

Dear Beaumont ACO members,

During these challenging times we continue to work to support our physicians and patients. Listed below is information on performing Telehealth services.

Video Visit Telemedicine Guide for Physicians

Quick set-up guide in response to COVID-19 National Emergency

As of March 18th, CMS released sweeping guidelines changing the technology and reimbursement landscape for telemedicine. We are digesting this new information, but here is the official announcement:

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Regulatory

Good document from Texas: <https://www.texmed.org/Telemedicine/>

*Licensure: Normally, you need to be licensed in the state where the patient is located. This requirement has been waived for the Covid national emergency on the federal level, but is still dependent on state medical board waivers. *Colorado and Texas being more lenient - honoring licenses from other states provided that the doctor is in good standing. Check their state websites for specifics*

Malpractice

Many malpractice carriers cover practicing with telemedicine. Check with your malpractice carrier to ensure that you are covered or request coverage.

Technology

Choose a platform that is easy for your patients to get on and is HIPAA compliant

Good choices include: <https://doxy.me/>, <https://www.sprucehealth.com/>

**Issues with doxy.me - free version glitchy video*

Vsee - <https://vsee.com/>

<https://www.connectoncall.com/> (offering 2 month free trial)

To start, you can use this technology along with your regular EHR

1. Schedule your patients as you normally would.
2. At the time of the visit, both you and your patient can log into telemedicine platform and have your visit.
 1. Consider having your MA or other team member log in with the patient first and troubleshoot any technical problems
3. Document in your EHR and bill in your EHR as you normally would.
4. The workflow is a bit clunky and will be difficult if you have high patient volumes and/or are running late, but it works and is safe and legal.

Billing/Reimbursement

Good document for COVID from the AAFP:

https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/coronavirus_testing_telehealth.html

1. Needs to be through video+audio communication to use the mentioned cpt codes.
2. Need to make sure your telecommunication method is HIPPA compliant.

3. This can be done through your own institution video communication integrated with your own EMR. For those who don't have that option yet, you can start with a 3rd party HIPPA compliant video communication program through which you "chat" with the pt, while you document and bill through your EMR as usual. An example is doxy.me. please remember that if you are employed, I strongly recommend getting approval from your employer before starting any telemed practices, in addition to verifying coding with your own billers/coders.
4. CPT codes for follow ups (99213, 99214, 99215 with modifier 95. Few insurances don't recognize mod 95 so use modifier GT instead and rebill.
5. These are the same cpt codes that you would use in a regular office visit, so expect the same wRVUs for these telehealth visits as well.
6. You can bill any level based on time or complexity as long as your documentation supports it.
7. Originating/place of service: 02 (Telehealth). some have used 11 (office) which worked as well.
8. Reimbursement for Telemed visit is higher compared to Phone visits and portal/e-communication.
9. Reimbursed by Medicare, Medicaid and any other federal insurance same as regular office visits.
10. 50% chance to be covered by commercial insurance. It will be crucial that the patient understands this, and agrees to the possibility of paying out of pocket if denied by insurance. We have lower cash prices for self pay pts (compared to what usually insurance is charged), so they will know what to expect upfront.
 1. **Update: some insurances in some states have issued waivers for certain telemed billing requirements for federal and commercial insurance which improved chances of reimbursement.
11. Documentation: as usual for office visit, except the physical exam.
12. I'd document the following in the exam (change/add as needed):
 1. General: appears well nourished, not in acute distress.
 2. HEENT: normal sclera
 3. Respiratory: no increase WOB
 4. Psych: normal mood and affect
13. Phone visits:
14. *** Commercial: 99441 (5-10 min), 99442 (11-20 min) and 99443 (21-30 min).
15. *** Medicare G2012:
16. Can be used by the physician or "other qualified health care professional who can report E/M services".
17. Only for Established patients.
18. The phone call is "Not related to an E/M service provided within the last 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment"
19. For 5-10 minutes of medical discussion.
20. MUST document verbal patient consent at EACH session since there is a 20% copay. written consent upfront works as well, I would still document the consent in my note though.
21. Average reimbursement is about 14-15\$
22. No frequency limits, could even be daily.
23. Portal communication/e-communication/e-visits:
24. =====
25. Applies to communication that does not include live-video/face to face nor speaking on the phone.
26. To bill for this type of e-visit, the digital communication (portal or email) MUST be initiated by the patient, AND "Requires Clinical Decision".

