Telehealth Quick Start Guide

MENTAL HEALTH FOCUS

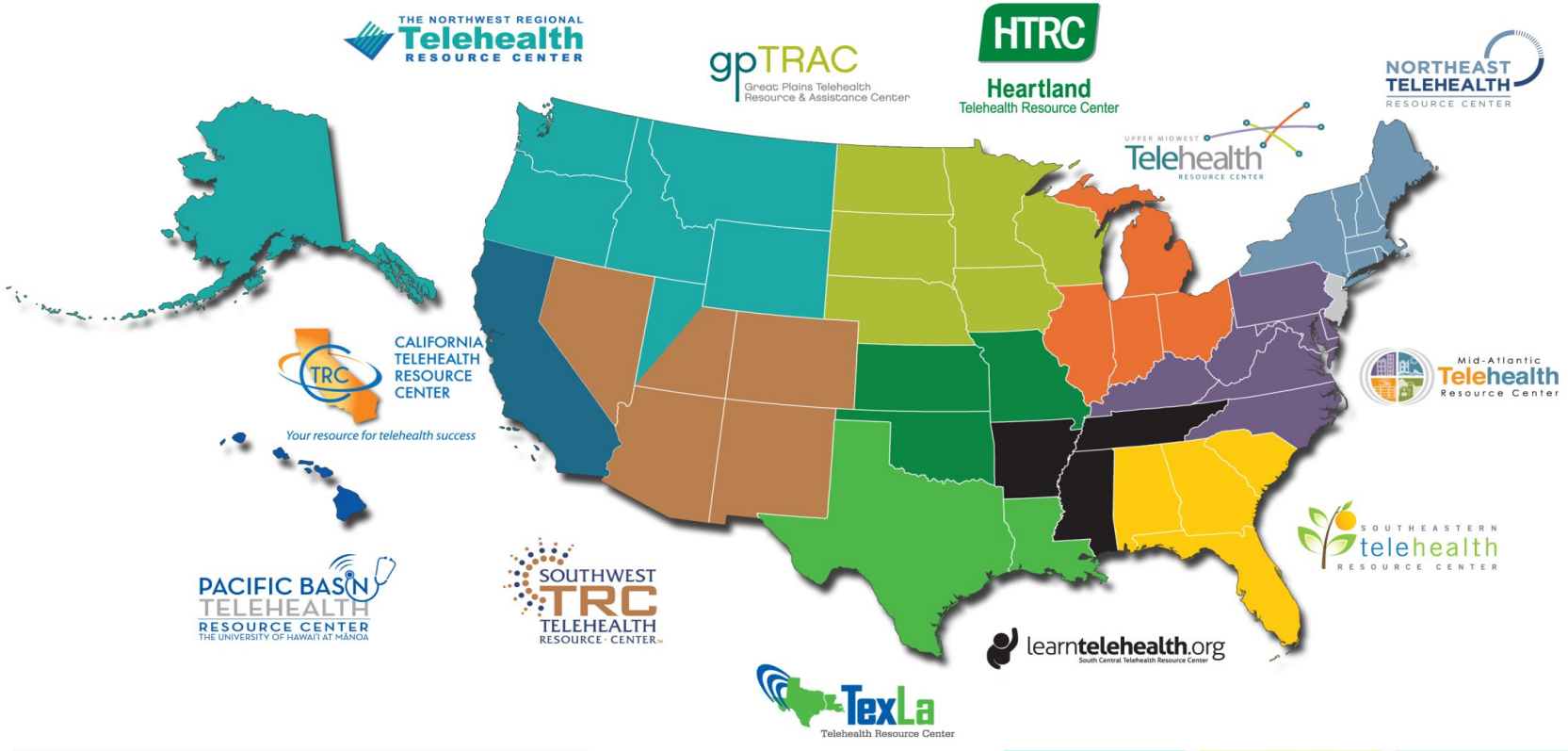
April 2, 2020

gpTRAC
Great Plains Telehealth
Resource & Assistance Center

OVERVIEW

- A Quick Introduction to gpTRAC
- Prerequisites
- Policies
- Procedures
- Practice

