



Telenutrition Guidelines for California Tribal and Urban Indian Healthcare Programs

Telehealth has a positive impact on healthcare delivery and patient care, especially in rural and underserved areas. Telehealth can bring specialty services otherwise not available or unaffordable due to travel, time, or limited specialists in the area. Many Tribal and Urban (T/U) Indian healthcare programs in California presently have the necessary equipment and capability to participate in telehealth; however, not all T/U programs have access to nutrition services provided by a qualified registered dietitian (RD). T/U programs can implement telenutrition, delivered by registered dietitians through video-conferencing. Nutrition services can be provided to individuals, to groups, or to staff as educational training via telehealth video conferencing.

This guideline was developed to ensure the delivery or receipt of quality telenutrition among California T/U programs. This guide is for T/U programs needing nutrition services and those who have a Registered Dietitian interested in providing these services. As a supplement to the Indian Health Service (IHS) Manual, Chapter 5 Nutrition Program, the guideline can assist in delivery of telehealth services that meet IHS standards of care, supporting American Indian and Alaska Native (AI/AN) patients in receiving quality nutrition services from a qualified nutrition professional. As with other telehealth serves, telenutrition can provide access and convenience of clinical services to communities unable to locally obtain these services. Telenutrition can help reduce travel, stress, and costs for patients and their families. Telenutrition can also support the medical provider in delivery of patient-centered care, supporting the patient in managing and preventing disease. This can improve clinical services, while reducing or controlling healthcare costs. This guide supports the delivery of clinical nutrition services, comparable to comprehensive services IHS provides at federally operated facilities.¹



This guideline covers the following subject areas:

1. Indian Health Service Nutrition Program Background
2. Medical Nutrition Therapy, Clinical Nutrition Counseling, and Nutrition Care Process
3. Planning to Provide Telenutrition
4. Information Technology Requirements
5. Process and Procedure
6. Reimbursement Consideration

¹ IHS Fact Sheets, Tribal Self-Governance (updated 1/2011)
<http://www.ihs.gov/PublicAffairs/IHSBrochure/TrblSlfGov.asp>

1. Indian Health Service Manual Nutrition Program Background

The Indian Health Service (IHS) Manual, Professional Services, Chapter 5 includes the Nutrition Program. It describes the mission, philosophy, policies, procedures, responsibilities, and guidelines of the IHS Nutrition Program. The chapter was first issued 06/05/1961 and last revised on 11/03/87 in entirety. It provides the goal and objectives, standards, scope of program services, operating relationships, staffing criteria, and responsibilities to be followed in attaining and maintaining quality nutrition and dietetic services for American Indian and Alaska Native (AI/AN) patients.

The goal of the Nutrition Program is to raise the nutritional health status of AI/ANs to the highest possible level. The Nutrition Program contributes to the attainment of the optimal health status of the population by reducing the risk of chronic diseases by bridging the gap between nutritional sciences and applying sound nutritional practices by community members.²

Objectives of the Nutrition Program that support this guideline and telenutrition include:

- Promote and provide quality nutrition and dietetic services with emphasis on promoting health, preventing disease, restoring health, and maintaining health
- Integrate nutrition and dietetic services into all applicable intervention programs and services in hospitals, nursing homes, residential substance abuse treatment centers, health centers, and communities served by the IHS
- Provide guidelines and standards as a basis for monitoring and evaluating nutrition and dietetic services for quality improvement
- Ensure continuity of nutrition care through coordination of nutrition and dietetic services among hospital, nursing home, residential substance abuse treatment center, clinic, and community programs
- Act as advocates for nutrition programs and issues that affect the health status of AI/ANs
- Provide encouragement and guidance to AI/AN individuals and communities in efforts to take responsibility for their own health
- Promote the acquisition of new knowledge to improve the nutritional status of AI/ANs through surveillance and limited research aimed at improving their health status and the health dietary system serving them

Telehealth can bring these vital nutrition services to all T/U Indian healthcare programs.

² Indian Health Service Manual, Part 3 Professional Services, Chapter 5 Nutrition Program
http://www.ihs.gov/ihs/index.cfm?module=dsp_ihm_pc_p3c5 (accessed 12/2011)

2. Medical Nutrition Therapy, Clinical Nutrition Counseling and Nutrition Care Process

Medical Nutrition Therapy (MNT) is the evidence-based process used by a **registered dietitian (RD)** in clinical settings to focus on the management of diseases. It involves an in-depth individualized nutrition assessment and an appropriate Nutrition Care Process to manage disease. MNT is recognized as an essential component of comprehensive healthcare and assists individuals with a variety of diseases or conditions that are impacted by nutrition, to improve the patient's health and quality of life.³ It is focused on prevention and management of diseases and conditions, and it involves periodic re-assessment and intervention. It incorporates the Nutrition Care Process, with each step building on the previous.⁴ During an MNT visit, the RD counsels the patient on nutritional, behavioral and lifestyle changes required to positively impact long-term eating habits, health, and disease management.⁵

MNT protocols address the following disease states or conditions: 1) Hypertension; 2) Dyslipidemia; 3) Congestive heart failure; 4) Diabetes, including Type 1, Type 2, or Gestational; 5) Disease prevention and general wellness; 6) Celiac disease; 7) Cirrhosis; 8) Crohn's disease; 9) Food allergies; 10) HIV/AIDS; 11) Nutrition support, including oral, enteral or parenteral; 12) Oncology; 13) Infant/child feeding; 14) Failure-to-thrive; 15) Inborn errors of metabolism; 16) COPD; 17) Renal conditions including insufficiency, chronic failure or transplantation; 18) Overweight/obesity and Bariatric surgery; 19) Eating disorders; 20) Pregnancy; 21) Osteoporosis; and, 22) Anemia.⁶

Whereas Medicare Part B and health plans include MNT as a benefit, it is limited to the following three disease states: 1) Diabetes; 2) renal insufficiency; and 3) chronic renal failure.⁷

Medi-Cal and Children's Health Insurance Programs (CHIP) reimbursement is determined on a state-by-state basis for nutrition services. In California, the Healthy Families program supports preventative health services, including nutrition for children; however, the program does not specify MNT as reimbursable.⁸

Clinical Nutrition Counseling involves an in-depth knowledge of human nutrition, meal planning, economics, and meal preparation. The RD focuses specifically on the role of nutrition in chronic disease to address those disease states and conditions covered by the MNT protocols and other nutritionally relevant conditions that protocols have yet to be created to

³ The Scope of Dietetics Practice Framework1, draft 2004 **Find Final and cite weblink accessed 12/2001: list weblink)

⁴ Academy of Nutrition and Dietetics (formerly the American Dietetic Association) (accessed 12/2011: <http://www.eatright.org/HealthProfessionals/content.aspx?id=6442451339>

⁵ Academy of Nutrition and Dietetics (formerly the American Dietetic Association) (accessed 12/2011) <http://www.eatright.org/HealthProfessionals/content.aspx?id=7077>

⁶ Academy of Nutrition and Dietetics (formerly the American Dietetic Association) Nutrition Guides for Practice and Other Resources. <http://www.eatright.org/HealthProfessionals/content.aspx?id=6865>

