CHAPTER 7
SECTION 22.1

TELEMENTAL HEALTH (TMH)/TELEMEDICINE

ISSUE DATE: April 17, 2003
AUTHORITY: 32 CFR 199.4 and 32 CFR 199.14

I. DESCRIPTION

A. Telemedicine and Telemental Health (TMH) utilize information and telecommunications technology to transfer medical information for diagnosis, therapy and education. The information may include medical images, live two-way audio and video (e.g., video-conferencing), electronic patient medical records, output data from medical devices and sound files. The telemedical interaction may involve two-way live audio and video visits between patients at the "originating site" and medical professionals at the "distant site." Telemental Health is not a substitute for face-to-face behavioral health care and should be considered as the service delivery mode of choice in those instances in which behavioral health care is difficult to access or where continuity of care is critical (for example, when face-to-face care is no longer possible and continuity with the provider is critical in ensuring health maintenance for the beneficiary).

B. Generally, two different kinds of technology are in use in telemedicine. One technology is a two-way interactive video. This technology is used, for example, when a consultation involving the patient and a specialist is necessary. The videoconferencing equipment or an interactive telecommunication system at two locations permits a "real-time" or "live" service or consultation to take place.

C. The other technology, called "store and forward," is used to transfer video images from one location to another. A camera or similar device records (stores) an image(s) that is then sent (forwarded) via telecommunications media to another location for later viewing. The sending of x-rays, computed tomography scans, or magnetic resonance images are common store-and forward applications. The original image may be recorded and/or forwarded in digital or analog format and may include video "clips" such as ultrasound examinations, where the series of images that are sent may show full motion when reviewed at the receiving location.

II. DEFINITIONS

A. Interactive Telecommunications System. Interactive telecommunications systems are defined as multimedia communications equipment that includes, at a minimum, audio-video equipment permitting two-way, real time service or consultation involving the patient and practitioner as appropriate to the medical needs of the patient. Telephone services excluded by 32 CFR 199.4(g)(52) do not meet the definition of interactive telecommunications systems.

B. Originating Site. The originating site is the site where the beneficiary is located and must be where an otherwise authorized TRICARE provider normally offers professional medical or psychological services, such as the office of a TRICARE authorized individual professional provider (e.g., physician's office), or a TRICARE authorized institutional provider. A patient's home is not an originating site.

C. Distant Site. The term "distant site" means the site where the physician or practitioner, providing the professional service, is located at the time the service is provided via a telecommunications system.

D. Telepresenter.

1. Telemedicine. An individual with a clinical background (e.g., Licensed Practical Nurse (LPN), Registered Nurse (RN), etc.) trained in the use of the equipment who is available at the originating site to "present" the patient, manage the cameras and perform any "hands-on" activities to successfully complete the exam. For example, a neurological diagnostic exam usually requires a nurse capable of testing a patient's reflexes and other manipulative activities.

2. Telemental Health (TMH). Most behavioral health encounters do not require a physical examination by a provider. Therefore, for the provision of TMH, an individual with or without a clinical background (e.g., TRICARE authorized medical or behavioral health provider) who is trained in the use of the equipment and who is available at the originating site to "present" the patient, manage the equipment and perform any "hands-on" activities to successfully complete the clinical encounter, may be utilized. The need for a telepresenter with a clinical background is determined by the provider referring the beneficiary to TMH (for an initial TMH encounter) or by the provider delivering TMH care. When TMH care is provided without prior referral or authorization, the TMH provider will determine during the initial encounter whether the individual is appropriate for TMH care and if a telepresenter with a clinical background is necessary.

III. POLICY

A. Telemental Health (TMH).

1. Scope of Coverage. The use of interactive audio/video technology may be used to provide clinical consultation, office visits, individual psychotherapy, psychiatric diagnostic interview examination, and pharmacologic management when appropriate and medically necessary. These services and corresponding Current Procedure Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes are listed below:

- Individual psychotherapy (CPT[1] procedure codes 90804 - 90809)
- Psychiatric diagnostic interview examination (CPT[1] procedure code 90801)
- Pharmacologic management (CPT[1] procedure code 90862)

2. Technical Requirements. A provider of TMH services shall have video technology components meeting or exceeding American Telemedicine Association (ATA) Standards as

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

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 (CPT[2] procedure codes 99241 - 99255)
- Office or other outpatient visits (CPT[2] 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.

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.

(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.

- END -