TelehealthResourceCenters.org



TTAC TelehealthTechnology.org National Telehealth Technology Assessment Resource Center

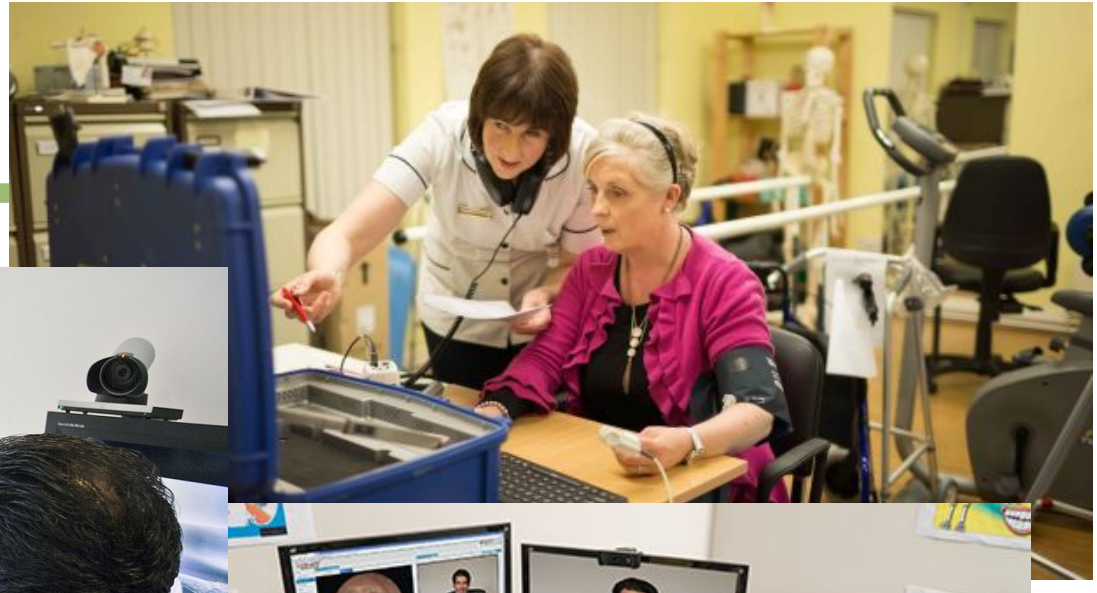
Center for Connected Health Policy

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 National Resource Centers

12 Regional Resource Centers

TELEHEALTH



Some Background Information and Principles

1. **Services legally occur at the patient's physical location.** The provider must be licensed (and credentialed) to provide services at that location.
2. Specific consent is generally required, but it may be verbal. It should be included in your general consent, if possible, and regularly revisited.
3. Procedures should be consistent and mirror usual procedures as much as possible. Standardized procedures help everyone feel more comfortable.
4. In a clinical emergency, use available emergency procedures and resources. Telemedicine services are generally NOT intended for emergencies.
5. This guide focuses on providing encounters via live video.

PREREQUISITES

Patient portal (or other channel to communicate with patients)

Video account & settings (or equivalent) or eVisit Platform (various)

Equipment (computers, webcams, smart phones, etc.)

Network connections

Patient Portal - Or Other Communication Channel

The Portal (or other secure channel) will be needed to:

- Set and confirm scheduled appointments
- Send links and passwords for video calls
- (Optional) Collect patient information before a call
- (Optional) Conduct an eVisit (as defined by Medicare)

Technology Spectrum

Separate Video

- Operate independently of your EMR
- “Dual systems” - video on one screen, EHR on the other (or split windows)

“eVisit” Platforms

- Patient portal
- Scheduling, text, images
- Separate from EHR, but may feed it or interact with it
- Support billing “eVisits” (Medicare)

