

Telehealth 101

Telehealth Summit
May 24, 2018

Tim Bickel – Telehealth Director, University of Louisville

**Deborah Burton, Telehealth Program Manager, KentuckyOne Health, Lexington;
Chair, Kentucky Telehealth Board**

Donna Veno – Telehealth Board Administrator, Frankfort



Objectives

- **Understand where to find resources for implementing telehealth**
- **Learn methods for including telehealth into your practice**
- **Consider legal and regulatory issues when implementing telehealth**
- **Understand how to register and obtain approval to become members of the Kentucky TeleHealth Network for Medicaid telehealth providers / sites billing for telehealth services**
- **Learn how to access resources and educational opportunities including UK and UofL Grand Rounds, CE accredited programming, public health programming and ad-hoc programs**



How do I get started?

- **Assess patient service needs and identify internal/external resources; Determine Reimbursement eligibility**
- **Identify a clinical champion for the planned project and Leadership support and funding, Telehealth Team support**
- **Complete legal and regulatory requirements including BAAs, Contracts, Credentialing & Privileging, Consent Forms, Malpractice Insurance; Register Medicaid telehealth sites / providers with the KTHN**
- **Determine technology infrastructure, network adequacy with medical grade broadband, security and risk assessment, HIPAA compliance, and equipment/peripheral needs**
- **Review existing Clinical Guidelines, develop protocols and processes for referral, scheduling, patient flow, billing, Medical Records**
- **Ask experienced Telehealth professionals at Telehealth Resource Centers, KTHN Board, ATA SIGs**



Registering with the KTHN

- Medicaid telehealth providers and sites must register and be approved by the Telehealth Board to be members of the Kentucky TeleHealth Network (KTHN) **until July 1, 2019**
- A letter requesting membership and the member application completed & forwarded to Donna Veno at donna.veno@ky.gov
- The Telehealth Board will approve the 2018 membership requests at their quarterly meetings – June 22, Sept 10, Dec 10
- Telehealth providers should not bill Medicaid for services prior to becoming a member of the KTHN



Kentucky TeleHealth Network Member Application TELEHEALTH PROVIDER / TELEHEALTH SITE

This form is to be completed in accordance with KTHN001 – KTHN Membership Policy

TELEHEALTH PROVIDER / TELEHEALTH SITE INFORMATION

Provider/Site Name:

Click here to enter text.

Provider/Site Address:

Click here to enter text.

City, State & Zip:

Click here to enter text.

County:

Click here to enter text.

Primary Contact:

Click here to enter text.

Phone Number:

Click here to enter text.

Email Address:

Click here to enter text.

Description of Video Conference Technology:

Click here to enter text.

Telehealth Services Provided:

Click here to enter text.

OWNED AND/OR AFFILIATED SITES

Provider/Site Name Address, City, State & Zip	County	Video Conference Technology	Contact Name Phone & Email
Click here to enter text. Click here to enter text. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text. Click here to enter text. Click here to enter text.
Click here to enter text. Click here to enter text. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text. Click here to enter text. Click here to enter text.
Click here to enter text. Click here to enter text. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text. Click here to enter text. Click here to enter text.

Understanding Telehealth Policy

- **Reimbursement**
 - Medicare**
 - Medicaid**
 - Medicaid MCOs**
 - Private Health Insurance**
 - Contractual Agreements**
- **Privacy / Security / Confidentiality**
- **Consent**
- **Telecommunications mode**
- **Credentialing and Privileging of Providers**
- **Provider Licensing**
- **Malpractice and Liability**



Medicare's 5 Requirements for Telehealth Reimbursement

- 1. Eligible location per the telehealth eligibility analyzer**
- 2. Eligible location type**
- 3. Eligible type of provider**
- 4. Technology requirements met for type of delivery**
- 5. Eligible CPT/HCPCS code**

Medicare Originating/Patient Site Location – Eligibility Analyzer

- Medicare Reimbursement – HPSA/MUA

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.asp>

X

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx>

U. S. Department of Health & Human Services

HRSA Data Warehouse Health Resources & Services Administration

Enter Keywords

[Advanced Search](#)

Topic Areas Tools Data FAQs & Resources About HDW HRSA.gov

[Home](#) > [Tools](#) > [Analyzers](#) > Medicare Telehealth Payment Eligibility Analyzer

Medicare Telehealth Payment Eligibility Analyzer

Check if an address is eligible for Medicare telehealth originating site* payment.