⁷ Medicare.gov The Official U.S. Government Site for Medicare <http://www.medicare.gov/navigation/manage-your-health/preventive-services/medical-nutrition-therapy.aspx?AspxAutoDetectCookieSupport=1>

⁸ The Healthy Families Program. <http://www.healthyfamilies.ca.gov/Home/default.aspx>; <http://www.healthyfamilies.ca.gov/HFProgram/Coverage.aspx>

address. The goal is the possible prevention or remediation of disease by addressing nutritional deficiencies before resorting to drugs.⁹

Nutrition Care Process is a standardized model intended to guide the RD in providing high-quality nutrition care. It serves as a framework to individualize care, takes into account the patient's needs and values, and uses the best evidence available to make decisions. Similar to other healthcare disciplines' care processes, it provides dietetics professionals with a framework for critical thinking and decision-making. Screening and referral and outcomes management are also components of the model. The Nutrition Care Process is a systematic approach to providing high-quality nutrition care and consists of four distinct, interrelated steps which the RD applies.¹⁰

- *Nutrition Assessment:* The RD collects and documents information such as food or nutrition-related history, biochemical data, medical tests and procedures, anthropometric measurements, nutrition-focused physical findings, and client history.
- *Diagnosis:* Data collected during the nutrition assessment guides the RD in selection of the appropriate nutrition diagnosis (i.e. naming the specific problem).
- *Intervention:* The RD selects the nutrition intervention that will be directed to the root cause (or etiology) of the nutrition problem and aimed at alleviating the signs and symptoms of the diagnosis.
- *Monitoring/Evaluation:* The final step of the process is monitoring and evaluation, which the RD uses to determine if the patient has achieved, or is making progress toward the planned goals.



3. Planning to Provide Telenutrition

Telehealth uses electronic communication networks for the transmission of clinical medical services and health education. Success requires infrastructure and staff to support the information technology applications. When fully utilized and integrated into standard medical practice, telehealth provides specialty clinical services in a cost-effective manner. The primary cause of the failure of telehealth is the lack of or insufficient planning and buy-in of medical staff and support staff. Implementing telehealth should be well-planned and well-organized with pertinent aspects addressed.

⁹ Academy of Nutrition and Dietetics (formerly American Dietetic Association) Evidence-Based Nutrition Practice Guidelines (accessed 12/2011) <http://www.adaevidencelibrary.com/category.cfm?cid=14#EBNPG>

¹⁰ Academy of Nutrition and Dietetics (formally American Dietetic Association) Nutrition Care Process (accessed 12/2011) <http://www.eatright.org/HealthProfessionals/content.aspx?id=7077>

Planning to receive or deliver telenutrition should be sufficiently thorough so that the T/U program is confident that being involved in telehealth will be successful. It may be better to do the planning and decide that telehealth is not a good fit than to participate without proper planning and then be unsuccessful.

These key steps will help ensure successful delivery of nutrition services.¹¹

7 Steps for Telehealth Planning

How to Make Telenutrition Work for a Tribal or Urban Indian Healthcare Program

1. Discuss with key individuals and leaders within the organization and community to see if there is a need for additional nutrition services.
2. Define what types of services are needed and how much time will be needed to provide these services.
3. Commit resources to obtain services.
4. Establish a memorandum of understanding (MOU) with your health care program and the Registered Dietitian who will be providing the telenutrition services. (*See sample MOUs – Resource #1-2*).
5. Secure videoconferencing equipment and determine available space to provide telehealth services.
6. Provide training to staff on procedures for telenutrition (*see sample protocol and sample forms– Resources # 3-5*).
7. Set target start date, test equipment, pilot test delivery of telenutrition, and evaluate outcomes.

Providers of telehealth practice within the boundaries of their licenses, registration, credentials, and privileges, staying mindful that technology is only a tool assisting in the provision of care distally and not a substitute for appropriate, responsible decision making. If the delivery or receiving site feels that the transmitted images and communication are insufficient for treatment, the patient should be referred to a consultant within their geographical area for direct care.

The basic technology components include videoconference delivery device, connection to a communication network, and a video conference destination device. The two-way live, interactive video conference allows individuals or groups of people in different locations to meet. Participants can hear and see each other "live" and images of documents and objects can also be visually exchanged. The supporting communications network must have adequate carrying capacity (bandwidth) to enable the transfer of audio and video signals as well as text and/or image files. Improvements in digitization and data compression technologies allow transmission of enormous amounts of information needed for video conferencing while using much less bandwidth than previously required, thereby reducing operating costs. The primary component of communication technology related to the delivery of telemedicine services is the carrying capacity, or "bandwidth," needed to transmit a given amount of information within a fixed period of time.

4. Information Technology Requirements

¹¹ Telehealth Technical Assistance Manual, National Rural Health Association
<http://199.237.254.34/pubs/pdf/Telehealth.pdf>

Telehealth Technical Requirements: The technology and the bandwidth required to transmit images sufficient for a telemedicine encounter should be determined by the intention of its use. It is recommended that therapeutic consultations use a **minimum bandwidth of 336/384kps** since the motion distortion at the lower bandwidth may interfere with making an accurate assessment.

There are presently two video conferencing units available for purchase that supports the needed security and video conferencing capabilities in order to provide clear and safe telehealth communications. In 2011, there were 37 T/U programs in California with video conferencing units capable of providing telehealth services. It is recommended that the telehealth unit be stored in a mobile cart, so the cart can be used in any room that has internet capabilities. In small clinics where rooms are utilized for many different programs, this becomes important for the flexibility of the program. The IHS/CAO Telehealth Consultant, Steve Viramontes, is available to provide technical assistance.

The following Videoconference Camera, Monitor, and Cart are available for purchase: (reference date 12/2011):

- Camera: Tandberg Edge 95 MXP with PrecisionHD Camera - including NPP and MS
- Monitor: 32" LCD HDTV, 720 Resol 3 HDMI, AnyNet+, 1 USB 2.0, 1 PC, Energy Star
- Camera with cart: Tandberg Edge 95 MXP with PrecisionHD Camera - including NPP and MS domestic on-site installation - includes cart installation and screen mounting
1 PMS-FL VFI Heavy duty, floor mount fits most 32-50" plasmas/lcds.
- Camera: Polycom - HDX 4001 XL HDX 4001 XL, Polycom - HDX 4001 XL package Executive Desktop System
- Monitor: Tandberg EX90 24" Display HD
 - Tandberg - EX90 Series - Video System: base system including NPP option
 - Tandberg Support Customer Core for Tandberg EX90 Series
 - Tandberg - EX90 Series - Add-on Feature: Dual Display Option
 - Tandberg - EX90 Series - Add-on Feature: MultiSite Option
 - Tandberg - EX90 Series - Add-on Feature: Premium Resolution Option

Three prerequisites to utilize the technology for telehealth appointments are as follows:

1. Video conferencing units are in place and ready to use. (Tandberg or Polycom video conferencing units are purchased.)
2. Information Technology (IT) person is available to set up the units.
3. IHS/CAO Telehealth Consultant, Steve Viramontes, has been contacted to help coordinate connectivity with clinics and dietitians interested in providing telenutrition services.

