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Workers' Comp

The Compliance Corner: Telemedicine: New Innovations in the Old Program

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Telemedicine is the method of delivering health care electronically through applications like smart phones, email, and skype. Telemedicine started over 40 years ago with the intention of enabling health care providers, mainly hospitals, to provide services to patients in remote areas. The concept expanded as a means to provide more affordable services and better quality care by health care providers after The Affordable Care Act was introduced in 2012, mandating health insurance coverage for all Americans. This legislation introduced many new-comers to the healthcare system that otherwise may have never been provided health services. Over 30 million people with coverage were added into the healthcare system during this time, with the threat of not enough providers to service those insured. It is estimated that the United States currently holds roughly 200 telemedicine networks, providing connection to over 3,000 sites. A variety of services including consultations, medical education modules, vitals monitoring and meetings with primary care providers are examples of the offerings made available through telemedicine. Timing is critical when it comes to delivering emergency services for some medical conditions. With timing being an influential role, it makes sense that telemedicine continues to think about how to develop quality clinical services and improve innovation. One example of innovation used in the telemedicine realm is “telestroke” services, which have the ability to send information to neurologists from rural facilities to assist identifying the sources of strokes in patients. Initial studies in Canada have shown a 92 percent decrease in the transferring of patients to more expensive facilities, thus making the care more affordable. What you won’t see in telemedicine are chiropractic manipulations and other hands-on care, but instead, the planning and care coordination efforts as it relates to these specific providers. The Institute for Healthcare Consumerism (IHC) has been reporting on “wait times” and the impact of adding more patients into the system for several years. For example, in San Diego, the average wait time for a provider appointment is 20.2 days, and 27 days in Philadelphia. These long wait times can impact a patient’s health and the use of telemedicine can be invaluable in providing quality of care in these instances. When a patient suffers a severe injury as in a motor vehicle accident, they go to the emergency room. The Center for Disease Control has reported that nearly 80 percent of adults are going to the emergency room because of a lack of alternative health care resources, ultimately impacting the people that really need to be treated in the Emergency Room setting.

Telemedicine could serve as a solution in these cases. The challenge we face in the Property and Casualty (P&C) industry is delineating the necessity for telemedicine, and positioning the benefit of including it as an “add on” to services already rendered. The intent of telemedicine is to provide quality and affordable care, not to create another line item on the provider bill for payment. For telemedicine Professional Services claims, services are to use the appropriate CPT or HCPCS code along with the modifier GT (via interactive audio and video telecommunications systems). Imagine a $50 telemedicine bill on a claim replacing the average $1,000 or more emergency room bill. It certainly makes it a compelling alternative for the future. The market assessments are not bad either, with Insurancenewsnet.com reporting in January 2016 a potential market for telemedicine valued over $45 billion by 2021.

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