

TELEMEDICINE: COVID-19 Updates

An Educational Webinar sponsored by the
Workforce and Member Education Committees

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Learning Objectives

At the conclusion of this learning activity, participants should be able to:

- ▶ Develop a plan to implement or expand Telemedicine services
- ▶ Understand the latest telemedicine regulatory changes in the context of COVID-19 pandemic



Disclosures

- ▶ Discussion regarding COVID-19 specific regulation is primarily geared towards Medicare recipients and new CMS regulations
 - ESKD patients: dialysis patients and kidney transplant recipients in the first 3 years post transplant
- ▶ Not applicable to most commercial insurance plans (yet)



Describe your pre-COVID19 experience with Telemedicine

- ▶ A) No telemedicine program at institution.
- ▶ B) Telemedicine services exist at institution but no personal experience with service
- ▶ C) Perform Telemedicine visits routinely



Describe your post-COVID19 experience with Telemedicine

- ▶ A) No plans to use Telemedicine as of now
- ▶ B) Trying to establish a new Telemedicine program as quickly as possible
- ▶ C) Will leverage pre-existing Telemedicine experience to deliver more services remotely



Guest Speakers:

Aaron Martin, MD, MPH:

Associate Professor of Urology, LSU Health New Orleans and Medical Director of Telemedicine Program at Children's Hospital New Orleans

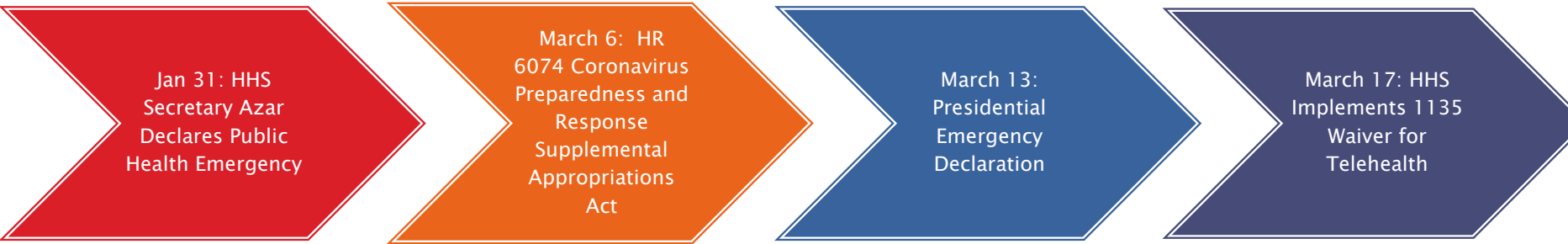
Darcy Weidemann, MD, MHS:

Assistant Professor and Pediatric Nephrologist
University of Missouri Kansas City



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Rapidly Changing Policy Landscape



Jan 31: HHS Secretary Azar Declares Public Health Emergency

March 6: HR 6074 Coronavirus Preparedness and Response Supplemental Appropriations Act

March 13: Presidential Emergency Declaration

March 17: HHS Implements 1135 Waiver for Telehealth

Goal: to ensure that all Americans – particularly those at high-risk of complications are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the community spread of this virus.



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Originating Site

- ▶ Prior to this waiver Medicare could only pay for telehealth on a limited basis:
 - when the person receiving the service is in a designated rural area and when they leave their home and go to a clinic, hospital, or certain other types of medical facilities for the service
- ▶ Since the Public Health Emergency (PHE):
 - Waiving of originating site restriction
 - Waiving of geographic restriction
 - Can see patients in office, hospital, dialysis unit, home and across the country



Licensure

- ▶ If you are licensed in the state where patient is located, no additional requirements
- ▶ CMS waiver for Medicare patients
- ▶ Medicaid waivers must be requested by the individual state that wants to use them
- ▶ As part of emergency declarations, many governors have relaxed licensure requirements related to physicians licensed in another state or if retired/not clinically active
- ▶ Federation of State Medical Boards tracking state governor executive orders here:
<http://www.fsmb.org/advocacy/covid-19/>



Distant Site Practitioner

- ▶ Physicians
- ▶ Nurse Practitioners
- ▶ Physician Assistants
- ▶ Licensed Clinical Social Workers
- ▶ Registered Dietitians
- ▶ Clinical Psychologists



New vs. Established patients

- ▶ Pre-PHE:
 - Limitations on Telehealth to Established Patients

- ▶ As of 3-17-2020:
 - CMS will not enforce previous requirements that telehealth services only be provided to established patients.



Allowable Technology

- ▶ Telecommunications technology that have audio and video capabilities that are used for two-way, real-time interactive communication.
- ▶ March 17 policy revisions allow the Secretary to authorize use of telephones that have audio and video capabilities for the furnishing of Medicare telehealth services during the COVID19 PHE (e.g. FaceTime and Skype)



HIPAA

- ▶ In addition, effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and **waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.** This does not allow for the use of audio only telephones.



Poll

For those implementing Telehealth visits, what software are you using?

- ▶ A. Skype
- ▶ B. Microsoft Teams
- ▶ C. Zoom
- ▶ D. Facetime
- ▶ E. Doxy.me
- ▶ F. Other?



