

## Telehealth FAQ (*Frequently Asked Questions*)

### 1. What is common language in field of telehealth?

The definition of telemedicine, as well as telehealth, has continued to evolve, and there is no consensus on the definition of either of the 2 terms (per AMA), however, here are general definitions from various organizations.

**Telehealth:** “the use of electronic information and telecommunications technologies to support and promote long distance clinical health care, patient and professional health-related education, public health, and health administration” (Health Resources and Services Administration, n.d., para. 3). APTA recommends the use of this term or telehealth use by physical therapists.

**Telemedicine:** “is the remote delivery of health care services and clinical information using telecommunications technology. This includes a wide array of clinical services using internet, wireless, satellite and telephone media. ATA has a more comprehensive explanation, complete with examples [here](#).”

ATA link: <http://www.americantelemed.org/main/about/about-telemedicine/telemedicine-faqs>

**Telerehabilitation:** “is the application of telecommunication and information technologies for the delivery of rehabilitation services” (American Occupational Therapy Association [AOTA], 2013, p. S69).

### 2. Do all payers cover telehealth for PT?

Medicare does **not** currently cover telehealth services for physical therapists. An increasing number of payers do pay for telehealth and coverage is increasing. Medicaid programs have covered PT and rehabilitation telehealth services in various states. Each private payer has a unique policy, but these can be found online or by contacting your provider reps. Call your payers and ask the right questions.

- Are physical therapists eligible for telehealth payment?
- Does the payment rate match the currently contracted in-office rate?
- Can the following CPT codes be completed via telehealth?
- Are there any restrictions on the location of the physical therapist or the patient?
- Do I need to use a modifier (GT, 95) or place of service code (02)?

Many states require private payers to reimburse for telehealth. The American Telemedicine Association maintains a list of states where parity laws for private insurance coverage are listed in their document detailing [State by State Coverage](#). Not all health services are required to be reimbursed. In the absence of a state law requiring telehealth coverage, providers must carefully read the policies of each insurance company to determine whether they can be reimbursed for services delivered through telehealth.



[The Center for Connected Health Policy](#) helps you stay informed about telehealth-related laws, regulation and Medicaid programs in all 50 states and DC. Visit your [State Medicaid Agency Website](#) to search for your states current telehealth covered services under Medicare payment policy.

### **3. Define the Originating and Distant Site and implication on licensure and payment.**

*Although physical therapists are not currently approved providers for telehealth services at the time of this published FAQ, the definitions referenced below reflect Medicare policy. Many third-party payers follow Medicare policy so it is important that you check your payer contract to confirm definitions and any references to payment for physical therapists and telehealth services.*

An Originating Site (site of the patient) is the location of an eligible Medicare beneficiary at the time the service furnished via a telecommunications system occurs. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in:

- A county outside of a Metropolitan Statistical Area (MSA)
- A rural Health Professional Shortage Area (HPSA) located in a rural census tract

The originating sites authorized by law are:

- The offices of physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)

Utilize the [Medicare Telehealth Payment Eligibility Analyzer](#) to check if a specific address is eligible for Medicare telehealth originating site payment. The Originating Site can bill a separate facility fee for Part B payment (HCPCS code Q3014). For calendar year 2017, the facility fee is \$25.40.

Some Medicare alternative payment programs such as the Comprehensive Care for Joint Replacements (CJR) have waived the originating site and geographic site requirement and allow in-home telehealth visits, though currently physical therapists are not eligible providers thus would not be able to participate by telehealth. However, CJR telehealth programs do exist with physical therapist participation.

Practitioners at the Distant Site (site of the provider) who may furnish and receive payment from Medicare for covered telehealth services (subject to State law) are:

- Physicians.
- Nurse practitioners (NPs).
- Physician assistants (PAs).
- Nurse-midwives.
- Clinical nurse specialists (CNSs).
- Certified registered nurse anesthetists.



- Clinical psychologists (CPs) and clinical social workers (CSWs).
- Registered dietitians or nutrition professionals.

❖ **As of 2019, Physical Therapists are not recognized practitioners for delivery of telehealth services under the Medicare program. Legislation is pending seeking to include physical therapists.**

Medicare does not pay for all services via telehealth. A list of payable CPT codes can be found here: [Covered Telehealth Services](#). In addition, when physical therapists obtain recognition as telehealth practitioners, commonly used therapy CPT codes will need to be added as covered services. Under the Medicare program, payment for the professional service performed by the distant site practitioner (i.e., where the expert physician or practitioner is physically located at the time of the telehealth encounter) is equal to what would have been paid without the use of telehealth.

#### **4. How do you bill a telehealth visit?**

As with clinical coverage, payers often have specific rules regarding payment for telehealth services. Generally physical therapists will continue to report ICD-10 diagnosis codes and CPT treatment codes. Traditional coding guidelines in regards to time and units persevere.