Fully Integrated EHR

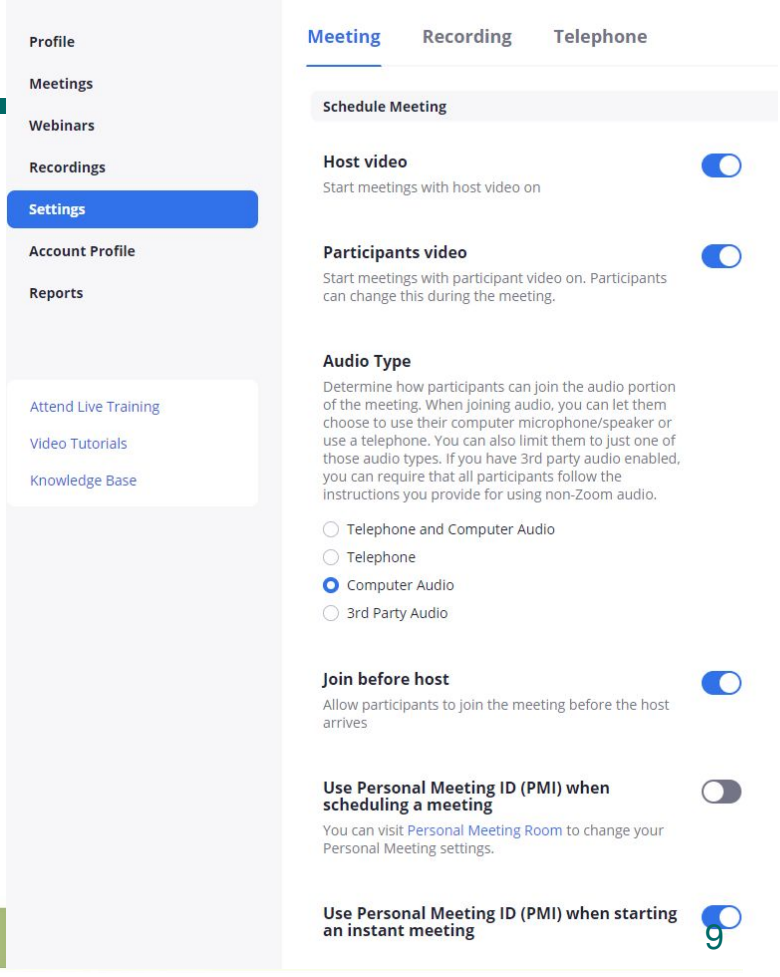
- All scheduling, communication, and texting within EHR
- Expensive & complex

Zoom Video (or Equivalent)

- Zoom Healthcare Account (includes 10 licenses and a BAA)
- Zoom “Pro” Account (1 license, no BAA) - can be used temporarily
- Zoom free account (1:1 or 40-min Gp)

Settings - log in at zoom.us to change

- Encryption is standard/default
- Disable recording
- Other optional settings



“eVisit” Platforms

<u>Dozens</u> of potential products exist. Lots of confusion and non-standard feature sets. Necessary features include:

- Patient portal (secure 2-way text communication)
- Image uploads
- Symptoms reporting/histories
- Signatures (informed consent)
- Scheduling
- (Optional) Live video calls

Encounters using these platforms are billable as “eVisits” for Medicare

Evaluating Platforms

Comparison Sites:

http://telehealthtechnology.org/toolkit/clinicians-guide-to-video-platforms/ (TTAC)

https://telementalhealthcomparisons.com/ (Jay Ostrowski)

https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html (AAFP)

https://vsee.com/telemedicine-platform-reviews (VSee)

No "Consumer Reports" comparison exists

Computers and Peripheral Equipment

End points

Laptop, tablet, or cell phone (with built-in camera, mic, and speaker)

Desktop (add USB webcam, mic, and speakers)

Device stand (for cell phones/tablets)

(Optional Peripherals)

Webcam - Logitech C920/922 (or similar)

Speakerphone - Jabra Speak 410 (or similar)

Headset - Mpow 071 USB Headset (or similar)

Network Connections

Participants at home may connect with:

Home Wi-Fi

Cellular Data

Charges for data may apply (make sure patients know this)

Quality of the network connections will determine the quality of the call!

