Tips for Getting Started on Telehealth (Detailed Version)

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Questions about getting started with Telehealth through Queen’s?
Call the Queen’s Telehealth Support Line: 808-691-8141
Telehealth Definition

• “Telehealth” means synchronous, two-way, audio-video telecommunications (for example, Skype) – this term is also equivalent to “Telemedicine” and “Virtual Home Visit” and “Virtual Care”.

• Telephone (audio only) communications will be referred to as “Virtual Check-In”
Virtual Check-In Code

Note, “Virtual Check-In” means telephone calls between patients and providers (audio-only) not Telehealth

Reimbursement for this code is low compared to office visit ($10-15 per code)

Starting January 1, 2019, a physician or QHCP may bill for a virtual check-in with HCPCS Code G2012. In doing so, it is important to keep the following parameters set forth in the rule in mind:

1. **Established Patients.** The patient on the other end of the check-in must be an “established patient” of the billing physician/QHCP. The rule defines an established patient as one who has received professional services within the past three years from the physician or qualified health care professional or another physician or qualified health care professional of the exact same specialty and subspecialty who belongs to the same group practice.

2. **Billing Practitioner.** The new code explicitly requires direct interaction between the patient and the billing practitioner. It is NOT billable if the evaluation is performed by clinical staff or a practitioner not qualified to furnish E/M services. (Note: in contrast, CCM codes CAN be billed for check-ins provided by nurses and other clinical staff, and can be billed concurrently with G2012 if the patient qualifies for such codes.)

3. **Copayments.** As with other Medicare Part B services, the patient is responsible for a copayment for each billed service.

4. **Consent and Documentation.** Verbal consent by the patient for each virtual check-in must be documented in the medical record. There is, however, no service-specific documentation requirement.

5. **Timing of In-person Visit.** If the virtual check in (i) takes place within seven (7) days after an in-person visit, or (ii) triggers an in-person office visit within twenty-four 24 hours (or the soonest available appointment), the service is NOT billable, and its payment is considered bundled into the relevant in-office E/M code.

6. **Frequency.** There is no frequency limitation on the use of the code by the same practitioner with the same patient. However, the billing practitioner should be mindful that each service must be medically reasonable and necessary to qualify for payment by Medicare.

Is the patient appropriate for telehealth?

• Use telephone for first-pass screening
  • Does the patient need to go to ER or Urgent Care instead (e.g., sick patient)?
  • Does the patient need testing not available in your clinic (e.g., COVID)?
  • Is this a straightforward problem that can be handled by telephone (e.g., discussing lab results, medication refill / dose adjustment)?
  • Does the patient need a hands-on physical exam?
  • If answers to above are all no, then consider a telehealth visit
• Does the patient have a smart phone (iPhone or Android), laptop, or desktop computer with webcam and audio?
• Does the patient have wifi access or a strong cellular signal?
• Does the patient have an email address accessible on the device they will be using for telemedicine?
Consent

• There is no legal requirement to have specific written informed consent from the patient to have a telehealth visit.
• Consent for treatment is the same as in-person clinic visits
• Best practice is to inform the patient that claims will be submitted to the insurance payer like any other clinic visit and the patient is responsible for usual co-pay.
• Best practice is to inform the patient of privacy risks, especially if you are using a non-HIPAA compliant telehealth platform like Skype.
Documentation of Telehealth Visits to Patients at Home

• Document exactly the same as an in-person visit with minor changes:
  • Include the following sentence as a header for the note: “The patient was seen via synchronous, secure, two-way audio-video telemedicine”.
  • Document “Originating Site” as the patient’s location
  • Document “Distant Site” as the provider’s location

• Distant site, where provider is located must be billed as a site that is enrolled or credentialed with payers. There is an exception for “occasional use” of a non-clinical location (such as home) for the provider during a telehealth visit. For these instances, be sure an enrolled/credentialed site is used for billing.

Sample Documentation:

Neurology Virtual Home Visit Telemedicine Clinic Visit Note:

The patient was seen via synchronous, secure, two-way audiovisual telemedicine.

Originating Site: Patient’s Home
Distant Site: Queen’s Medical Center
Billing for **Telehealth** Visits to Patients at Home

- Most providers can use standard E&M codes for office visits, either time-based or complexity-based.