In addition, three elements will need to be in place for a successful telehealth session:

1. Connectivity: High-quality internet connections are required to provide real time video conferencing without decreasing the ability of the facility to utilize their internet for general use. (See above section for bandwidth minimums. For technical support, contact IHS/CAO Telehealth Consultant, Steve Viramontes.)
2. Access: Both parties must have access to each other's conferencing. The provider will need to call the site via their equipment and have access to that

site's number, and the site must allow the consultant access. (An option may be to have a D1 account in order to access another facility's electronic health record (EHR). This will be determined by each individual MOU and facilitated by the IHS/CAO.)

3. Presentation clarity: It is important that the materials used by the consultant are able to be seen clearly and distinctly by the person receiving the information. Practicing with different font sizes and colors prior to the first visit is important for successful telehealth encounters.

5. Process and Procedures for Telenutrition Visit

The following process and procedures should be implemented for telenutrition visits:

- I. Establish Telehealth Clinic Protocols (*see Resources # 3 for example protocol*).
 - a. T/U programs must tailor the information to correspond with their clinical policies and procedures, while maintaining clinical standards.
 - b. Protocols need to be written for telenutrition, and any other telemedicine service.
- II. During telehealth encounters, the patient remains the responsibility of the referring provider.
- III. The provider has the same responsibility as when the patient visits in person.
- IV. The Registered Dietitian (RD) provider is required to document clinical notes for the consult or visit and provide a consultation summary to T/U program as the MOU outlines. (*See Resource # 6 for sample Consultation note*). If allowed access and outlined in the MOU, the consult note can be entered in the clinic's EHR by the telehealth provider.
 - a. The consultation summary should be kept on file at consultant's site, meeting all HIPAA standards. A copy should be sent to the referring site as stated in the individual MOU.
- V. Institutional policies governing Privacy and Confidentiality are in effect for telemedicine.
- VI. Transmissions via videoconferencing in which the patient is identifiable are treated the same as having the patient present, and the patient will be afforded appropriate privacy.
- VII. Referral to the RD is completed by the medical provider. (*See Resource # 7 for sample referral to RD for MNT services*).
- VIII. Referral is processed by the *designated staff*. (*See Resources # 3 for sample protocol*)
 - Determine appointment availability by checking the telemedicine calendar, an online accessible *calendar that has been set up by the IHS/CAO, and available to all Tribal and urban Indian healthcare programs with MOU's in place for telehealth*.
 - Initial appointments should be scheduled for 1 one hour (or per MOU)
 - Follow-up appointments should be scheduled for 30 minutes (or per MOU)
 - Confirm that the patient can commit to the appointment time, add the patient's name to the telemedicine calendar, and schedule them for a clinic appointment.
 - If clinically justified, block the medical provider's schedule so that they can participate in the beginning and end of the telenutrition visit. ****Provider will also need to complete**

- required note in the medical record as indicated, meeting standard documentation requirements.
 - Attempts should be made to schedule the appointment on a day the referring provider is scheduled to work. If the referring provider will not be present, another provider should be booked, if clinically justifiable, to participate in the start and end of the visit.
 - Purposes of provider participation include:
 - a. To provide an efficient patient visit that ensures continuity of care and increased communication between the provider and patient; between the provider and dietitian; and, among the provider, patient and dietitian.
 - b. To provide an excellent sharing, teaching, and patient-centered care opportunity.
 - c. To allow, when clinically justifiable, a billable encounter.
 - Reserve patient appointment on the telemedicine calendar by entering the patient name, dietitian name or organization, and purpose of nutrition counseling.
 - *Designated staff* contacts the *registered dietitian* to inform him/her of the scheduled appointment time.
- IX. *Designated staff person* should make every effort to assist the patient in keeping their telenutrition appointment.
- When the appointment confirmation is made, advise the patient of the obligations the clinic has to keep this appointment.
 - Send a reminder letter at least a week prior to the appointment. (*See Resource # 8 for sample letter*).
 - Contact the patient the week of the appointment to re-confirm.
 - Contact the patient 24 hours before the appointment to make sure there are no changes.
- X. Obligations of site receiving telenutrition services:
- The T/U program is obligated to pay for time slot, as defined in individual MOU.
 - Patient is required to cancel at least 24 hours in advance of the appointment, allowing the T/U program to fill the canceled telenutrition slot if possible.
 - Patients who cancel at least 24 hours in advance should be rescheduled.
 - Patients who no-show for their scheduled telenutrition appointment should be seen again by the provider to determine if a new referral for telenutrition is of interest to the patient and will be kept.
- XI. Lists of steps and paper work recommended for Telenutrition visits:
- Check online telemedicine calendar for open slots (contact IHS/CAO Telemedicine Consultant, Steve Viramontes, for calendar access information.)
 - Confirm patient and, if applicable, provider availability and schedule on the telehealth calendar
 - Print Patient Face Sheet
 - Print Health Summary
 - Fax pertinent information prior to the visit to registered dietitian (as per MOU)
- Examples:
- Completed telenutrition referral form
 - Patient Face Sheet
 - Patient Health Summary

- Pertinent chart notes, medication list, nutritionally-relevant lab results
- XII. Follow established appointment reminder processes
 - Remind patient one day prior to scheduled appointment (preferably 24 hours before appointment)
 - Address any patient concerns, such as transportation
- XIII. Suggested steps on the day of the appointment
 - Check-in patient upon arrival
 - Complete and document vitals
 - Have chart pulled for provider, if they will participate in the visit
 - Ensure patient Consent for Treatment and Notice of Privacy Practice/HIPPA forms signed prior to start of visit
 - Prepare the telemedicine room for the visit
 - Make sure the IP address and connections are in working order
 - Activate videoconference with RD
 - Escort patient into telemedicine room and inform provider of visit start
 - Have provider see patient and telenutrition consultant during last 10 minutes of the visit for continuity of care

6. Reimbursement Considerations

I. The method for reimbursement primarily utilized for contracted telehealth services is:

1. A memorandum of understanding (MOU) between the T/U program receiving services and the organization providing the healthcare professional is in place.
 - Any MOU should be in writing and clearly state the time period during which the agreement is in effect; the specific services it covers; any special conditions under which the services are not be provided; and, the terms and mechanisms for billing and payment.
2. If medically justified, a medical visit is completed during the beginning and end of the telenutrition appointment. If the medical visit meets all required elements of a valid visit, the visit is billed.

The California Telemedicine and eHealth Center has additional information pertaining to reimbursement at www.CTECOnline.org, under “Reimbursement”.

