

Frequently Asked Questions about Telemedicine: A Clinician's Guide

What is telemedicine?

Telemedicine is the delivery of health care services and clinical information to patients and providers in remote areas using audio-video conferencing technology. This includes a wide array of clinical services using internet, wireless, satellite, and telephone.

What is the distinction between telemedicine and telehealth?

Strictly speaking, telemedicine is focused on clinical aspects of care, whereas telehealth is a broader term that encompasses clinical care plus health-related education, public health and health administration. The American Telemedicine Association (ATA) uses the terms "telemedicine" and "telehealth" interchangeably. Whether using the term "telemedicine" or "telehealth", both terms can refer to the use of remote health care technology to deliver clinical services.

Can clinicians get paid for delivering telemedicine?

Yes, Washington State Senate Bill 5175 passed during Legislative Session 2015. For contracted healthcare providers, this statute permits billing and mandates reimbursement for medically necessary services, delivered in real-time with the patient, via audio-video communication technology. There may be certain restrictions or reimbursement rates, specific to the insurer being billed.

Restrictions are guided by language in SB 5175 (please see

<http://lawfilesexternal.leg.wa.gov/biennium/2015-16/Pdf/Bills/Senate%20Passed%20Legislature/5175-S.PL.pdf>

The following conditions must be met for reimbursement by **Commercial and Medicaid health plans in Washington State:**

- a) The services are medically necessary.
- b) The originating (or spoke) site is qualified. In 2017, those sites must be one of the following locations: 1) federally qualified health center; 2) hospital; 3) hospital-based or critical access hospital-based renal dialysis center; 4) skilled nursing facility; 5) rural health clinic; 6) community mental health center; 7) the office of physician or practitioner.

Effective Jan 1, 2018, providers are able to conduct telemedicine visits with patients in their home (please see SB [5436](#)).

- c) The distant site (or hub) practitioner is qualified. That means that the practitioner must hold a current license to practice clinical medicine in the state of Washington.
- d) Live interactive video or store-and-forward technology is used. There must be an associated office visit between member and the referring practitioner when store-and-forward technology is used.
- e) Patient is present at an originating site and able to participate.

The following conditions must be met for reimbursement by **Medicare health plans**:

- a) The patient is seen by a live interactive video. Store and forward is only allowed in Alaska and Hawaii.
- b) The patient must be located in one of the above facilities listed in “b” above
- c) The patient must be in either a designated rural or medically underserved service area. You may visit the following website to determine if a patient resides in an eligible location, <https://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx>

What technology do I need in order to conduct a telemedicine visit?

It is essential to have a secure, encrypted video teleconferencing service that allows for private conversations which meets HITECH and HIPAA standards. You will also need a stable Internet connection which allows for transmission of audio and video.

In addition to the technology, providers must follow established standards for conducting telemedicine visits, as detailed by the Medical Quality Assurance Commission. Department of Health Medical Quality Assurance Commission Guideline: Appropriate Use of Telemedicine

http://www.doh.wa.gov/Portals/1/Documents/3000/MD2014-03TelemedicineGuideline_approved10-3-14.pdf

Do I need to use a special consent form prior to a telemedicine visit?

No. However, just as patients consent to be seen and treated in the traditional healthcare delivery settings, patients should consent prior to being seen via telemedicine.

It is not always necessary to have a *special* signed document just for a telemedicine visit. However, it is best practice for informed consent for telemedicine to include: (i) reasonable understanding by all parties of the enabling technologies utilized, their

capabilities and limitations, and a mutual agreement that they are appropriate for the circumstances; and (ii) the credentials of the practitioner.

You may consider adding telemedicine language in your general consent to care document.

Example: “You have chosen to receive care through the use of telemedicine. Telemedicine enables health care providers at different locations to provide safe, effective and convenient care through the use of technology. As with any health care service, there are risks associated with the use of telemedicine, including equipment failure, poor image resolution and information security issues”.

Do you understand the risks and benefits of telemedicine as I have explained them to you? {Yes/No/Unknown}

Have your questions regarding telemedicine been answered? {Yes/No/Unknown}

Do you consent to the use of telemedicine in your medical care today?
{Yes/No/Unknown}

I, Dr @ME@ have reviewed and discussed the information above with the patient,
{Yes/No}”

Do I need to document visit occurred by telemedicine?

Yes, because you saw the patient remotely and you will be billing for a remote encounter, you need to identify the visit as such. You may do this by using a simple phrase at the end of your documentation. The following is an example of what could be included in a telemedicine visit note:

Example: “This exam was initially conducted via a secure 128-bit AES encrypted bi-directional video session.”

How can I learn more about telemedicine?

The American Telemedicine Association (ATA) is a reputable authority on telemedicine and national resource. It has webinars and an annual conference. The Northwest Regional Telehealth Resource Center (NRTRC) is sponsored by the US Government and recognized as a reliable resource for Washington State, (<https://www.nrtrc.org>). Other resources include the Center for Telehealth and e-Health Law (<http://www.ctel.org>), and the Center for Medicare and Medicaid Services (CMS) (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsh.pdf>).

