information and telecommunications technology to provide medically and psychologically necessary and appropriate diagnostic and treatment services across distances. Overall, telemedicine facilitates the exchange of medical information between providers and/or providers and patients through electronic means. Medical information includes but is not limited to medical images, output data from medical devices, and verbal diagnostic information. The telemedical interaction may involve a variety of technologies, including live two-way audio and video modalities (e.g., clinical video-teleconferencing or VTC between patients at the “originating site” and providers at the “distant site”). Telemedicine may be conducted in many clinical specialties including but not limited to telemental health and teleprimary care.

1.2 Synchronous telemedicine services involve interactive, electronic information exchange in at least two directions in the same time period. A common type of synchronous encounter is clinical VTC. Clinical VTC supports the delivery of health care at a distance via real-time, two-way transmission of digitized video images between two or more locations. Providers and/or providers and patients can exchange medical information via clinical VTC for the purpose of obtaining an expert opinion, diagnostic support regarding the care of a patient, and/or direct patient care.

1.3 Asynchronous, or store and forward, telemedicine encounters transmit medical images or information in one direction at a time via electronic communications. Common types of asynchronous services include teleconsultations involving radiology, pathology, cardiology, and dermatology. Teleconsultation supports the delivery of healthcare at a distance via the asynchronous transmission of electronic medical information and associated or stand-alone digital images or video over a secure connection between healthcare providers for the purpose of obtaining an expert opinion or diagnostic support regarding the care of a patient. In the process of teleconsultation, the remote consultant does not interact directly with the patient. The consultant prepares and transmits comments, recommendations, or an official interpretation back to the referring provider for their review and consideration. A teleconsultation is not a traditional patient referral whereby patient care is transferred to the consultant.

2.0 POLICY

2.1 Telemedicine

2.1.1 Scope of Coverage. The use of interactive telecommunications systems may be used to provide diagnostic and treatment services when such services are medically or psychologically necessary and appropriate. These services and corresponding Current Procedure Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes are listed below:

2.1.1.1 For care provided before July 26, 2017:

- Consultations (CPT procedure codes 99241-99255)
- Office or other outpatient visits (CPT procedure codes 99201 – 99215)
- End Stage Renal Disease (ESRD) related services (CPT procedure codes 90951-90952, 90954-90955, 90957-90958, 90960-90961)
- Individual psychotherapy (CPT procedure codes 90832-90838)
- Psychiatric diagnostic evaluation (CPT procedure codes 90791-90792)
- Pharmacologic management (CPT procedure code 90863)

2.1.1.2 For care provided on or after July 26, 2017: The use of interactive telecommunications systems may be used to provide diagnostic and treatment services for otherwise covered TRICARE benefits when such services are medically or psychologically necessary and appropriate medical care.

2.1.2 Any applicable referral and/or preauthorization requirements that apply for services under the TRICARE Program also apply when such services are delivered via telemedicine.

2.1.3 Ancillary services (e.g., laboratory tests, Durable Medical Equipment (DME)) may be ordered/prescribed in conjunction with a telemedicine visit to the same extent as during an in-person visit. All ancillary services that are ordered or prescribed must conform to TRICARE regulation(s) and state law(s) at both the originating site and the distant site. All ancillary orders or prescriptions must be medically appropriate and prescribed by a licensed clinician who is directly involved in the patient's current telemedicine episode of care.

2.1.4 All prescriptions for pharmaceuticals must conform to TRICARE regulation(s) and states law(s) at both the originating site and the distant site. Prescription(s) for pharmaceutical(s) must be medically appropriate and prescribed by a licensed clinician who is directly involved in the patient's current telemedicine episode of care.

2.2 General Telemedicine Requirements

The following requirements, criteria, and limitations are applicable to the provisions of medically or psychologically necessary care delivered via telemedicine.

2.2.1 Technical Requirements

2.2.1.1 Videoconferencing Platforms

Video conferencing platforms used for telemedicine services must have the appropriate verification, confidentiality, and security parameters necessary to be properly utilized for this purpose

and must meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. Video-chat applications (e.g., Skype, Facetime) may not meet such requirements and should not be used unless appropriate measures are taken to ensure the application meets these requirements and that appropriate business associates agreements (if necessary) are in place to utilize such applications for telemedicine.