II. Medical Nutrition Therapy (MNT) is one of the telehealth services recognized by the Center for Medicare & Medicaid Services (CMS).¹²

Indian Health Service (IHS) developed a pamphlet “Step-by-Step Guide to Medicare MNT Reimbursement” 2nd Edition. It is a guide for billing of MNT visits that meets the CMS definition and three diagnoses. It was created for dietitians and nutrition professionals who work within IHS, Tribal, and urban Indian healthcare programs. The guide is available at

¹² MNT regulations in 42 CFR 410.130-410.134 (accessed 1/2012) <http://www.cms.hhs.gov/transmittals/downloads/R154CIM.pdf>

This “Step-by-Step guide” includes the following areas:

1. An Overview of Medicare Medical Nutrition Therapy Reimbursement
2. 7 Steps for Medicare Medical Nutrition Therapy Reimbursement

Refer to this detailed guide for assistance regarding reimbursement for Medical Nutrition Therapy, from a national perspective. (*Also see Resource #9 “CMS Telemedicine Information”*).

Final Thoughts

This guide provided the background, details, and steps to help interested T/U programs implement telenutrition services to serve the community. Nutrition is an essential component of a healthy life. It is vital in the care of the chronic health conditions that Native people are living with today. A registered dietitian is the expert with the knowledge and skills needed to best serve your community. They can help to facilitate the nutritional changes needed for individuals and families to make for their health, healing, and well-being. Telenutrition makes this possible and makes sense.

This guide supports the T/U program’s work and efforts in providing the best services available for Native people, by supporting the primary goal of the IHS/CAO, to raise the health status of American Indians to the highest possible level. To achieve this goal, IHS/CAO supports tribal governments and urban Indian communities in the development and administration of comprehensive health care delivery systems that meet the needs of Indian people, including the implementation of telehealth and telenutrition services.

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¹³ IHS Medical Nutrition Therapy Reimbursement, 2nd Edition April 2010 (accessed 12/2011)
http://www.ihs.gov/MedicalPrograms/Diabetes/HomeDocs/Training/WebBased/CKDNutrition/MNT_Reimburse_Guide_508c.pdf

RESOURCES

1. Sample Memorandum of Agreement
2. Sample 2 Memorandum of Agreement
3. Sample Protocol for Delivery of Telenutrition
4. Patient Handout –“What is Telenutrition”
5. Consent to Participate in Telenutrition
6. Sample Consultant’s Note/Thank you to Referring MD
7. Sample Referral for Registered Dietitian Medical Nutrition Therapy Services
8. Sample Reminder Letter for Patient’s Telenutrition Appointment
9. CMS Telemedicine Information

Resource #1, Sample Memorandum of Agreement (MOA)

Memorandum of Agreement

_____ between
_____ (Name of T/U Health Program to receive services)
and
_____ (Name of T/U Health Program to deliver services)

Purpose:

The _____ (T/U Health Program to receive services) enters in an agreement with _____ (T/U Health Program to deliver services) to receive telenutrition services that will support the nutritional needs, health, and wellness of patients served with specific services to be provided as described in this memorandum of agreement.

Performance Requirements:

The _____ (T/U Health Program to deliver services) will provide registered dietitian/s to deliver the following services (*List activities needed in this section, such as Medical Nutrition Therapy, Clinical Nutrition Services, Nutrition Counseling, and Nutrition Education. If not specific, state: "These activities may include but are not limited to..." and then state the dollar amount planned for the year.*).

- _____
- _____

Terms:

The term of this MOA shall be for one year beginning date to date , unless modified upon the mutual agreement of both parties.

General Provisions:

This MOA may be terminated with or without cause by either party by providing 30 days written notice. In the event the _____ (T/U Health Program to receive services) terminates or cancels this MOA, they shall compensate the _____ (name T/U Program to deliver services) for scheduled services up to the point of termination or cancellation.

In consideration for the services provided, the _____ (name T/U Health Program to receive services) agrees to compensate _____ (name T/U Health Program to deliver services) in the hourly amount of \$ 90 (based on CMS rate \$65.00/hr or \$16.25/15min and required IT staff support) to be paid within thirty (30) days. Invoice will include description, date, and amount of services provided or scheduled but not kept (no-show), and amount per service or scheduled service. A completed consultation summary or summary of scheduled but not kept (no-show) will be provided with or prior to invoice. Payment is to be made to _____ (name T/U Health Program to deliver services), at _____ (mailing address).

This MOA shall be effective upon the signature of authorized officials for Parties A and B.

A.

Signature and Date of authorized official.

B.

Signature and Date of authorized official

Resource #2 Memorandum of Understanding

Memorandum of Understanding

Between

_____ (name T/U Health Program)

and

_____ (name T/U Health Program)

Purpose:

The _____ (name T/U Health Program to receive services) wishes to enter an agreement with _____ (name T/U Health Program to deliver services) to provide telenutrition consulting services to support the nutritional needs, health, and wellness of the patients serviced by the _____ (name T/U Health Program to receive services) for calendar year XX through calendar year XX.

Performance Requirements:

The Registered Dietitian Consultant will provide _____ (hours/week or hours/month) for the remainder of calendar year XX through calendar year XX to support the nutritional needs, health, and wellness of patients through telemedicine, delivering of Medical Nutrition Therapy, and nutrition services to _____ (name of T/U Health Program to deliver services). The Registered Dietitian will provide services to meet the needs of the T/U Program, including but not limited to the following activities:

- Scheduled individual or group Medical Nutrition Therapy, Clinical Nutrition Counseling, Nutrition and Wellness Education
- Scheduled training to professionals and paraprofessionals as needed on mutually agreed upon activities

Responsibilities:

_____ (name of T/U Health Program to receive services) will provide the following:

- Designated rooms and equipment such as video conferencing equipment, laptop computer, and printer
- Patient referrals, scheduling, and pertinent patient information, such as nutritionally relevant laboratory data

_____ (T/U of Health Program to deliver services) will provide administrative and IT support and office space, in support of delivery of telenutrition services

Terms:

The term of this MOU shall be for the duration outlined above unless modified upon the mutual agreement of both parties. This agreement can be extended indefinitely with a signed letter of request from T/U authorized individual.

The MOU may be terminated with or without cause by either party by providing signed written notice from the authorized individual. **The hourly agreed upon rate of \$90 (based on CMS MNT rate of \$65.00/hr or \$16.25/15 min and required IT support time) has been determined for Telenutrition consulting services.**

Payment will be sent within 30 days of receipt of invoice and consultation summary for all patients scheduled, to include those scheduled but not met (no-show) services to:

_____ (name T/U Health Program to deliver services) at (billing address).

Signatures:

This MOA shall be effective upon the signature of Parties A and B authorized officials.

A.

Signature and Date of authorized official

B.

Signature and Date of authorized official

T/U HEALTH CARE PROGRAM POLICIES AND PROCEDURES TELENUTRITION PROGRAM

(Each program will need to develop their individual policy and procedures dependent on their individual clinic and specific to each type telehealth service. This sample is adapted from Round Valley Indian Health Center's telemedicine program and modified for this project)

PURPOSE: Telemedicine serves to increase the efficiency of healthcare by providing access and convenience for state-of-the-art medicine to our rural community. Telemedicine serves to reduce stress and costs of travel for patients and their families. Telemedicine assists the medical providers obtain specialty assistance, aimed to support patient care and improved outcomes, while reducing cost.

