**Telemedicine Implementation Guideline**

**Beyond the Pandemic - Get it Right! The first time**

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**Telemedicine Advantage**

**Flexible**: Inpatient, Outpatient, Home\*, School, Daycare you name it

**Scalable**: Geographic and Peak load distribution, Backup built in

**Convenient**: Patient love the convenience of not traveling, especially millennials

**Future**: Covid-19 pandemic moved the adoption curve by a decade and now it is here to stay

**Telemedicine Basic Terminology**

**Telehealth visit (Synchronous)**: Live real-time audio/video encounter; most common synchronous visit

**Store-and-Forward (Asynchronous)**: Telecommunication encounter most commonly used in radiology, pathology, dermatology, and ophthalmology to reduce access limitations to specialists.

**eVisit**: Telecommunication encounter that does not require an exam (non face-to-face)

**Setting Up Telemedicine**

**Platform Choice factors to consider:**

**Hardware:** Quality but not costly, pay more attention to technical support

**Software:** is the key to success; a robust platform that regular updates is crucial.

**Interoperability:** will soon be the norm and platform is committed to support multiple EMRs

**365/24/7:** Technical Support is absolutely critical as technology failures are not uncommon

**HIPAA Compliance**: Invest in a true HIPAA compliant system

**User experience/ease of use:** End User experience is key for telehealth both for patients and providers

**OS Agnostic**: Progressive web apps or true browser based solutions are preferred as your patients may be on different operating systems.

**Legal Considerations**

**HIPAA Compliance**: Invest in a true HIPPA compliant system

**State Licensure & Regulation**: Make sure you adhere to state level policies as well federal level (medicaid)

**Malpractice Insurance:** Notify your malpractice carrier about this new modality of care. Some carriers need additional information and rates may be adjusted

**Other Restrictions/Considerations**

**Pateint’s Originating Site**: Technically home visits are allowed for specific patient populations (ERSR, Opioid, Behavioural health). These restrictions are waived in time of national health emergency

**Online Prescribing**: Prescribe medications as you normally would

**Reimbursement (See below in resource section)**

**Federal (Medicaid):** Medicaid guidelines have been published review them for eligibility

**State-level:** Significant variation exists between states, review your state guidelines for eligibility

**Private Payers:** Significant variation exists between private payers, review for eligibility

**Telemedicine Exam**

**Initial Salutation:**

***Identify yourself*:** I am “Dr. XXX” would to initiate a telehealth visit from “Group/Organization”

***Identify Patient*:** Use a two-factor identifier, such as patient’s name and date of birth

* + Before we start, Can I confirm this is “John Doe” can you please give me your DOB

**Consent:**

Best practice to obtain consent however it is a requirement to get consent

**Consent**: “Do you consent to be seen my me via this telehealth platform”

What is patient cannot consent (for e.g. Aphasic, Demented)

Get consent from family if available

Consent implied if no one is available to consent in good faith

**Telemedicine Exam**:

**General guidelines**

Be courteous and patient

Be careful to maintain patient modesty

Make sure you are in private location to maintain patient privacy

Make sure only authorized personnel is at originating site at the time of exam

**Limitations of Clinical Exam**

There are clear limitations and documents as such.

Attestation: Limited exam performed over telehealth platform

**Utilize patient provided information**

Temperature, Home blood pressure machine

Over the counter dipstick test

**Special situations**

Telestroke - Use provided NIHSS cards with healthcare member at bedside

Primary Care/Pulmonology - Digital Stethoscope addition

**Telemedicine Coding - A Guide for Physicians - *Inpatient***

|  |  |  |
| --- | --- | --- |
| **Type of Service** | **Defining Service** | **CPT Code** |
| Inpatient  Initial | Real time (Live) Audio & Video in emergency/Inpatient setting for NEW patients | G0425 - 30 Mins  G0426 - 50 Mins  G0427 - 70 Mins |
| Inpatient  Subsequent | Real time (Live) Audio & Video in emergency/Inpatient setting for ESTABLISHED patients | G0406 - 15 mins  G0407 - 25 mins  G0408 - 35 mins |
| Critical Care  Prolonged | Real time (Live) Audio & Video in emergency/Inpatient setting for NEW/ESTABLISHED | G0508 - 60 mins  G0509 - 50 mins |
| Inpatient  Pharmacy | Telehealth inpatient pharmacy management | G0459 |

**Documentation Requirements for Time Based Billing** at least three components

Why: Chief complaint and brief HPI

What: Face to face encounter via real time audio/video (Live)

Time: How much time you spent delivering and coordinating care.

Technically following line satisfies billing criteria

“58M with right-sided weakness NIHSS 4 spent 40 mins”

However, documentation is not only done for billing; but rather also for communication and continuity of care. So please be brief, concise and poignant in your documentation.

***Outpatient Face-to-Face***

|  |  |  |
| --- | --- | --- |
| **Type of Service** | **Defining Service** | **CPT Code** |
| Outpatient  Initial | Real time (Live) Audio & Video in an office/outpatient setting for NEW patients | 99201 - 10 mins  99202 - 20 mins  99203 - 30 mins  99204 - 45 mins  99205 - 60 mins |
| Outpatient  Subsequent | Real time (Live) Audio & Video in an office/outpatient setting for ESTABLISHED patients | 99211 - 05 mins  99212 - 10 mins  99213 - 15 mins  99214 - 25 mins  99215 - 40 mins |

***Outpatient - NON Face-to-face***

|  |  |  |
| --- | --- | --- |
| **Type of Service** | **Defining Service** | **CPT Code** |
| Phone Call | Phone call UNRELATED to past (>7days) and future (soonest apt) | 99441 - < 10 mins  99442 - < 20 mins  99443 - < 30 mins |
| E.g; Established patient with new complain which does not require an office visit | | |

|  |  |  |
| --- | --- | --- |
| eVisit | Communication b/w patient-initiated communications and provider through an secure online portal | 99421 - < 10 mins  99422 - < 20 mins  99423 - > 21 mins |
| E.g; Prescribed Topiramate, how to take meds; second question about GI upset. Cumulatively you spent 15 mins via secure chat bill 99422 during the 7 days. In all types of locations including the patient’s home, and in all areas. Know when not to bill online services - Followed by E/M services or post procedure check-in | | |

***Originating Site Facility Fee*** - Q3014 (the telehealth originating site facility fee) will be 80% of the lesser of the actual charge or $26.56

***Virtual Check-in*** *-* G2012- This must be a patient-initiated service