



Telehealth FAQs

As of May 13, 2020

1. What is Telehealth?

Both terms telehealth and telemedicine get used interchangeably, however *telehealth* is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. **Due to COVID-19 many payers, both public and private, have adjusted many rules related to the type of telehealth services covered (audio/video and telephone) and payment, prior authorization, cost sharing, and enrollment. (See Question 7 for details.)**

Telemedicine is defined as the delivery of a health care service using electronic communications, information technology, or other electronic or technological means (audio/visual) to bridge the gap between a health care practitioner located at one site, and a patient who is located at a different, remote site, either with or without the assistance of an intervening health care provider.

The practice of telehealth largely breaks down into these solutions:

- Asynchronous telecommunication: Information is **stored and forwarded** to be reviewed later by a physician or health care practitioner at a distant site. The medical information is reviewed without the patient being present. Asynchronous telecommunication is also referred to as store-and-forward telehealth or non-interactive telecommunication.
- Synchronous or Interactive audio and video telecommunication: Information is **communicated in real-time with the use of interactive audio and video communications equipment**. The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported. The patient must be present and participating throughout the communication.
- Remote Patient Monitoring **Remote patient monitoring (RPM) uses digital technologies to collect medical and other forms of health data from individuals in one location and electronically transmit that information securely to health care providers in a different location for**

assessment and recommendations. This type of service allows a provider to continue to track healthcare data for a patient once released to home or a care facility, reducing readmission rates.

- Telephone Evaluation and Management Service: During the emergency period, **many payers are offering coverage for telephone contact.**

2. Can I see new patients via telehealth?

Yes. To establish a patient-physician relationship using telehealth, an in-person “face-to-face” visit was previously a required component. However, in response to the 2019 Novel Coronavirus (COVID-19) pandemic, The Board of Registration in Medicine (BORIM) issued an interim order stating “the practice of medicine shall not require a face-to-face encounter between the physician and the patient prior to health care delivery via telemedicine. The standard of care applicable to the physician is the same whether the patient is seen in-person or through telemedicine.” CMS along with many commercial and state health plans announced a temporary regulatory waiver to allow more flexibility by offering telehealth services to new and established patients.

3. Can Remote Physiologic Monitoring (RPM) services be furnished to new patients as well as established patients?

For Medicare Patients, starting March 1 and for the duration of the PHE, RPM services can be furnished to both new and established patients. CMS ordinarily require an initiating visit for RPM services, similar to other care management services, but this requirement may be satisfied via a telehealth visit. Regardless, for the duration of the PHE, CMS is not requiring patients to be established patients in order to receive RPM services. Patients that receive RPM services can be established or new.

4. What technology can I use for telehealth?

The MMS created a list of [telemedicine platforms](#) available for use in response to the COVID-19 Pandemic. Some are stand-alone while others have integrations with various electronic health record (EHR) vendors, in addition to other video conferencing platforms. Federal waivers have allowed for non-HIPAA compliant options (see Question 5). Please note, the MMS has not vetted these companies but wanted to provide information for physicians seeking to implement telemedicine into their practices.

5. How can I evaluate telehealth vendors?

When evaluating telehealth vendors, consider the following six key variables:

Business – organizational overview and potential ROI

Information Technology – ability to integrate with current IT equipment and workflow, cost/timeline, and necessary data elements

Security – HIPAA Compliance, liability, and process for managing potential breaches

Usability – user experience of technology for patients and care team members, reliability of technology to work as intended and when needed, and the ability to track relevant metrics as needed

Customer Service – level of support before, during, and after implementation, including training, project management, patient education resources, and degree of technical support available to patients

Clinical Validation – cases, success stories, published peer-reviewed research, documented outcomes.

Additional information available at [Selecting a Vendor Guide](#) and [Vendor Information Intake Form](#)

6. How do I know if my telehealth software/platform is HIPAA compliant?

The software/platform vendor is required to have a [Business Associate Agreement \(BAA\)](#). To remain HIPAA compliant and protect a member's PHI, this BAA must outline methods used by the vendor to ensure the protection of data and provisions for regular auditing of the data's security. However, due to Covid-19 a change was made regarding the Health Insurance Portability and Accountability Act (HIPAA) that states "effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency."

Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications. To learn more on HIPAA Privacy and Disclosures in Emergency Situations [click here](#)

Check the HHS [FAQ](#) on Telehealth and HIPAA during the COVID-19 nationwide public health emergency.

