

Definition of telehealth, practitioners and scope of services

Statutes	Regulations	Guidance
<p>Medicare reimbursement for telehealth services</p> <p>Act Aug. 5, 1997, P.L. 105-33, Title IV, Subtitle C, § 4206, 111 Stat. 377; Dec. 21, 2000, P.L. 106-554, § 1(a)(6), 114 Stat. 2763 (enacting into law § 223(a) of Subtitle C of Title II of H.R. 5661 (114 Stat. 2763A-487), as introduced on Dec. 14, 2000), provides:</p> <p>"(a) In general. For services furnished on and after January 1, 1999, and before October 1, 2001, the Secretary of Health and Human Services shall make payments from the Federal Supplementary Medical Insurance Trust Fund under part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.) in accordance with the methodology described in subsection (b) for professional consultation via telecommunications systems with a physician (as defined in section 1861(r) of such Act (42 U.S.C. 1395x(r)) or a practitioner (described in section 1842(b)(18)(C) of such Act (42 U.S.C. 1395u(b)(18)(C)) furnishing a service for which payment may be made under such part to a beneficiary under the Medicare program residing in a county in a rural area (as defined in section 1886(d)(2)(D) of such Act (42 U.S.C. 1395ww(d)(2)(D))) that is designated as a health professional shortage area under section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A)), notwithstanding that the individual physician or practitioner providing the professional consultation is not at the same location as the physician or practitioner furnishing the service to that beneficiary.</p> <p>"(b) Methodology for determining amount of payments. Taking into account the findings of the report required under section 192 of the Health Insurance Portability and Accountability Act of 1996</p>	<p>TITLE 42 -- PUBLIC HEALTH CHAPTER IV -- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER B -- MEDICARE PROGRAM PART 410 -- SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS SUBPART B -- MEDICAL AND OTHER HEALTH SERVICES</p> <p>§ 410.78 Telehealth services.</p> <p>(a) Definitions. For the purposes of this section the following definitions apply:</p> <p>(1) Asynchronous store and forward technologies means the transmission of a patient's medical information from an originating site to the physician or practitioner at the distant site. The physician or practitioner at the distant site can review the medical case without the patient being present. An asynchronous telecommunications system in single media format does not include telephone calls, images transmitted via facsimile machines and text messages without visualization of the patient (electronic mail). Photographs visualized by a telecommunications system must be specific to the patient's medical condition and adequate for furnishing or confirming a diagnosis and or treatment plan. Dermatological photographs, for example, a photograph of a skin lesion, may be considered to meet the requirement of a single media format under this provision.</p> <p>(2) Distant site means the site at which the physician or practitioner delivering the service is located at the time the service is provided via a telecommunications system.</p>	<p>Medicaid</p> <p>For purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient, and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.</p> <p>Telehealth (or Telemonitoring) is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance.</p> <p>Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine they are often considered under the broad umbrella of telehealth services. Even though such technologies are not considered "telemedicine," they may nevertheless be covered and reimbursed as part of a Medicaid coverable service, such as laboratory service, x-ray service or physician services (under section 1905(a) of the Social Security Act).</p> <p><i>Source: Medicaid.gov accessed at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html</i></p>

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<p>[unclassified] (Public Law 104-191; 110 Stat. 1988), the findings of the report required under paragraph (c), and any other findings related to the clinical efficacy and cost-effectiveness of telehealth applications, the Secretary shall establish a methodology for determining the amount of payments made under subsection (a) within the following parameters:</p> <p>"(1) The payment shall be shared between the referring physician or practitioner and the consulting physician or practitioner. The amount of such payment shall not be greater than the current fee schedule of the consulting physician or practitioner for the health care services provided.</p> <p>"(2) The payment shall not include any reimbursement for any telephone line charges or any facility fees, and a beneficiary may not be billed for any such charges or fees.</p> <p>"(3) The payment shall be made subject to the coinsurance and deductible requirements under subsections (a)(1) and (b) of section 1833 of the Social Security Act (42 U.S.C. 1395I).</p> <p>"(4) The payment differential of section 1848(a)(3) of such Act (42 U.S.C. 1395w-4(a)(3)) shall apply to services furnished by non-participating physicians. The provisions of section 1848(g) of such Act (42 U.S.C. 1395w-4(g)) and section 1842(b)(18) of such Act (42 U.S.C. 1395u(b)(18)) shall apply. Payment for such service shall be increased annually by the update factor for physicians' services determined under section 1848(d) of such Act (42 U.S.C. 1395w-4(d)).</p> <p>(2) Payment amount.</p> <p>(A) Distant site. The Secretary shall pay to a physician or practitioner located at a distant site that</p>	<p>(3) Interactive telecommunications system means multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real-time interactive communication between the patient and distant site physician or practitioner. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.</p> <p>(4) Originating site means the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. For asynchronous store and forward telecommunications technologies, the only originating sites are Federal telemedicine demonstration programs conducted in Alaska or Hawaii.</p> <p><i>Authority: 42 CFR 410.78(a)</i></p> <p>TITLE 21 -- FOOD AND DRUGS CHAPTER II -- DRUG ENFORCEMENT ADMINISTRATION, DEPARTMENT OF JUSTICE PART 1300 -- DEFINITIONS</p> <p>(i) Effective January 15, 2010, the term practice of telemedicine means the practice of medicine in accordance with applicable Federal and State laws by a practitioner (other than a pharmacist) who is at a location remote from the patient and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system referred to in section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)), which practice falls within a category listed in the following paragraphs (i)(21) through (7):</p>	<p>Addition of telehealth services to Medicare</p> <p>Section 223 of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA) - Revision of Medicare Reimbursement for Telehealth Services amended §1834 of the Act to provide for an expansion of Medicare payment for telehealth services. Effective October 1, 2001, coverage and payment for Medicare telehealth includes consultation, office visits, individual psychotherapy, and pharmacologic management delivered via a telecommunications system.</p> <p>Eligible geographic areas include rural health professional shortage areas (HPSA) and counties not classified as a metropolitan statistical area (MSA). Additionally, Federal telemedicine demonstration projects as of December 31, 2000, may serve as the originating site regardless of geographic location.</p> <p>An interactive telecommunications system is required as a condition of payment; however, BIPA does allow the use of asynchronous "store and forward" technology in delivering these services when the originating site is a Federal telemedicine demonstration program in Alaska or Hawaii.</p> <p><i>Source: Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services, Transmittal 270 (Telehealth Services). (Rev. 140, Issued: 02-28-11, Effective: 01-01-11, Implementation: 01-03-11 A/B MACs, Carriers/04-04-11 A/B MACs, Fls)</i></p>

