

Telemedicine 101

OPSO Webinar
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Cynthia Worden, DO, MSHPE, IFMCP



Four steps to adopt telemedicine in *your* practice

1

Familiarize yourself with federal and state laws regulations

2

Identify a telemedicine service model that best meets your goals and the needs of your patients

3

Determine the technology and support needed while following all applicable privacy laws

4

Understand appropriate practice guidelines to initiate a telemedicine service model

Liability

- Check with liability carrier to make sure you are covered for telemedicine



Telemedicine Modalities

- Video Conferencing (synchronous-real time)
- Store and forward (asynchronous)
- Remote patient monitoring
- Mobile Health

Video Conferencing

Video conferencing uses two-way interactive audio-video technology to connect users when a live, face-to-face interaction is necessary.

Video devices can include videoconferencing units, peripheral cameras, video-scopes, or web cameras.

Display devices include computer monitors, plasma/LED TV, LCD projectors, and even tablet computers.

Federation of State Medical Boards

Model Policy for Appropriate Use of Telemedicine Technologies in the Practice of Medicine

1. Establishing the Physician-Patient Relationship
2. Evaluation & Treatment of the Patient
3. Informed Consent
4. Medical Records
5. Privacy & Security
6. Required Disclosures
7. Special Rules for Prescribing

Physician Patient Relationship

- Agreement between physician and patient to have physician diagnose and treat
- Fully verify and authenticate patients location
- Disclose and validate the identity of the provider
- Obtain consents



Standard of Care

Practitioners using Telemedicine will be held to the same standard of care as practitioners engaging in more traditional in-person care delivery, including the requirement to meet all technical, clinical, confidentiality and ethical standards required by law.



Informed Consent

- Patient & Practitioner Identification
- Activity types permitted using telemedicine (e.g., Rx, schedule, patient education, e tc.)
- Patient agreement that physician determines if telemedicine appropriate for diagnosis/treatment
- Security Measure Details (encryption, privacy, etc.)
- Hold Harmless Clause for information lost due to technical failures
- Information Forwarding Consent-to forward to third party

Medical Records

- Keep record of visit as if in-person visit
- include in record informed consent for telemedicine visits
- Add line to chart that visit was performed using synchronous HIPAA complaint video



Coding for Telehealth

- POS: 02 for most
- Modifier:
 - GQ -Asynchronous televisit
 - 95 or GT -synchronous televisit (depends on payer)
- CPT codes: most cover 99212-99214. Check IPA Matrix for list of payers and CPT codes covered by Telemedicine
- Some payers waving copay and cost sharing for TV (some only for COVID related dx)

OMA

- OMA emailed out a telemedicine toolkit PDF link on 3/23/2020

AAFP

Coronavirus (COVID-19): new telehealth rules and procedure codes for testing

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

Medicare

Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020

- <https://www.congress.gov/bill/116th-congress/house-bill/6074/text>

CY 2018 Medicare Telehealth Services

Service	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 and G0109

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctsh.pdf>

Individual and group medical nutrition therapy	HCPCS code G0270 and CPT codes 97802–97804
Neurobehavioral status examination	CPT code 96116
Smoking cessation services	HCPCS codes G0436 and G0437 and CPT codes 99406 and 99407
Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services	HCPCS codes G0396 and G0397
Annual alcohol misuse screening, 15 minutes	HCPCS code G0442
Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes	HCPCS code G0443

Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour	CPT code 99354
Prolonged service in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes	CPT code 99355
Prolonged service in the inpatient or observation setting requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient evaluation and management service)	CPT code 99356

Private Payers

OPSO and other medical organizations are working on pay parity for telemedicine.

Most payers are covering telemedicine at same pay but not all.

This is changing daily. Portland IPA has excellent matrix

I am updating my provider resource page frequently with changes:
<https://bloom-functional-medicine.com/provider-resources>

State Laws

- Most states require that you be licensed in that state in order to care for a patient residing there.
- Some providers elect to become licensed in multiple states in order to to telemedicine.
- Website with resources for state laws regarding telemedicine: <http://www.cchpca.org/>

CMS Approved Telehealth Originating Sites

The Patient Must Be In an Approved "Originating Site" and in Health Professional Shortage Area. **-this is being waived during COVID crisis**

Authorized Originating Sites

- Office of a physicians or practitioners
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)
- Hospital-based or CAH-based Dialysis Centers
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)

Non Eligible Originating Sites

- Beneficiary's home
- Independent Renal Dialysis Facilities
- Sites within an MSA or not within a HPSA

Submit claim with GY modifier as statutory requirements not met.

What about consultation?

- Delineation between “Practicing medicine” and performing a consultation.
- Broad definition of practicing medicine is: practicing medicine involves diagnosis and treatment of disease.
- To avoid practicing medicine:
 - stay away from diagnostic labels
 - Use generic language
 - You can not order or interpret tests