7. Is there a guide for key telehealth implementations tips and processes?

Yes, The AMA Telehealth Implementation Playbook was designed to support physicians and care teams adopting telehealth services and empower patients and the broader community to experience the benefits of virtual care. The Playbook includes key topic areas such as designing the workflow, preparing the care team, partnering with the patients, evaluating the process, and scaling. [Click here](#) to download.

8. Will I be reimbursed for providing telehealth services?

Yes, but telemedicine payment policies vary by payer. Insured commercial health plans and the GIC are required to allow all in-network providers to deliver clinically appropriate, medically necessary covered services to members via telehealth (including video/audio and telephone). The rates of payment to in-network providers for services delivered via telehealth are not to be lower than the rates of payment established by the Carrier for services delivered via traditional (i.e., in-person) methods and/or consistent with the payer's contract with the provider. State health plans will notify providers of instructions necessary to facilitate billing for such telehealth services. In addition, Medicare and MassHealth also reimburse for telehealth services.

The MMS has developed a quick reference guide to help you navigate telemedicine payment by payer. Check MMS COVID Telehealth and Virtual Care Section.

Please always check with the health plans for updated information. Policies are changing daily.

9. Can I reimburse for Audio-only telehealth services? What about patients who do not have access to smart phones or other technology that supports two-way, audio and video telecommunications technology?

For Medicare patients, for certain services, a new waiver allows the use of audio-only equipment to furnish services described by the codes for audio-only telephone evaluation and management services, and behavioral health counseling and educational services (see designated codes [here](#)).

Unless provided otherwise, other services included on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner.

For all the other health plans, please check the payment policies and updates for each plan.

10. Can I learn more about Medicare coverage for payment and virtual services?

CMS provided additional guides regarding telehealth services expansions and coverage:

Click [here](#) for the List of services payable under the Medicare Physician Fee Schedule when furnished via telehealth.

Click [here](#) to see a VIDEO-MLN Medicare Coverage and Payment of Virtual Services.

Click [here](#) for COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing.

Click [here](#) to learn more about the HHS telehealth guidance & information.

11. Who are the Qualified Providers who are permitted to furnish telehealth services under the Public Health Emergency waiver?

Under CMS guidelines: CMS is waiving the requirements of section 1834(m)(4)(E) of the Act and 42 CFR § 410.78 (b)(2) which specify the types of practitioners that may bill for their services when furnished as Medicare telehealth services from the distant site. The waiver of these requirements expands the types of health care professionals that can furnish distant site telehealth services to include all those that are eligible to bill Medicare for their professional services. This allows health care professionals who were previously ineligible to furnish and bill for Medicare telehealth services, including physical therapists, occupational therapists, speech language pathologists, and others, to receive payment for Medicare telehealth service.

12. Is there any additional billing flexibility applicable to providers rendering MassHealth-Covered Services via Telehealth?

As explained in MassHealth All Provider Bulletins [289](#) and [291](#), MassHealth is temporarily permitting MassHealth providers to deliver all clinically appropriate, medically necessary MassHealth-covered services to MassHealth members via telehealth (whether audio-only or live video) in accordance with the standards set forth in those bulletins. Since publishing those bulletins, MassHealth has learned that, in certain instances, providers have struggled to identify the appropriate code to describe a service rendered via telehealth because certain codes contain references to specific telehealth modalities (e.g., services rendered telephonically) while other codes that might otherwise more accurately describe the service rendered are silent on the means of service delivery or require face-to-face delivery. To facilitate the implementation of the telehealth-related flexibilities announced in All Provider Bulletins 289 and 291, for the duration of the state of emergency declared via Executive Order. No 591, and notwithstanding any MassHealth requirement to the contrary, **MassHealth will permit providers submitting claims to MassHealth for services delivered via telehealth in accordance with those bulletins to disregard any references within a service code description to the means by which a service is delivered (e.g., in-person, through live-video telehealth, or via telephone) when identifying the appropriate service code.**

Please refer to All Provider Bulletin [294](#) to learn about any additional billing updates.

13. Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services? How could a physician or practitioner bill if this were telehealth?