Authorized originating sites which meet the following criteria shall be designated as eligible for Medicare telehealth payment:

- * Analysis indicates that the address does not fall in a metropolitan statistical area OR
- * If address falls in a metropolitan statistical area, then the address must be in a rural area and be in a Primary Care or Mental Health geographic Health Professional Shortage Area (HPSA).

All data on eligibility for Medicare telehealth payments is updated once each year. The results of the analyzer are consistent across the entire calendar year and will be updated on January 1 of the following year.

For questions or clarification on geographic eligibility for Medicare telehealth payments, contact Steven Hirsch at the Federal Office of Rural Health Policy, 301-443-7322.

For more detailed information on Medicare telehealth payments, contact your local Telehealth Resource Center (TRC).

Additional Tools

- [Definition of Rural Area](#)
- [Medicare Telehealth Information](#)
- [Shortage Designation Home](#)
- [Who is your TRC? #](#)

Search Criteria

Please provide a street address, city, and state or a street address and ZIP Code.

Street Address:

City:

State:

ZIP Code:

HRSA Data Warehouse Health Resources & Services Administration

Enter Keywords

[Advanced Search](#)

Topic Areas Tools Data FAQs & Resources About HDW HRSA.gov

[Home](#) > [Tools](#) > [Analyzers](#) > Medicare Telehealth Payment Eligibility Analyzer

Medicare Telehealth Payment Eligibility Analyzer Results

Input address: 222 West Tennessee Avenue, Pineville, Kentucky 40977

Geocoded address: 222 W Tennessee Ave, Pineville, Kentucky, 40977



Yes, the address provided is eligible for Medicare telehealth payment.



Medicare Originating Sites

*The **originating** site is the location of the patient at the time the service is being furnished. The **distant** site is the site where the physician or other licensed practitioner delivering the service is located.*

- 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)

Medicare Distant Site Practitioner

- **Physicians.**
- **Nurse practitioners (NPs).**
- **Physician assistants (PAs).**
- **Nurse-midwives.**
- **Clinical nurse specialists (CNSs).**
- **Certified registered nurse anesthetists.**
- **Registered dietitians or nutrition professionals**
- **Clinical psychologists (CPs) and clinical social workers (CSWs).** CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services under Medicare. These practitioners may not bill or receive payment for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.

Medicare Telehealth Delivery

A condition of payment requires use of an **interactive audio and video** telecommunications system that permits real-time communication between the distant practitioner site and the beneficiary at the originating site.



CMS Physician Fee Schedule CY 2018

Comment Period Date
Supporting Documentation

See Downloads section below.

The final rule went on display at the Office of the Federal Register's Public Inspection Desk on November 2, 2017, and will be available until the regulation is published on November 15, 2017. See CMS-1676-F in the "Related Links" section below.


Downloads

[CY 2018 PFS Final Rule Addenda \(Updated 2/12/18\) \[ZIP, 1MB\]](#) 

[CY 2018 PFS Final Rule Sample PE Worksheet \[ZIP, 201KB\]](#) 

[CY 2018 PFS Final Rule Direct PE Inputs \[ZIP, 7MB\]](#) 

[CY 2018 PFS Final Rule Indirect Practice Cost Indices \[ZIP, 11KB\]](#) 

[CY 2018 PFS Final Rule Physician Time \[ZIP, 591KB\]](#) 

[CY 2018 PFS Final Rule PE/HR \[ZIP, 16KB\]](#) 

[CY 2016 Utilization Data Crosswalk to CY 2018 \[ZIP, 9MB\]](#) 

[CY 2017 Analytic Crosswalk to CY 2018 \[ZIP, 27KB\]](#) 

[CY 2018 PFS Final Rule CPT Codes Subject to 90 Percent Usage Rate \[ZIP, 10KB\]](#) 


[CY 2018 PFS Final Rule HCPCS Defined as Misvalued for Target \[ZIP, 30KB\]](#) 

[CY 2018 PFS Final Rule Outpatient Cap List \[ZIP, 27KB\]](#) 

