

## Telehealth Primer

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Dear Fellow Lipidologists,

I know that many of you are in very difficult situations right now on the front lines of this pandemic.

When I started a private lipids practice with integrated telehealth in it 6 years ago, I dreamt of convenience for patients and staff. Never could I have imagined this day, where out of necessity for safety and continued quality care, telehealth is upon us all.

<https://mhealthintelligence.com/news/coronavirus-scare-gives-telehealth-an-opening-to-redefine-healthcare>

Several colleagues have reached out to me with questions, so I am writing to share what I know. I wish there was blanket advice that would cover all of you, but I will share at least what is working in Wisconsin and perhaps it can help in some way. Please note that my experience is from the newer, cloud-based telehealth that would be used in private practice and not the traditional academic fixed-equipment sites. Even if you work in an employed setting, I hope it helpful to understand the inner workings as it could explain some of the choices being made at your institutions.

### **Quick Tools**

If you are swamped and want to bypass my insight below, the AMA has a quick guide to reference:

[https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice?fbclid=IwAR2Nd1FMJnZsCaLUikyVDL76WOkpDNiFIAmDR1w-w6kNHo3qF3Yv2\\_F706U](https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice?fbclid=IwAR2Nd1FMJnZsCaLUikyVDL76WOkpDNiFIAmDR1w-w6kNHo3qF3Yv2_F706U)

### **Changing Rules**

In the past, the laws of many states, including my own, were often stringent and sometimes nonsensical for telehealth. With the current crisis, a silver lining is the drastic and immediate change to make telehealth widely available. There are several requirements that are currently being waived. That being said, **there is no guarantee that the waivers will continue after the crisis, so it may make sense to set up a telehealth practice that incorporates the prior standard of care for telehealth to be prepared for those changes.**

For a document of the FAQs regarding CMS's changes the week of March 16, 2020:

[https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf?fbclid=IwAR2TATMhNiFf1Dxxy6RoaM0\\_Hy83czyaOJlaDPbbQ6zt\\_FzZOaifSLtdifw](https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf?fbclid=IwAR2TATMhNiFf1Dxxy6RoaM0_Hy83czyaOJlaDPbbQ6zt_FzZOaifSLtdifw)

For all discussions on telehealth, realize that there are separate entities each making decisions on various aspects: Federal vs. State regulations, CMS vs State-run Medicaid Plans vs Commercial Payers vs Self-funded Payers, etc. I tried to be specific in the information below and when it applies. Remember that if CMS allows something, for example, a private payer still may not, and vice-versa.

## **Laws and Governance During Non-Crisis Times**

Most telemedicine regulations are governed by your state. To see an example of state laws for telehealth, here is Wisconsin's policy: [https://docs.legis.wisconsin.gov/code/admin\\_code/med/24](https://docs.legis.wisconsin.gov/code/admin_code/med/24)

## **Technology**

Are phone calls considered telehealth? No, they are not. The broadest reimbursement is for telemedicine conducted through a technology that offers face-to-face video and audio in real-time directly between the billing provider and the patient (synchronous communication). There are asynchronous (store and forward) options but with real-time cloud-based options growing in popularity, internet widely available, and costs dropping, asynchronous telemedicine is less and less commonly seen (at least in private practice in community settings). The options I have used for telehealth technologies have been cloud-based and HIPAA-compliant. I have found that it is very important to test-drive them, NOT just demo them, before you sign any long-term contract. There are broad variabilities in the ease of use for staff and for patients. There is nothing worse than spending the entire appointment time just trying to help the patient get connected to start the visit, or dropping the connection multiple times within the visit.

While some technologies have bells and whistles such as screen sharing, forms (see below), scheduling, billing and more, if you are trying to set up a program quickly due to the current crisis, my advice is to pick the one that can get you up and running quickly and allows month-to-month billing. Then you can always change later. There are some vendors who are so advanced that you can sign up and get started in 15 minutes or less! I have used in practice and/or extensively test driven Healthie, Fruitstreet, HelloHealth, Zoom, Chiron, Vsee, Simple Visit and our current products, Doxy.me and IMYourDoc. There are dozens of options.