- **Telehealth Modifiers**
  - When services are covered, Medicare requires the GT modifier (Via interactive audio and video telecommunications system) Medicare guidance states that when using the GT modifier this indicates the provider is certifying “the beneficiary was present at an eligible originating site” at the time the service was provided.
  - In 2017 the AMA added a new modifier 95 (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System). This modifier should be added to commercial claims if those codes are listed in Appendix P, “CPT® Codes that May Be Used for Synchronous Telemedicine Services”, as published in the 2017 CPT® code book. The list will be reviewed and updated as payment policies change.
- **Place of Service (POS) Codes** are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. The Centers for Medicare & Medicaid Services (CMS) maintain POS codes used throughout the health care industry.
  - A new (2017) place of service code 02 has been created for telehealth. The location where health services and health related services are provided or received, through a telecommunication system. This is something to consider in your payer contracts and define use. It is a way to track telehealth visits and describe the visit type.
  - Self-Pay is an option for patients that do not have coverage from their insurance carrier for physical therapy services that are delivered via telehealth. Many patients assign value to the telehealth option as they do not have to make up time or leave work and family responsibilities to attend a treatment session. Increasingly patients are willing to pay for the convenience and less disruption in their daily schedule.



## 5. What is the status of coding for telehealth services for physical therapists?

AMA CPT published codes that may be used for “synchronous telemedicine services”. This list is found in the 2017 (and subsequent) CPT Code book in Appendix P and denotes all the codes that may be used for reporting synchronous (real-time) telemedicine services when appended by Modifier 95 (Modifier 95 language is published in Appendix A and is excerpted below). All procedures on this current published list involve electronic communication using interactive telecommunications equipment that at a minimum includes audio and video. The codes listed in the currently published appendix P do not include any of the physical medicine and rehabilitation codes. There is an opportunity to update this list annually, and the criteria for including currently published category 1 CPT codes in this appendix as provided by a physician or other qualified healthcare provider, is dependent on demonstrating published payment policy covering such services consistently in large regions of the country or nationally by both commercial and federal payers.

As noted in other resources there is not published payment policy that is consistent across the country or in large regional areas. This will hopefully change, at which time Appendix P could be expanded to include those services indicating positive payment policy for these services.

Therapists currently providing services that could be described as “synchronous telemedicine services” should determine the payment policy of patients’ payment source and follow that guidance, as well as any state laws or regulations related to the provision of these services.

Modifier 95 is defined as below:

### Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System:

Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician or other qualified health care professional. The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction. Modifier 95 may only be appended to the services listed in Appendix P. Appendix P is the list of CPT codes for services that are typically performed face-to-face, but may be rendered via a real time (synchronous) interactive audio and video telecommunication system.

*AMA CPT 2017, Appendix A and Appendix P*

## **6. Does the patient need to consent prior to receiving services by telehealth?**

Just as PTs must follow state law requirements and professional best practices for acquiring informed consent for in-person encounters, the same requirements should be followed for the delivery of physical therapy services via telehealth technologies. Some states do have specific requirements for informed consent specific to telehealth services. Clients should be made aware of any limitations that telehealth services present as compared to an in-person encounter for that client's situation such as the inability to perform hands-on examination, assessment and treatment. Given the unique nature of the provision of services through telehealth there are some special considerations including:

- a. Consent to being photographed, recorded, or videotaped and consent to the storage of the encounter data, if applicable. Disclosure should be made as to how long data will be stored.
- b. Consent procedures should include a hold harmless clause for medical or other information lost because of technology failures. Clients should be informed of the possibility of failure of the technologies used to provide telehealth services.

[Federation of State Boards of Physical Therapy Telehealth in Physical Therapy Policy Recommendations for Appropriate Regulation, April 2015](#)

## **7. Do I need a PT license in multiple states if I have patients in multiple states? See this link for both questions/answers:**

Yes. The PT must have a license in the state which the patient is consuming the physical therapy treatment (called the "originating site"). It is unclear at this time how the recent Interstate [Physical Therapy Compact](#) will rule on telehealth and geographic requirements.