[CY 2018 PFS Final Rule List of Codes Subject to Phase-In \[ZIP, 17KB\]](#) 

[CY 2018 List of Medicare Telehealth Services \[ZIP, 11KB\]](#) 

[CY 2018 List of Designated Care Management Services \[ZIP, 8KB\]](#) 

[CY 2018 PFS Final Rule Calculation of PE DMLs under Methodology for Selected Codes \[ZIP, 15KB\]](#) 

	A	B
1	LIST OF MEDICARE TELEHEALTH SERVICES	
2	CY 2018	
3	Code	Short Descriptor
40	96160	Pt-focused hlth risk asmt
41	96161	Caregiver health risk asmt
42	97802	Medical nutrition indiv in
43	97803	Med nutrition indiv subseq
44	97804	Medical nutrition group
45	99201	Office/outpatient visit new
46	99202	Office/outpatient visit new
47	99203	Office/outpatient visit new
48	99204	Office/outpatient visit new
49	99205	Office/outpatient visit new
50	99211	Office/outpatient visit est
51	99212	Office/outpatient visit est
52	99213	Office/outpatient visit est
53	99214	Office/outpatient visit est
54	99215	Office/outpatient visit est
55	99231	Subsequent hospital care
56	99232	Subsequent hospital care
57	99233	Subsequent hospital care
58	99307	Nursing fac care subseq
59	99308	Nursing fac care subseq
60	99309	Nursing fac care subseq
61	99310	Nursing fac care subseq
62	99354	Prolonged service office
63	99355	Prolonged service office

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1676-F.html>



Check for Annual Changes



Summary of Policies in the Calendar Year (CY) 2018 Medicare Physician Fee Schedule (MPFS) Final Rule, Telehealth Originating Site Facility Fee Payment Amount and Telehealth Services List, and CT Modifier Reduction List

MLN Matters Number: MM10393

Related Change Request (CR) Number: 10393

Related CR Release Date: December 22, 2017

Effective Date: January 1, 2018

Related CR Transmittal Number: R3938CP

Implementation Date: January 2, 2018

Note: This article was revised on March 28, 2018, to add a link to MLN Matters Article [MM10152](#). That article advises providers that Change Request (CR) 10152 eliminates the requirement to use the GT modifier (via interactive audio and video telecommunications systems) on professional claims for telehealth services, effective January 1, 2018. All other information is unchanged.

Medicare Coding Modifiers

Requirement to use the GT modifier is now eliminated for Medicare

Distant Providers now use Telehealth Place of Service (POS) Code 02

Distant site practitioners billing telehealth services under the Critical Access Hospital Optional Payment Method submit institutional claims still use the GT modifier



Elimination of the GT Modifier for Telehealth Services

MLN Matters Number: MM10152

Related Change Request (CR) Number: 10152

Related CR Release Date: November 29, 2017

Effective Date: January 1, 2018

Related CR Transmittal Number: R3929CP

Implementation Date: January 2, 2018

PROVIDER TYPES AFFECTED

This MLN Matters® Article is intended for providers who submit claims to Medicare Administrative Contractors (MACs) for telehealth services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

Change Request (CR) 10152 eliminates the requirement to use the GT modifier (via interactive audio and video telecommunications systems) on professional claims for telehealth services. Use of the telehealth Place of Service (POS) Code 02 certifies that the service meets the telehealth requirements.

BACKGROUND

CR10152 revises the previous guidance that instructed practitioners to submit claims for telehealth services using the appropriate CPT or HCPCS code for the professional service along with the telehealth modifier GT (via interactive audio and video telecommunications systems). The GQ modifier is still required when applicable. As a result of the CY 2017 Physician Fee Schedule (PFS) final rule, CR9726 implemented payment policies regarding Medicare's use of a new POS Code 02 to describe services furnished via telehealth. The new POS code became effective January 1, 2017. Use of the telehealth POS code certifies that the service meets the telehealth requirements.

