Getting Online with Telehealth:
Practical Guidance for Physician Practices

General Overview of Telemedicine Best Practices in Response to COVID-19

PYA

Agenda

- ✓ Resources
- ✓ Technology considerations when implementing telehealth solutions
- ✓ How patient location requirements have changed
- ✓ Remote visit processes and compliance requirements

Resources

- Prior webinars on-demand, slides, transcript, follow-up Q&A
- PYA thought leadership
- Links to important resources

www.pyapc.com/covid-19-hub/

First Things First

- How quickly can you implement a solution?
  - If triage only, telephone likely sufficient
    - You're already doing it, most likely
    - Medicare reimbursement limited to Virtual Check-in (G2012)
  - If substitute for face-to-face visit, need interactive audio-visual solution
    - Required to receive Medicare reimbursement for telehealth services
  - Your existing scheduling system can be used to identify telephonic vs. telehealth visits.

First Things First (cont.)

- If you are using a personal device, blocking your personal phone number should be considered.
  - Dial *67 prior to placing the call or use a dialer to help.
  - Use something like the FREE Doximity app for your phone (Apple Store or Google Play) and set this up to dial as if you are calling from your institution's main number.
  - Use a hospital phone line if you are at your office, clinic, or treatment facility.

First Things First (cont.)

- Just because you can doesn't mean you should.
  - Yes, the federal government has eased restrictions that now allow the use of FaceTime and other platforms.
  - However, there are many HIPAA-compliant telehealth solutions that can deployed within hours or days.
  - Many of these solutions have full EMR integration options than could be implemented after the COVID-19 influx.

Image source: stevepb for pixnio.com, at https://pixnio.com/objects/tools/hammer-nail-screw-screwdriver-wood-tool-metal

Telehealth Solutions

- There are hundreds of telehealth solutions on the market. Here are a few that have emerged as leaders, are affordable and typically deploy quickly.*

* PYA does not endorse or recommend any of the vendors on this list. We strongly encourage you to do your due diligence when making a vendor selection. There may be other vendors also making available platforms that are affordable and typically deploy quickly. These are the ones that have been brought to our attention.

Vendors Offering Free or Reduced Cost Platforms*

* PYA does not endorse or recommend any of the vendors on this list. We strongly encourage you to do your due diligence when making a vendor selection. There may be other vendors also making available platforms for free or at a significantly reduced price in response to COVID-19. These are the ones that have been brought to our attention.

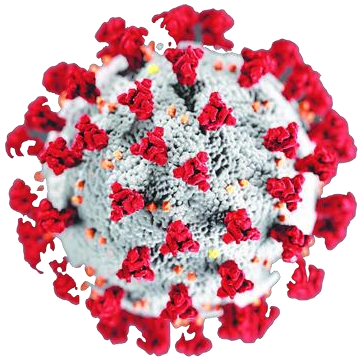
The Day After Tomorrow

- Maybe flattening the curve with COVID-19 has created a reason to strongly consider telehealth, but your decision should be based on much more.
  - ✓ Does your telehealth provide easy simple connectivity for all walks of life?
  - ✓ Does your telehealth provide apps for Apple, Google, and Microsoft?
  - ✓ Does your telehealth provide integration to EMRs?
  - ✓ Does your telehealth interact with in-home monitoring devices?
  - ✓ Does your telehealth support multiple languages?
  - ✓ Does your telehealth meet your state HIPAA and ADA compliance requirements?

Telehealth Landscape Beyond 2020

BEFORE

Before the pandemic, 1 in 10 patients in the US used telehealth, according to a J.D. Power survey from July 2019.



AFTER

One telehealth provider reports appointments are up by 70% since the virus hit the US in January, usage of the app has increased by 158% nationwide, and increased by 650% in Washington State.

Image source: Shutterstock

Telehealth Landscape Beyond 2020 (cont.)

- It is said that necessity is the mother of invention, and fewer events fuel necessity more than a disaster.
- Once COVID-19 is behind us, the likelihood that telehealth will go back to its once meager beginnings is doubtful.
- First time telehealth consumers will get a taste of the technology and realize its potential and over time demand better, more accessible and flexible solutions.
- Telehealth can be a major contributor to getting patients back into the care continuum during and after COVID-19.

