I. PURPOSE

A. Ensure the proper use of telemedicine services intended for billable and non-revenue generating encounters by providers at UCSF Medical Center.

1. Ensure departments and/or divisions who wish to use telehealth means in order to practice telemedicine at UCSF MC complete all necessary prerequisite implementation steps to commence services and billing.

2. This policy does not cover contractual telehealth services which are negotiated by the Department of Government and Business Contracts and are separately governed by such contracts.

3. This version of the policy does not cover Research or other services which may be considered at a future time.

II. REFERENCES


B. Medi-Cal [online] Provider Manual: Telehealth, which is referenced at the Medi-Cal Telehealth website1 and can be found, here: http://files.medicalexchange.ca.gov/pubsdoco/publications/masters-mtp/part2/mednetele_m01o03.doc


E. The Office of Telehealth and mLabs at UCSF & SFGH: http://telemedicine.ucsf.edu/

III. DEFINITIONS

A. Telehealth: As defined by the California Telehealth Advancement Act of 2011, AB415: ‘telehealth’ means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

B. Telemedicine: Telemedicine generally refers to the provision of clinical services from a distance. The Institute of Medicine of the National Academy of Science defines telemedicine as "the use of electronic information and communication technologies to provide and support
health care when distance separates the participants”. Telemedicine is a component of telehealth.

C. **Originating CMS site:** An originating site is the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. See Reference A noted above on pg. 1 for list of sites authorized by law.

D. **Originating ‘other’ site:** An originating site is the location of a patient at the time the service being furnished via a telecommunications system occurs.

E. **Distant CMS site:** defined by CMS as the site where the health care provider is located. See Reference A noted above on pg. 1 for a list of eligible health care providers.

F. **Eligible CMS Health Care Provider:** physician, nurse practitioner, physician assistant, nurse midwife, clinical nurse specialist, clinical psychologist, clinical social worker, and registered dietician or nutrition professional. The service provided must be within a practitioner’s scope of practice under state law or the policies of UCSF Medical Center.

G. **Distant ‘other’ site:** the site where the health care provider is located.

H. **Eligible Services:** encounters considered eligible by CMS and generally considered eligible by ‘other’ payers for telehealth encounters are listed in Reference A noted above on pg. 1.

I. **Telehealth Champion:** the department designee who is responsible for ensuring compliance of this policy

J. **Billable Encounters:** services performed as referenced above by eligible providers, following the regulations of the patients’ insurance provider (government and/or private)

K. **Non-Revenue Generating Encounters:** encounters designated as service line enhancement by the department in order to triage and otherwise address internal UCSF internal consults or interact with patients whose insurance provisions do not qualify them for billable encounters.

IV. **POLICY**

A. The Telehealth Program Implementation Checklist (See Appendix A) must be fully completed by the Telehealth Champion in order to obtain authorization for telemedicine services and billing of these services.

B. A department cannot commence telemedicine services without prior authorization of the Director of Telehealth Resource Center, a UCSF Department.

C. The Medical Group Billing Service cannot activate billing for such services until such time as approval is communicated by the Director of Telehealth Resource Center.

D. In the event of non-compliance with applicable guidelines, a department must be released by the auditing entity (Internal Audit or the Clinical Enterprise Compliance Program, for instance) to recommence telehealth services.

V. **PROCEDURES**

A. Meet with Director of Telehealth Resource Center to review the Telehealth Program Implementation Checklist (See Appendix A).

B. Completion of Telehealth Program Component Checklists (TPCC, see Appendix B).
C. Submission of the signed checklist by the Telehealth Champion with set of completed items for approval.

D. Director of Telehealth Resource Center transmits either approval or disapproval to the Telehealth Champion and MGBS.

VI. RESPONSIBILITY

A. Director of Telehealth Resource Center at UCSF MC: the Director must sign-off on any and all requested telehealth services performed at UCSF.

B. Telehealth Champion (TC): the TC must ensure all items are completed on the TPCC and work with appropriate staffing as outlined Appendix A.

C. The Ambulatory Clinic Administrator (ACA): the ACA must work with the TC to establish clinical workflows particular to the individual department and/or division.