Note that for distant site services billed under Critical Access Hospital (CAH) method II on institutional claims, the GT modifier will still be required.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM10152.pdf>



POS 02 - Telehealth



Home > Medicare > Place of Service Codes > Place of Service Code Set

Place of Service Codes

Place of Service Code Set

[Process for Requesting New Codes or Modification of Existing Codes](#)

[Frequently Asked Questions](#)

Place of Service Code Set

Place of Service Codes for Professional Claims

Database (updated November 2016)

Listed below are place of service codes and descriptions. These codes should be used on professional claims to specify the entity where service(s) were rendered. Check with individual payers (e.g., Medicare, Medicaid, other private insurance) for reimbursement policies regarding these codes. If you would like to comment on a code(s) or description (s), please send your request to posinfo@cms.hhs.gov.

NOTE: Please direct questions related to billing place of service codes to your Medicare Administrative Contractor (MAC) for assistance, and not to posinfo@cms.hhs.gov.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Place of Service Code(s)	Place of Service Name	Place of Service Description
02	Telehealth	The location where health services and health related services are provided or received, through a telecommunication system. (Effective January 1, 2017)

https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html

Medicare Telehealth Billing

Distant/Provider Site – POS 02

- “one every three days” frequency edit logic for telehealth services when codes 99231-99233 are billed with POS 02 for claims with DOS Jan. 1, 2018, and after.
- apply the existing “one every 30 days” frequency edit for telehealth services when codes 99307-99310 are billed with POS 02
- POS 02 also applies to:
- Emergency department and initial inpatient telehealth consultations (G0425-G0247)
- Follow-up inpatient telehealth consultations (G0406-G0408)
- Diabetes self-management training (G0108-G0109)
- **POS 02 does not apply to critical access hospitals.** Distant site services billed under CAH method II on institutional claims still require modifier GT.

- <https://www.aapc.com/blog/40330-pos-02-replaces-modifier-gt-for-telehealth/>
- Medicare Claims Processing Manual, Chapter 12, Sections 190.3.2, 190.3.3, 190.3.6, 190.6.1



Medicare Telehealth Billing

Originating/Patient Site Facility Fee

- The originating site will use its regular place of service (POS) code on the claim — for example, 23 for an emergency department or 20 for an urgent care facility.
- CY 2018, the payment amount for Healthcare Common Procedure Coding System (HCPCS) **code Q3014** (**Telehealth originating site facility fee**) is currently **\$25.76**.
(*The beneficiary is responsible for any unmet deductible amount and Medicare coinsurance.*)

Medicaid

- Providers must be **licensed** in the State of Kentucky, **enrolled** as a Medicaid Provider, **credentialed/privileged** in the healthcare facility where the patient is located, and **approved** as member of KTHN (until July 2019).
- **907 KAR 3:170(5)(2)** – “A telehealth provider shall bill for a telehealth consultation using the appropriate two (2) letter “**GT**” modifier.”

SB112 - signed into law April 26, 2018

effective date is July 1, 2019

- **Law applies to both Medicaid and Commercial Health Plans.**
- **CHFS is mandated to provide oversight, guidance and direction to Medicaid providers delivering care via Telehealth and the Kentucky Telehealth Board will be disbanded.**
- **Eliminated the mandate for “originating site” and “distant site” to be registered and approved as KTHN members to be eligible for Medicaid or Commercial Health Plan reimbursement.**
- **Clinical telehealth encounters eligible for reimbursement in a traditional in-person encounter will be reimbursed at the same rate when provided by telehealth encounters.**
- **Clinicians eligible for reimbursement in a traditional in-person encounter will be reimbursed at the same rate when performing telehealth encounters.**

SB112 - CHFS Mandate

- Provide oversight, guidance, and direction to Medicaid providers delivering care using telehealth
- Develop policies and procedures to ensure the proper use and security for Telehealth (confidentiality, data integrity, privacy and security, informed consent, privileging and credentialing, reimbursement, and technology)
- Promote access to health care provided via telehealth
- Maintain a list of Medicaid providers who may deliver telehealth services to Medicaid recipients throughout the Commonwealth
- Require that specialty care be rendered by a health care provider who is recognized and actively participating in the Medicaid program
- Require that a patient's primary care provider process any required prior authorization requesting a referral or consultation for specialty care and that any specialist coordinate care with the patient's primary care provider.