27. You can bill the cumulative time you spend over a period of 7 days (e.g. pt and you sending messages through the portal back and forth over a course of 7 days, you can add up all the time spent at the conclusion of the communication).
28. *** Commercial CPT codes:
 1. for MD/DO/NP/PA: 99421 (5-10 min), 99422 (11-20 min), 99423 (21+ min)
 2. for MA: 98970 (5-10 min), 98971 (11-20 min), 98972 (21+ min).
29. *** Medicare CPT codes: G2061 (5-10 min), G2062 (11-20 min), G2063 (21+ min)
30. *** Medicare G2010:
31. This is specifically for evaluation of video or images sent to you digitally by pt (i.e Not Live-video communication face to face). for example: pt sends you a photo or video of skin rash.
32. Only for Established patients.
33. The digital communication is "Not related to an E/M service provided within the last 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment"
34. MUST document verbal patient consent at EACH session since there is a 20% copay. written consent upfront works as well, I would still document the consent in my note though.
35. Average reimbursement is about 12-15\$
36. No frequency limits, could even be daily.

Disclaimer: The information I provided does not, and is not intended to, constitute legal advice; instead, all information and content that I provided are for general informational purposes only. Information I provided may not constitute the most up-to-date information. Again, I strongly recommend that if you are employed, get approval from your employer before starting any telemed practices, in addition to verifying coding with your own billers/coders to avoid any billing/reimbursement frustration.

Special thanks to Dr William C. Biggs, MD, FACE, ECNU (representative of AACE membership at the AMA CPT editorial panel) for providing valuable and much appreciated information and advice which helped in shaping this article.

For further information I recommend visiting the Centers of Medicare and Medicaid Services website.

Video Physical Exam

Training resources:

1. This online course is \$95 and provides CME/CE. Gives you a good overview of what you need to know: <https://telehealthvillage.com/product/foundations-of-telehealth/>
2. This is a free video tutorial about telehealth etiquette: <https://learntelehealth.org/telehealth-etiquette-series/>
3. This is a good online course on conducting an effective physical exam using telehealth for \$100 and also includes CME: <https://cme.jefferson.edu/content/telemedicine-providers-conducting-effective-telehealth-physical-exam>
4. If you are needing training in telemental health, this is an actual online credential: <http://www.startelehealth.org/credentials>

Example note

Objective:

GEN: awake, alert, non-diaphoretic, no psychomotor agitation, no acute distress

HEENT

Head: atraumatic, normocephalic, no rashes noted, no lesions noted; some temporal thinning of hair

Eyes: NO redness, discharge, swelling, or lesions

Nose: NO redness, swelling, discharge, deformity, or impetigo/crusting

Skin: no lesions, wounds, erythema, or cyanosis noted on face or hands

Cardiopulmonary: no increased respiratory effort, speaking in clear sentences, I:E ratio WNL

Neuro: cranial nerves grossly normal, speech normal rate and rhythm, orientation arrived to appointment on time with no prompting, moved both upper extremities equally

Pysch:

appearance, behavior, and attitude- well groomed, pleasant, cooperative

attention and concentration- focused, linear, appropriate, Attends for longer periods of time

Higher Integrative Function (Executive Function, Intellectual Function)- appropriate, good vocabulary

Thought Process (Thought Content, Thought Form, Delusion, Obsession, Abstract Thought)- appropriate

Speech- normal rate and rhythm

Affect- appropriate

Insight and Judgement- appropriate

Marketing/Communications

Driving utilization is key to your success as a virtual provider. Please have your office staff proactively reach out to your patients and instruct them on how to download the technology you have chosen to use, log in, and wait for a visit.

Office WorkFlow

If you have a busy practice working telemedicine visits into your workflow can be challenging. Try to schedule video visits in a block so that you don't need to log in and out of your technology platform.

Cross Coverage

Many systems are currently overwhelmed due to COVID-19 screening. Physician practices at capacity can use outside physicians for COVID screening and bill through the practice so revenue is not affected.

References

https://www.aafp.org/journals/fpm/blogs/gettingpaid/entry/coronavirus_testing_telehealth.html

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