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<p>furnishes a telehealth service to an eligible telehealth individual an amount equal to the amount that such physician or practitioner would have been paid under this title [42 USCS §§ 1395 et seq.] had such service been furnished without the use of a telecommunications system.</p> <p>(B) Facility fee for originating site. With respect to a telehealth service, subject to section 1833(a)(1)(U) [42 USCS § 1395I(a)(1)(U)], there shall be paid to the originating site a facility fee equal to--</p> <p>(i) for the period beginning on October 1, 2001, and ending on December 31, 2001, and for 2002, \$ 20; and</p> <p>(ii) for a subsequent year, the facility fee specified in clause (i) or this clause for the preceding year increased by the percentage increase in the MEI (as defined in section 1842(i)(3) [42 USCS § 1395u(i)(3)]) for such subsequent year.</p> <p>(C) Telepresenter not required. Nothing in this subsection shall be construed as requiring an eligible telehealth individual to be presented by a physician or practitioner at the originating site for the furnishing of a service via a telecommunications system, unless it is medically necessary (as determined by the physician or practitioner at the distant site).</p> <p><i>Authority: 42 USCS § 1395m(2)</i></p>	<p>(1) Treatment in a hospital or clinic. The practice of telemedicine is being conducted while the patient is being treated by, and physically located in, a hospital or clinic registered under section 303(f) of the Act (21 U.S.C. 823(f)) by a practitioner acting in the usual course of professional practice, who is acting in accordance with applicable State law, and who is registered under section 303(f) of the Act (21 U.S.C. 823(f)) in the State in which the patient is located, unless the practitioner:</p> <p>(i) Is exempted from such registration in all States under section 302(d) of the Act (21 U.S.C. 822(d)); or</p> <p>(ii) Is an employee or contractor of the Department of Veterans Affairs who is acting in the scope of such employment or contract, and registered under section 303(f) of the Act (21 U.S.C. 823(f)) in any State or is utilizing the registration of a hospital or clinic operated by the Department of Veterans Affairs registered under section 303(f);</p> <p>(2) Treatment in the physical presence of a practitioner. The practice of telemedicine is being conducted while the patient is being treated by, and in the physical presence of, a practitioner acting in the usual course of professional practice, who is acting in accordance with applicable State law, and who is registered under section 303(f) of the Act (21 U.S.C. 823(f)) in the State in which the patient is located, unless the practitioner:</p> <p>(i) Is exempted from such registration in all States under section 302(d) of the Act (21 U.S.C. 822(d)); or</p> <p>(ii) Is an employee or contractor of the Department of Veterans Affairs who is acting in the scope of such employment or contract, and registered under section</p>	<p>Originating site defined</p> <p>The term originating site means the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. For asynchronous, store and forward telecommunications technologies, an originating site is only a Federal telemedicine demonstration program conducted in Alaska or Hawaii. The originating site facility fee is a separately billable Part B payment. The contractor pays it outside of other payment methodologies. <i>Source: Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services, Transmittal 270.5 - Originating Site Facility Fee Payment Methodology (Rev. 151, Issued: 11-18-11, Effective: 01-01-12, Implementation: 01-03-12)</i></p> <p>The originating sites authorized by law are: The offices of physicians or practitioners; Hospitals; Critical Access Hospitals (CAH); Rural Health Clinics; Federally Qualified Health Centers; Hospital-based or CAH-based Renal Dialysis Centers (including satellites); Skilled Nursing Facilities (SNF); and Community Mental Health Centers (CMHC).</p> <p>Note: Independent Renal Dialysis Facilities are not eligible originating sites.</p> <p><i>Source: Department Of Health And Human Services Centers for Medicare & Medicaid Services, Telehealth Services, RURAL HEALTH FACT SHEET SERIES ICN 901705 April 2014. Accessed at https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf</i></p>

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<p>TITLE 42. THE PUBLIC HEALTH AND WELFARE CHAPTER 7. SOCIAL SECURITY ACT TITLE XVIII. HEALTH INSURANCE FOR THE AGED AND DISABLED PART B. SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR THE AGED AND DISABLED</p> <p>(m) Payment for telehealth services. (1) In general. The Secretary shall pay for telehealth services that are furnished via a telecommunications system by a physician (as defined in section 1861(r) [42 USCS § 1395x(r)]) or a practitioner (described in section 1842(b)(18)(C) [42 USCS § 1395u(b)(18)(C)]) to an eligible telehealth individual enrolled under this part notwithstanding that the individual physician or practitioner providing the telehealth service is not at the same location as the beneficiary. For purposes of the preceding sentence, in the case of any Federal telemedicine demonstration program conducted in Alaska or Hawaii, the term "telecommunications system" includes store-and-forward technologies that provide for the asynchronous transmission of health care information in single or multimedia formats.</p> <p><i>Authority: 42 USCS § 1395m(m)</i></p> <p>(4) Definitions. For purposes of this subsection: (A) Distant site. The term "distant site" means the site at which the physician or practitioner is located at the time the service is provided via a telecommunications system. (B) Eligible telehealth individual. The term "eligible telehealth individual" means an individual enrolled under this part who receives a telehealth</p>	<p>303(f) of the Act (21 U.S.C. 823(f)) in any State or is using the registration of a hospital or clinic operated by the Department of Veterans Affairs registered under section 303(f);</p> <p>(3) Indian Health Service or tribal organization. The practice of telemedicine is being conducted by a practitioner who is an employee or contractor of the Indian Health Service, or is working for an Indian tribe or tribal organization under its contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act; who is acting within the scope of the employment, contract, or compact; and who is designated as an Internet Eligible Controlled Substances Provider by the Secretary of Health and Human Services under section 311(g)(2) of the Act (21 U.S.C. 831(g)(2));</p> <p>(4) Public health emergency declared by the Secretary of Health and Human Services. The practice of telemedicine is being conducted during a public health emergency declared by the Secretary of Health and Human Services under section 319 of the Public Health Service Act (42 U.S.C. 247d), and involves patients located in such areas, and such controlled substances, as the Secretary of Health and Human Services, with the concurrence of the Administrator, designates, provided that such designation shall not be subject to the procedures prescribed by the Administrative Procedure Act (5 U.S.C. 551-559 and 701-706);</p> <p>(5) Special registration. The practice of telemedicine is being conducted by a practitioner who has obtained from the Administrator a special registration under section 311(h) of the Act (21 U.S.C. 831(h));</p>	<p>Distant site defined</p> <p>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.</p> <p><i>Source: Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services, 270.4 – Payment – Physician/Practitioner at a Distant Site (Rev. 140, Issued: 02-28-11, Effective: 01-01-11, Implementation: 01-03-11 A/B MACs, Carriers/04-04-11 A/B MACs, Fls)</i></p> <p>Telepresenters</p> <p>Telepresenters: A medical professional is not required to present the beneficiary to the physician or practitioner at the distant site unless medically necessary. The decision of medical necessity will be made by the physician or practitioner located at the distant site.</p> <p>NOTE: Asynchronous telecommunications system in single media format does not include telephone calls, images transmitted via facsimile machines and text messages without visualization of the patient (electronic mail). Photographs must be specific to the patients' condition and adequate for rendering or confirming a diagnosis or a treatment plan. Dermatological photographs, e.g., photographs of a skin lesion, may be considered to meet the requirement of a single media format under this instruction. <i>Source: Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services, Transmittal 270.3 (Conditions of Payment) (Rev. 1, 10-01-03)</i></p>