SB112 – Telehealth Delivery

- Telehealth encounters must be performed using interactive audio and video technology unless store and forward technologies mimic the standard practice of care where images are sent to a provider for evaluations
- Asynchronous (store and forward) telecommunication technologies meet the requirement for a face-to-face encounter *if* the healthcare provider has access to the patient's medical history
- Email, text chat, facsimile or standard audio-only telehealth call do not meet the technology standard
- Telehealth shall be delivered over a secure communications connection that complies with the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. secs. 1320d to 1320d-9

Private Payers

- **Commercial Insurance -**
- www.lrc.ky.gov/Statutes/statute.aspx?id=17373
- **304.17A-138 Prohibition against health benefit plan excluding coverage for telehealth -- Benefits subject to deductible, co-payment, or coinsurance -- Payment subject to provider network arrangements -- Administrative regulations.**

Commercial Insurance Plans

- **When billing for telemedicine visits, some payers use the 95 modifier code for commercial insurance plans.**
- **Others require the “GT” modifier and POS code**

2017 AMA CPT modifier 95

American Medical Association CPT Modifier change

- *Synchronous telemedicine service is defined as a real-time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician or other qualified healthcare professional.*
- *Information exchanged 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 face-to-face interaction.*
- **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 telecommunications system

CPT® Appendix P

Modifier 95

- *In the 2017 CPT code manual, **Appendix P**, the **telemedicine-appropriate codes are marked with a star (*)**.*
- This modifier may be appended to **79 designated codes** (primarily evaluation and management (E/M) services and medicine codes, plus several Category III codes)
- Example - office visit code 99201–99215, neurobehavioral status exam code 96116, or nutrition therapy codes 97802 and 97803, **then add 95 modifier**.
- **Check with your payers to determine their billing preference**

Anthem uses POS 02 + GT modifier

Anthem Blue Cross and Blue Shield Medicaid



MEDICAID PROVIDER BULLETIN January 2017

This is an update about information in the provider manual. For access to the latest manual, go online to <https://mediproviders.anthem.com/ky>.

New place of service code for telehealth

Effective January 1, 2017, providers billing for telemedicine services can begin using place of service (POS) code 02 for a physician or practitioner furnishing telehealth services from a distant site. A distant site is defined as the location where health services and health-related services are provided or received through telecommunication technology. This telehealth POS code would not apply to originating site facilities billing a facility fee.

Modifier GT, via interactive audio and video telecommunications systems, is still required when billing for telehealth services. If you bill for telehealth services with POS code 02 and without the GT modifier, your claim will be denied.

Provider action

No provider action to be taken.

Questions

If you have questions about this communication, please contact Provider Services at **1-855-661-2028** or call your Provider Relations representative directly.

Tele-

Allergy	Oncology	Pediatric Sexual Abuse
Burn	Ophthalmology	Plastic Surgery
Cardiology	Orthopedics	Podiatry
Child Development	Otolaryngology	Primary Care
Dermatology	Pain Management	Psychiatry
Endocrinology	Palliative Care	Psychology
Gastroenterology	Pediatric Cardiology	Pulmonology
Genetics	Pediatric Critical Care	Rheumatology
Hematology	Pediatric Dermatology	Social Work
Hepatology	Pediatric Endocrinology	Stroke
HIV and AIDS	Pediatric Gastroenterology	Surgery
Infectious Disease	Pediatric Genetics	TeleICU
Nephrology	Pediatric Hematology/Oncology	Transplant
Neurology	Pediatric Nephrology	Urology
Nutrition	Pediatric Neurology	Virtual Nursing
OB-GYN	Pediatric Obesity	Home Health
Occupational Medicine	Pediatric Otolaryngology	Remote Monitoring

Other Telehealth Applications

- **Emergency Medicine for Psychiatric and Medical Care**
- **Outpatient Medical and Psychiatric Care**
- **Home-Based Vital Signs Monitoring for Chronically Ill Patients/Remote Patient Monitoring (RPM)**
- **Direct-to-Consumer Acute Care Services on Patient's Own Communication Devices**
- **School-Based Telehealth**
- **Correctional Telehealth**
- **Diabetic Retinal Exams in Primary Care Centers**
- **Outpatient Substance Use and MAT services**


Important Facts

- **Telehealth is not about technology, it is about people!**
- **Telehealth services should be integrated as much as possible into the current processes of health care delivery**
- **A telehealth champion must be identified for the project**