<table>
<thead>
<tr>
<th>Level</th>
<th>E/M Code</th>
<th>History</th>
<th>Physical Exam</th>
<th>MDM</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>99211</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>99212</td>
<td>Problem Focused</td>
<td>Problem Focused</td>
<td>Straightforward</td>
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</tr>
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<td>Moderate</td>
<td>25</td>
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<tr>
<td>5</td>
<td>99215</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>High</td>
<td>40</td>
</tr>
</tbody>
</table>

- The **modifier “95”** should be appended to the code to denote that the service was performed by telehealth.
- The **Place of Service (POS) Code for telemedicine is 02**.
- Note, the correct modifier and POS Code are automatically appended when the “Telehealth” visit type is used to schedule the patient in **Queen’s CareLink (Epic)** so the provider does not need to add these. **Other EMR users** should check with their billing / coding group.
- Medicare has several special “G-series” codes for special telemedicine services (see link below) but not many of these are relevant for telehealth to patients at home:

Billing for **Telehealth** Visits to the Patient’s Home

• For **established** patient coding, complexity is based on **2 out of 3 elements**: History, Examination, and Medical Decision Making (MDM)
  • Moderate and high complexity codes can be billed based on high complexity History and MDM
  • Little or no physical exam (including vital signs) needs to be documented for established patients

• For **new** patient coding, **all 3 elements** need to be documented so providers must document some elements of the physical exam (not necessarily vital signs, though)
  • It is harder to achieve moderate or high complexity codes given the limitations of physical exam with virtual home visits
  • Consider using patients home devices for vital signs: scale, BP cuff, glucometer, etc
Billing for **Telehealth** Visits to the Patient’s Home

- Private payers in Hawaii currently reimburse for telehealth visits to the patient’s home equivalent to in-person visits (see “parity” law link).

- Medicaid plans in Hawaii currently reimburse for telehealth visits to the patient’s home equivalent to in-person visits (see “parity” law link).

  [https://www.capitol.hawaii.gov/session2016/bills/SB2395_CD1_.htm](https://www.capitol.hawaii.gov/session2016/bills/SB2395_CD1_.htm)

- Medicare Advantage (Part C) plans are permitted to reimburse for telehealth visits to the patient’s home as a supplemental benefit for enrollees.

- During the currently declared national emergency, Medicare part B is **temporarily suspending the Medicare telemedicine originating site requirements** so Noridian (our MAC for Hawaii) is expected to reimburse for telehealth visits to the **patient’s home** and in **non-rural communities**. See link below:


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For all of the above, reimbursement is equivalent to in-patient services
HIPAA Waiver During COVID Emergency

• A HIPAA-compliant platform for video is still preferred, meaning a company that provides a BAA stating it is encrypted end-to-end and meets HIPAA security and privacy standards.

• If the patient / provider are unable to use a HIPAA-compliant platform during the national emergency, you are now allowed to use a non-HIPAA compliant platform (due to the federal non-enforcement notice):
  • This includes Skype, FaceTime, Google Hangout, etc

• Do not use livesteam or recorded social media platforms like Facebook Live, TikTok, Twitch, etc

• See the link below for examples of HIPAA-compliant platforms and acceptable non-HIPAA-compliant platforms.

https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html?fbclid=IwAR1qNyTvBpXh1fclGgdeKG77bhQ_kfOQSwEmZnzCWN1Q3Kh5GemqmtkasvA
Other New Waivers During COVID Emergency

• CMS will no longer require that telehealth services only be provided to established patients. Medicare will reimburse for telehealth provided to new patients without first being seen in-person during the national emergency.

• During the national emergency, the federal government will not enforce the Ryan-Haight Act which states that telehealth cannot be used for the purposes of prescribing controlled substances without an initial in-person examination. Providers can prescribe controlled substances after an initial telehealth visit (except for marijuana and opiates according to Hawaii state law).

https://deadiversion.usdoj.gov/coronavirus.html?inf_contact_key=0d65b2ed0f25be7e2c0c26884b5a2c2e680f8914173f9191b1c0223e68310bb1
Considerations in choosing a Telehealth Platform

• Are you already comfortable using your own telehealth platform?
• Are you already comfortable using a payer-based telehealth platform such as HMSA Online Care?
• Are you already comfortable using a Video Teleconferencing (VTC) application like Zoom that you can expand to telehealth?
• Does your Electronic Medical Record (EMR) have a built-in telehealth module or platform?
• Are your professional colleagues using a telehealth platform they can share with you?
• How will the new telehealth platform you choose fit into your clinic workflow and how quickly can your clinic ramp up the platform?
Choosing a HIPAA-Compliant Telehealth Platform

• Zoom is a very popular video-teleconferencing (VTC) application that is being used for telemedicine by some Queen’s providers