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<p>service furnished at an originating site.</p> <p>(C) Originating site.</p> <p>(i) In general. The term "originating site" means only those sites described in clause (ii) at which the eligible telehealth individual is located at the time the service is furnished via a telecommunications system and only if such site is located--</p> <p>(I) in an area that is designated as a rural health professional shortage area under section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A));</p> <p>(II) in a county that is not included in a Metropolitan Statistical Area; or</p> <p>(III) from an entity that participates in a Federal telemedicine demonstration project that has been approved by (or receives funding from) the Secretary of Health and Human Services as of December 31, 2000.</p> <p>(ii) Sites described. The sites referred to in clause (i) are the following sites:</p> <p>(I) The office of a physician or practitioner.</p> <p>(II) A critical access hospital (as defined in section 1861(mm)(1) [42 USCS § 1395x(mm)(1)]).</p> <p>(III) A rural health clinic (as defined in section 1861(aa)(2) [42 USCS § 1395x(aa)(2)]).</p> <p>(IV) A federally qualified health center (as defined in section 1861(aa)(4) [42 USCS § 1395x(aa)(4)]).</p> <p>(V) A hospital (as defined in section 1861(e) [42 USCS § 1395x(e)]).</p> <p>(VI) A hospital-based or critical access hospital-based renal dialysis center (including satellites).</p> <p>(VII) A skilled nursing facility (as defined in section 1819(a) [42 USCS § 1395i-3(a)]).</p> <p>(VIII) A community mental health center (as</p>	<p>(6) Department of Veterans Affairs medical emergency.</p> <p>The practice of telemedicine is being conducted:</p> <p>(i) In a medical emergency situation:</p> <p>(A) That prevents the patient from being in the physical presence of a practitioner registered under section 303(f) of the Act (21 U.S.C. 823(f)) who is an employee or contractor of the Veterans Health Administration acting in the usual course of business and employment and within the scope of the official duties or contract of that employee or contractor;</p> <p>(B) That prevents the patient from being physically present at a hospital or clinic operated by the Department of Veterans Affairs registered under section 303(f) of the Act (21 U.S.C. 823(f));</p> <p>(C) During which the primary care practitioner of the patient or a practitioner otherwise practicing telemedicine within the meaning of this paragraph is unable to provide care or consultation; and</p> <p>(D) That requires immediate intervention by a health care practitioner using controlled substances to prevent what the practitioner reasonably believes in good faith will be imminent and serious clinical consequences, such as further injury or death; and</p> <p>(ii) By a practitioner that:</p> <p>(A) Is an employee or contractor of the Veterans Health Administration acting within the scope of that employment or contract;</p>	<p>Approved use of telecommunications as substitute for in person patient encounter</p> <p>The use of a telecommunications system may substitute for an in-person encounter for professional consultations, office visits, office psychiatry services, and a limited number of other physician fee schedule (PFS) services. These services are listed below:</p> <p>Consultations (Effective October 1, 2001- December 31, 2009)</p> <p>Telehealth consultations, emergency department or initial inpatient (Effective January 1, 2010)</p> <p>Follow-up inpatient telehealth consultations (Effective January 1, 2009)</p> <p>Office or other outpatient visits</p> <p>Subsequent hospital care services (with the limitation of one telehealth visit every 3 days) (Effective January 1, 2011)</p> <p>Subsequent nursing facility care services (with the limitation of one telehealth visit every 30 days) (Effective January 1, 2011)</p> <p>Individual psychotherapy Pharmacologic management (Effective March 1, 2003)</p> <p>Psychiatric diagnostic interview examination (Effective March 1, 2003)</p> <p>End stage renal disease related services (Effective January 1, 2005)</p>

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<p>defined in section 1861(ff)(3)(B) [42 USCS § 1395x(ff)(3)(B)].</p> <p>(D) Physician. The term "physician" has the meaning given that term in section 1861(r) [42 USCS § 1395x(r)].</p> <p>(E) Practitioner. The term "practitioner" has the meaning given that term in section 1842(b)(18)(C) [42 USCS § 1395u(b)(18)(C)].</p> <p><i>Authority: 42 USCS § 1395m(m)(4)</i></p> <p>TITLE 42. THE PUBLIC HEALTH AND WELFARE CHAPTER 7. SOCIAL SECURITY ACT TITLE XVIII. HEALTH INSURANCE FOR THE AGED AND DISABLED PART E. MISCELLANEOUS PROVISIONS</p> <p>(r) Physician. The term "physician", when used in connection with the performance of any function or action, means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of section 1101(a)(7) [42 USCS § 1301(a)(7)]), (2) a doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the State in which he performs such function and who is acting within the scope of his license when he performs such functions, (3) a doctor of podiatric medicine for the purposes of subsections (k), (m), (p)(1), and (s) of this section and sections 1814(a), 1832(a)(2)(F)(ii), and 1835 [42 USCS §§ 1395f(a), 1395k(a)(2)(F)(ii), and 1395n] but only with respect to functions which he is legally authorized to perform as such by the State in which he performs them, (4) a doctor of optometry, but</p>	<p>(B) Is registered under section 303(f) of the Act (21 U.S.C. 823(f)) in any State or is utilizing the registration of a hospital or clinic operated by the Department of Veterans Affairs registered under section 303(f); and</p> <p>(C) Issues a controlled substance prescription in this emergency context that is limited to a maximum of a five-day supply which may not be extended or refilled; or</p> <p>(7) Other circumstances specified by regulation. The practice of telemedicine is being conducted under any other circumstances that the Administrator and the Secretary of Health and Human Services have jointly, by regulation, determined to be consistent with effective controls against diversion and otherwise consistent with the public health and safety.</p> <p><i>Authority: 21 CFR 1300.04(i)</i></p>	<p>Individual and group medical nutrition therapy (Individual effective January 1, 2006; group effective January 1, 2011)</p> <p>Neurobehavioral status exam (Effective January 1, 2008)</p> <p>Individual and group health and behavior assessment and intervention (Individual effective January 1, 2010; group effective January 1, 2011)</p> <p>Individual and group kidney disease education (KDE) services (Effective January 1, 2011)</p> <p>Individual and group diabetes self-management training (DSMT) services (with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training) (Effective January 1, 2011)</p> <p>Smoking Cessation Services (Effective January 1, 2012)</p> <p>Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services (Effective January 1, 2013)</p> <p>Annual alcohol misuse screening (Effective January 1, 2013) Brief face-to-face behavioral counseling for alcohol misuse (Effective January 1, 2013).</p> <p>Annual Depression Screening (Effective January 1, 2013)</p> <p>High-intensity behavioral counseling to prevent sexually transmitted infections (Effective January 1, 2013)</p> <p>Annual, face-to-face Intensive behavioral therapy for cardiovascular disease (Effective January 1, 2013)</p>

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<p>only for purposes of subsection (p)(1) and with respect to the provision of items or services described in subsection (s) which he is legally authorized to perform as a doctor of optometry by the State in which he performs them, or (5) a chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of sections 1861(s)(1) and 1861(s)(2)(A) [subsecs. (s)(1) and (s)(2)(A) of this section] and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided. For the purposes of section 1862(a)(4) [42 USCS § 1395y(a)(4)] and subject to the limitations and conditions provided in the previous sentence, such term includes a doctor of one of the arts, specified in such previous sentence, legally authorized to practice such art in the country in which the inpatient hospital services (referred to in such section 1862(a)(4) [42 USCS § 1395y(a)(4)] are furnished.</p> <p><i>Authority: 42 USCS § 1395x(r)</i></p>		<p>Face-to-face behavioral counseling for obesity (Effective January 1, 2013)</p> <p>Transitional Care Management Services (Effective January 1, 2014)</p> <p><i>Source: Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services, Transmittal 270.2 (List of Medicare Telehealth Services) (Rev. 178, Issued: 12-30-13; Effective: 01-01-14, Implementation: 01-06-14)</i></p> <p>Medicare practitioners who may bill for telehealth services</p> <p>Medicare practitioners who may bill for a covered telehealth service are listed below (subject to State law):</p> <ul style="list-style-type: none"> Physician; Nurse practitioner; Physician assistant; Nurse midwife; Clinical nurse specialist; Clinical psychologist; Clinical social worker; and Registered dietitian or nutrition professional. <p>* Clinical psychologists and clinical social workers cannot bill for psychotherapy services that include medical evaluation and management services under Medicare.</p> <p><i>Source: Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services, 270.4 – Payment – Physician/Practitioner at a Distant Site (Rev. 140, Issued: 02-28-11, Effective: 01-01-11, Implementation: 01-03-11 A/B MACs, Carriers/04-04-11 A/B MACs, FIs)</i></p>