## **HIPAA Compliance in Choice of Technology**

Previously HIPAA-compliant technology was required but the week of March 16<sup>th</sup>, the OCR issued a notification that allows “discretion” for using telehealth remote communications that are more widely available for emergency situations during the COVID-19 outbreak. This temporarily includes Apple FaceTime, Facebook Messenger video chat, Google Hangouts and Skype. Note that SnapChat, WhatsApp, TikTok and Twitch are specifically NOT included. With so many viable HIPAA-compliant products out there, it is safest to pursue a HIPAA compliant option if you plan to continue telehealth long-term. As you may know from working with Electronic Medical Records, HIPAA compliance hinges not only on the cyber security protections required but also having a signed Business Associate Agreement (BAA) between your practice and the vendor. While you would not have a BAA with Apple for FaceTime in an emergency situation, it is realistic to think that BAAs will continue to be required for non-emergent telemedicine. The OCR communication specifically mentions several technologies that offer BAAs including Skype for Business, Updox, VSee, Zoom for Healthcare, Doxy.me and Google G Suite Hangouts Meet.

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

## **Reimbursement and Coding**

Video visits, real-time and interactive – Currently, many major insurers are accepting E/M codes for telehealth visits, but they request the site of service be “02” which is telemedicine. Payers may also require a modifier, typically GT or 95. Modifier GQ is less commonly needed. It is unlikely that reimbursement will be equal to a regular office visit, unless your state has a parity law requiring payers

to reimburse equally. <https://medcitynews.com/2019/12/report-finds-only-10-states-provide-true-telehealth-payment-parity/>

Phone care, e-visits, virtual check-ins – These terms may seem like word soup. To keep it simple, I am focusing on true, real-time telehealth with video and audio. However, the following fact sheet from CMS can help guide you if you want to attempt to bill for phone and messaging without video as there are some current exceptions to allow for this.

[https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet?fbclid=IwAR05mxbxAk7NI7pwF14vHgtIERKzeRzon\\_A5zSjjDjvBRVEo86eZsF3CuAE](https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet?fbclid=IwAR05mxbxAk7NI7pwF14vHgtIERKzeRzon_A5zSjjDjvBRVEo86eZsF3CuAE)

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS</b>	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"> <li>• 99201-99215 (Office or other outpatient visits)</li> <li>• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> For a complete list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>	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
<b>VIRTUAL CHECK-IN</b>	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"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99421</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

As already mentioned, the AMA has offered some guidance as well:

[https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice?fbclid=IwAR2Nd1FMJnZsCaLUikyVDL76WOkpDNiFIAmDR1w-w6kNH03qF3Yv2\\_F706U](https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice?fbclid=IwAR2Nd1FMJnZsCaLUikyVDL76WOkpDNiFIAmDR1w-w6kNH03qF3Yv2_F706U)

The American College of Physicians, ACP, also has issued guidance and a tool kit:

<https://www.acponline.org/practice-resources/business-resources/covid-19-telehealth-coding-and-billing-practice-management-tips>

\*\*Please note that prior to the crisis, the link below was the 2019 billing recommendation from CMS. I think it is wise to have this tool in case it returns to these criteria in the future.

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf?fbclid=IwAR3hiyaTsINk8-fIH4wScJS0yisZSEIY1VMmH9jE0PriHohCr6gSBnc-9aU>

## **Copays, Deductibles and Waivers**

Unfortunately, only some payers have stepped up to say that copays for telehealth are not going to be required and telehealth visits will not go to deductible in this crisis time. To be cautious, our practice is currently telling patients this is like a regular office visit, subject to copays and deductibles but they can check with their insurance provider to see if they have decided to waive it. It is likely that payer fee schedules will not be fully and reliably updated for awhile and reimbursement be rocky for the time being. In our clinic, we are cautioning patients during each telehealth visit that the billing may have errors and not to worry, we will work with them to get it sorted out in this time of transition.