Image source: Shutterstock

Eligible Originating Site

- General rule: Patient must be physically present at a health care facility when telehealth service is provided.
- Those facilities are called the “eligible origination site” and defined as:

Physicians’ or practitioners’ office	Hospitals	Critical Access Hospitals (CAH)	Rural Health Clinics
Federally Qualified Health Centers (FQHC)	Hospital-Based or CAH-Based Renal Dialysis Centers	Skilled Nursing Facilities (SNF)	Community Mental Health Centers (CMHC)

Patient Location: Current Waiver

- Rural requirement is waived
- Telehealth services can be provided in all settings of care, including a patient's home
- In addition to single family dwellings, patients live in:
  - Apartment buildings
  - Assisted living apartments
  - Independent living apartments, including those in Continuous Care Retirement Communities (CCRC)
  - Low income HUD housing (Section 202 housing)
- In congregate settings, staff may be able to facilitate the telehealth visit by assisting the patient

Older Adults and Technology

- National Poll on Healthy Aging, University of Michigan. *Virtual Visits: Telehealth and Older Adults*. October 2019.
  - Believe that quality of in-person visits better than telehealth: **58%**
  - Interested in a telehealth visit with primary care provider: **48%**
  - **Concerns:**
    - Provider not able to do a physical exam: 71%
    - Quality of care not as good: 68%
    - Privacy: 49%
    - Difficulty using the technology: 47%
    - Difficulty seeing or hearing the provider: 39%
  - Most significant factors: usefulness and ease of use
    - ***Why*** and ***how***?

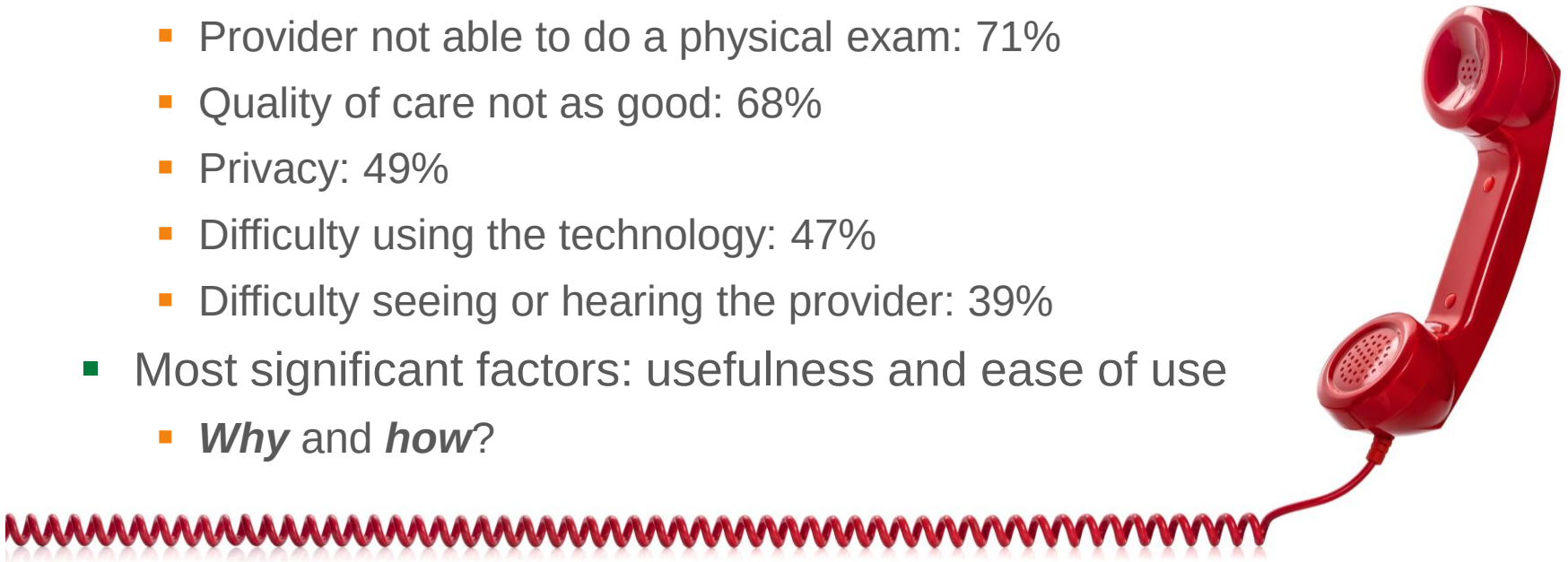


Image source: Shutterstock

Keep in Mind

- Do not make assumptions about a patient's comfort with technology.
- Family caregivers are essential members of a care team.
- Technology may help include longer-distance family members.
- Older people may need someone to facilitate their telehealth appointment.