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<p>office psychiatry services (identified as of July 1, 2000, by HCPCS codes 99241-99275, 99201-99215, 90804-90809, and 90862 (and as subsequently modified by the Secretary)), and any additional service specified by the Secretary.</p> <p><i>Authority: 42 USCS § 1395m(m)(4)(F)</i> TITLE 21. FOOD AND DRUGS CHAPTER 13. DRUG ABUSE PREVENTION AND CONTROL CONTROL AND ENFORCEMENT INTRODUCTORY PROVISIONS</p> <p>The term "practice of telemedicine" means, for purposes of this title, the practice of medicine in accordance with applicable Federal and State laws by a practitioner (other than a pharmacist) who is at a location remote from the patient and is communicating with the patient, or health care professional who is treating the patient, using a telecommunications system referred to in section 1834(m) of the Social Security Act [42 USCS § 1395m(m)] which practice(A) is being conducted--</p> <ul style="list-style-type: none"> (i) while the patient is being treated by, and physically located in, a hospital or clinic registered under section 303(f) [21 USCS § 823(f)]; and (ii) by a practitioner-- <ul style="list-style-type: none"> (I) acting in the usual course of professional practice; (II) acting in accordance with applicable State law; and (III) registered under section 303(f) [21 USCS § 823(f)] in the State in which the patient is located, unless the practitioner-- <ul style="list-style-type: none"> (aa) is exempted from such registration in all States under section 302(d) [21 USCS § 822(d)]; or 		

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<p>(bb) is--</p> <p>(AA) an employee or contractor of the Department of Veterans Affairs who is acting in the scope of such employment or contract; and</p> <p>(BB) registered under section 303(f) [21 USCS § 823(f)] in any State or is utilizing the registration of a hospital or clinic operated by the Department of Veterans Affairs registered under section 303(f) [21 USCS § 823(f)];</p> <p>(B) is being conducted while the patient is being treated by, and in the physical presence of, a practitioner--</p> <p>(i) acting in the usual course of professional practice;</p> <p>(ii) acting in accordance with applicable State law; and</p> <p>(iii) registered under section 303(f) [21 USCS § 823(f)] in the State in which the patient is located, unless the practitioner--</p> <p>(I) is exempted from such registration in all States under section 302(d) [21 USCS § 822(d)]; or</p> <p>(II) is--</p> <p>(aa) an employee or contractor of the Department of Veterans Affairs who is acting in the scope of such employment or contract; and</p> <p>(bb) registered under section 303(f) [21 USCS § 823(f)] in any State or is using the registration of a hospital or clinic operated by the Department of Veterans Affairs registered under section 303(f) [21 USCS § 823(f)];</p> <p>(C) is being conducted by a practitioner--</p> <p>(i) who is an employee or contractor of the Indian Health Service, or is working for an Indian tribe or tribal organization under its contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance</p>		

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<p>Act;</p> <ul style="list-style-type: none"> (ii) acting within the scope of the employment, contract, or compact described in clause (i); and (iii) who is designated as an Internet Eligible Controlled Substances Provider by the Secretary under section 311(g)(2) [21 USCS § 831(g)(2)]; <p>(D) (i) is being conducted during a public health emergency declared by the Secretary under section 319 of the Public Health Service Act [42 USCS § 247d]; and</p> <ul style="list-style-type: none"> (ii) involves patients located in such areas, and such controlled substances, as the Secretary, with the concurrence of the Attorney General, designates, provided that such designation shall not be subject to the procedures prescribed by subchapter II of chapter 5 of title 5, United States Code [5 USCS §§ 551 et seq.]; <p>(E) is being conducted by a practitioner who has obtained from the Attorney General a special registration under section 311(h) [21 USCS § 831(h)];</p> <p>(F) is being conducted--</p> <ul style="list-style-type: none"> (i) in a medical emergency situation- <ul style="list-style-type: none"> (I) that prevents the patient from being in the physical presence of a practitioner registered under section 303(f) [21 USCS § 823(f)] who is an employee or contractor of the Veterans Health Administration acting in the usual course of business and employment and within the scope of the official duties or contract of that employee or contractor; (II) that prevents the patient from being physically present at a hospital or clinic operated by the Department of Veterans Affairs registered under section 303(f) [21 USCS § 823(f)]; (III) during which the primary care practitioner of the patient or a practitioner otherwise practicing telemedicine within the 		

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<p>meaning of this paragraph is unable to provide care or consultation; and</p> <p>(IV) that requires immediate intervention by a health care practitioner using controlled substances to prevent what the practitioner reasonably believes in good faith will be imminent and serious clinical consequences, such as further injury or death; and</p> <p>(ii) by a practitioner that--</p> <p>(I) is an employee or contractor of the Veterans Health Administration acting within the scope of that employment or contract;</p> <p>(II) is registered under section 303(f) [21 USCS § 823(f)] in any State or is utilizing the registration of a hospital or clinic operated by the Department of Veterans Affairs registered under section 303(f) [21 USCS § 823(f)]; and</p> <p>(III) issues a controlled substance prescription in this emergency context that is limited to a maximum of a 5-day supply which may not be extended or refilled; or (G) is being conducted under any other circumstances that the Attorney General and the Secretary have jointly, by regulation, determined to be consistent with effective controls against diversion and otherwise consistent with the public health and safety.</p> <p>(55) The term "refilling prescriptions for controlled substances in schedule III, IV, or V"--</p> <p>(A) means the dispensing of a controlled substance in schedule III, IV, or V in accordance with refill instructions issued by a practitioner as part of a valid prescription that meets the requirements of subsections (b) and (c) of section 309 [21 USCS § 829], as appropriate; and</p> <p>(B) does not include the issuance of a new prescription to an individual for a controlled substance that individual was previously prescribed.</p>		

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<p>(56) The term "filling new prescriptions for controlled substances in schedule III, IV, or V" means filling a prescription for an individual for a controlled substance in schedule III, IV, or V, if--</p> <p>(A) the pharmacy dispensing that prescription has previously dispensed to the patient a controlled substance other than by means of the Internet and pursuant to the valid prescription of a practitioner that meets the applicable requirements of subsections (b) and (c) of section 309 [21 USCS § 829] (in this paragraph referred to as the "original prescription");</p> <p>(B) the pharmacy contacts the practitioner who issued the original prescription at the request of that individual to determine whether the practitioner will authorize the issuance of a new prescription for that individual for the controlled substance described in subparagraph (A); and</p> <p>(C) the practitioner, acting in the usual course of professional practice, determines there is a legitimate medical purpose for the issuance of the new prescription.</p> <p><i>Authority: 21 USCS § 802(54)</i></p> <p>TITLE 21. FOOD AND DRUGS CHAPTER 13. DRUG ABUSE PREVENTION AND CONTROL CONTROL AND ENFORCEMENT REGISTRATION OF MANUFACTURERS, DISTRIBUTORS, AND DISPENSERS OF CONTROLLED SUBSTANCES</p> <p>(e) Controlled substances dispensed by means of the Internet.</p> <p>(1) No controlled substance that is a prescription</p>		

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<p>drug as determined under the Federal Food, Drug, and Cosmetic Act [21 USCS §§ 301 et seq.] may be delivered, distributed, or dispensed by means of the Internet without a valid prescription.</p> <p>(2) As used in this subsection:</p> <p>(A) The term "valid prescription" means a prescription that is issued for a legitimate medical purpose in the usual course of professional practice by--</p> <ul style="list-style-type: none"> (i) a practitioner who has conducted at least 1 in-person medical evaluation of the patient; or (ii) a covering practitioner. <p>(B) (i) The term "in-person medical evaluation" means a medical evaluation that is conducted with the patient in the physical presence of the practitioner, without regard to whether portions of the evaluation are conducted by other health professionals.</p> <ul style="list-style-type: none"> (ii) Nothing in clause (i) shall be construed to imply that 1 in-person medical evaluation demonstrates that a prescription has been issued for a legitimate medical purpose within the usual course of professional practice. <p>(C) The term "covering practitioner" means, with respect to a patient, a practitioner who conducts a medical evaluation (other than an in-person medical evaluation) at the request of a practitioner who--</p> <ul style="list-style-type: none"> (i) has conducted at least 1 in-person medical evaluation of the patient or an evaluation of the patient through the practice of telemedicine, within the previous 24 months; and (ii) is temporarily unavailable to conduct the evaluation of the patient. <p>(3) Nothing in this subsection shall apply to--</p> <p>(A) the delivery, distribution, or dispensing of a controlled substance by a practitioner engaged in</p>		