Potential Technical Pain Points

Keeping encounters private (separate video products, only).

- Ensuring each client/patient has a secure (unique) link
- “Locking” rooms; using passwords
- Using virtual waiting rooms

Providing technical support to clients/patients who have difficulty.

Alternatives for patients with no cell phones, computers, or connectivity.

POLICIES

Informed Consent

Patient Appropriateness, Location & Safety

Broken Calls

Documentation

Emergencies

Informed Consent

You must document patient consent for telehealth. It can be verbal (for now).

Inform patients that:

- Calls are not recorded.
- If the call drops, try to reconnect, or call this number _____.
- There are confidentiality risks, and how to minimize them.
- Connect from a quiet, private, safe place, with minimal distractions.
- Only use approved software and links provided.
- The patient portal and video are not an emergency contact method.

"Beneficiary consent should not interfere with provision of services." -CMS

Patient Appropriateness

Document any concerns regarding the appropriateness of telehealth for this patient or at this time. Concerns may include:

- Difficulty using the equipment effectively
- Lack of access to adequate connectivity or private space
- Inability to collect necessary medical information from patient or perform an adequate exam
- History of or current difficulty managing patient behavior

NOTE: Clinical needs and/or urgency may outweigh concerns

Location & Safety

Every effort should be made to see patients in a safe, secure manner.

Confirm the patient's identity and location at the outset of every encounter.

Collect local non-emergency numbers for fire, police, and patient contacts.

If the patient is in an insecure or inappropriate setting, you may:

- Agree to wait until they are appropriately situated
- Ask to reschedule for a better time
- Perform a brief check-in and plan for follow up

Engage emergency procedures if appropriate

Emergency Procedures

As part of the consent/initial session:

- Discuss emergency procedures and any foreseeable risks
- Collect numbers for local fire, police, and other emergency contacts

In an emergency situation:

- Maintain contact and work to transfer care to appropriate onsite responders and/or caregivers
- Document the event and the transfer of care
- Make any mandated reports

PROCEDURES

Scheduling & Room assignment

Opening Script

Presentation & Examination

Disposition & Follow up

Documentation

Scheduling & Room Assignment

Scheduling follows "normal" procedures as much as possible. Plus...

Each encounter is assigned a unique Meeting ID:

- "Host" (Provider) generates a Meeting ID (in a 2-hour "time range")
- Meeting ID is placed on the schedule and sent to the patient as part of the appointment confirmation/reminder
- At meeting time, both patient and provider enter the Meeting ID room
- Once the meeting ends and the time elapses, the Meeting ID will automatically be deleted (Zoom)
- (Some patients may be given re-usable "recurring" meetings, if desired)

Opening Script

1. Hello [pt]. Can you see and hear me clearly? [Adjust for lighting, sound.]
2. As you know, I'm [Provider]. Can you confirm your name and date of birth for me, please?
3. Can you confirm your location, please?
4. Are you in a private place? Is anyone else in the room or within earshot?
5. Do you have any questions about the privacy of this call or anything else before we begin?
6. If we get disconnected, please reconnect using the same link. If that fails, I will call you at _____. Is that the correct number?

Presentation & Examination

- Use capability provided in the Patient Portal (separate product or through EHR) to collect symptom information and/or complaints
- Use functional questions or other non-contact techniques to assess medical conditions (assume no ability to physically examine the patient)
- Recognize when a physical examination is required for the condition or presentation, and make appropriate arrangements for an exam
- If decisions are made with inadequate information due to urgency, document these decisions and reasons

http://www.telemedmag.com/article/telemedicine-physical-better-think/

Disposition & Follow-up

- Record disposition, referrals, and plans as usual in the record
- Refer patients to appropriate staff (video link or phone number) for check-out and follow up
- Follow organizational policies regarding deferral of co-pays
    - Many payers are allowing for waived/reduced co-insurance/co-pays during emergency

Documentation

Document encounters as usual for the billing code, including ...