10% **of Medicare population is older than 85**

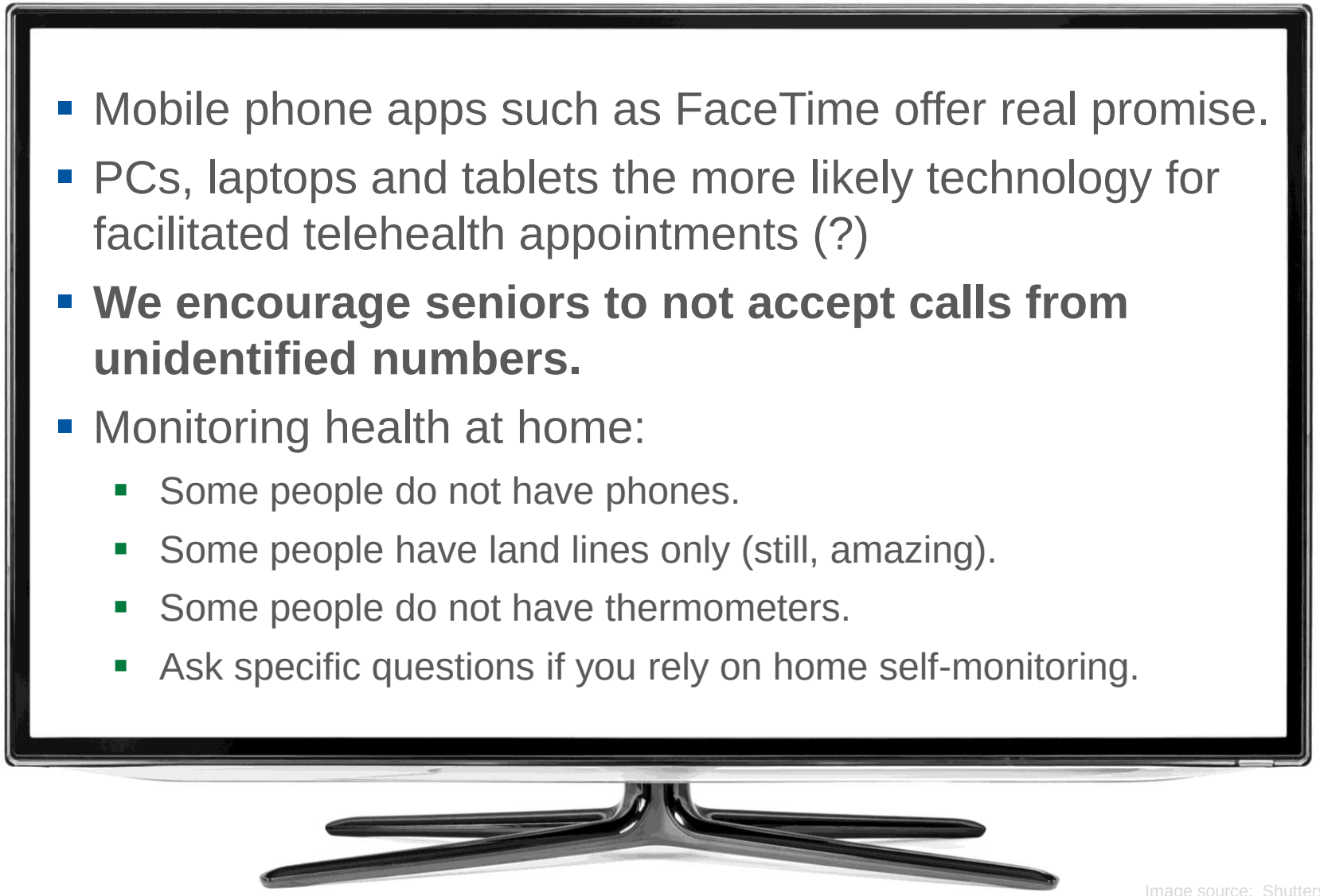
> 50%
of people age 75+ have hearing loss