• Doxy.me is a relatively small but easy to use telehealth platform that provides very basic free HIPAA-compliant accounts

• Cisco WebEx Meetings is a popular video-teleconferencing (VTC) application that can be used for telemedicine and is supported by Queen’s IT Department and Help Desk

• There are many other telehealth and VTC applications that providers are currently using

• See the next few slides for pro / con
Suggested Clinic Workflow for Telehealth Application that is not embedded in the EMR

• Clinic staff schedules the patient in the EMR like a normal clinic visit but labels it as “Telehealth”

• Clinic staff contacts patient by telephone prior to the scheduled visit to make sure they have a mobile device or computer with webcam and instruct them to download the appropriate app (if applicable).

• Clinic staff gets the patient’s email address or cell phone number that is connected to whatever device the patient will be using for the telehealth visit and communicates this information to the provider via the EMR.

• Clinic staff does a test run to make sure patient can connect to the telehealth platform (if applicable).

• Clinic staff “Arrives” the patient in the EMR when the patient is ready to be seen by the provider.

• Provider logs onto the telehealth platform and invites the patient to the visit by email or text message.

• Make sure the Meeting Room is “Locked” so multiple patients do not enter the same meeting together (if applicable – varies by platform)

• When the first telehealth visit is wrapping up, provider invites the next patient by email or text (if not already done).

• When the Meeting Room is “Locked”, the next patient that tries to enter the meeting will be sent to the “Lobby” or “Waiting Room”.

• The provider may have to manually “Admit” the next patient from the “Lobby” or “Waiting Room”
Zoom: Pro

- Go to [https://zoom.us/](https://zoom.us/) to sign up
- If you use a queens.org email address to sign up for Zoom, you will be included in the Queen’s HIPAA-compliant license (even the free basic accounts)
- Can add a basic account for free (40-minute maximum video per appointment)
- Paid licensed accounts have unlimited video per appointment
- Many providers and patients are already familiar with Zoom
Zoom: Con

- The patient will be directed to the app store to download the Zoom app upon first-time use on a smart phone and has to enable the audio and video (some patients get confused with these steps)
- ~30% fail rate on first-time patient use in Neuroscience Clinic (anecdotal) usually due to patient connectivity problems
- Not native to our IT architecture at Queen’s so Queen’s IT Help Desk is not available for patient- or provide-level support with Zoom
- I have heard about some network / bandwidth problems due to very high utilization during the current crisis.
Doxy.me: Pro

- Go to [https://doxy.me/](https://doxy.me/) to sign up
- Purpose-built for telehealth rather than just video teleconferencing
- HIPAA-compliant platform
- Individual providers can sign up for free (invite patients by email only)
- Paid accounts are $35 per month (first month free) and can invite patients by text message
- Very easy to use for providers and patients
- Download-free connection for first-time user (meaning the patient is not directed to the App Store to download an application)
Doxy.me: Con

- On free accounts, the email invite to the patient comes from the provider’s email address (rather than some generic no-reply email address) – some providers do not like this.
- Not native to our IT architecture at Queen’s so Queen’s IT Help Desk is not available for patient- or provide-level support with Doxy.me
- We do not have first-hand experience using this platform
- I have heard about some network / bandwidth problems due to very high utilization during the current crisis.
Cisco WebEx Meetings: Pro

- Fits into Queen’s IT Cisco-based network architecture
- HIPAA-compliant licenses available through Queen’s IT for providers with queens.org email addresses who sign up through Queen’s
- Queen’s IT Help Desk is available to provide patient- and provider-level support and trouble shooting
- Many providers already using WebEx Meetings
- Some patients are familiar with WebEx Meetings
Cisco WebEx Meetings: Con

- Currently in early testing for telehealth at Queens (limited experience with live patients and clinics at this point)
- The patient will be directed to the app store to download the **WebEx Meetings** app upon first-time use on a smart phone and has to enable the audio and video (some patients get confused with these steps)
- Can be difficult to use for first-time patients and providers due to multiple steps, confusing options, etc so it requires significant hand-holding (in my experience).
- Static Personal Meeting Room number that patients can join anytime (even if not invited) so very important to keep the meeting locked.
- Need to have a queens.org email account
The Following Slides are only for Providers who will be using Cisco WebEx Meetings through Queen’s
Setting Up a WebEx Meetings Account

- A WebEx Meetings account / Personal Meeting Room needs to be set up for every provider who will be doing virtual home visits.
- These are encrypted accounts that meet HIPAA requirements
- These are currently only available for providers with a queens.org email address (see next slide for instructions for QCIPN providers that do not have a queens.org email address).
- Have your department manager submit an IT service request here (note, you will need to log in to the Service Now portal using your usual Queen’s username and password)
- Include the following information for all providers who need a WebEx account (either as attached spreadsheet or cut-and-paste into comments section on the web form:
  - Provider full name
  - Provider email address
  - Provider contact phone number
Need a queens.org email address?