PROCESS:

- I. Medical Providers are aware of what Telemedicine services are available
 - Nutrition
- II. Medical Provider makes a referral for the telenutrition provider.
 - Use the triplicate referral form. (See Resource # 7 for Sample Referral)
 - Fill out patient's name, service requested, and if patient is still available ask for a current contact number from him/her. (This step is important as some patients may be able to give a more useful contact number than the one that is in the current system.)
 - Medical provider places the completed referral form into *designated place*.
- III. Designated clinic staff coordinates the telemedicine appointment.
 - *Designated person* picks up the referrals from *designated place* daily.
 - *Designated person* enters the patient name and referral into the *tracking form*.
 - *Designated person* checks the Telemedicine Yahoo calendar to see when the next available appointment is for the Nutrition specialty requested.
 - *Designated person* contacts the patient to confirm the patient can commit to the appointment time suggestion.
 - *Designated person* reserves the appointment for the patient by entering the patient's name into the calendar.
- IV. *Designated person* makes the appointment for the patient.
 - *Designated person* calls the Registered Dietitian and verbally confirms the appointment time.
 - *Designated person* coordinates the appointment with the T/U Health Care Program Front Office Staff. Intake, Receptionist, or *Designated person* Supervisor can make the appointments for the patient and book it into the scheduling package for the Telemedicine clinic.
 - Appointments are booked for the Telenutrition Clinic and also booked for one of our Providers to go into the room with the patient at the end of the visit.
 - Appointment slots will be booked for One (1) hour for new patients and ½ hour for follow-up patients or as requested by the specialist.
 - T/U Health Care Program providers should be booked so that they are scheduled to visit with the specialist and patient at the end of the telemedicine visit.
 - Attempt should be made for the appointment to be made on the day the Referring provider is here. If the referring provider is not going to be present the substitute provider should be notified ahead of time in order to have a chance to review the case prior to the appointment.

- Provider participation serves several purposes:
 - a. Provides an efficient patient visit, which ensures continuity of care and increased communication between T/U Health Care Program providers and specialists.
 - b. Provides an excellent teaching and sharing opportunity between T/U Health Care Program providers and the specialists.
 - c. When the provider participates in the visit that meets all medical and billing requirements, to include duration and documentation, the visit may qualify as a billable visit to CMS, Medi-Cal or Private Insurance. The visit, if all requirements are met, will be billed as other clinic visits.
- V. *Designated person* makes every effort to assist the patient in arriving for their telemedicine appointment.
 - The patient is to be advised when the appointment confirmation is made of the obligations the clinic has to keep this appointment.
 - The *Designated person* will send a reminder letter one to one and a half weeks prior to the appointment. (see Resource # 8)
 - The *Designated person* will contact the patient the week of the appointment to confirm with the patient.
 - The *Designated person* will contact the patient 24 hours before the appointment to make sure there are no changes.
- VI. T/U Health Care Program has the following obligations with the Telemedicine nutrition specialist:
 - When an appointment is scheduled T/U Health Care Program is obligated for the payment of that time slot.
 - The patient must cancel at least 24 hours in advance of the appointment.
 - T/U Health Care Program will be billed for no-shows (*This is defined in the MOA /MOU for the telenutrition services*).
 - Patients who no-show for their scheduled telenutrition appointment must be seen again by T/U Health Program providers to receive a new referral.
 - Patients who call at least 24 hours in advance to cancel their appointment can be rescheduled.
- VII. Steps and documentation needed for Telemedicine visits with Registered Dietician:
 - Check Yahoo Tele-calendar (user name: telecalendar2004 PW: caoihs) for open slots
 - Confirm patient availability and add visit to yahoo telecalendar
 - Run Face sheet of patient's (*use T/U Health Care Program's Patient face sheet*)
 - Run Health Summary (*use individual T/U Health Care Program 'health summary'*)
 - Fax information packet to _____ (fax number of consultant)
 - Registered Dietitian Referral Form
 - T/U Health Care Program Referral form
 - T/U Health Care Program Face Sheet
 - T/U Health Care Program Health Summary
 - Pertinent chart notes
- VIII. Steps to follow on the day before the scheduled appointment (24 hours before preferably).
 - *Designated person* to make a reminder call to the patient.
 - Assist patient with any concerns they may have.
- IX. Steps to follow on the day of the appointment
 - Check the clinic schedule to make sure the appointment is as scheduled with the Telenutrition clinic and a provider.
 - Call patient to assess if there are any other concerns regarding the visit.

- Assist patient to come to clinic if transportation is needed.
- Ready the Telenutrition room for the visit. Make sure the IP address and connections are in working order.
- T/U Health Care Program Front Office is to have the patient sign the Consent for treatment and the Notice of Privacy Practice. These forms are to be faxed to the Registered Dietitian at _____ (fax number.)
- These appointments are time sensitive. Patient should be given rooming priority.
- The _____(e.g. 1:00PM) visits are the most difficult to get in on time. All efforts should be made to facilitate the punctual connection and seating of the patient. Vitals and paper work can be done after the visit if needed.

NAME: _____

Tribal and Urban Indian Healthcare Program Telenutrition Information

Tele-Nutrition

WHAT IS TELEMEDICINE?

Telemedicine allows you to visit with a specialist that may be hundreds of miles away. Using video conferencing technology*, a “real time” visit with a health care specialist anywhere in the world is possible. The specialist is supplied with information about your health (i.e. current labs, vital signs, medical history) and can talk to you about your care. The specialist will make recommendations that include new ways to care for you.

WHY AM I RECEIVING CARE VIA TELEMEDICINE?

There are great benefits to receiving care via telemedicine. A visit with a Registered Dietitian from _____ would normally require a _____ hour round-trip to _____. Telemedicine saves time and money for you and the clinic.

WHY DO I NEED CARE FROM A REGISTERED DIETITIAN?

People with chronic diseases such as obesity, pre-diabetes, high blood pressure, and diabetes are sometimes able to control these conditions with the foods that they eat and how they prepare them. The registered dietitian you will be seeing _____ (name of RD or T/U program providing the RD services) specializes in helping you to fine tune your personal diet to help control and prevent these chronic conditions. The specialist you will be seeing is a registered dietitian (add additional certifications if applicable, such as Certified Diabetes Educator or Lactation Consultant). She can work with your primary care physician to help you improve your health and wellness.

WHAT IS VIDEO CONFERENCING?

Video conferencing consists of a camera mounted on a TV screen both in your doctor’s office and in the specialist’s office hundreds of miles away. Video and audio is transmitted so that you can see and speak with your specialist about your health problems in “real time”.

WHAT WILL THE VISIT BE LIKE?

Your first visit with _____ (registered dietitian) will take about 45 minutes; she will want to get to know you. She may ask you questions about your health habits, your family and other factors that may affect your diabetes (or other chronic condition). She may ask questions you have been asked in the past because she hasn’t met you before. The next visit you have with _____ (registered dietitian) will take about 30 minutes. At the end of each visit, your primary care physician will consult with _____ (registered dietitian) and then meet with you to discuss any changes in your care. A follow-up referral will be made to Outreach (e.g. Care Coordinator) so that they can help to follow-up with any recommendation from your registered dietitian.

WILL I BE ABLE TO ASK QUESTIONS?