2.2.1.2 Connectivity

Telemedicine services provided through personal computers or mobile devices that use internet-based videoconferencing software programs must provide such services at a bandwidth and with sufficient resolutions to ensure the quality of the image and/or audio received is sufficient for the type of telemedicine services being delivered. Telemedicine services shall not be provided if this functional requirement is not met.

2.2.1.3 Privacy and Security

The following guidelines shall be followed to ensure the privacy and security of telemedicine services:

- Providers of telemedicine services shall ensure audio and video transmissions used are secured using point-to-point encryption that meets recognized standards.

- Providers of telemedicine services shall not utilize videoconference software that allows multiple concurrent sessions to be opened by a single user. While only one session may be open at a time, a provider may include more than two sites/patients as participants in that session with the consent of all participants (e.g., group psychotherapy).

- Protected Health Information (PHI) and other confidential data shall only be backed up to or stored on secure data storage locations that have been approved for this purpose. Cloud services unable to achieve compliance shall not be used for PHI or confidential data.

2.2.2 Asynchronous "Store and Forward" Services

Asynchronous, or "store and forward" telemedicine services, under conventional health care delivery, includes medical services that do not require face-to-face or "hands-on" contact between patient and physician. For example, TRICARE permits coverage of teleradiology, which is the most widely used and reimbursed form of telemedicine, as well as physician interpretation of electrocardiogram and electroencephalogram readings that are transmitted electronically. Other examples for use of telemedicine by using "store and forward" technology include telepathology and teledermatology.

2.2.3 Contractor Responsibilities

2.2.3.1 The contractor shall instruct providers rendering telemedicine services to follow telemedicine-specific regulatory, licensing, credentialing and privileging, malpractice and insurance laws and rules for their profession in both the jurisdiction (site) in which they are practicing as well as the jurisdiction (site) where the patient is receiving care, and shall ensure compliance as required by

appropriate regulatory and accrediting agencies. For services provided outside of the United States (US), this would include all applicable TRICARE Overseas Program (TOP) and host nation requirements.

2.2.3.2 The contractor shall instruct providers rendering telemedicine services to follow professional discipline and national practice guidelines when practicing via telemedicine, and any modifications to applicable clinical practice guidelines for the telemedicine setting shall ensure that clinical requirements specific to the discipline are maintained. In addition, arrangements for handling emergency situations should be determined at the outset of treatment to ensure consistency with established local procedures. In particular, for mental health services, this should include processes for hospitalization or civil commitment within the jurisdiction where the patient is located if necessary.

2.2.3.3 For synchronous telemedicine services, the contractors shall instruct providers rendering telemedicine services to implement means for verification of provider and patient identity. For telemedicine services where the originating site is an authorized institutional provider, the verification of both professional and patient identity may occur at the host facility. For telemedicine services where the originating site does not have an immediately available health professional (e.g., the patient's home), the telemedicine provider shall provide the patient (or legal representative) with the provider's qualifications, licensure information, and, when applicable, registration number (e.g., National Provider Identification (NPI)). The patient shall provide two-factor authentication.

2.2.3.4 For synchronous telemedicine services, the contractor shall instruct providers that provider and patient location must be documented in the medical record as required for the appropriate payment of services. Documentation will include elements such as city/town, state, and zip code (or country for overseas services).

2.2.3.5 The contractor shall instruct providers to ensure that transmission and storage of data associated with asynchronous telemedicine services is conducted over a secure network and is compliant with HIPAA requirements.

2.2.3.6 The contractor shall instruct providers to establish an alternate plan for communicating with the patient (e.g., telephone) in the event of a technological breakdown/failure. This should be developed at the outset of treatment. In order for the telemedicine services to resume, all technological requirements of this policy must be restored, as telemedicine cannot be performed by telephone services alone.

2.2.3.7 The contractor shall instruct providers that HIPAA privacy and security requirements for the use and disclosure of PHI apply to all telemedicine services.