For QCIPN providers who do not have a queens.org email address and who want to use our Cisco WebEx Meetings licenses, fill out the [Request a WebEx Account from QHS](#) smart sheet.

QCIPN and Queen’s IT will then help you sign up for a queens.org email address and a WebEx Meetings account.
You will then get an email to set up your password followed by a confirmation email when your Personal Room is set up.

Welcome to Cisco Webex Meetings

Hi Telemedicine Department, QMC,

Welcome to Webex Meetings. Now you can meet and collaborate anywhere, anytime, and on any mobile device or video system. Maximize your productivity with the best in integrated audio, video, and content sharing.

Get started

Create a password for your account so you can sign in to your Webex site and to the Cisco Webex Meetings desktop app and mobile app for a richer meeting experience.

Username: telemmed25
Webex site: queensmed.webex.com

Congratulations! Your Personal Room is set up and ready for use.

These are different ways you can enter your room:

Join meeting

Join by phone
Tap to call in from a mobile device (attendees only)
+1-415-655-0002 US Toll
Access code: 804 116 244
Global call-in numbers

Join from a video conferencing system or application
Dial telemmed25@queensmed.webex.com and enter your host PIN.
You can also dial 173.243.2.68 and enter your meeting number.
You can access your host PIN here.
**Very Important!!**: Set up WebEx Meetings to Lock on Entry

1. When you set up your account on queensmed.webex.com, click on “My WebEx” along the top banner
2. Next, click “Preferences” along the left hand column
3. Next, click “My Personal Room” under the Preferences
4. Next, check the box for “Automatic Lock” and set to lock room “0 minutes” after meeting starts
5. Finally, click the “Save” button at the bottom of Preferences

• See screen shots in the next few slides for examples
• **If you do not do this, anybody can enter your personal room during your telehealth visit.**
• With the automatic lock, subsequent patients will be placed in the “Lobby” until you manually admit them into the visit.
Good afternoon, Telemedicine.

Start Meeting
Preferences

General

"Meet Now" Settings

Audio Setup

Video Systems

My Personal Room

* Room name: Telemedicine Department, QMC's!
*A room name must be between 1 and 128 characters.

* URL: https://queensmed.webex.com/meet/telemed25 Change
Video address: telemed25@queensmed.webex.com

* Host PIN: 
Your host PIN must be exactly 4 digits. It cannot contain sequential digits, such as 1234, or repeat a digit 4 times, such as 1111.

Automatic lock: 
Automatically lock my room [ ] minutes after meeting starts so people can't enter until I admit them

Notification: 
Notify me by email when someone enters my Personal Room lobby while I am away
Preferences

Expand all  |  Collapse all

- General
- "Meet Now" Settings
- Audio Setup
- Video Systems
- My Personal Room
- Scheduling Templates
- Scheduling Options

5  

Save  |  Cancel
Doing Telehealth Visits with Patients at Home

1. Go to queensmed.webex.com and log in to your account using your new WebEx Meetings username and password (note, these are not your Queen’s email, CareLink, or single sign-on username or password).

   1. Internet Explorer is currently the easiest browser to use on campus
   2. Chrome can also be used but you will have to select “Run a temporary application” after you click “Start Meeting”

2. Click “Start Meeting”

3. Give permission to use your microphone and camera
Good afternoon, Telemedicine.

Start Meeting
Microphone and camera are “on” when the icons are black and “off” when the icons are red.
The light should come on your webcam and self-view should appear when camera is on.
Make sure the correct webcam and audio are displayed – this is important if you are using a computer with external webcam, headphones, or speakers plugged in.
To invite the patient into the visit, click the “three dots” icon, then select “Invite and remind”
Enter the patient’s email address then hit send. You will then have to wait for the patient to join the visit.

![Invite & Remind email](image)

Inside Invite & Remind:
- Email button
- Phone button
- Remind button

**Invitees:**
- mkoenig@queens.org

Separate addresses with commas or semicolons.