Telehealth Resources

- **Medicaid Telehealth Coverage and Reimbursement -**
<http://www.lrc.ky.gov/kar/907/03/170.htm>
- **Medicare Telehealth Services Fact Sheet –**

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf>




mln
BOOKLET

KNOWLEDGE • RESOURCES • TRAINING

PRINT-FRIENDLY VERSION

TELEHEALTH SERVICES





Target Audience: Medicare Fee-For-Service Providers

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

CPT codes, descriptions and other data only are copyright 2017 American Medical Association. All Rights Reserved. Applicable FARS/HHSAR apply. CPT is a registered trademark of the American Medical Association. Applicable FARS/HHSAR Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Page 1 of 11 ICN 901705 February 2018



ATA Practice Guidelines



Quick Guide to Store-Forward and Live-Interactive Teledermatology for Referring Providers

A concise overview of work-flows, equipment requirements and best practices for both Live (synchronous) and Store-and-Forward (asynchronous) teledermatology. *Funding support for this initiative was provided by United Health Foundation.*

[Download](#)



Operating Procedures for Pediatric Telehealth

This document covers the provision of healthcare by providers to children, from the time of birth through the legal age of majority, using telehealth, which includes both real-time and “store and forward” interactive technologies and mobile devices. This guidance may also be applied to young adults beyond the age of legal majority who continue to receive pediatric care, such as those with a chronic pediatric illness or disability.

[Download](#)



Principles for Delivering Telerehabilitation Services

This document is an update to the “A Blueprint for Telerehabilitation Guidelines” (2010) and reflects the current utilization of telerehabilitation services. This guide serves to inform and assist stakeholders in providing effective, quality services that are based on client needs, current empirical evidence, and available technologies. The content in this document addresses general administrative, clinical, technical and ethical principles for utilization of telerehabilitation services.

[Download](#)



Practice Guidelines for Telestroke

The telestroke guidelines assist practitioners in providing assessment, diagnosis, management, and/or remote consultative support to patients exhibiting symptoms and signs consistent with an acute stroke syndrome, using telemedicine communication technologies.

[Download](#)



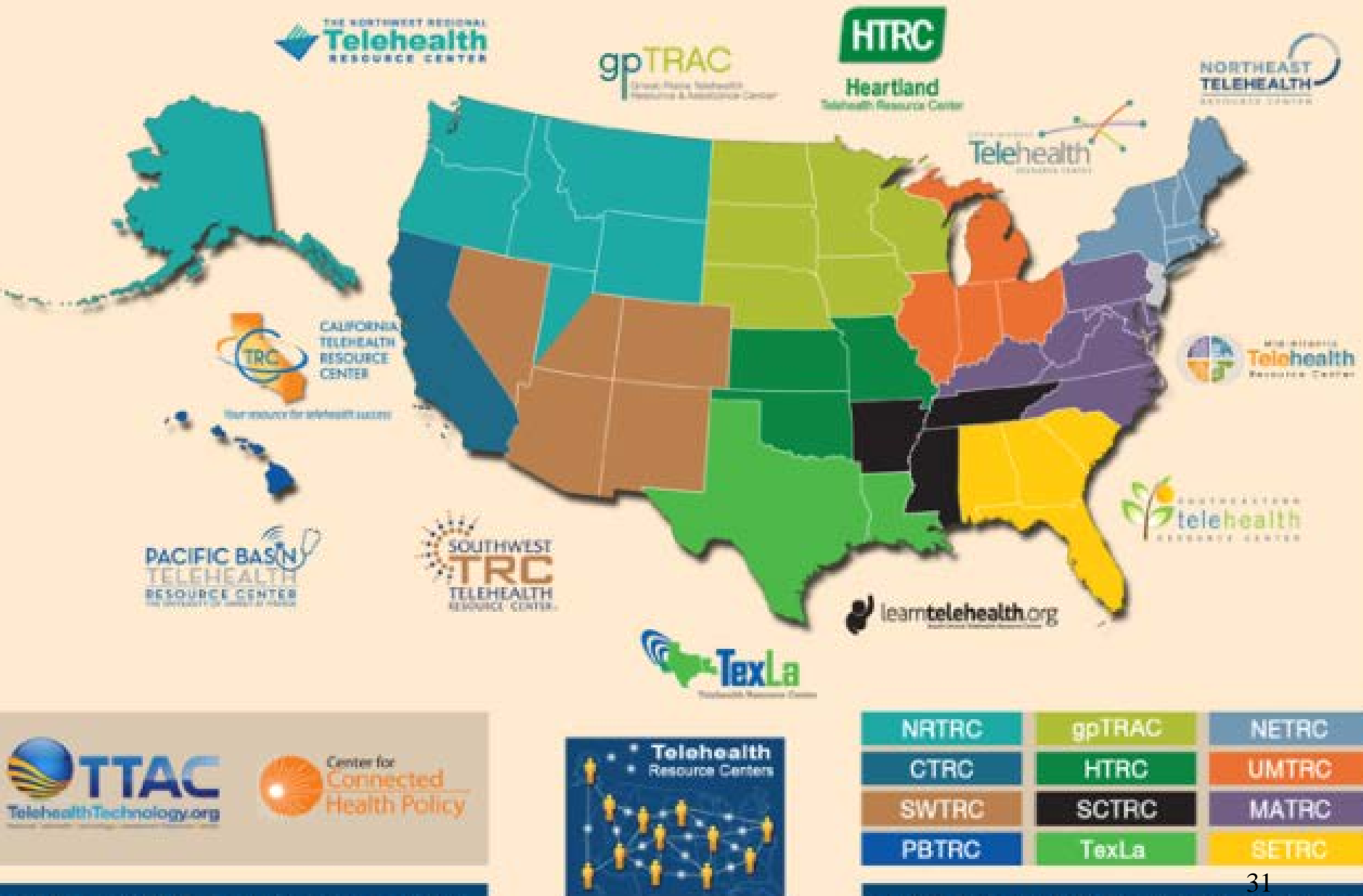
Practice Guidelines for Telemental Health with Children and Adolescents