D. Revenue Manager (RM): the appropriate department or division manager responsible for clinical revenue must work with the TC to tailor the Telehealth Billing Policy and Workflow (Appendix C) to the individual department and/or division.

E. Providers: must take individual responsibility to understand the regulations directing telehealth and work with the RM or other appropriately identified department designee to ensure proper credentialing is obtained, as well as the process for consenting patients for telemedicine use.

VII. HISTORY OF POLICY

New policy issued September 2014 by the Compliance Office, Dir. of Telehealth Services, Finance and the Office of CMIO.

Reviewed and approved September 2014 by the Policy Steering Committee

Revised February 2015 to reflect approved Billing Policy and Workflow and include Telehealth Program Component Checklists.

Reviewed and approved February 2015 by the Policy Steering Committee

VIII. APPENDIX

A. Telehealth Program Requirements and Approvals

B. Telehealth Program Component Checklists

C. Telehealth Billing Policy and Workflow

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Appendix A: Telehealth Program Requirements and Approvals

- The program has established a process to monitor the provision of telehealth consults.
- The program has identified a Telehealth Champion.
- The program has identified a process to measure the effectiveness of telehealth consults.
- Clinical workflows for scheduling and conducting telehealth encounters have been identified and documented.
- Inclusion/Exclusion Criteria for clinical selection of patients is documented and followed.
- Encounters are performed in a location that ensures the patient’s privacy and confidentiality and follow a written protocol.
- Any provider to perform telehealth encounters has received training regarding program processes and requirements. This includes knowledge and training of the appropriate modes of service provision which can be found here: telehealth.ucsf.edu/start-program.
- Requirements and procedures for obtaining signed UCSF forms (Notice of Privacy Practices, Terms and Conditions of Service, Advance Beneficiary Notice, etc.) are established and in use, where applicable.
- Providers are credentialed for the appropriate originating site, as applicable.
- Billing staff at appropriate site(s) have received training regarding billing and coding for telehealth encounters, including allowable procedures, site origination fees, and transmission fees, for each payor.
- Requirements listed in Telehealth Program Component Checklists (Appendix B) have been met.

This service line checklist has been reviewed and is approved for implementation of service provision and billing:

By: ______________________________  By: ______________________________
Director of Telehealth               Director of MGBS
Appendix B: Telehealth Program Component Checklists

A. Information Technology

☐ Technology provider has BAA in place approved by the UCSF Procurement Department.

☐ The technology to be used has a security risk assessment completed by the IT Security team.

☐ Data retention and destruction rules are determined and in place, if applicable.

☐ The operational process to be used has been approved through the Privacy/Legal/Risk process.

☐ A test call is conducted prior to the first telehealth encounter for each originating site.

☐ If PHI is transferred between sites or accessed remotely in advance of telehealth encounters, the needed processes are tested.

B. Training

☐ Training Plans for both Originating and Remote site participants have been developed and executed. These training plans include:

☐ Name and role of staff members who will be trained directly, and by whom

☐ Name and role of staff members who will take responsibility for training additional staff as required (the “train-the-trainer” model)

☐ Name and role of staff members who are to be considered “power users”

☐ A schedule for training that occurs in advance of program “go-live”

Materials for Originating site training include:

☐ A process for requesting and scheduling a telehealth encounter. This may also include the process for transferring PHI in advance of a scheduled encounter.

☐ The process for collecting and documenting consent, including an understanding of the risks and benefits of telehealth encounters

☐ The process for introducing patients/families to the telehealth equipment and the encounter process

☐ Requirements for confidential and secure telehealth encounters, including locations and equipment

☐ How to transport, use, clean and maintain equipment and software

☐ How to troubleshoot technical problems and seek technical support

☐ Processes for terminating telehealth encounters, either expectedly or unexpectedly

☐ Encounter documentation and other data collection processes, if applicable

☐ Billing, coding, and revenue collection procedures, as applicable
Materials for Remote Site training include:

- Processes for the responding to telehealth encounter requests and scheduling telehealth encounters
- How to use telehealth equipment and software
- Requirements for confidential and secure locations for telehealth encounters
- Processes for establishing patient identity
- Requirements for professional dress and ID badge location
- How to troubleshoot problems and seek technical support
- Processes for terminating telehealth encounters, either expectedly or unexpectedly
- Encounter documentation and other data collection processes, if applicable
- Billing, coding, and revenue collection procedures, as applicable.

