

FUNDING LANDSCAPE FOR TELEPSYCHIATRY

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Objectives:

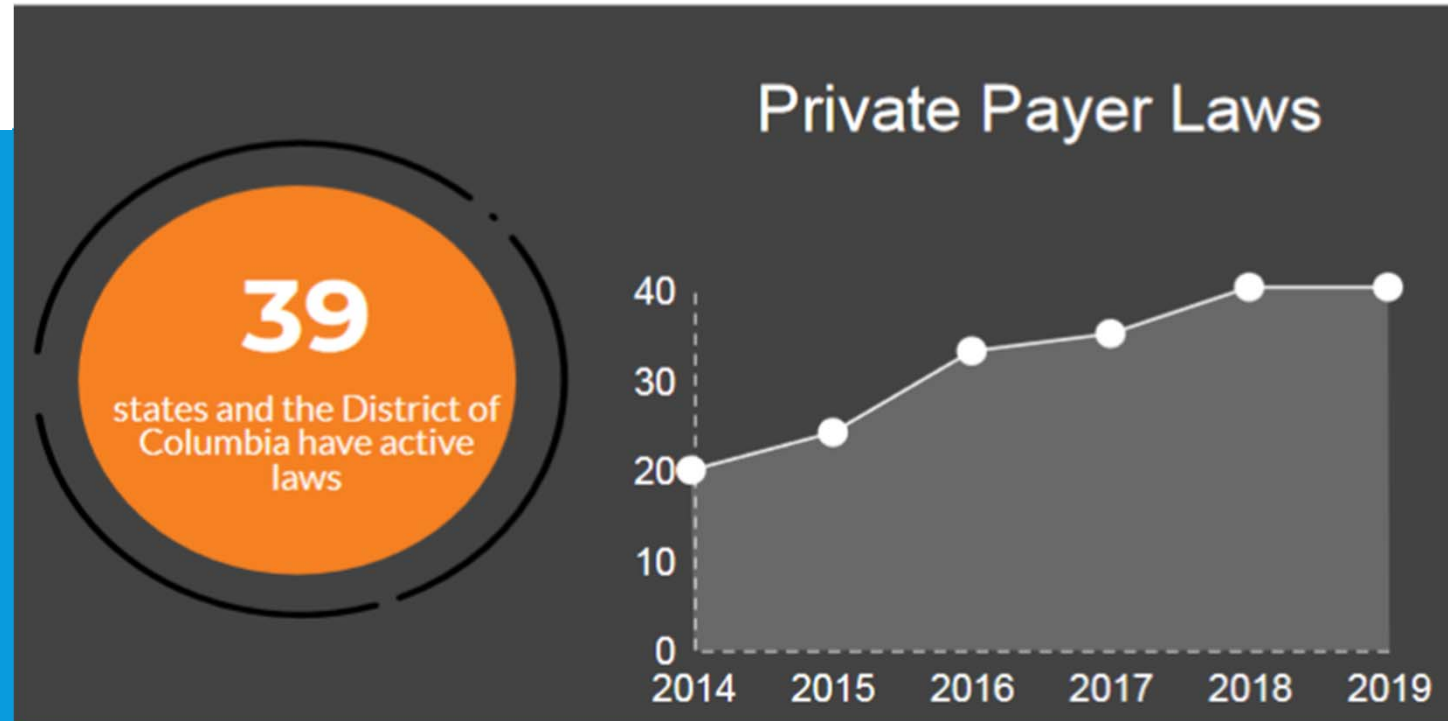
- Telehealth Parity Laws
- Colorado Law & Private Payers
- Lessons Learned from an Integrated Telepsychiatry Service

REIMBURSEMENT: PRIVATE PAYERS

State Laws

Coverage Parity:
39 states + DC

Payment Parity:
10 states



State Laws govern private payer telehealth reimbursement policies. Telehealth implementation varies from state to state based on which services are reimbursed. *Center for Connected Health Policy (CCHP) Spring 2019 State Telehealth Laws and Reimbursement Policies Infographic*

CO HB17-1094 & CO REVISED STATUTES 10-16-123(4)(E)(I & II)

TELEHEALTH COVERAGE UNDER HEALTH BENEFIT PLANS

- Until January 2017, Colorado only mandated telemedicine reimbursement for services delivered in rural areas of the state.
- Colorado now has a full parity law, requiring reimbursement across the entire state.
- Health benefit plans are required to cover health care services delivered via telehealth in the same manner that the plan covers health care services delivered in person.
- Telehealth includes healthcare services provided through HIPAA-compliant audio-visual communication.

COLORADO PRIVATE PAYER LAW: SUMMARY

- Can't deny "solely" b/c telehealth throughout state
- Synchronous (live, interactive A/V), Asynchronous (S&F) & cell phone app allowed
- Compensation for transmission costs from originating site (i.e. PCP office) to distant site (i.e. Psychiatric office)
- No in-person required 1st
- Does not include faxes or texts



COLORADO PRIVATE PAYER LAW: SUMMARY

- Not considered a unique service
- Same CPT codes that are used for typical in person services
- Simply add modifier
- GT modifier for Synchronous services
- GQ modifier for Asynchronous telecommunication
- “Subject to all terms & conditions of the health benefit plan” ... **TBD.**



THE COLORADO MODEL: LESSONS LEARNED FROM AN INTEGRATED TELEPSYCHIATRY SERVICE

University of Colorado's Johnson Depression Center & Department of Family Medicine

- Primary Care Medical home known as AF Williams, local NCQA in Stapleton, Denver, CO
- 18,000 patients, 40 PT Family Med Physicians, 18 FM Residents, large embedded behavioral health team
- Patient presents to PCP (originating site)
- Psychiatrist provides medical service from JDC (distant site) utilizing a HIPAA protected cloud-based virtual telemedicine platform (Zoom/Vidyo)
- Services developed organically based on PCP & Patient need

THE COLORADO MODEL: LESSONS LEARNED FROM AN INTEGRATED TELE-PSYCHIATRY SERVICE

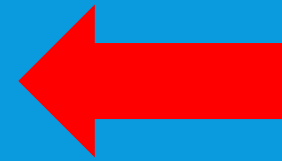
Stepped Care Model of Available Services

- 1) E-consults: Staff message through EMR for brief questions/chart review
- 2) Provider-to-Provider Consultations: Scheduled or Brief Curbsides
- 3) Co-Consultations: Psychiatrist Provides Consultations with PCP and Patient Present
- 4) Psychiatric Evaluation with Patient Present: Initiate Plan w/ recommendations for continued management
- 5) Interdisciplinary Team Meetings
- 6) Didactic Education

THE COLORADO MODEL: LESSONS LEARNED FROM AN INTEGRATED TELE-PSYCHIATRY SERVICE

3) Co-Consultations: Psychiatrist Provide Consultations
with PCP and Patient Present

4) Psychiatric Evaluation w/ Patient Present



*Standard CPT Codes pay for these services
with GT modifier

*99204 *99214

THE COLORADO MODEL: FUNDING & REIMBURSEMENT TRACKING

- 2014 Salary Support 0.4 psychiatric time (common for integrated models, aligned with quadruple aim, leadership vision)
- 2017, Slowly able to start billing (patient visits only)
- University Hospital System develops infrastructure to support billing and tracking of telehealth reimbursement
- Anticipate 20-40% reimbursement
- 2019, MH parity and New CPT codes are still emerging to better support full range of needed services ... TBC.

Thank You for Continuing the Work!
Further Questions can be Emailed
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