2.2.4 Conditions of Payment

2.2.4.1 For TRICARE payment to be authorized for synchronous telemedicine services between a provider and patient, interactive telecommunication systems, permitting real-time audio and video communication between the TRICARE-authorized provider (i.e., distant site) and the beneficiary (i.e., originating site) must be used.

2.2.4.2 As a condition of payment for synchronous telemedicine services, both the patient and healthcare provider must be present on the connection and participating.

2.2.4.3 TRICARE allows payment for asynchronous telemedicine services in which, under conventional health care delivery, do not require face-to-face or "hands-on" contact between patient and provider. For TRICARE payment to be authorized for asynchronous telemedicine services, interpretive services must be rendered by the consulting provider to the referring provider.

2.3 Reimbursement for Telemedicine

2.3.1 Distant Site

2.3.1.1 The payment amount for synchronous telemedicine services provided via an interactive telecommunication system by a TRICARE authorized provider at the distant site shall be the lower of the CHAMPUS Maximum Allowable Charge (CMAC), the billed charge, or the negotiated rate, for the service provided. Payment for an office visit, consultation, individual psychotherapy or pharmacologic management via an interactive telecommunications system should be the lower of the CMAC, billed or negotiated rate as when these services are furnished without the use of an interactive telecommunications system.

2.3.1.2 For TRICARE payment to be authorized, the provider must be a TRICARE authorized provider and the service must be within a provider's scope of practice under all applicable state(s) law(s) in which services are provided and or received. For services provided outside of the US, the services must be within a provider's scope of practice under all applicable TOP and host nation requirements. Reimbursement will be established on the allowable rate for the country in which the authorized provider is providing the service(s) from.

2.3.1.3 The beneficiary is responsible for any applicable copay or cost-sharing. The copayment amount shall be the same as if the service was without the use of an interactive telecommunications system.

2.3.2 Originating Site Facility

2.3.2.1 For covered synchronous telemedicine services delivered via an interactive telecommunications system, the payment for the originating site facility fee (Q3014) will be the lesser of the originating site facility fee, the negotiated rate or the billed charge. The facility fee for the originating site is updated annually by the Medicare Economic Index (MEI). Annual updates of the originating site facility fee (Q3014) will be included in the annual updates of the CMAC file and TRICARE contractors shall implement these updates in accordance with the annual CMAC updates.

2.3.2.2 Payment of the originating site facility fee is limited to facilities where an otherwise authorized TRICARE provider normally offers medical or psychological services, such as the office of a TRICARE-authorized individual professional provider (e.g., physician's office), or a TRICARE-authorized institutional provider. Facility fee payment will not be made when a patient's home is the originating site.

2.3.2.3 When billing for synchronous telemedicine services, providers will use CPT or HCPCS codes with a **GT** modifier for distant site and Q3014 for originating site to distinguish telemedicine services. In addition, Place of Service **POS 02** is to be reported in conjunction with **GT** modifier. By coding and billing the **GT** modifier with a covered telemedicine procedure code, the distant site provider certifies that the beneficiary was present at an eligible originating site when the telemedicine service was furnished.

2.3.2.4 For billing asynchronous telemedicine services, providers will use CPT or HCPCS codes with a **GQ** modifier. In addition, **POS 02** is to be reported in conjunction with the **GQ** modifier. Place of Service Code 02 is not required for telehealth claims if a more appropriate Place of Service Code is necessary for correct billing.

3.0 EXCLUSIONS

3.1 Christian Science Services

To be considered for coverage under TRICARE, the beneficiary must be present physically when a Christian Science service is rendered.

3.2 Services otherwise excluded under the TRICARE Program are also excluded from being delivered via telemedicine.

3.3 Telephone Services

Audio-only telephone services excluded by 32 CFR 199.4(g)(52) do not meet the definition of interactive telecommunications systems and are excluded, unless otherwise allowed in response to the Coronavirus 2019 (COVID-19) pandemic in Chapter 1, Section 15.1.

3.4 Facility fee payment is excluded when the originating site is the patient's home or location other than where the authorized TRICARE provider typically provides services (i.e., office, clinic).

4.0 EFFECTIVE DATE

August 1, 2003.

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