**Invite with your local email**

Send button
Patients will get an email inviting them to the visit.
Patients who do not already have the Cisco Webex Meetings app on their mobile device will have to click the "Download" button to install the app. They should **not** click either of the other two options displayed as green buttons.
Patients may need to click the Microphone and Camera icons to grant WebEx permission to use them.

Some patients have high security features set on their devices and may have to go into the app “Settings” tab and click “Audio & Video” to grant permissions.
Recommended devices and browsers for patients using WebEx Meetings

- IOS or Android smart phone
- Wifi preferred but a good cellular connection should also work
- Desktop with built-in or USB-connected webcam and microphone
- Laptop with built-in webcam and microphone
- IE, Safari, and Firefox work
- Chrome works but they may need to download an extension or run a temporary application
Clinic Workflow

- Clinical workflows may differ by clinic. Here is a suggested workflow.
- Clinic staff contacts patients by telephone prior to the scheduled visit to make sure they have a mobile device or computer with webcam and instructs them to download the Cisco WebEx Meetings app and grant permissions to camera and microphone.
- Clinic staff gets the patient’s **email address** that is connected to whatever device the patient will be using for the telehealth visit and communicates the email address to the provider as a comment in CareLink.
- Clinic staff “Arrive” the patient in CareLink when the patient is ready to be seen by the provider.
- Provider logs on to WebEx Meetings, launches the meeting, and invites the first patient (or several patients) by email.
- **Make sure the Meeting Room is “Locked”**
- When the first telehealth visit is wrapping up, provider invites the next patient by email (if not already done).
- When the Meeting Room is “Locked”, the next patient that tries to enter the meeting will be sent to the “Lobby”.
- The provider will have to manually “Admit” the next patient from the “Lobby”.
Manage Participants

- Click the “Participants” icon to manage participants in a separate pane.
- You can manually mute/unmute participants by clicking their microphone.
- You can also right-click on the participant and “expel” them or send them to the “lobby” if you forgot to lock the meeting and someone entered your telehealth visit erroneously or you admitted the wrong patient.
Help Desk Support for WebEx Meetings

Patient or Provider having problems connecting through WebEx Meetings?

Call the Telehealth Support Line: 808-691-8141
Telehealth Visits for Queen’s CareLink (Epic) Users

• WebEx is not currently integrated into Epic so the video application (WebEx Meetings) occurs outside of the electronic medical record

• Please schedule all Telehealth visits using the “Telehealth” visit type in Cadence (the scheduling module in Epic). The patient should be scheduled, registered, and checked in using standard Cadence workflows.

• This will ensure that the patient is flagged on your clinic schedule as a telehealth visit (rather than in-person)

• It will also ensure that the correct place of service code and modifier are added to the coding / billing
To figure out which patients on your clinic schedule are telehealth visits and which are in-person, check the “Visit Type” column and look for “Telehealth”.

<table>
<thead>
<tr>
<th>Status</th>
<th>Time</th>
<th>Visit Type</th>
<th>Video</th>
<th>Patient</th>
<th>MRN</th>
<th>Notes</th>
<th>FYI</th>
<th>Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled</td>
<td>9:00 AM</td>
<td>Telehealth</td>
<td></td>
<td></td>
<td></td>
<td>VIRTUAL HOME VISIT (need... No Blood Product</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled</td>
<td>9:30 AM</td>
<td>Follow Up</td>
<td></td>
<td></td>
<td></td>
<td>f/u ICH; repeat MRI in 2-3 mos ins:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled</td>
<td>10:00 AM</td>
<td>Follow Up</td>
<td></td>
<td></td>
<td></td>
<td>f/u ICH ins: MEDICARE PART C (MA) MDX-HI AARP MDCR COM CHOICE UHC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled</td>
<td>10:30 AM</td>
<td>New</td>
<td></td>
<td></td>
<td></td>
<td>f/u stroke ins: HMSA PART C (MA) 2011 HMSA AKAMAI (MDCR MGD CR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled</td>
<td>11:00 AM</td>
<td></td>
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<td></td>
<td></td>
<td>VIRTUAL HOME VISIT f/u stroke... (None)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduled</td>
<td>11:30 AM</td>
<td>Follow Up</td>
<td></td>
<td></td>
<td></td>
<td>F/U (None)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To customize the columns in your personal schedule (shown as “My Schedule below), click the “gears” icon and add the column “Type” as shown below.

Note, on your Department Multi-Provider Schedule (shown as “Queens Neuroscience” above), this column has already been added.
Questions about getting started with Telehealth through Queen’s?

Call the Queen’s Telehealth Support Line: 808-691-8141