## **Location**

### **Location of patient:**

Until the week of March 16, 2020, CMS restricted reimbursement for telehealth visit in the Medicare population to patients who physically were present in a facility located in a rural, underserved region that was not their home, in order to guarantee reimbursement. This location requirement has been waived temporarily and you may see Medicare patients through telehealth from the comfort of their homes and regardless of where they live. If you plan to continue telehealth for the long-run, you will want to follow this closely as the crisis evolves.

### **Location of provider vs patient:**

Previously, both the provider and patient needed to be physically present in the same state as the provider's licensure in order for a legal telehealth visit to occur (regardless of the payer). States have slowly chipped away at this archaic rule with multi-state compacts, but in sweeping (but temporary changes) to combat COVID-19, as of March 18<sup>th</sup>'s announcement, providers may see patients across state lines. This is another temporary improvement that one could hope will be passed into longer-term legislation.

<https://mhealthintelligence.com/news/ama-council-supports-licensure-compact-to-push-telehealth-adoption>

## **Informed Consent**

Most states regulate that you must obtain informed consent from the patient to transition their visit to telehealth. Yes, believe it or not, this is a similar document to informed consent for a procedure. While I am hopeful that after this crisis someone will propose dropping this strange requirement, for now, our practice is continuing to obtain consent. If you have a way to send electronic forms within HIPAA compliance, then this is easier to do. If not, it adds a layer of burden to setting up a long-term telemedicine program. You may want to look for technology vendors that offer the feature of electronic consent along with the telemedicine visit. There is significant confusion currently as some telehealth vendors and healthcare providers are interpreting leniency in HIPAA compliance to translate to "no-form-needed". This is not explicitly stated and, if performing routine care, it is perhaps safest to continue to obtain consent until explicit long-term direction is given. (This does not substitute for legal advice; please note I am providing my personal opinion on how I hope to navigate routine care vs. emergency care in the current crisis.) ‘

Here is a reasonable example of informed consent for telehealth language from one telehealth company: <https://www.mdlive.com/informed-consent/>

## **New Patient Visits**

Whether telemedicine can be offered for new patient visits is typically state dependent. For example, Wisconsin just recently has allowed new patient telemedicine visits without a prior in-person relationship being established.

<https://mhealthintelligence.com/news/feds-ok-interstate-licensing-paving-way-for-telehealth-expansion>

While that concern is currently waived due to the crisis, it is important to be aware that once that waiver expires you may be held to the prior standards again depending on your state laws.

## **Pediatric Tools for Telehealth - AAP**

\*\*Pediatric providers have an additional layer of concern regarding legal consents and HIPAA compliance. In addition, technologies must exhibit COPPA compliance (especially if an app or portal is used for access or education). While all current CMS-issued waivers mentioned above appear to apply to all ages, there are some considerations specific to pediatric populations. The AAP resource kit may not be fully updated yet for current COVID-19-related changes, but is still helpful for routine guidance:

<https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Getting-Started-in-Telehealth.aspx>

As of March 26<sup>th</sup>, the AAP has issued some updates on COVID-19 changes:

<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/aap-guidance-telehealth-payer-policy-in-response-to-covid-19/>

For information on COPAA:

<https://www.ftc.gov/enforcement/rules/rulemaking-regulatory-reform-proceedings/childrens-online-privacy-protection-rule>

## **A New Frontier**

I hope that this information helps you all in a very stressful time. Telehealth is a potential tool to keep more patients, staff, and ourselves safer. I must say that a unique joy of telehealth is seeing patients in their own environment. Just this past week, I had an 81-year-old show me around his home and hold up each medicine bottle to proudly show me he was stocked and ready to shelter-in-place for the long haul. A 49-year-old showed me his work environment and how far he has to walk and how much lifting he has to do during the day. A 12-year-old new patient examined her father for arcus cornealis and tendon xanthomas and then her Dad did the same for her. It helped us diagnose her Dad (and the patient) with FH. These experiences bring back some wonderful memories, as I grew up in a small rural area where some of our physicians did house calls. This is truly like coming “home” for me. It allows us to understand our patients at a whole new level.

Please feel free to reach out with additional resources you find helpful in these quickly changing times of telehealth.

Take care and be safe all!

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