C. Consent and Enrollment

- The requirements for consent appropriate for this application of telehealth have been examined and agreed upon.
- If written consent is required, a consent form has been identified and approved.
- Originating site providers are aware that obtaining and documenting verbal consent is a program requirement, and have implemented workflows for doing so.
- Patients are informed of the capabilities and process for telehealth encounters and are able to opt out. Opting out does not limit a patient’s ability to be provided with care.
- Patients are informed that the telehealth technology and protocols meet UCSF’s standards, and that only providers visible on camera are able to see and hear the encounter.
- Patients are informed if the encounter is to be recorded.

D. Documentation, Billing, Coding and Revenue Capture

- Patient identity is established at the outset of each telehealth encounter.
- Consult notes for individual encounters are documented through an approved method.
- The relevant paths in the Telehealth Billing Policy and Workflow (Appendix C) have been identified and implemented by the appropriate billing department.

If documenting and billing through UCSF:

- Physicians use the appropriate Telehealth Consult Note template when documenting telehealth encounters, with approved language for attestation and consent.
- The Telehealth Champion has communicated intent to bill telehealth codes to the UCSF’s Health Plan Strategy and Contracting Group.
Coding, billing, and revenue capture teams have been briefed on which procedures are being performed using telehealth. Correct standards for coding, billing, and accounting have been agreed upon.

Quality check procedures appropriate to ongoing operations have been put in place and tested to assure that all revenue capture activities function properly.
Appendix C: Telehealth Billing Policy and Workflow

The chart below describes the workflow for each of the types of telehealth encounters that UCSF providers conduct. This workflow is also the billing policy for telehealth-based care. Expectations for reimbursement for telehealth are based on the current state of federal and California law and regulation.

California law recognizes that telehealth is a legitimate mechanism for receiving health care services. Neither Medi-Cal nor private health plans are permitted to require in-person physician contact for covered services, nor may they place limitations on the settings in which telehealth is used (CA Health & Safety Code Sec. 1374.13). We expect reimbursement for live video telehealth encounters from commercial health plans and from Medi-Cal, regardless of patient location.

Medicare is a federal program, and therefore does not consider California law. Medicare provides reimbursement for telehealth under limited conditions. At the time of the encounter, the patient must be in a healthcare facility that is located in a census tract that has been determined to be sufficiently rural and/or medically underserved. Encounters at some rural hospitals will qualify for Medicare reimbursement, but will not receive reimbursement from Medicare for any patient located at UCSF, in their home, or in a non-rural outside hospital.

Telehealth is billed using the same CPT codes that are used for the equivalent in-person service; the –GT modifier is appended to indicate delivery via real-time video. UCSF telehealth programs use the codes for office visits and inpatient consultations (992XX).

The billing workflow reflects the current landscape for telehealth reimbursement in California, and acknowledges the role that telehealth plays in Medical Center operations. In particular:

- If the patient is covered by Medi-Cal or a commercial health plan, billing is as it would be for any other covered service. The same is true for the subset of Medicare patients who receive telehealth services while in qualifying rural or underserved facilities.
- Other Medicare patients will be billed such that reimbursement will be sought from a supplemental insurer, if one exists; this necessitates first billing and receiving a denial from Medicare.
- For Medicare patients without supplemental insurance, the charge for a telemedicine encounter will be adjusted off, and neither reimbursement nor patient payment will be sought. This is particularly important for inpatients at Mission Bay, where use of telehealth for bedside consultations is necessary for clinical and operational efficiency, and where care teams must be free to use telehealth when clinically appropriate, regardless of the patient’s insurer.
- In order to avoid the appearance of inducement, Medicare patients who do not have supplemental coverage will, by UCSF policy, not be offered initial visits via telehealth to their home. Home telehealth may only be used for follow-up, after the patient has been seen in person by a UCSF provider and has an APeX record.