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<p>the practice of telemedicine; or (B) the dispensing or selling of a controlled substance pursuant to practices as determined by the Attorney General by regulation, which shall be consistent with effective controls against diversion.</p> <p><i>Authority: 21 USCS § 829(e)</i></p> <p>TITLE 25. INDIANS CHAPTER 18. INDIAN HEALTH CARE GENERAL PROVISIONS</p> <p>(22) Telehealth. The term "telehealth" has the meaning given the term in section 330K(a) of the Public Health Service Act (42 U.S.C. 254c-16(a)).</p> <p>(23) Telemedicine. The term "telemedicine" means a telecommunications link to an end user through the use of eligible equipment that electronically links health professionals or patients and health professionals at separate sites in order to exchange health care information in audio, video, graphic, or other format for the purpose of providing improved health care services.</p> <p><i>Authority: 25 USCS § 1603(22)&(23)</i></p> <p>TITLE 21. FOOD AND DRUGS CHAPTER 13. DRUG ABUSE PREVENTION AND CONTROL CONTROL AND ENFORCEMENT REGISTRATION OF MANUFACTURERS, DISTRIBUTORS, AND DISPENSERS OF CONTROLLED SUBSTANCES</p> <p>§ 831. Additional requirements relating to online pharmacies and telemedicine</p>		

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<p>(g) Notice and designations concerning Indian tribes.</p> <p>(1) In general. For purposes of sections 102(52) and 512(c)(6)(B) [21 USCS §§ 802(52) and 882(c)(6)(B)], the Secretary shall notify the Attorney General, at such times and in such manner as the Secretary and the Attorney General determine appropriate, of the Indian tribes or tribal organizations with which the Secretary has contracted or compacted under the Indian Self-Determination and Education Assistance Act [25 USCS §§ 450 et seq.] for the tribes or tribal organizations to provide pharmacy services.</p> <p>(2) Designations.</p> <p>(A) In general. The Secretary may designate a practitioner described in subparagraph (B) as an Internet Eligible Controlled Substances Provider. Such designations shall be made only in cases where the Secretary has found that there is a legitimate need for the practitioner to be so designated because the population served by the practitioner is in a sufficiently remote location that access to medical services is limited.</p> <p>(B) Practitioners. A practitioner described in this subparagraph is a practitioner who is an employee or contractor of the Indian Health Service, or is working for an Indian tribe or tribal organization under its contract or compact under the Indian Self-Determination and Education Assistance Act [25 USCS §§ 450 et seq.] with the Indian Health Service.</p> <p><i>Authority: 21 USCS § 831(g)</i></p> <p>TITLE 42. THE PUBLIC HEALTH AND WELFARE CHAPTER 6A. THE PUBLIC HEALTH SERVICE GENERAL</p>		

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<p>POWERS AND DUTIES PRIMARY HEALTH CARE HEALTH CENTERS</p> <p>§ 254c-16. Mental health services delivered via telehealth</p> <p>(4) Telehealth. The term "telehealth" means the use of electronic information and telecommunications technologies to support long distance clinical health care, patient and professional health-related education, public health, and health administration.</p> <p><i>Authority: 42 USCS § 254c-16(a)(4)</i></p>		

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<p>TITLE 42. THE PUBLIC HEALTH AND WELFARE CHAPTER 7. SOCIAL SECURITY ACT TITLE XVIII. HEALTH INSURANCE FOR THE AGED AND DISABLED PART B. SUPPLEMENTARY MEDICAL INSURANCE BENEFITS FOR THE AGED AND DISABLED</p> <p>(B) Requirement of physician order. (i) In general. The Secretary is authorized to require, for specified covered items, that payment may be made under this subsection with respect to the item only if a physician enrolled under section 1866(j) [42 USCS § 1395cc(j)] or an eligible professional under section 1848(k)(3)(B) [42 USCS § 1395w-4(k)(3)(B)] that is enrolled under section 1866(j) [42 USCS § 1395cc(j)] has communicated to the supplier, before delivery of the item, a written order for the item. (ii) Requirement for face to face encounter. The Secretary shall require that such an order be written pursuant to the physician documenting that a physician, a physician assistant, a nurse practitioner, or a clinical nurse specialist (as those terms are defined in section 1861(aa)(5) [42 USCS § 1395x(aa)(5)]) has had a face-to-face encounter (including through use of telehealth under subsection (m) and other than with respect to encounters that are incident to services involved) with the individual involved during the 6-month period preceding such written order, or other reasonable timeframe as determined by the Secretary.</p> <p><i>Authority: 42 USCS § 1395m(11)(B)</i></p>	<p>TITLE 42 -- PUBLIC HEALTH CHAPTER IV -- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER B -- MEDICARE PROGRAM PART 410 -- SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS SUBPART B -- MEDICAL AND OTHER HEALTH SERVICES</p> <p>§ 410.78 Telehealth services.</p> <p>(4) Originating sites must be:</p> <p>(i) Located in a health professional shortage area (as defined under section 332(a)(1)(A) of the Public Health Service Act (42 U.S.C. 254e(a)(1)(A)) that is either outside of a Metropolitan Statistical Area (MSA) as of December 31st of the preceding calendar year or within a rural census tract of an MSA as determined by the Office of Rural Health Policy of the Health Resources and Services Administration as of December 31st of the preceding calendar year, or</p> <p>(ii) Located in a county that is not included in a Metropolitan Statistical Area as defined in section 1886(d)(2)(D) of the Act as of December 31st of the preceding year, or</p> <p>(iii) An entity participating in a Federal telemedicine demonstration project that has been approved by, or receive funding from, the Secretary as of December 31, 2000, regardless of its geographic location.</p> <p>(5) The medical examination of the patient is under the control of the physician or practitioner at the distant site.</p>	<p>For Medicare payment to occur, the service must be within a practitioner’s scope of practice under State law.</p> <p>As a condition of Medicare Part B payment for telehealth services, the physician or practitioner at the distant site must be licensed to provide the service under State law. When the physician or practitioner at the distant site is licensed under State law to provide a covered telehealth service (see section 270.2 of this chapter) then he or she may bill for and receive payment for this service when delivered via a telecommunications system.</p> <p><i>Source: Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services, 270.4 – Payment – Physician/Practitioner at a Distant Site (Rev. 140, Issued: 02-28-11, Effective: 01-01-11, Implementation: 01-03-11 A/B MACs, Carriers/04-04-11 A/B MACs, FIs)</i></p> <p>The ESRD-related services included in the monthly capitation payment (MCP) with 2 or 3 visits per month and ESRD-related services with 4 or more visits per month may be paid as Medicare telehealth services. However, at least 1 visit must be furnished face-to-face “hands on” to examine the vascular access site by a physician, clinical nurse specialist, nurse practitioner, or physicians assistant</p> <p>An interactive audio and video telecommunications system may be used for providing additional visits required under the 2-to-3 visit MCP and the 4-or-more visit MCP. The medical record must indicate that at least one of the visits was furnished face-to-face “hands on” by a physician, clinical nurse specialist, nurse</p>

