UCSF Medical Center

UCSF Benioff Children's Hospital

Telehealth Services at UCSF Medical Center

POLICY 6.04.30
Patient Care
Telehealth Services
Issued: September 2014
Last Approval: New

Office of Origin: Telehealth Resource Center

I.   PURPOSE

A. Ensure the proper use of telemedicine services intended for billable and non-revenue generating encounters by providers at UCSF Medical Center.

1. Ensure departments and/or divisions who wish to use telehealth means in order to practice telemedicine at UCSF MC complete all necessary prerequisite implementation steps to commence services and billing.

2. This policy does not cover contractual telehealth services which are negotiated by the Department of Government and Business Contracts and are separately governed by such contracts.

3. This version of the policy does not cover Research or other services which may be considered at a future time.

II.   REFERENCES

A. The California Telehealth Center's Reimbursement Guide: http://caltrc.org/wp-content/uploads/2013/07/CTRC-Telemedicine-Reimbursement-Guide-2014.pdf \

B. Medi-Cal {online} Provider Manual: Telehealth, which is referenced at the Medi-Cal Telehealth website[1] and can be found, here: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mednetele_m01o03.doc

C. CMS (Medicare): http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf

1. Medicare Telehealth Eligibility: http://datawarehouse.hrsa.gov/telehealthAdvisor/telehealthEligibility.aspx

D. National Telehealth Policy Resource Center, California: http://telehealthpolicy.us/jurisdiction/9

E. The Office of Telehealth and mLabs at UCSF & SFGH: http://telemedicine.ucsf.edu/

III.   DEFINITIONS

A. Telehealth: As defined by the California Telehealth Advancement Act of 2011, AB415:

'telehealth' means the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while the patient is at the originating site and the health care provider is at a distant site. Telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

B. Telemedicine: Telemedicine generally refers to the provision of clinical services from a distance. The Institute of Medicine of the National Academy of Science defines telemedicine as "the use of electronic information and communication technologies to provide and support

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[1] http://www.dhcs.ca.gov/provgovpart/Pages/Telehealth.aspx

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health care when distance separates the participants". Telemedicine is a component of telehealth.

C. Originating CMS site: An originating site is the location of an eligible Medicare beneficiary at the time the service being furnished via a telecommunications system occurs. *See*, Reference A noted above on pg. 3 for list of sites authorized by law.

D. Originating 'other' site: An originating site is the location of a patient at the time the service being furnished via a telecommunications system occurs.

E. Distant CMS site: defined by CMS as the site where the health care provider is located. *See*, Reference A noted above on pg. 3 for a list of eligible health care providers.

F. Eligible CMS Health Care Provider: physician, nurse practitioner, physician assistant, nurse midwife, clinical nurse specialist, clinical psychologist, clinical social worker, and registered dietician or nutrition professional. The service provided must be within a practitioner's scope of practice under state law or the policies of UCSF Medical Center.

G. Distant 'other' site: the site where the health care provider is located.

H. Eligible Services: encounters considered eligible by CMS and generally considered eligible by 'other' payers for telehealth encounters are listed in Reference A noted above on pg. 5.

I. Telehealth Champion: the department designee who is responsible for ensuring compliance of this policy

J. Billable Encounters: services performed as referenced above by eligible providers, following the regulations of the patients' insurance provider (government and/or private)

K. Non-Revenue Generating Encounters: encounters designated as service line enhancement by the department in order to triage and otherwise address internal UCSF internal consults or interact with patients whose insurance provisions do not qualify them for billable encounters.

IV. POLICY

A. The Telehealth Program Implementation Checklist (See **Appendix A**) must be fully completed by the Telehealth Champion in order to obtain authorization for telemedicine services and billing of these services.

B. A department cannot commence telemedicine services without prior authorization of the Director of Telehealth Resource Center, a UCSF Department.

C. The Medical Group Billing Service cannot activate billing for such services until such time as approval is communicated by the Director of Telehealth Resource Center.

D. In the event of non-compliance with applicable guidelines, a department must be released by the auditing entity (Internal Audit or the Clinical Enterprise Compliance Program, for instance) to recommence telehealth services.

V. PROCEDURES

A. Meet with Director of Telehealth Resource Center to review the Telehealth Program Implementation Checklist (See **Appendix A**).

B. Completion of Telehealth Program Implementation Checklist (TPIC)

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C. Submission of the signed checklist by the Telehealth Champion with set of completed items for approval

D. Director of Telehealth Resource Center transmits either approval or disapproval to the Telehealth Champion and MGBS.

VI. RESPONSIBILITY

A. Director of Telehealth Resource Center at UCSF MC: the Director must sign-off on any and all requested telehealth services performed at UCSF.

B. Telehealth Champion (TC): the TC must ensure all items are completed on the TPIC and work with appropriate staffing as outlined Appendix A.

C. The Ambulatory Clinic Administrator (ACA): the ACA must work with the TC to establish clinical workflows particular to the individual department and/or division.

D. Revenue Manager (RM): the appropriate department or division manager responsible for clinical revenue will work with the TC to ensure proper coding and billing practices are followed in compliance with applicable laws, rules and regulations.

E. Providers: must take individual responsibility to understand the regulations directing telehealth and work with the RM or other appropriately identified department designee to ensure proper credentialing is obtained, as well as the process for consenting patients for telemedicine use.

VII. HISTORY OF POLICY

New policy issued September 2014 by the Compliance Office, Dir. of Telehealth Services, Finance and the Office of CMIO.

Reviewed and approved September 2014 by the Policy Steering Committee

Reviewed and approved September 2014 by the Executive Medical Board and Governance Advisory Council

VIII. APPENDIX

A. Telehealth Program Implementation Checklist

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Appendix A: Telehealth Program Implementation Checklist

PROGRAM ELEMENT CHECKLIST and APPROVALS

☐ The program has established a process to monitor the provision of telehealth consults.

☐ The program has identified a Telehealth Champion.

☐ The program has identified a process to measure the effectiveness of telehealth consults.

☐ Clinical workflows have been identified and documented.

☐ The program has established Inclusion/Exclusion Criteria for clinical selection of patients and that is documented and followed.

☐ Encounters are performed in a location that ensures the patient's privacy and confidentiality and follow a written protocol.

☐ Any provider to perform telehealth encounters has received training regarding program processes and requirements. This includes knowledge and training of the appropriate modes of service provision which can be found here: telehealth.ucsf.edu/start-program .

☐ Providers are credentialed for the appropriate originating site, as applicable.

☐ Billing staff at appropriate site(s) have received training regarding billing and coding for telehealth encounters, including allowable procedures, site origination fees, and transmission fees, for each payor.

This service line checklist has been reviewed and is approved for implementation of service provision and billing:

By: _____   By: _____
     Director of Telehealth   Director of MGBS