- a. Licensure - Physical therapy providers delivering care using technology must be authorized by law (licensure or certification) to provide physical therapy services in the state or jurisdiction in which the client is physically located during the PT/client interaction. This originating site, or client site, is the location where physical therapy care occurs. The client site may change if the client's physical location changes between initial and subsequent treatments. The provider must be licensed in the jurisdiction where the client is located and must adhere to the laws defining scope of practice in that jurisdiction, however, the provider should not be required to be physically located in that same jurisdiction. The physical therapy providers should ensure compliance with regulatory requirements as applicable.
- b. Telehealth makes it possible for providers to connect with patients in other states. When this happens, the originating site (the location of the patient) is considered the "place of service", and therefore the distant site provider must adhere to the licensing rules and regulations of the state in which the patient is located. Each state has their own laws and regulations around licensing which are typically enforced by the state medical board. Most state medical boards enforce strict licensure rules, requiring providers to have a full medical license in the state the patient is physically located in. Therefore, in the case of a telehealth consultation between a provider in California and a patient in



Hawaii, for example, the provider must obtain a Hawaii medical license before performing the telemedicine consultation. Under certain circumstances, such as emergencies, an exception may be made to the requirements for state licensure. If all of your patient interactions are within the State in which you are licensed, you maintain your licensure in good standing, and you comply with accepted standards, you are unlikely to have any significant licensure issues.

[Federation of State Boards of Physical Therapy Telehealth in Physical Therapy Policy Recommendations for Appropriate Regulation, April 2015](#)

**8. Are therapy session audio or video typically stored or archived? If so what are the data retention policies and access to the “record”?**

a. Therapy sessions documentation and content should be captured and stored for the length of time as the jurisdiction of the physical therapist’s location dictates. There is conflicting information regarding recording telehealth sessions. In a law that just recently passed in Vermont, it is expressly prohibited to record telehealth sessions.

b. Administrative guidelines - Written policies and procedures should be maintained at the same standard as in-person encounters for documentation, maintenance, and transmission of the records of the encounter using telehealth technologies. Additionally, when relevant, infection control policies and procedures should be followed for shared, multi-user equipment. It is imperative that quality-oversight mechanisms are in place.

[Federation of State Boards of Physical Therapy Telehealth in Physical Therapy Policy Recommendations for Appropriate Regulation, April 2015](#)

**9. Is there a difference for a telehealth visit vs. an office visit?**

A telehealth visit is considered as either real time audio and video telecommunication between patient/client and a health care provider (face-to-face), store and forward telehealth encounter, and/or a remote monitoring of patient/client with telecommunication technology by a health care provider in a clinical setting. An office visit is considered an in-person visit between a patient/client and a health care provider in a clinical setting.

<https://www.fsbpt.org/FreeResources/RegulatoryResources/TelehealthinPhysicalTherapy.aspx>

**10. What are questions I should ask when I am contracted related to my practice adding telehealth services?**

Initial consultation with a lawyer who specialize in telemedicine would be helpful. Questions may



include malpractice insurance, payment/fees, licensing, risk mitigation, technology competency, and business associate agreement.

[https://www.researchgate.net/profile/Gerald\\_Koocher/publication/232532387\\_Regulation\\_of\\_telepsychology\\_a\\_Survey\\_of\\_State\\_Attorneys\\_General/links/570a905308aed09e91713a1c.pdf](https://www.researchgate.net/profile/Gerald_Koocher/publication/232532387_Regulation_of_telepsychology_a_Survey_of_State_Attorneys_General/links/570a905308aed09e91713a1c.pdf)

### **11. Are there any HIPAA considerations that are different than in-person clinic visits?**

Yes, key considerations include privacy/security of telehealth technology in terms of HIPAA business associate agreement and compliance and encryption and data monitoring.

<https://vsee.com/hipaa>

### **12. How can I ensure that my telehealth vendor is HIPAA compliant?**

Similar to an EMR vendor, your telehealth software company is considered a Business Associate under HIPAA. Be wary of a vendor that will not sign a Business Associate Agreement.

The HITECH amendment to HIPAA (effective March 25, 2013) Page 5571

The final rule adopts the language that expressly designates as business associates: (1) A Health Information Organization, E-prescribing Gateway, or other person that provides data transmission services with respect to protected health information to a covered entity and that requires routine access to such protected health information; and (2) a person who offers a personal health record to one or more individuals on behalf of a covered entity. In order for a telehealth technology provider to enter into a Business Associate Agreement, they must meet all of the HIPAA Security requirements themselves.

### **13. How do I keep aware of current federal legislative and state telehealth bills?**

Multiple resources exist to help you stay abreast of changing telehealth legislation. These include:

- APTA State Issue Tracking: <http://www.apta.org/StateIssues/IssueTracking/>
- APTA Federal Issue Tracking: <http://www.apta.org/FederalIssues/>
- Center for Connected Health Policy: <http://www.cchpca.org/>  
This organization exists to develop and advance telehealth policy solutions to promote improvement in health and health care systems. CCHP actively researches and analyzes important telehealth policy issues, engages influential public and private sectors through analyses and reports, and provides key telehealth policy resources nationwide.
- Telehealth Resource Center: <https://www.telehealthresourcecenter.org/>

*Updated 10/2019*