- Patient's location (“Home” is OK, as long as address is on file)
- Provider's location (“Clinic” or “Provider home, via secure clinic portal”)
- That the encounter was conducted via telehealth
- Encounter start and stop times
- That the patient consented (unless clearly documented elsewhere)
- Any other people or providers involved, including any presenters

Optional... Provide a reason for using telehealth (medical or otherwise)

Billing

- Bill encounters using the same CPT codes as would apply in-person, respecting the same time and complexity guidelines as usual
- Add POS code “02” (Via Live Video) and Modifier “95” (or “GT” for Iowa)
- FQHC/RHC Medicaid reimbursement varies by state
  - Some FQHCs are entitled to a full PPS/Encounter rate for telehealth visits
- Most payers are now (temporarily) covering telehealth-specific codes, “virtual care” codes, and telephonic codes
- Reimbursement amounts for these codes are unclear, probably lower
- Monitor reimbursement and appeal denials as usual

Medicare Emergency Waivers

All patients are eligible - new and established

Any location (rural/urban, home, etc.)

Originating site facility fees are paid to the provider (for “Home” visits)

Co-insurance and co-payments may be waived

Many new/temporary codes are now billable via telehealth

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

PT/OT/SLP services are covered

Remote Physiological Monitoring available to any patient

Services provided via telephone are now covered

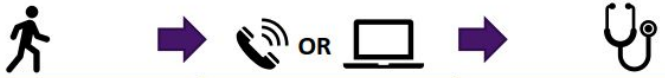
https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

Special coding advice during COVID-19 public health emergency

- The coding scenarios in this document are designed to apply best coding practices. The American Medical Association (AMA) is working to ensure that all payors are applying the greatest flexibility to our physicians in providing care to their patients during this public health crisis.
- The Centers for Medicare & Medicaid Services (CMS) lifted Medicare restrictions on the use of telehealth services during the COVID-19 emergency. Key changes include:
  - Effective March 6 and throughout the national public health emergency, Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19.
  - Patients can receive telehealth services in all areas of the country and in all settings, including at their home.
  - CMS will not enforce a requirement that patients have an established relationship with the physician providing telehealth.
  - Physicians can reduce or waive cost-sharing for telehealth visits.
  - Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.
- HHS Office for Civil Rights offers flexibility for telehealth via popular video chat applications, such as FaceTime or Skype, during the pandemic.
- AMA's telemedicine quick guide has detailed information to support physicians and practices in expediting implementation of telemedicine.
- Disclaimer: Information provided by the AMA contained within this Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology® manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.
- To learn more about CPT licensing click here.

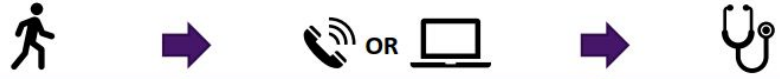
https://www.ama-assn.org/system/files/2020-03/covid-19-coding-advice.pdf

Scenario 10 – (Non-COVID-19 case): Telehealth visit for a non-COVID-19 patient



Action	Communication method	Patient assessed: E/M telehealth, telephone assessment (*Flexibility: Permit audio only for E/M telehealth)*	
Who is performing		Physician / QHP	
Applicable CPT Code(s)	**Audio**	*New Patient: E/M Telehealth**	
	or	99201 99202 99203 99204 99205	
		*Established Patient: E/M Telehealth **OR** Telephone Evaluation (independent of E/M)**	
	Audio/Video	99212 (typical time 10 min)	99441 (5-10 min)
		99213 (typical time 15 min)	99442 (11-20 min)
		99214 (typical time 25 min)	99443 (21-30 min)
		99215 (typical time 40 min)	
Applicable ICD-10 codes		Report relevant ICD-10 code(s) related to reason for call or online interaction	
Place of Service		02 Telehealth	
Notes		*Payors may require the use of Modifier 95 for telehealth services	