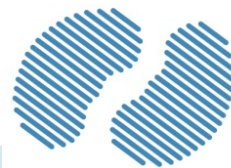
Types of Virtual Visits

- ▶ Telehealth visits
- ▶ Virtual check-ins
- ▶ E-visits



Telehealth Visits

- ▶ Replace office or hospital visits that generally occur in-person
- ▶ The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home.
- ▶ State specific waivers re: video requirement



Telehealth Visits: Sample Language

- ▶ This was a virtual (video/audio visit) in lieu of in-person visit due to the coronavirus emergency.
- ▶ Patient/Family members identity was confirmed and confidentiality/privacy confirmed prior to visit. Verbal informed consent was obtained from the patient's legal guardian or patient when appropriate to conduct this virtual visit. They authorized me to provide medical care and voiced understanding of the risks, benefits, and alternatives of virtual care. Guardian understands the limitations inherent of a virtual visit, that they may choose to be seen in person if desired or needed, and that they may halt the virtual visit at any time for any reason.



Telehealth Visits: Sample Language

- ▶ Originating Site: ***
- ▶ Distant Site: ***

- ▶ I certify that this visit was done via secure two-way simultaneous audio and video transmission with informed consent of the patient and/or guardian. Over 50% of the time was counseling or coordinating care.



Documentation Requirements

- ▶ History to include CC, HPI, ROS, and PFSH
- ▶ Limited exam – what is appropriate and medically necessary
 - “The patient was in no acute distress. Respirations were unlabored.”
- ▶ Assessment/Plan with appropriate medical decision making
- ▶ Document total time spent rendering service as well as the mode of telehealth (audio/video) and the location of both provider and patient



Telehealth Visits

- ▶ The Medicare coinsurance and deductible would generally apply to these services.
- ▶ However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs to encourage telehealth visits.
- ▶ Many commercial insurers, states have also followed suit



Telehealth Visit Billing

- ▶ Considered the same as in-person visits and are paid at the same rate as in-person visits.
- ▶ **Place of Service (POS) 02- Telehealth**
- ▶ **Modifiers:**
 - 95: synchronous telemed services rendered via interactive audio/video telecommunications system
 - GQ: federal telemedicine program in Alaska or Hawaii may use GQ modifier “via asynchronous telecommunications system)
 - (GT: older code, Medicare stopped using in 2017 when POS 02 was introduced but may still be used by commercial payers)



Approved Telehealth Visit CPTs

- ▶ Outpatient office visits – **CPT 99201-99215**
- ▶ Subsequent hospital care services, limited to 1 telehealth visit every 3 days, **CPT codes 99231-99233**
- ▶ All outpatient dialysis services, in center and home, adult and pediatric, monthly and daily with the **exception of the single visit monthly hemodialysis codes for all ages, CPT codes 90953, 90956, 90959, and 90962**



Virtual Check-ins

- ▶ **Brief** patient-initiated communications with a healthcare practitioner.
- ▶ **Established** patients only
- ▶ Communication technology modalities include synchronous discussion over a telephone or exchange of information through video or image.
- ▶ Must not be related to medical visit within prior 7 days and must not lead to medical visit within 24h
- ▶ Verbal consent required and must be documented



Virtual Check-ins: Billing

▶ HCPCS code G2012:

- Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E&M services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; **5-10 minutes of medical discussion.**



Virtual Check-ins: Billing

▶ HCPCS code G2010:

- Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), **including interpretation with follow-up with the patient within 24 business hours**, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.



E-Visits:

- ▶ **Non-face-to-face** patient-initiated communications with their doctors without going to the doctor's office by using **online patient portals**
- ▶ Established Medicare patients only
- ▶ The digital service must be provided via a HIPAA compliant platform, such as an electronic health record portal, secure email or other digital applications.



E-visits: Billing

Code	Description	2020 Work RVU's	National non-facility payment	National facility payment
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	0.25	\$15.52	\$13.35
99422	11-20 minutes	0.50	\$31.04	\$27.43
99423	21 or more minutes	0.80	\$50.16	\$43.67



Summary

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: <ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.



Other Considerations:

- ▶ **Nephrologists and Other Physicians in Quarantine:**
 - The Medicare telehealth guidance only discuss distant site practitioners, not the site where the practitioners are located, so there are to our knowledge **no limitations on quarantined nephrologists providing telehealth or other remote nephrology services from for example their home**



Supervision of Fellows

- ▶ Check with your institution on specific guidance
- ▶ Try to avoid exclusion of fellows' educational and clinical activities during this challenge
- ▶ Most technology platforms allow for use of 3-way audio or audio-video capabilities.
- ▶ Sample language: *The patient was seen in real-time for a virtual appointment with two-way audio-visual interaction without ancillary digital exam devices. I was located at my primary residence in Kansas and the patient was located at their residence in Missouri. The encounter was supervised by Dr. Smith who was located at their residence in Kansas.*



Tips and Tricks

- ▶ Have admin staff send instructions to patients before the visit so you don't spend your time getting them set up
 - Portal instructions, phone, or by mail
 - Nurses or other support staff can do med rec, preferred pharmacy prior to visit or call in with you!
- ▶ Relatively sparse template to start with plenty of time to deal with any technical issues/glitches
- ▶ Dry run beforehand to make sure well-lit background, microphone and video working



Resources

- ▶ AAP Coding Fact Sheet:
https://www.aap.org/enus/Documents/coding_factsheet_telemedicine.pdf
- ▶ AAP Compiled List of State Regulations:
<https://downloads.aap.org/DOCCSA/State-Telehealth-Notices.pdf>
- ▶ CMS toolkit- ESRD: <https://www.cms.gov/files/document/esrd-provider-telehealth-telemedicine-toolkit.pdf>
- ▶ The FAQs on telehealth remote communications may be found at: <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf> - PDF



Q&A with Audience

- ▶ Any other lessons learned from those who have started telehealth services?
- ▶ What do you wish you would have known before you started?