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<p>TITLE 21. FOOD AND DRUGS CHAPTER 13. DRUG ABUSE PREVENTION AND CONTROL CONTROL AND ENFORCEMENT REGISTRATION OF MANUFACTURERS, DISTRIBUTORS, AND DISPENSERS OF CONTROLLED SUBSTANCES</p> <p>Requirements relating to online pharmacies and telemedicine</p> <p>(a) In general. An online pharmacy shall display in a visible and clear manner on its homepage a statement that it complies with the requirements of this section with respect to the delivery or sale or offer for sale of controlled substances and shall at all times display on the homepage of its Internet site a declaration of compliance in accordance with this section.</p> <p>(b) Licensure. Each online pharmacy shall comply with the requirements of State law concerning the licensure of pharmacies in each State from which it, and in each State to which it, delivers, distributes, or dispenses or offers to deliver, distribute, or dispense controlled substances by means of the Internet, pursuant to applicable licensure requirements, as determined by each such State.</p> <p>(c) Internet pharmacy site disclosure information. Each online pharmacy shall post in a visible and clear manner on the homepage of each Internet site it operates, or on a page directly linked thereto in which the hyperlink is also visible and clear on the homepage, the following information for each pharmacy that delivers, distributes, or dispenses controlled substances pursuant to orders made on, through, or on behalf of, that website:</p> <p>(1) The name and address of the pharmacy as it appears on the pharmacy's Drug Enforcement</p>	<p>(c) Telepresenter not required. A telepresenter is not required as a condition of payment unless a telepresenter is medically necessary as determined by the physician or practitioner at the distant site.</p> <p>(d) Exception to the interactive telecommunications system requirement. For Federal telemedicine demonstration programs conducted in Alaska or Hawaii</p> <p><i>Authority: 42 CFR 410.78(b)(4) et seq.</i></p> <p>TITLE 42 -- PUBLIC HEALTH CHAPTER IV -- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER B -- MEDICARE PROGRAM PART 414 -- PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES SUBPART B -- PHYSICIANS AND OTHER PRACTITIONERS</p> <p>§ 414.65 Payment for telehealth services.</p> <p>(a) Professional service. Medicare payment for the professional service via an interactive telecommunications system is made according to the following limitations:</p> <p>(1) The Medicare payment amount for office or other outpatient visits, subsequent hospital care services (with the limitation of one telehealth visit every 3 days by the patient's admitting physician or practitioner), subsequent nursing facility care services (with the limitation of one telehealth visit every 30 days by the patient's admitting physician or nonphysician practitioner), professional consultations, psychiatric</p>	<p>practitioner, or physician assistant.</p> <p>The visit including a clinical examination of the vascular access site must be conducted face-to-face "hands on" by a physician, clinical nurse specialist, nurse practitioner or physician's assistant. For additional visits, the physician or practitioner at the distant site is required, at a minimum, to use an interactive audio and video telecommunications system that allows the physician or practitioner to provide medical management services for a maintenance dialysis beneficiary. For example, an ESRD-related visit conducted via telecommunications system must permit the physician or practitioner at the distant site to perform an assessment of whether the dialysis is working effectively and whether the patient is tolerating the procedure well (physiologically and psychologically). During this assessment, the physician or practitioner at the distant site must be able to determine whether alteration in any aspect of the beneficiary's prescription is indicated, due to such changes as the estimate of the patient's dry weight.</p> <p><i>Source: Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services 270.4.1 – Payment for ESRD-Related Services as a Telehealth Service (Rev. 97, Issued: 11-14-08, Effective: 01-01-09, Implementation: 01-05-09)</i></p>

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<p>Administration certificate of registration.</p> <p>(2) The pharmacy's telephone number and email address.</p> <p>(3) The name, professional degree, and States of licensure of the pharmacist-in-charge, and a telephone number at which the pharmacist-in-charge can be contacted.</p> <p>(4) A list of the States in which the pharmacy is licensed to dispense controlled substances.</p> <p>(5) A certification that the pharmacy is registered under this part to deliver, distribute, or dispense by means of the Internet controlled substances.</p> <p>(6) The name, address, telephone number, professional degree, and States of licensure of any practitioner who has a contractual relationship to provide medical evaluations or issue prescriptions for controlled substances, through referrals from the website or at the request of the owner or operator of the website, or any employee or agent thereof.</p> <p>(7) The following statement, unless revised by the Attorney General by regulation: "This online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation or medical evaluation via telemedicine in accordance with applicable requirements of section 309 [21 USC § 829].".</p> <p>(d) Notification.</p> <p>(1) In general. Thirty days prior to offering a controlled substance for sale, delivery, distribution, or dispensing, the online pharmacy shall notify the Attorney General, in such form and manner as the Attorney General shall determine, and the State boards of pharmacy in any States in which the online pharmacy offers to sell, deliver, distribute, or dispense controlled substances.</p>	<p>diagnostic interview examination, neurobehavioral status exam, individual psychotherapy, pharmacologic management, end-stage renal disease-related services included in the monthly capitation payment (except for one "hands on" visit per month to examine the access site), individual and group medical nutrition therapy services, individual and group kidney disease education services, individual and group diabetes self-management training services (except for one hour of "hands on" services to be furnished in the initial year training period to ensure effective injection training), individual and group health and behavior assessment and intervention, smoking cessation services, alcohol and/or substance abuse and brief intervention services, screening and behavioral counseling interventions in primary care to reduce alcohol misuse, screening for depression in adults, screening for sexually transmitted infections (STIs) and high intensity behavioral counseling (HIBC) to prevent STIs, intensive behavioral therapy for cardiovascular disease, behavioral counseling for obesity, and transitional care management services furnished via an interactive telecommunications system is equal to the current fee schedule amount applicable for the service of the physician or practitioner.</p> <p>(i) Emergency department or initial inpatient telehealth consultations. The Medicare payment amount for emergency department or initial inpatient telehealth consultations furnished via an interactive telecommunications system is equal to the current fee schedule amount applicable to initial hospital care provided by a physician or practitioner.</p> <p>(ii) Follow-up inpatient telehealth consultations. The Medicare payment amount for follow-up inpatient telehealth consultations furnished via an interactive</p>	

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<p>(2) Contents. The notification required under paragraph (1) shall include--</p> <p>(A) the information required to be posted on the online pharmacy's Internet site under subsection (c) and shall notify the Attorney General and the applicable State boards of pharmacy, under penalty of perjury, that the information disclosed on its Internet site under subsection (c) is true and accurate;</p> <p>(B) the online pharmacy's Internet site address and a certification that the online pharmacy shall notify the Attorney General of any change in the address at least 30 days in advance; and</p> <p>(C) the Drug Enforcement Administration registration numbers of any pharmacies and practitioners referred to in subsection (c), as applicable.</p> <p>(3) Existing online pharmacies. An online pharmacy that is already operational as of the effective date of this section, shall notify the Attorney General and applicable State boards of pharmacy in accordance with this subsection not later than 30 days after such date.</p> <p>(e) Declaration of compliance. On and after the date on which it makes the notification under subsection (d), each online pharmacy shall display on the homepage of its Internet site, in such form as the Attorney General shall by regulation require, a declaration that it has made such notification to the Attorney General.</p> <p>(f) Reports. Any statement, declaration, notification, or disclosure required under this section shall be considered a report required to be kept under this part.</p> <p>(h) Special registration for telemedicine.</p> <p>(1) In general. The Attorney General may issue to a practitioner a special registration to engage in the</p>	<p>telecommunications system is equal to the current fee schedule amount applicable to subsequent hospital care provided by a physician or practitioner.</p> <p>(2) Only the physician or practitioner at the distant site may bill and receive payment for the professional service via an interactive telecommunications system.</p> <p>(3) Payments made to the physician or practitioner at the distant site, including deductible and coinsurance, for the professional service may not be shared with the referring practitioner or telepresenter.</p> <p>(b) Originating site facility fee. For telehealth services furnished on or after October 1, 2001:</p> <p>(1) For services furnished on or after October 1, 2001 through December 31, 2002, the payment amount to the originating site is the lesser of the actual charge or the originating site facility fee of \$ 20. For services furnished on or after January 1 of each subsequent year, the facility fee for the originating site will be updated by the Medicare Economic Index (MEI) as defined in section 1842(i)(3) of the Act.</p> <p>(2) Only the originating site may bill for the originating site facility fee and only on an assignment-related basis. The distant site physician or practitioner may not bill for or receive payment for facility fees associated with the professional service furnished via an interactive telecommunications system.</p> <p>(c) Deductible and coinsurance apply. The payment for the professional service and originating site facility fee is subject to the coinsurance and deductible requirements of sections 1833(a)(1) and (b) of the Act.</p>	