This clinical guideline covers the delivery of child and adolescent mental health and behavioral services by a licensed health care provider through real-time videoconferencing.

[Download](#)

American Telemedicine Association
<http://www.ata.org>

TelehealthResourceCenters.org



2 National Resource Centers

12 Regional Resource Centers

Telehealth Resource Centers



The screenshot shows the homepage of the Telehealth Resource Centers (TRC) website. The header features the TRC logo, which includes a map of the United States with a circular graphic around it, and the text "TELEHEALTH RESOURCE CENTERS". Below the header is a navigation bar with links: Home, Operations, Reimbursement, Legal & Regulatory, Marketing, Training, Program Development, Webinars, and Events.

The main content area is divided into several sections:

- April 2018 National TRC Webinar:** Public Sector Telehealth Reimbursement: Beg Forgiveness or Ask permission. A button labeled "Register for Webinar" is present.
- Education and Training:** From webinars to training events, TRC offers what you need. Buttons for "Upcoming webinars", "Past webinars", and "Calendar of events" are provided.
- About Us:** Two national and twelve regional resource centers are here to serve you. A button labeled "Find your TRC" is present.
- Who Is Your TRC?:** A map of the United States divided into colored regions representing different TRCs.
- Telehealth Connect:** Find a Telehealth Provider Resource Tool. A button labeled "Find or Submit your telehealth location" is present.
- Guidance Documents:** Buttons for "Telehealth Definition" and "HIPAA and Telehealth" are provided.

At the bottom, a blue banner reads "Welcome to the Consortium of Telehealth Resource Centers" and provides a brief description of the TRCs' mission. A button labeled "Learn more" is located at the bottom right of the banner.

National Telehealth Technology Assessment Resource Center



TelehealthTechnology.org

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Technology Evaluation Toolkits

Choose one of our telehealth technology-related toolkits to read at your convenience!