Scenario 11 – (Non-COVID-19 case): Patient receives virtual check-in OR on-line visits via patient portal/e-mail (not related to E/M visit) OR telephone call from qualified nonphysician (those who may not report E/M)



Action	Communication method	Patient evaluated	
Who is performing		Physician / QHP	Qualified nonphysician (may not report E/M)
Applicable CPT Code(s)	Virtual Check-Ins Other Phone Call	G2010 Remote Image G2012 Virtual Check-In	98966 (5-10 min) 98967 (11-20 min) 98968 (21-30 min)
	Online Visits (eg EHR portal, secure email; allowed digital communication)	99421 (5-10 min) 99422 (11-20 min) 99423 (21-30 min)	98970/G0261 (5-10 min) 98971/G0262 (11-20 min) 98972/G0263 (21-30 min)
Applicable ICD-10 codes		Report relevant ICD-10 code related to reason for call or online interaction	
Place of Service		11 Physician Office or other applicable site of the practitioner's normal office location	

A virtual check-in pays professionals for brief (5-10 min) communications that mitigate the need for an in-person visit, whereas a visit furnished via Medicare telehealth is treated the same as an in-person visit

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: • 99201-99215 (Office or other outpatient visits) • G0425–G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	• HCPCS code G2012 • HCPCS code G2010 **Phone Only OK**	**New Pts OK** For established patients.
E-VISITS	E/M Providers A communication between a patient and their provider through an online patient portal. Other Providers	• 99421 • 99422 • 99423 • G2061 • G2062 • G2063 **Portal or Platform**	For established patients.

MN Telemedicine Policy - Emergency Waiver

As of April 1, 2020:

- Providers can provide services virtually via telephone when providers determine it is safe and effective to do so. This coverage change applies to MHCP members in fee-for-service programs.
- The current limitation of three telemedicine encounters per week will be suspended.
- MHCP will cover evaluation and management services provided via telephone using the telephone services CPT codes. Follow CPT guidelines for use of 99441, 99442 and 99443.

In delivering telemedicine, the distant site (provider's location) can be the eligible provider's home. The originating site (member's location) can be delivered to members while they are in their home.

Billing Telemedicine - Minnesota Emergency Waiver

Existing Telemedicine Providers:

Providers who had an approved telemedicine assurance statement prior to April 1, 2020, and have a TD specialty code on their provider file, should continue to bill with place of service 02 for telemedicine.

New Telemedicine Providers:

New telemedicine providers on or after April 1, 2020: **Do not** bill place of service 02 at this time. We are finalizing system edits to recognize this place of service.

Effective April 1, 2020, Federally Qualified Health Center and Rural Health Clinic telemedicine services (including telephonic) will be included for the purposes of the face-to-face encounter payment methodology. Any service when provided face-to-face that would generate an encounter will continue to generate an encounter if provided via telemedicine, provided it meets all telemedicine requirements.

See www.telehealthquickstart.org for current links

Medicare

- *Any originating (patient) site
- "Telehealth" = live video only
- Other "non-telehealth" services are allowed, including
  - Virtual Check-in (G2010/G2012)
  - eVisits (via Patient Portal)
    - 99421/2/3 and G2061/2/3
  - Remote Physiological Monitoring

*Temporarily

Medicaid

IA: All services otherwise payable

MN: Waiver pending, patient home OK

NE: Telephone E/M visits OK

ND: Out-of-state Licenses OK, insurance coverage mandated

SD: Expanded providers and sites

WI:

PRACTICE

PRACTICE, PRACTICE, PRACTICE

Take some time to gain familiarity and comfort with equipment and software before your first “real” telehealth encounter. Debrief and compare notes if things don’t go as planned, or you need to adjust things.

COMMUNICATE WITH COLLEAGUES AND WORK AS A TEAM

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