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<p>practice of telemedicine for purposes of section 102(54)(E) [21 USCS § 802(54)(E)] if the practitioner, upon application for such special registration--</p> <p>(A) demonstrates a legitimate need for the special registration; and</p> <p>(B) is registered under section 303(f) [21 USCS § 823(f)] in the State in which the patient will be located when receiving the telemedicine treatment, unless the practitioner--</p> <p>(i) is exempted from such registration in all States under section 302(d) [21 USCS § 822(d)]; or</p> <p>(ii) is an employee or contractor of the Department of Veterans Affairs who is acting in the scope of such employment or contract and is registered under section 303(f) [21 USCS § 823(f)] in any State or is utilizing the registration of a hospital or clinic operated by the Department of Veterans Affairs registered under section 303(f) [21 USCS § 823(f)].</p> <p>(2) Regulations. The Attorney General shall, with the concurrence of the Secretary, promulgate regulations specifying the limited circumstances in which a special registration under this subsection may be issued and the procedures for obtaining such a special registration.</p> <p>(3) Denials. Proceedings to deny an application for registration under this subsection shall be conducted in accordance with section 304(c) [21 USCS § 824(c)].</p> <p><i>Authority: 21 USCS § 831(h)</i></p>	<p>(d) Assignment required for physicians, practitioners, and originating sites. Payment to physicians, practitioners, and originating sites is made only on an assignment-related basis.</p> <p>(e) Sanctions. A distant site practitioner or originating site facility may be subject to the applicable sanctions provided for in chapter IV, part 402 and chapter V, parts 1001, 1002, and 1003 of this title if he or she does any of the following:</p> <p>(1) Knowingly and willfully bills or collects for services in violation of the limitation of this section.</p> <p>(2) Fails to timely correct excess charges by reducing the actual charge billed for the service in an amount that does not exceed the limiting charge for the service or fails to timely refund excess collections.</p> <p>(3) Fails to submit a claim on a standard form for services provided for which payment is made on a fee schedule basis.</p> <p>(4) Imposes a charge for completing and submitting the standard claims form.</p> <p><i>Authority: 42 CFR 414.65</i></p>	

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<p>TITLE 42. THE PUBLIC HEALTH AND WELFARE CHAPTER 7. SOCIAL SECURITY ACT TITLE XVIII. HEALTH INSURANCE FOR THE AGED AND DISABLED PART D. VOLUNTARY PRESCRIPTION DRUG BENEFIT PROGRAM SUBPART 1. PART D ELIGIBLE INDIVIDUALS AND PRESCRIPTION DRUG BENEFITS</p> <p>(C) Required interventions. For plan years beginning on or after the date that is 2 years after the date of the enactment of the Patient Protection and Affordable Care Act [enacted March 23, 2010], prescription drug plan sponsors shall offer medication therapy management services to targeted beneficiaries described in subparagraph (A)(ii) that include, at a minimum, the following to increase adherence to prescription medications or other goals deemed necessary by the Secretary:</p> <p>(i) An annual comprehensive medication review furnished person-to-person or using telehealth technologies (as defined by the Secretary) by a licensed pharmacist or other qualified provider. The comprehensive medication review--</p> <p>(I) shall include a review of the individual's medications and may result in the creation of a recommended medication action plan or other actions in consultation with the individual and with input from the prescriber to the extent necessary and practicable; and</p> <p>(II) shall include providing the individual with a written or printed summary of the results of the review. The Secretary, in consultation with relevant stakeholders, shall develop a standardized format for the action plan under subclause (I) and the summary under subclause (II).</p> <p>(ii) Follow-up interventions as warranted based on</p>	<p>TITLE 42 -- PUBLIC HEALTH CHAPTER IV -- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER B -- MEDICARE PROGRAM PART 424 -- CONDITIONS FOR MEDICARE PAYMENT SUBPART B -- CERTIFICATION AND PLAN REQUIREMENTS</p> <p>State practitioner licensure required</p> <p>(1) The physician or practitioner at the distant site must be licensed to furnish the service under State law. The physician or practitioner at the distant site who is licensed under State law to furnish a covered telehealth service described in this section may bill, and receive payment for, the service when it is delivered via a telecommunications system.</p> <p>(2) The practitioner at the distant site is one of the following:</p> <p>(i) A physician as described in § 410.20.</p> <p>(ii) A physician assistant as described § 410.74.</p> <p>(iii) A nurse practitioner as described in § 410.75.</p> <p>(iv) A clinical nurse specialist as described in § 410.76.</p> <p>(v) A nurse-midwife as described in § 410.77.</p> <p>(vi) A clinical psychologist as described in § 410.71.</p> <p>(vii) A clinical social worker as described in § 410.73.</p> <p>(viii) A registered dietitian or nutrition professional as</p>	

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<p>the findings of the annual medication review or the targeted medication enrollment and which may be provided person-to-person or using telehealth technologies (as defined by the Secretary).</p> <p><i>Authority: 42 USCS § 1395w-104(c)(1)(C)</i></p> <p>TITLE 42. THE PUBLIC HEALTH AND WELFARE CHAPTER 7. SOCIAL SECURITY ACT TITLE XVIII. HEALTH INSURANCE FOR THE AGED AND DISABLED PART E. MISCELLANEOUS PROVISIONS</p> <p>(A) groups of providers of services and suppliers meeting criteria specified by the Secretary may work together to manage and coordinate care for Medicare fee-for-service beneficiaries through an accountable care organization (referred to in this section as an "ACO");</p> <p>(G) The ACO shall define processes to promote evidence-based medicine and patient engagement, report on quality and cost measures, and coordinate care, such as through the use of telehealth, remote patient monitoring, and other such enabling technologies.</p> <p><i>Authority: 42 USCS § 1395jjj(b)(2)(G)</i></p>	<p>described in § 410.134.</p> <p>(3) The services are furnished to a beneficiary at an originating site, which is one of the following:</p> <p>(i) The office of a physician or practitioner.</p> <p>(ii) A critical access hospital (as described in section 1861(mm)(1) of the Act).</p> <p>(iii) A rural health clinic (as described in section 1861(aa)(2) of the Act).</p> <p>(iv) A Federally qualified health center (as defined in section 1861(aa)(4) of the Act).</p> <p>(v) A hospital (as defined in section 1861(e) of the Act).</p> <p>(vi) A hospital-based or critical access hospital-based renal dialysis center (including satellites).</p> <p>(vii) A skilled nursing facility (as defined in section 1819(a) of the Act).</p> <p>(viii) A community mental health center (as defined in section 1861(ff)(3)(B) of the Act).</p> <p><i>Authority: 42 CFR 410.78(b)(1)</i></p>	

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	<p>TITLE 21 -- FOOD AND DRUGS CHAPTER II -- DRUG ENFORCEMENT ADMINISTRATION, DEPARTMENT OF JUSTICE PART 1304 -- RECORDS AND REPORTS OF REGISTRANTS ONLINE PHARMACIES</p> <p>Online pharmacies</p> <p>§ 1304.45 Internet Web site disclosure requirements.</p> <p>(a) Each online pharmacy shall display, at all times and in a visible and clear manner, on its homepage a statement that it complies with the requirements of section 311 of the Act (21 U.S.C. 831) with respect to the delivery or sale or offer for sale of controlled substances. This statement must include the name of the pharmacy as it appears on the DEA Certificate of Registration.</p> <p>(b) Each online pharmacy shall clearly display the following information on the homepage of each Internet site it operates, or on a page directly linked to the homepage. If the information is displayed on a page directly linked to the homepage, that link on the homepage must be visible and clear. The information must be displayed for each pharmacy that delivers, distributes, or dispenses controlled substances pursuant to orders made on, through, or on behalf of that Web site.</p> <p>(1) The name and address of the pharmacy as it appears on the pharmacy's DEA Certificate of Registration.</p> <p>(2) The pharmacy's telephone number and e-mail address.</p> <p>(3) The name, professional degree, and States of</p>	