CMS advises that services should only be reported as telehealth services when the individual physician or practitioner furnishing the service is not at the same location as the patient. If the physician or practitioner

furnished the service from a place other than where the patient is located (a “distant site”), they should report those services as telehealth services. If the patient and the physician or practitioner furnishing the service are in the same institutional setting but are utilizing telecommunications technology to furnish the service due to exposure risks, the practitioner would not need to report this service as telehealth and should instead report whatever code described the in person service furnished.

14. What are the requirements for documenting a telemedicine visit?

Providers delivering services via telehealth must meet all health records standards required by the applicable licensing body as well as any applicable regulatory and billing provisions. Providers must include a notation in the medical record that indicates that the service was provided via telehealth and confirm patient identity (e.g., name, date of birth or other identifying information as needed). If a service code is time-based, evidence of time must be documented. Best practices suggest including:

- A statement that the service was provided using telemedicine or telephone consult.
- The location of the patient.
- The location of the provider; and
- The names of all persons participating in the telemedicine service or telephone consultation service and their role in the encounter.

CMS is now allowing, on an interim basis, practitioners to select a level of service for office/outpatient visits performed via telehealth based on medical decision making (MDM) or total time spent during the day and is removing any requirements regarding documentation of history and/or a physical exam in the medical record. Refer to page 136 in [Medicare and Medicaid Programs; Policy and Regulatory Revisions](#).

MassHealth Providers need to review the documentation guidelines listed in Appendix A All Provider Bulletin [289](#), [291](#).

15. Can I prescribe a medication when caring for a patient via telemedicine?

Yes, it is possible to prescribe a medication when caring for a patient via telemedicine. Many of the same considerations apply as when prescribing for a person for whom you are providing in-person care. For example, a prescription must be issued in the usual course of a physician’s professional practice, and within a patient-physician relationship that is for maintaining the patient’s well-being. In addition, the physician must conform to certain minimum standards of patient care, such as taking an adequate medical history, doing a physical and/or mental status examination, and documenting the findings. More

information can be found [here](#)

16. Do I need to consult my malpractice insurance when providing care via telemedicine?

Physicians should check with their malpractice insurer to ensure their policy covers providing care via telemedicine. Further, physicians may seek advice from counsel to best understand potential liability as telemedicine may pose unique medical malpractice risks.

17. Can I provide telemedicine services across state lines?

In response to COVID-19, state medical boards have begun implementing emergency waivers to practitioner licensure requirements. Practitioners intending to offer telehealth services across state lines should consult state waivers to assure compliance with state requirements, additionally physicians who wish to furnish services across state lines need to check with malpractice insurer to ensure if their policies cover providing care via telemedicine for out-of-state patients. Lastly, a quick check with your attorney may also be in order.

Check this resource from FSMB for state waivers: <https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>

18. How can I engage my patients with telehealth services?

A telehealth implementation is only successful when patients are aware of the option, are empowered to use it, and appropriately interact with the platform. To learn more, check these tips from The AMA Telehealth Implementation Playbook: [Telehealth Patient Introduction](#) and [Telehealth Patient Education Flow](#) and [Patient Take-home Prep Sheet](#)

19. Can residents furnish telehealth services?

Through the interim final rule, for the duration of the PHE for the COVID-19 pandemic, CMS is allowing Medicare payment for services billed by teaching physicians when residents furnish telehealth services to patients under direct supervision of the teaching physician which is provided by interactive telecommunications technology. Medicare may also make payment for services billed by the teaching physician under the so-called primary care exception under our regulation at section 415.174 when a resident furnishes telehealth services to patients under the direct supervision of the teaching physician by interactive telecommunications technology.

20. Where can I find resources to help me implement telehealth?

The MMS website “telehealth and virtual care” section offers many resources to help providers implement and sustain telehealth programs. Additionally, the MMS Department of Practice Solutions and Medical Economics’ dedicated team is here to help you and can be reached at: pprc@mms.org, or by calling (800) 322-2303, ext. 7702.

Disclaimer:

This information is intended to serve as a general resource. No recommendation or endorsement by the MMS for the individual(s) or service(s) listed is expressed or implied. This information does not constitute legal advice. The MMS is not responsible for the recommendations of or the quality of the work provided by any of the parties listed.

Reference:

<https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

<https://www.cchpca.org/>

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

<https://www.cms.gov/files/document/covid-final-ifc.pdf> <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

<https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>

<https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>

<https://malegislature.gov/Bills/191/S556.Html>

<https://www.mass.gov/doc/policy-20-01-interim-policy-on-telemedicine-in-the-commonwealth-march-16-2020/download>