



Telehealth FAQ

(Updated 8/3/2020

What is Telehealth?

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines telehealth as the use of electronic information and telecommunications technologies to support and promote long-distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store and-forward imaging, streaming media, and landline and wireless communications. Telehealth services may be provided, for example, through audio, text messaging, or video communication technology, including videoconferencing software. For purposes of reimbursement, certain payors, including Medicare and Medicaid, may impose restrictions on the types of technologies that can be used.1 Those restrictions do not limit the scope of the HIPAA Notification of Enforcement Discretion regarding COVID-19 and remote telehealth communications.

• Where can health care providers conduct Telehealth? OCR expects health care providers will ordinarily conduct?

In telehealth in private settings, such as a doctor in a clinic or office connecting to a patient who is at home or at another clinic. Providers should always use private locations and patients should not receive telehealth services in public or semi-public settings, absent patient consent or exigent circumstances. If telehealth cannot be provided in a private setting, covered health care providers should continue to implement reasonable HIPAA safeguards to limit incidental uses or disclosures of protected health information (PHI). Such reasonable precautions could include using lowered voices, not using speakerphone, or recommending that the patient move to a reasonable distance from others when discussing PHI.

• More information from HHS on Telehealth COVID-19 guidelines is available here

• What are the types of Virtual Services under Medicare?

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries: Medicare telehealth visits, virtual check-ins and e-visits. Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in-person.

• More information from CMS is available here

• What are the latest guidelines for Billing and Reimbursement of services delivered through Telehealth?

This information is constantly changing, especially with the ongoing COVID-19 emergency. The reality is that both Telehealth Billing Policies and Telehealth Reimbursement vary by Payer.

- The South Central Telehealth Resource Center, serving Arkansas, Mississippi and Tennessee also has a section that addresses questions on Billing & Policy that are state specific on their webpage available here

***Tennessee can be found towards the bottom of the page

• What are the requirements for documentation of patient consent for services delivered through Telehealth platforms?

The laws and regulations for consent vary by state and are unique in their requirements depending on the type of procedure. However, these do not apply in the same fashion for services delivered through Telehealth

• The Center for Connected Health Policy (CCHP) has more information on Informed Consent for Telehealth available here

• What are the latest changes to Telehealth policy related to COVID-19 in Tennessee?

Many changes have been made to policies related to Telehealth on a temporary basis due to the ongoing pandemic. CCHP has information on these changes that are specific to our state available here

Please note you will be required to scroll down on the list of states on the CCHP website to TN. Information is current as of 7-22-2020