Millions
of older adults have vision loss

Cognitive impairment:
diseases and old brains

People with functional impairments live at home, some alone

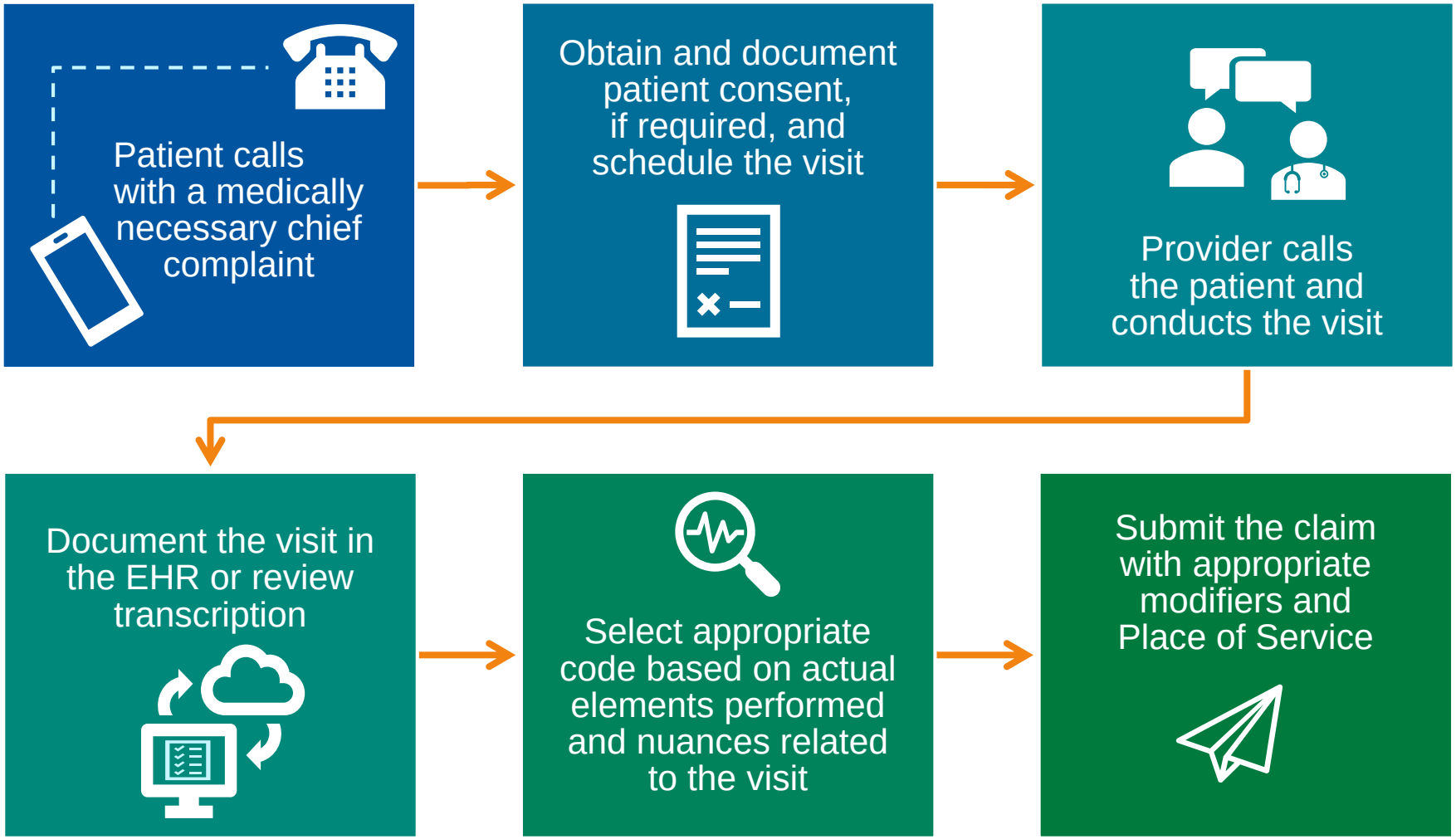
Additional Considerations



- Mobile phone apps such as FaceTime offer real promise.
- PCs, laptops and tablets the more likely technology for facilitated telehealth appointments (?)
- **We encourage seniors to not accept calls from unidentified numbers.**
- Monitoring health at home:
  - Some people do not have phones.
  - Some people have land lines only (still, amazing).
  - Some people do not have thermometers.
  - Ask specific questions if you rely on home self-monitoring.

