



Adding Telemedicine TO YOUR PRACTICE

by Michael G. VanBuren

OHIO TOOK A significant step forward in the field of telehealth as of January 1, 2015, by expanding Ohio Medicaid's coverage for telemedicine services. While Ohio Medicaid coverage extends to a more narrow set of providers than Medicare coverage, it nonetheless provides an opportunity for certain providers — especially primary care physicians — to reach and treat a larger number of patients. Here are the requirements for eligible providers to receive Medicare and Medicaid reimbursement for telemedicine services.

What are telemedicine services? Direct delivery of patient services through synchronous, interactive, real-time audio and visual telecommunications. This excludes email and telephone communications between practitioners that do not include the patient.

Who is eligible to provide telemedicine services? Medicare will reimburse a variety of medical services performed by the following distant site providers: physicians; non-physician providers such as physician assistants, nurse practitioners and midwives; clinical psychologists; clinical social workers; and dietitians.

Ohio Medicaid, on the other hand, will only cover evaluation and management (E&M) services performed by physicians and psychiatry services rendered by licensed psychologists. Ohio Medicaid will not reimburse professional claims from institutional providers or mid-level providers. All distant site providers, whether located inside or outside of Ohio, must be either licensed in Ohio or possess an Ohio telemedicine certificate.

Where must the patient be located? Medicare and Medicaid have different originating site criteria, i.e., where the patient must be located. Medicare only covers services provided to patients located in Health Professional Shortage Areas or traditionally underserved non-urban regions. The originating sites may include physician offices, inpatient and outpatient hospitals, Critical Access Hospitals (CAHs),

Rural Health Clinics (RHCs), Federally Qualified Health Centers (FQHCs), hospital-based or CAH-based Renal Dialysis Centers, Skilled Nursing Facilities (SNFs), or Community Mental Health Centers.

Ohio Medicaid is more lenient regarding the originating site and allows qualifying providers to treat patients located in any physician office, inpatient or outpatient hospital, RHC, FQHC, Comprehensive Primary Care Clinic, or SNF, at least five miles from the distant site. Note, however, that inpatient hospitals and SNFs may not submit claims for telemedicine originating fees.

What services are covered? Medicare covers outpatient visits, initial inpatient visits, consultations, psychotherapy, pharmacologic management, transitional care management, nutrition therapy, and alcohol and other substance assessment and treatment.

Ohio Medicaid covers outpatient E&M services, inpatient and outpatient consultations, and psychiatry services such as psychiatric diagnostic procedures, psychotherapy, pharmacologic management, or interactive complexity.

May I prescribe to telemedicine patients? Providers may prescribe non-controlled substances via telemedicine after performing an appropriate history and physical examination and formulating a diagnosis. Prescribing controlled substances remains off-limit for telemedicine.

Who is responsible for documenting? The distant-site provider is responsible for documenting the telemedicine services in accordance with the prevailing standards and for sharing progress notes with the originating site. The originating site is responsible for documenting medical necessity for the telemedicine services, obtaining the patient's informed consent, and developing and maintaining progress notes.

What about other payors? Ohio does not require health insurance companies to reimburse providers for telemedicine services.

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