**LIVE TWITTER FEED**

9to5mac has details on who in the house of Apple might be working on mobile health. Interesting to see their team. <http://t.co/Z337Wpbldn> — 4 years 1 month ago [more](#)

The **National Telehealth Technology Assessment Resource Center** aims to create better-informed consumers of telehealth technology. By offering a variety of services in the area of technology assessment, the TTAC (pronounced "tea-tac") aims to become the place for answers to questions about selecting appropriate technologies for your telehealth program. [More Information >](#)

Recent Toolkits



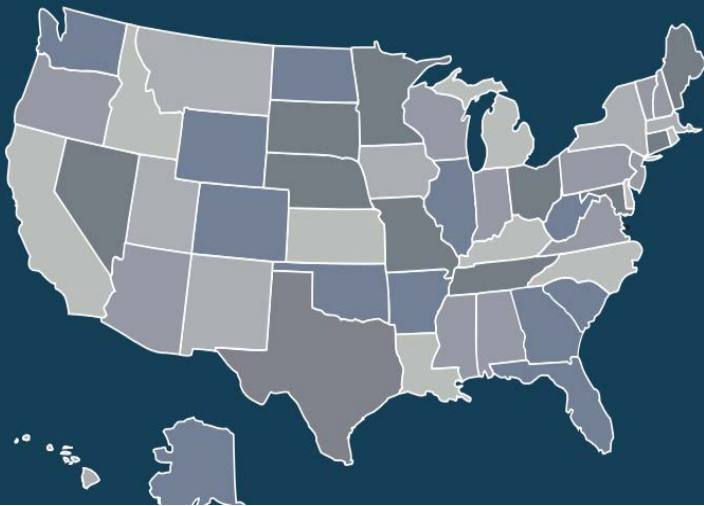
mHealth App Selection

Keeping up with mHealth developments and industry innovations is a never-ending process. TTAC's last toolkit provided an overview of the mHealth market, with general discussion of devices, definitions, and how mHealth may benefit your organization. While that toolkit focused on mobile devices, this toolkit will look beyond the devices and explore how to choose an mHealth application (or simply "app") for use in your organization or home.



A Framework for Defining Telehealth

 33



Kentucky

Use these filters to view specific areas or types of law. Use the "status" filter to view pending law.

Area of Law	Law Type	Status	Apply
Broadband	- Any -	Current	
Demonstrations & Pilot Projects			
Network Adequacy			
Professional Board Regulation			
Provider-Patient Relationship/In-Person Exam			
Telemedicine/Telehealth Definition			
Live Video Reimbursement			
Store and Forward Reimbursement			

TELEMEDICINE/TELEHEALTH DEFINITION

LAW

"Telehealth means the use of interactive audio, video, or other electronic media to deliver health care. It includes the use of electronic media for diagnosis, consultation, treatment, transfer of...

[read more](#)

REGULATION

Telehealth means two-way, real time interactive communication between a patient and a physician or practitioner located at a distant site for the purpose of improving a patient's health...

[read more](#)

MEDICAID PROGRAM

"Telehealth medical services: The originating-site or spoke site is the location of the eligible Kentucky Medicaid recipient at the time the telehealth service is being furnished via an...

[read more](#)

KTHN Schedule

www.kytelehealth.net

Kentucky TeleHealth Board

Network Schedule



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Current Time
Saturday Apr 7 2018 08:04 AM EST

All Programs for: 05/24/18

Please click on the Program Time to get more details on the below listed programs. The details page has more information, attachments and more instructions when available.

* You can click on each participating site to get more details on that site. While you hover your mouse over the site you will be presented the sites e.164.

Pick a day to see Scheduled Programs for that day.

May 2018						
S	M	T	W	T	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
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EST/EDT (CST/CDT)	Conf ID	Description
07:30 - 09:00 (06:30 - 08:00)	Zoom	UK/Cincinnati Adult Congenital Disease (ACHD) Case Review / Journal Club Meeting 244955593@zoomcrc.com 244955593@162.255.36.11
Participating Sites: UK-K128		
07:45 - 08:45 (06:45 - 07:45)	Zoom	UK Faculty development session- https://uky.zoom.us/j/2018715239 2018715239@162.255.36.11 Hazard dials 1031061
Participating Sites: UK Turfland Room "A/B"		
08:00 - 09:00 (07:00 - 08:00)	Zoom	UK Pediatric Grand Rounds- Grand Rounds participants from a PC, Mac, iPhone, iPad, Android Smartphone or android Tablet go to this link: https://uky.zoom.us/j/3298232832
Participating Sites: UK- COM Basement MPR027		



Local Telehealth Resources

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rsprang@uky.edu
- **Tim Bickel – (502) 852-1559**
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- **Donna Veno – (502) 564-0105 x2421**
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- **Deborah Burton – (859) 313-4278**
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