Yes, you be able to ask questions. Please write down in advance any questions you have about nutrition so they can be answered during your visit.

Lastly, be sure to make a follow-up appointment with your primary care physician before you leave the clinic!

YOUR APPOINTMENT DATE: / / **DAY:** _____ **TIME:** _____

IMPORTANT: PLEASE CALL US AT LEAST 48 HOURS IN ADVANCE IF YOU NEED TO CANCEL YOUR APPOINTMENT SO WE MAY SCHEDULE ANOTHER PATIENT FOR THIS VALUABLE VISIT. CANCELATIONS CAN BE RESCHEDULED. IF YOU DO NOT CALL TO CANCEL AND YOU DO NOT SHOW FOR YOUR APPOINTMENT, YOU WILL NEED TO SEE YOUR REFERRING DOCTOR FOR A NEW TELEMEDICINE REFERRAL.

CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

- 1. PURPOSE.** The purpose of this form is to obtain your consent for a telemedicine consultation with, _____ (Registered Dietitian name). The purpose of this consultation is to assist in the Nutrition services for: _____ (provide reason and/or disease conditions)
- 2. NATURE OF TELEMEDICINE CONSULTATION.** Telemedicine involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or education. During your telemedicine consultation, details of your medical history and personal health information may be discussed with other health professionals through the use of interactive video, audio and telecommunications technology. Additionally, a physical examination of you may take place and video, audio, and/or photo recordings may be taken.
- 3. RISKS, BENEFITS AND ALTERNATIVES.** The benefits of telemedicine include having access to medical specialists and additional medical information and education without having to travel outside of your local health care community. A potential risk of telemedicine is that, because of your specific medical condition, or due to technical problems, a face-to-face consultation still may be necessary after the telemedicine appointment. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine consultation is a face-to-face visit with a physician.
- 5. MEDICAL INFORMATION AND RECORDS.** All laws concerning patient access to medical records and copies of medical records apply to telemedicine. Dissemination of any patient identifiable images or information from the telemedicine consultation to researchers or other entities shall not occur without your consent.
- 6. CONFIDENTIALITY.** All existing confidentiality protections under federal and California law apply to information used or disclosed during your telemedicine consultation.
- 7. RIGHTS.** You may withhold or withdraw your consent to a telemedicine consultation at any time before and/or during the consult without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

My health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read and agreed to a telemedicine consultation.

Signature of Patient or Signature of Patient's Representative

Name of Interpreter / ID # Relationship of Representative to Patient

Signature of Witness (required if patient unable to sign)

ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES

The Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. In addition to the copy we will provide you, copies of the current notice are and may be obtained through (T/U Health Program). I acknowledge that I have received the Notice of Privacy Practices:

Signature of Patient or Patient's Representative

Date

Resource #5 Consent to Participate Sample

Print Name Relationship to Patient

=====

**(NOT PART OF ACKNOWLEDGMENT)
THE FOLLOWING SHOULD BE A SEPARATE SHEET OF PAPER OR IN ELECTRONIC
FORM**

WRITTEN ACKNOWLEDGMENT NOT OBTAINED

Please document your efforts to obtain acknowledgment and reason it was not obtained.

- ☐ Notice of Privacy Practices Given - Patient Unable to Sign
- ☐ Notice of Privacy Practices Given - Patient Declined to Sign
- ☐ Notice of Privacy Practices and Acknowledgment Mailed to Patient
- ☐ Other Reason Patient Did Not Sign

Signature of T/U Health Program Representative

Date

Print Name

Department

Tribal and Urban Indian Health Program TeleNutrition Program

Referral To Registered Dietitian

PATIENT GUIDELINES

This is an extended consultative model of care. Management of your care beyond eight consultative sessions will return to the referring Primary Care Clinician and Registered Dietitian. Medical Nutrition Therapy and/or Clinical Nutrition Counseling sessions are carefully planned for and scheduled. If you need to cancel an appointment, you should contact _____ (T/U program) 24 hours before your appointment, so this time can be used by another patient. Failure to do so may disqualify you from future telenutrition consultations.

I have read and understood the above information and instructions.

Patient Signature

Resource # 6 – Sample Consultant Summary

Registered Dietitian Information

Name/Signature: _____

T/U Program Name: _____

Fax: _____

Email/Phone: _____

Patient Information

Patient Name (Last, Middle Initial, First): _____

Patient DOB: _____

Visit Number: _____

Visit Information:

Consultation Date (MM/DD/YYYY): _____ Start Time: _____ End Time: _____

Requesting Provider: _____

Medical Dx _____

Reason for Consultation:

Medical Nutrition Therapy

___ Hypertension	___ Celiac disease	___ Inborn errors of metabolism
___ Dyslipidemia	___ Cirrhosis,	___ COPD
___ Congestive heart failure	___ Food allergy	___ Renal (insufficiency, chronic failure or transplantation)
___ Diabetes (Type 1)	___ HIV/AIDS	___ Weight (overweight/obesity, bariatric surgery)
___ Diabetes Type 2)	___ Nutrition support / Oncology	___ Eating disorders,
___ Diabetes (Gestational)	___ Osteoporosis	___ Pregnancy
___ Disease prevention general wellness	___ Infant/child feeding or failure-to-thrive	___ Anemia

Clinical Nutrition Counseling / Nutrition Education Provided

Reason for Consultation: _____

Recommendations to Provider:

(e.g. a) Physician encouragement of physical activity, less fried food, decreased portion sized, might move patient toward action; b) records and discussion indicate patient due for A1C prior to next visit; c) referral to behavioral health will benefit patient in addressing emotional aspects of disease management.)

Nutrition Assessment / Re-assessment

Recommendations and Nutrition Diagnosis are based on the following

(e.g. This is a XXmin Initiation MNT encounter. Patient states/chief complaint (e.g. he is unable to manage his diabetes due to family and work stress)

Tribal/Urban Center Address/Phone/Fax

(Form courtesy of Diane Machcinski, MEd, RD – A+ Nutrition; (858) 279-5124)

Resource # 6 – Sample Consultant Summary

Registered Dietitian Information

Name/Signature: _____

T/U Program Name: _____

Fax: _____

Email/Phone: _____

Patient Information

Patient Name (Last, Middle Initial, First): _____

Patient DOB: _____

Visit Number: _____

Patient History (based on nutritionally relevant information provided):

Pertinent Meds: _____

Social Hx: _____

Family Hx: _____

Medical Hx: _____

Baseline for Outcomes Monitoring (Anthropometric Measurements):

Ht: _____ Wt: _____ BMI: _____ WT HX: _____

BP: _____ Est. Caloric Intake (based on recall) : <est. need, at est. need, > est. need (based on est. need of _____ kcal/day)

Additional Pertinent Information: (Barriers to Behavior Goals: Barriers toward Biochemical, Anthropometric, Physical and Food/Nutrition Goals: (e.g. a) see behavior goals, b) follow-up nutrition counseling, c) journaling/diabetes diary to assist in identifying internal/intrinsic goals.

