



Check List

Telehealth Credentialing and Privileging Sec. 482.22. Conditions of Participation – Medical Staff

The Centers for Medicare and Medicaid Services' (CMS) final rule on credentialing and privileging requirements for telehealth practitioners is effective on July 5, 2011. This rule establishes a process for originating site hospitals (location of the patient) to rely on the credentialing and privileging decisions of the distant site hospital (location of the specialist) for telehealth practitioners.

Definition of Terms

- Originating Hospital: location of the patient
- Distant-Site Hospital: location of the telemedicine practitioner

* Please Note: Red = New Provisions Provided Through CMS Final Rule

Executive Summary Conditions of Participation – Medical Staff [Sec. 482.22]

Section 482.22 pertains to medical staff employed by the hospital.

Section 482.22 (3) gives the originating site hospital the choice to rely upon the credentialing and privileging decisions made by the distant site hospital. However, the originating site hospital must ensure, through its written agreement with the distant site hospital that the following occur: 1. the distant site hospital providing the telemedicine services is a Medicare-participating hospital; 2. the telemedicine practitioner is privileged at the distant-site hospital; 3. the telemedicine practitioner holds a license or is recognized by the State in which the originating site hospital is located; 4. the originating-site hospital has evidence of an internal review of the distant-site practitioner's performance of these privileges and sends the distant site performance for use in periodic appraisal of the distant-site practitioner.

Section 482.22 (4). The originating-site hospital must ensure through its written agreement with the distant-site hospital that the following conditions are met: 1. the distant-site telemedicine entity's medical staff credentialing and privileging process; 2. the telemedicine practitioner is privileged at the distant-site; 3. the telemedicine provider holds a license or is recognized by the state where the originating-site hospital is located; 4. the originating-site hospital has evidence of an internal review of the distant-site practitioner's performance of these privileges and sends the distant site performance for use in periodic appraisal of the distant-site practitioner.



Conditions of Participation – Medical Staff Sec. 482.22

The hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital.

(a) Standard: Composition of the medical staff. The medical staff must be composed of doctors of medicine or osteopathy and, in accordance with State law, may also be composed of other practitioners appointed by the governing body.

(1) The medical staff must periodically conduct appraisals of its members.

(2) The medical staff must examine credentials of candidates for medical staff membership and make recommendations to the governing body on the appointment of the candidates.

(3) When telemedicine services are furnished to the hospital's patients through an agreement with a distant-site hospital, the originating site's governing body may choose, instead of (1) and (2), to have its medical staff rely upon the credentialing and privileging decisions made by the distant-site hospital when making recommendations on privileges for the individual distant-site telemedicine practitioners.

The originating site's governing body must ensure, through its written agreement with the distant-site hospital, that:

(i) The distant-site hospital providing the telemedicine services is a Medicare-participating hospital.

(ii) The individual distant-site practitioner is privileged at the distant-site hospital, which provides a current list of the distant-site practitioner's privileges at the distant-site hospital.



(iii) The individual distant-site practitioner holds a license issued or recognized by the State in which the originating site hospital is located.

(iv) The hospital has evidence of an internal review of the distant site practitioner's performance of these privileges and sends the distant-site hospital such performance information for use in the periodic appraisal of the distant-site physician or practitioner. This information must include all adverse events that result from the telemedicine services provided by the distant-site practitioner to the hospital's patients and all complaints the hospital has received about the distant-site practitioner.

(4) When telemedicine services are furnished to the hospital's patients through an agreement between the originating site and the distant-site telemedicine entity:

(i) The originating site governing body may choose, in lieu of the requirements in paragraphs (1) and (2) above, to have its medical staff rely upon the credentialing and privileging decisions made by the distant-site telemedicine entity when making recommendations on privileges for the individual distant-site practitioners providing such services.

(ii) The hospital's governing body must ensure, through its written agreement that the distant-site telemedicine entity furnishes services that permit the hospital to comply with all applicable conditions of participation for the contracted services.

(iii) The hospital's governing body must also ensure, through its written agreement that all of the following provisions are met:

(a) The distant-site telemedicine entity's medical staff credentialing and privileging process and standards at least meet the Governing Body standards at §482.12(a)(1) through (a)(7) and the Medical Staff standards at §482.22(a)(1) through (a)(2).



(b) The individual distant-site practitioner is privileged at the distant-site telemedicine entity providing the telemedicine services, which provides the hospital with a current list of the distant-site practitioner's privileges at the distant-site telemedicine entity.

(c) The distant-site practitioner holds a license issued or recognized by the State in which the originating site hospital is located.

(d) The hospital has evidence of an internal review of the distant site practitioner's performance of telemedicine privileges and sends the distant-site telemedicine entity this performance information for use in the periodic appraisal of the distant-site practitioner.

At a minimum, this information must include all adverse events that result from the telemedicine services provided by the distant-site practitioner to the hospital's patients, and all complaints the hospital has received about the distant-site practitioner.

(b) Standard: Medical staff organization and accountability. The medical staff must be well organized and accountable to the governing body for the quality of the medical care provided to patients.

(1) The medical staff must be organized in a manner approved by the governing body.

(2) If the medical staff has an executive committee, a majority of the members of the committee must be doctors of medicine or osteopathy.



(3) The responsibility for organization and conduct of the medical staff must be assigned only to an individual doctor of medicine or osteopathy or, when permitted by

State law of the State in which the hospital is located, a doctor of dental surgery or dental medicine.

(c) Standard: Medical staff bylaws. The medical staff must adopt and enforce bylaws to carry out its responsibilities. The bylaws must:

(1) Be approved by the governing body.

(2) Include a statement of the duties and privileges of each category of medical staff (e.g., active, courtesy, etc.)

(3) Describe the organization of the medical staff.

(4) Describe the qualifications to be met by a candidate in order for the medical staff to recommend that the candidate be appointed by the governing body.

(5) Include a requirement that--

(i) A medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services.

(ii) An updated examination of the patient, including any changes in the patient's condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the



medical history and physical examination are completed within 30 days before admission or registration.

(6) Include criteria for determining the privileges to be granted to individual practitioners and a procedure for applying the criteria to individuals requesting privileges.

For distant-site physicians and practitioners requesting privileges to furnish telemedicine services under an agreement with the originating site hospital, the criteria for determining privileges and the procedure for applying the criteria are also subject to the requirements in A-8 and A-9 of the Governing Body COPs, and (a)(3) & (a)(4) of the Medical Staff COPs.

DISCLAIMER

This publication was made possible by grant number G22RH20216 from the Office for the Advancement of Telehealth, Health Resources and Services Administration, DHHS.

Information contained in this report is current up to the date listed on the report. Note that the information is subject to change following action taken by a state's legislature, state agencies, state medical boards, or other applicable state government agency or body. CTeL will make every effort to provide the most current information.