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	<p>licensure of the pharmacist-in-charge, and a telephone number at which the pharmacist-in-charge can be contacted.</p> <p>(4) A list of the States in which the pharmacy is licensed to dispense controlled substances.</p> <p>(5) A certification that the pharmacy is registered under part 1301 of this chapter with a modification of its registration authorizing it to deliver, distribute, or dispense controlled substances by means of the Internet.</p> <p>(6) The name, address, telephone number, professional degree, and States of licensure with State license number of any practitioner who has a contractual relationship to provide medical evaluations or issue prescriptions for controlled substances, through referrals from the Web site or at the request of the owner or operator of the Web site, or any employee or agent thereof.</p> <p>(7) The following statement: "This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in accordance with section 102(54) of the Controlled Substances Act (21</p>	

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	<p>U.S.C. 802(54))."</p> <p><i>Authority: 21 CFR 1304.45</i></p> <p>TITLE 42 -- PUBLIC HEALTH CHAPTER IV -- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER B -- MEDICARE PROGRAM PART 424 -- CONDITIONS FOR MEDICARE PAYMENT SUBPART B -- CERTIFICATION AND PLAN REQUIREMENTS</p> <p>§ 424.22 Requirements for home health services.</p> <p>(E) The face-to-face patient encounter may occur through telehealth, in compliance with Section 1834(m) of the Act and subject to the list of payable Medicare telehealth services established by the applicable physician fee schedule regulation.</p> <p><i>Authority: 42 CFR 424.22(a)(E)</i></p> <p>TITLE 42 -- PUBLIC HEALTH CHAPTER IV -- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER B -- MEDICARE PROGRAM PART 410 -- SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS SUBPART B -- MEDICAL AND OTHER HEALTH SERVICES</p> <p>Durable medical equipment: Scope and conditions.</p> <p>(g)(1) Items requiring a written order. As a condition of payment, Specified Covered Items (as described in paragraph (g)(2) of this section) require a written order</p>	

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	<p>that meets the requirements in paragraphs (g)(3) and (4) of this section before delivery of the item.</p> <p>(ii) For purposes of this paragraph (g), a face-to-face encounter may occur via telehealth in accordance with all of the following:</p> <p>(A) Section 1834(m) of the Act.</p> <p>(B)(1) Medicare telehealth regulations in § 410.78 and § 414.65 of this chapter; and</p> <p>(2) Subject to the list of payable Medicare telehealth services established by the applicable PFS.</p> <p><i>Authority: 42 CFR 410.38(g)</i></p>	

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	<p>TITLE 42 -- PUBLIC HEALTH CHAPTER IV -- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER C -- MEDICAL ASSISTANCE PROGRAMS PART 441 -- SERVICES: REQUIREMENTS AND LIMITS APPLICABLE TO SPECIFIC SERVICES SUBPART K--HOME AND COMMUNITY-BASED ATTENDANT SERVICES AND SUPPORTS STATE PLAN OPTION (COMMUNITY FIRST CHOICE)</p> <p>§ 441.535 Assessment of functional need.</p> <p>States must conduct a face-to-face assessment of the individual's needs, strengths, preferences, and goals for the services and supports provided under Community First Choice in accordance with the following:</p> <p>(a) States may use one or more processes and techniques to obtain information, including telemedicine, or other information technology medium, in lieu of a face-to-face assessment if the following conditions apply:</p> <p>(1) The health care professional(s) performing the assessment meet the provider qualifications defined by the State, including any additional qualifications or training requirements for the operation of required information technology;</p> <p>(2) The individual receives appropriate support during the assessment, including the use of any necessary on-site support-staff; and</p> <p>(3) The individual is provided the opportunity for an in-person assessment in lieu of one performed via</p>	<p>Medicaid</p> <p>Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient). As such, states have the option/flexibility to determine whether (or not) to cover telemedicine; what types of telemedicine to cover; where in the state it can be covered; how it is provided/covered; what types of telemedicine practitioners/providers may be covered/reimbursed, as long as such practitioners/providers are "recognized" and qualified according to Medicaid statute/regulation; and how much to reimburse for telemedicine services, as long as such payments do not exceed Federal Upper Limits.</p> <p>If the state decides to cover telemedicine, but does not cover certain practitioners/providers of telemedicine or its telemedicine coverage is limited to certain parts of the state, then the state is responsible for assuring access and covering face-to-face visits/examinations by these "recognized" practitioners/providers in those parts of the state where telemedicine is not available. Therefore, the general Medicaid requirements of comparability, statewideness and freedom of choice do not apply with regard to telemedicine services.</p> <p>States are not required to submit a (separate) SPA for coverage or reimbursement of telemedicine services, if they decide to reimburse for telemedicine services the same way/amount that they pay for face-to-face services/visits/consultations.</p> <p>States must submit a (separate) reimbursement (attachment 4.19-B) SPA if they want to provide</p>

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	<p>telemedicine.</p> <p>(b) Assessment information supports the determination that an individual requires Community First Choice and also supports the development of the person-centered service plan and, if applicable, service budget.</p> <p>(c) The assessment of functional need must be conducted at least every 12 months, as needed when the individual's support needs or circumstances change significantly necessitating revisions to the person-centered service plan, and at the request of the individual.</p> <p>(d) Other requirements as determined by the Secretary.</p> <p><i>Authority: 42 CFR 441.535</i></p> <p>TITLE 42 -- PUBLIC HEALTH CHAPTER IV -- CENTERS FOR MEDICARE & MEDICAID SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER C -- MEDICAL ASSISTANCE PROGRAMS SUBPART M--STATE PLAN HOME AND COMMUNITY-BASED SERVICES FOR ELDERLY AND DISABLED INDIVIDUALS</p> <p>§ 441.720 Independent assessment.</p> <p>(a) Requirements. For each individual determined to be eligible for the State plan HCBS benefit, the State must provide for an independent assessment of needs, which may include the results of a standardized functional needs assessment, in order to establish a service plan. In applying the requirements of section</p>	<p>reimbursement for telemedicine services or components of telemedicine differently than is currently being reimbursed for face-to-face services.</p> <p>States may submit a coverage SPA to better describe the telemedicine services they choose to cover, such as which providers/practitioners are; where it is provided; how it is provided, etc. In this case, and in order to avoid unnecessary SPA submissions, it is recommended that a brief description of the framework of telemedicine be placed in an introductory section of the State Plan and then a reference made to telemedicine coverage in the applicable benefit sections of the State Plan. For example, in the physician section it might say that dermatology services can be delivered via telemedicine provided all state requirements related to telemedicine as described in the state plan are otherwise met.</p> <p><i>Source: Medicaid.gov accessed at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html</i></p>

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	<p>1915(i)(1)(F) of the Act, the State must:</p> <p>(1) Perform a face-to-face assessment of the individual by an agent who is independent and qualified as defined in § 441.730, and with a person-centered process that meets the requirements of § 441.725(a) and is guided by best practice and research on effective strategies that result in improved health and quality of life outcomes.</p> <p>(i) For the purposes of this section, a face-to-face assessment may include assessments performed by telemedicine, or other information technology medium, if the following conditions are met:</p> <p>(A) The agent performing the assessment is independent and qualified as defined in § 441.730 and meets the provider qualifications defined by the State, including any additional qualifications or training requirements for the operation of required information technology.</p> <p>(B) The individual receives appropriate support during the assessment, including the use of any necessary on-site support-staff.</p> <p>(C) The individual provides informed consent for this type of assessment.</p> <p><i>Authority: 42 CFR 441.720(a)</i></p>	