Nutrition Diagnosis, Related to (Etiology) As Evidenced By (Signs/Symptoms):

(e.g. related to a) lack of food and nutrition knowledge as evidenced by reported intake more than X% calories from simple CHO, consuming more than estimated daily caloric need based on 24hr recall and elevated A1C, b) related inability to focus evidenced by resistance to commit to short term goals for diabetes self management.)

Nutrition Intervention/Nutrition Prescription:

Examples:

1. Decrease consumption of regular soda
2. Increase consumption of non-caloric beverages
3. Increase # of meals/day aiming for 3x/day each small in portion size

Goals of the Patients: _____

Nutrition Education Comprehension Rank (instruction/training/wellness coaching):

(whereas 1 = low level and 5 = high level of comprehension)

Circle: 1 2 3 4 5

Education Provided (e.g. use of plate method, process for working to identify internal/intrinsic goals that will support patient in moving to action on goals he sets related to his health)

Tribal/Urban Center Address/Phone/Fax

(Form courtesy of Diane Machcinski, MEd, RD – A+ Nutrition; (858) 279-5124)

Resource # 7 – Sample Referral for MNT

MNT Referral

Registered Dietitian Name _____
Address _____

Telephone: _____
Fax: _____

Referring T/U Program Name: _____

Provider Name: _____

Patient's Name _____ Date of Birth _____ Date _____

Medical Nutrition Therapy for: (Check the following boxes that apply)

(Specific to the consultant's specialties)

- ☐ Diabetes - Type 1 _____ Type 2 _____
 - ☐ Diabetes without complications - 250.0
 - ☐ Diabetes type 2, uncontrolled – 250.02
 - ☐ Diabetes with renal manifestations - 250.4
 - ☐ Diabetes with ophthalmic manifestations - 250.5
 - ☐ Diabetes with neurological manifestations - 250.6
 - ☐ Diabetes with peripheral circulatory disorders - 270.7
 - ☐ Pre-Diabetes (Other Abnormal Glucose NOS) – 790.29
- ☐ Hyperlipidemia - 272.2
- ☐ Hypercholesterolemia - 272.0
- ☐ Hypertension, essential, benign - 401.1
- ☐ Hypertension, unspecified, nonspecific - 401.9
- ☐ Anorexia nervosa - 307.1
- ☐ Bulimia, nonorganic nature - 307.51
- ☐ Renal failure, acute, unspecified non specific code - 584.9
- ☐ Renal failure chronic - 585.4
- ☐ Abnormal Weight Gain - 783.1
- ☐ Abnormal Weight Loss - 783.2
- ☐ Obesity – 278.0
- ☐ Fibromyalgia – 729.1
- ☐ Other _____

Select one:

- ☐ Registered Dietitian will determine diet prescription based on MNT protocols. Visits will consist of an initial and two follow-ups unless determined below
- ☐ Specific Diet _____ Number of visits 1 2 3 4
- ☐ Behavior Modification Group – 18 sessions

Physician's Signature _____

Telephone Number: _____

Physician's UPIN: _____

Fax Number: _____

Physician's NPI: _____

Rev 1 2012

Resource # 8 – Patient Reminder Letter for Telenutrition Appointment

T/U Healthcare Program

Address

Phone #

Date

Patient Name

Address

Phone

Dear Patient

This is a friendly reminder that you have an appointment with your care provider as well as for telenutrition on _____(Date) at _____(Time). Nutrition is important to your health and wellness, which is why your provider has recommended this appointment for you.

PLEASE CALL US AT LEAST 48 HOURS IN ADVANCE IF YOU NEED TO CANCEL YOUR APPOINTMENT SO WE MAY SCHEDULE ANOTHER PATIENT FOR THIS VALUABLE VISIT. CANCELATIONS CAN BE RESCHEDULED. IF YOU DO NOT CALL TO CANCEL AND YOU DO NOT SHOW FOR YOUR APPOINTMENT, YOU WILL NEED TO SEE YOUR REFERRING DOCTOR FOR A NEW TELEMEDICINE REFERRAL.

We look forward to seeing you on _____(Date) at _____(Time).

Thank you for choosing (T/U Healthcare Program) as your Medical Home.

Regards,

Your Care Team of (T/U Healthcare Program)

CMS Telemedicine Information

(accessed 1/2012) <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html>

For purposes of Medicaid, telemedicine seeks to improve a patient's health by permitting two-way, real time interactive communication between the patient and the physician or practitioner at the distant site. This electronic communication requires the use of interactive telecommunications equipment that includes, at a minimum, audio and video equipment.

Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient) that states can choose to cover under Medicaid. This definition is modeled on Medicare's definition of telehealth services (42 CFR 410.78). Note that the federal Medicaid statute does not recognize telemedicine as a distinct service.

Telemedicine Terms

Distant or Hub Site: Site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system

Originating or Spoke Site: Location of the Medicaid patient at the time the service being furnished via a telecommunications system occurs (Telepresenters may be needed to facilitate the delivery of this service.)

Asynchronous or "Store and Forward": Transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation (Asynchronous or "store and forward" applications would not be considered telemedicine, but may be utilized to deliver services.)

Medical Codes: HCPCS codes (T1014 and Q3014), CPT codes and modifiers (GT, U1-UD) that identify, track, and reimburse for telemedicine services

Telehealth (or Telemonitoring) is the use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision, and information across distance.

Telehealth includes such technologies as telephones, facsimile machines, electronic mail systems, and remote patient monitoring devices, which are used to collect and transmit patient data for monitoring and interpretation. While they do not meet the Medicaid definition of telemedicine, they are often considered under the broad umbrella of telehealth services. Even though such technologies are not considered “telemedicine,” they may nevertheless be covered and reimbursed as part of a Medicaid coverable service, such as laboratory service, x-ray service, or physician services (under section 1905(a) of the Social Security Act).

Provider and Facility Guidelines

Medicaid guidelines require all providers to practice within the scope of their State Practice Act. Some states have enacted legislation that requires providers using telemedicine technology across state lines to have a valid state license in the state where the patient is located. Any such requirements or restrictions placed by the state are binding under current Medicaid rules.

Reimbursement for Telemedicine

Reimbursement for Medicaid covered services, including those with telemedicine applications, must satisfy federal requirements of efficiency, economy, and quality of care. States are encouraged to use the flexibility inherent in federal law to create innovative payment methodologies for services that incorporate telemedicine technology. For example, states may reimburse the physician or other licensed practitioner at the distant site and reimburse a facility fee to the originating site. States can also reimburse any additional costs such as technical support, transmission charges, and equipment. These add-on costs can be incorporated into the fee-for-service rates or separately reimbursed as an administrative cost by the state. If they are separately billed and reimbursed, the costs must be linked to a covered Medicaid service.

State Flexibility in Covering/Reimbursing for Telemedicine Services and the Application of General Medicaid Requirements for Coverage of Telemedicine Services

Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient). As such, states have the option to determine whether or not to cover telemedicine; what types of telemedicine to cover; where in the state it can be covered; how it is provided; what types of telemedicine for which providers may be reimbursed, as long as such providers are “recognized” and qualified according to Medicaid statute; and, how much to reimburse for telemedicine services, as long as such payments do not exceed Federal Upper Limits.