Image source: Shutterstock

Telemedicine/Virtual Visit Process



Telemedicine Coding Options

- **Telehealth Visits** – A visit with a provider that uses telecommunication systems between a provider and a patient. For new and established patients, per the 1135 waiver.
  - **99201 – 99215** – Office or other outpatient visits
  - **G0425 – G0427** – Telehealth consultations, emergency department, or initial inpatient
  - **G0406 – G0408** – Follow-up inpatient consultations furnished to beneficiaries in hospitals or skilled nursing facilities (SNFs)

https://www.cms.gov/files/document/se20011.pdf

Image source: Shutterstock

Telehealth Modifiers

- Medicare telehealth claims do **not** require the disaster related (DR) or catastrophe/disaster related (CR) modifiers.
- Appropriate modifiers for telehealth claims include:
  - **GQ** – Telehealth service furnished via asynchronous (store and forward) technology as part of a federal telemedicine demonstration project in Alaska and Hawaii (for Medicare). Some states also allow store and forward technology.
  - **GT** – Telehealth service billed under CAH Method II
  - **G0** – Telehealth service furnished for purposes of diagnosis and treatment of an acute stroke
  - **95** – Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system

https://www.cms.gov/files/document/se20011.pdf
https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf

Compliance/Coding and Documentation Considerations Summary

- For Medicare telehealth visits, both new and established patients can be seen.
- Services can include surgical follow-up, routine reviews, and sick visits.
  - Only perform services on the telehealth list that do not require certain physical exam elements, otherwise the visit cannot be billed.
- If a non-physician practitioner (NPP) provides the service, bill under the NPP's provider number.
- If a provider is not credentialed, complete the temporary credential application and complete the standard application at a later date.

Compliance/Coding and Documentation Considerations Summary (cont.)

- Document the history, exam elements that were possible and the medical decision making (MDM).
- Code level will likely be less than the MDM due to visit limitations if the patient is new.
  - Established patient level will depend on the extent of the history, number of diagnoses managed, and treatment plan.
- If using a telescribe, time must be made to review the documentation as soon as possible to confirm accuracy.
- The record must be signed.

Documentation Tips – West Virginia

- ✓ Verify the identity and location of the patient.
- ✓ Provide the patient with confirmation of the identity and qualifications of the physician.
- ✓ Provide the patient with the physical location and contact information of the physician.
- ✓ Establish or maintain a physician-patient relationship which conforms to the standard of care.
- ✓ Determine whether telemedicine technologies are appropriate for the patient presentation for which the practice of medicine is to be rendered.
- ✓ Obtain from the patient appropriate consent for the use of telemedicine technologies.
- ✓ Conduct all appropriate evaluations and history of the patient consistent with traditional standards of care for the patient presentation.
- ✓ Create and maintain health care records for the patient which justify the course of treatment and which verify compliance with the requirements of this section.

http://www.wvlegislature.gov/Bill_Text_HTML/2019_SESSIONS/RS/bills/HB2947%20SUB%20ENR.pdf

Documentation Tips – Minnesota

- ✓ The type of service provided by telemedicine
- ✓ The time the service began and the time the service ended, including an a.m. and p.m. designation
- ✓ The licensed health care provider's basis for determining that telemedicine is an appropriate and effective means for delivering the service to the enrollee
- ✓ The mode of transmission of the telemedicine service and records evidencing that a particular mode of transmission was utilized
- ✓ The location of the originating site and the distant site
- ✓ If the claim for payment is based on a physician's telemedicine consultation with another physician, the written opinion from the consulting physician providing the telemedicine consultation
- ✓ Compliance with the criteria attested to by the health care provider in order to demonstrate the safety or efficacy of delivering a particular service via telemedicine

https://mtelehealth.com/wp-content/uploads/2019/12/Minnesota.pdf
https://www.djholtlaw.com/telemedicine-law-minnesota/

Virtual Check-in

- **Virtual Check-In:** A brief 5 – 10 minute check-in with practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed; remote evaluation of recorded video and/or images submitted by an established patient.
  - **HCPCS codes G2010 and G2012**

https://www.cms.gov/files/document/se20011.pdf

Image source: Shutterstock

E-Visit Coding Options

- **E-Visits:** A communication between an established patient and their provider through an online portal.
  - **99421, 99422, 99423**
  - **G2061, G2062, G2063**

https://www.cms.gov/files/document/se20011.pdf

Image source: Shutterstock

Next Steps

After the storm, documentation and coding reviews should be completed to confirm accuracy.

Image source: Shutterstock

Thank you!

Barry Mathis
Principal
bmathis@pyapc.com

Kathy Greenlee
JD
Principal
kgreenlee@pyapc.com

Valerie Rock
CHC®, CPC®
Principal
vrock@pyapc.com

PYA, P.C.

800.270.9629 | www.pyapc.com