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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 132
6010.54-M
NOVEMBER 23, 2010**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE POLICY MANUAL (TPM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: TELEMENTAL HEALTH/TELEMEDICINE UPDATE - MAY 2010

CONREQ: 15052

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): See page 3.

EFFECTIVE DATE: July 1, 2010.

IMPLEMENTATION DATE: Upon direction of the Contracting Officer.

This change is made in conjunction with Aug 2002 TOM, Change No. 107.

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Reimbursement Branch**

**ATTACHMENT(S): 3 PAGE(S)
DISTRIBUTION: 6010.54-M**

CHANGE 132
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REMOVE PAGE(S)

CHAPTER 7

Section 22.1, pages 3 through 5

INSERT PAGE(S)

Section 22.1, pages 3 through 5

SUMMARY OF CHANGES

CHAPTER 7

Section 22.1. Limits the requirement for originating sites to have cameras with pan, tilt, and zoom capabilities that can be remotely controlled from the distant site to originating sites with more than 50 visits per calendar year.

outlined in their most current applicable consensus standards and guidelines for TMH, but at a minimum as follows:

- a. A minimum bandwidth of 384 kbps (H.263), 256 kbps (H.264), or technical equivalent.
- b. A monitor with a:
 - Minimum net display of 16 inches diagonally; and
 - Non-anamorphic video picture display.
- c. A minimum video resolution of one Common Intermediate Format (CIF), or one Source Input Format (SIF).
- d. Security. All internet protocol sessions shall be encrypted unless they are conducted entirely on a protected network, or using a virtual private network connection.
- e. No later than July 1, 2010, originating sites **with more than 50 visits per calendar year** shall have cameras with pan, tilt, and zoom capabilities that can be remotely controlled from the distant site.

3. Current TRICARE rules regarding mental health (e.g., preauthorizations) shall apply to TMH services.

B. Telemedicine Procedures. The use of interactive audio/video technology may be used to provide clinical consultations and office visits when appropriate and medically necessary. These services and corresponding CPT or HCPCS codes are listed below:

- Consultations (CPT² procedure codes 99241 - 99255)
- Office or other outpatient visits (CPT² procedure codes 99201 - 99215)
- End Stage Renal Disease (ESRD) related services (HCPCS codes G0308, G0309, G0311, G0312, G0314, G0315, G0317, and G0318)

C. TMH and Telemedicine.

1. Requirements. Requirements, criteria, and limitations applicable to medical and psychological services shall also apply to services involving TMH/telemedicine health.

2. Providers.

a. TRICARE authorized providers rendering TMH/telemedicine services are required to be practicing within the scope and jurisdiction of their license or certifications. Otherwise authorized TRICARE providers must be licensed under all applicable licensing requirements of the state(s) in which services are provided and or received.

² CPT only © 2006 American Medical Association (or such other date of publication of CPT). All Rights Reserved.

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b. The provider is responsible for ensuring correct TMH/telemedicine licensure. Violation of state licensure laws may have serious consequences for both the consulting health care providers, as well as the referring provider.

c. Providers shall ensure that appropriate staff are available to meet patient needs before, during, and after TMH encounters.

3. Conditions of Payment.

a. For TRICARE payment to occur, interactive audio and video telecommunications must be used, permitting real-time communication between the TRICARE authorized provider distant site and the TRICARE beneficiary.

b. As a condition of payment, the patient must be present and participating in the TMH/telemedicine visit.

NOTE: A TMH/telemedicine service originating from a patient's home is not covered.

4. "Store and Forward" Technology. TRICARE allows payment for those telemedicine applications (such as teleradiology or telepathology) in which, under conventional health care delivery, the medical service does not require face-to-face "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.

5. ATA guidelines. In addition to requirements in this Section, TMH shall be delivered according to the requirements as directed in documents representing the most current applicable consensus standards and guidelines for TMH published by the ATA. It is the provider's responsibility to ensure compliance with the ATA guidelines. The policy stated in this section of the TPM has priority over any standard stated in the ATA guidelines. In the event of conflict between the two, the TPM shall be followed.

6. Reimbursement for TMH/Telemedicine

a. Distant Site.

(1) The payment amount for the professional service provided via a telecommunication system by a TRICARE authorized provider at the distant site is 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 a telecommunications system should be made at the same amount as when these services are furnished without the use of a telecommunications system.

(2) For TRICARE payment to occur, 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.

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(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 a telecommunications system.

b. Originating Site Facility.

(1) For covered TMH/telemedicine services delivered via a telecommunications system, the payment for the originating site facility fee (Q3014) will be the lesser of the originating site fee or the actual charge. The facility fee for the originating site for 2009 is \$23.72. For past and future years, the facility fee for the originating site is included in the annual updates of the CMAC file. It will be 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 will implement these updates in accordance with the annual CMAC updates.

(2) Outpatient cost-share rules will apply to this fee.

(3) For reporting TMH/telemedicine services, contractors will use CPT or HCPCS codes with a **GT** modifier for distant site and Q3014 for originating site to distinguish telemedicine services. 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 TMH/telemedicine service was furnished.

(4) Payment is made only when the originating site is an otherwise authorized TRICARE provider normally offers professional medical or psychological services. No payment shall be made when the originating site does not satisfy this requirement (e.g., no payment shall be made when the originating site is the beneficiary's home).

IV. EFFECTIVE DATE August 1, 2003.

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