If the state decides to cover telemedicine, but does not cover certain providers of telemedicine, or its telemedicine coverage is limited to certain parts of the state, then the state is responsible for assuring access and covering face-to-face visits by these “recognized” providers in those parts of the state where telemedicine is not available.

The general Medicaid requirements of comparability, statewideness, and freedom of choice do **not** apply with regard to telemedicine services.

CMS Approach to Reviewing Telemedicine SPAs

- States are not required to submit a (separate) SPA for coverage or reimbursement of telemedicine services, if they decide to reimburse for telemedicine services the same way/amount that they pay for face-to-face services.
- States must submit a (separate) reimbursement (attachment 4.19-B) SPA if they want to provide reimbursement for telemedicine services or components of telemedicine differently than is currently being reimbursed for face-to-face services.
- States may submit a coverage SPA to better describe the telemedicine services they choose to cover, such as which providers are covered; where services are provided; and, how they are provided. In this case, and in order to avoid unnecessary SPA submissions, it is recommended that a brief description of the framework of telemedicine be placed in an introductory section of the State Plan and then a reference made to telemedicine coverage in the applicable benefit sections of the State Plan. For example, in the physician section it might say that dermatology services can be delivered via telemedicine provided all state requirements related to telemedicine, as described in the state plan, are otherwise met.

TeleNutrition Referral

Registered Dietitian Name: _____

Telephone: _____

Fax: _____

Referring T/U Program Name: Provider

Patient's Name _____ Date of Birth _____ Date _____

Medical Nutrition Therapy for: (Check the following boxes that apply)

(Specific to the consultant's specialties)

- | | |
|---|--|
| <input type="checkbox"/> Diabetes - Type 1 _____
<input type="radio"/> Diabetes without complications - 250.0
<input type="radio"/> Diabetes type 2, uncontrolled – 250.02
<input type="radio"/> Diabetes with renal manifestations - 250.4
<input type="radio"/> DM with ophthalmic manifestations - 250.5

<input type="checkbox"/> Hyperlipidemia - 272.2
<input type="checkbox"/> Hypercholesterolemia - 272.0
<input type="checkbox"/> Hypertension, essential, benign - 401.1
<input type="checkbox"/> Hypertension, unspecified, nonspecific - 401.9
<input type="checkbox"/> Anorexia nervosa - 307.1
<input type="checkbox"/> Bulimia, nonorganic nature - 307.51
<input type="checkbox"/> Renal failure, acute, unspecified non specific code - | Type 2 _____
<input type="radio"/> DM with neurological manifestations - 250.6
<input type="radio"/> Diabetes with peripheral circulatory disorders - 270.7
<input type="radio"/> Pre-DM (Other Abnormal Glucose NOS) – 790.29

584.9
<input type="checkbox"/> Renal failure chronic - 585.4
<input type="checkbox"/> Abnormal Weight Gain - 783.1
<input type="checkbox"/> Abnormal Weight Loss - 783.2
<input type="checkbox"/> Obesity – 278.0
<input type="checkbox"/> Other _____ |
|---|--|

Select one:

- ☐ Registered Dietitian will determine diet prescription based on MNT protocols. Visits will consist of an initial and two follow-ups unless determined below

- ☐ Specific Diet _____ Number of visits 1 2 3 4

_____ Learn Carbohydrate Counting	_____ Learn Carbohydrate Consistent diet (____g for B, ____g for L, ____g for D, limit ____g for snacks)	_____ Learn Correction Insulin dose (1 Unit per ____mg/dl over ____mg/dl before meals; Subtract ____Units if at HS.
_____ Carbohydrate Insulin Ratio of 1 Unit per ____g CHO.	_____ Grocery shopping skills _____ Menus for 2 weeks	

Clinical Nutrition Counseling / Nutrition Education Provided

Reason for Consultation: _____

- ☐ Improve glycemic Control.
☐ Lose ☐ Gain weight (Goal: ____# pounds per month, total weight Δ goal: ____#)
☐ Control Hypertriglyceridemia
☐ Control LDL
☐ Learn to manage Hypoglycemia.

Physician's Signature _____

Telephone Number: _____

Physician's UPIN: _____; Physician's NPI: _____

Fax Number: _____

TeleNutrition Referral

Registered Dietitian Name: _____

Telephone: _____

Fax: _____

Referring T/U Program Name: Provider

Patient's Name _____ Date of Birth _____ Date _____

Medical Nutrition Therapy for: (Check the following boxes that apply)

(Specific to the consultant's specialties)

- | | |
|---|--|
| <input type="checkbox"/> Diabetes - Type 1 _____
<input type="radio"/> Diabetes without complications - 250.0
<input type="radio"/> Diabetes type 2, uncontrolled – 250.02
<input type="radio"/> Diabetes with renal manifestations - 250.4
<input type="radio"/> DM with ophthalmic manifestations - 250.5

<input type="checkbox"/> Hyperlipidemia - 272.2
<input type="checkbox"/> Hypercholesterolemia - 272.0
<input type="checkbox"/> Hypertension, essential, benign - 401.1
<input type="checkbox"/> Hypertension, unspecified, nonspecific - 401.9
<input type="checkbox"/> Anorexia nervosa - 307.1
<input type="checkbox"/> Bulimia, nonorganic nature - 307.51
<input type="checkbox"/> Renal failure, acute, unspecified non specific code - | Type 2 _____
<input type="radio"/> DM with neurological manifestations - 250.6
<input type="radio"/> Diabetes with peripheral circulatory disorders - 270.7
<input type="radio"/> Pre-DM (Other Abnormal Glucose NOS) – 790.29

584.9
<input type="checkbox"/> Renal failure chronic - 585.4
<input type="checkbox"/> Abnormal Weight Gain - 783.1
<input type="checkbox"/> Abnormal Weight Loss - 783.2
<input type="checkbox"/> Obesity – 278.0
<input type="checkbox"/> Other _____ |
|---|--|

Select one:

- ☐ Registered Dietitian will determine diet prescription based on MNT protocols. Visits will consist of an initial and two follow-ups unless determined below

- ☐ Specific Diet _____ Number of visits 1 2 3 4

_____ Learn Carbohydrate Counting	_____ Learn Carbohydrate Consistent diet (____g for B, ____g for L, ____g for D, limit ____g for snacks)	_____ Learn Correction Insulin dose (1 Unit per ____mg/dl over ____mg/dl before meals; Subtract ____Units if at HS.
_____ Carbohydrate Insulin Ratio of 1 Unit per ____g CHO.	_____ Grocery shopping skills _____ Menus for 2 weeks	

Clinical Nutrition Counseling / Nutrition Education Provided

Reason for Consultation: _____

- ☐ Improve glycemic Control.
☐ Lose ☐ Gain weight (Goal: ____# pounds per month, total weight Δ goal: ____#)
☐ Control Hypertriglyceridemia
☐ Control LDL
☐ Learn to manage Hypoglycemia.

Physician's Signature _____

Telephone Number: _____

Physician's UPIN: _____; Physician's NPI: _____

Fax Number: _____