

Tips for Getting Started on Telehealth (QCIPN 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.

<https://www.foley.com/en/insights/publications/2018/11/top-10-faqs-on-medicares-virtual-checkin-codes-the>

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.

Level	E/M Code	History	Physical Exam	MDM	Time
1	99211	None	None	None	5
2	99212	Problem Focused	Problem Focused	Straightforward	10
3	99213	EPF	EPF	Low	15
4	99214	Detailed	Detailed	Moderate	25
5	99215	Comprehensive	Comprehensive	High	40

- 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

- All private payers in Hawaii currently reimburse for telehealth visits to the patient's home equivalent to in-person visits (see "parity" law link).
- All 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

- All 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:

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

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 livestream 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://deaddiversion.usdoj.gov/coronavirus.html?inf_contact_key=0d65b2ed0f25be7e2c0c26884b5a2c2e680f8914173f9191b1c0223e68310bb1

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”

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

Video-first Unified Communications Platform

Enter your work email

Get started with free meetings

Zoom Rooms: Flawless video conferencing for every space

[Explore Zoom Rooms](#)



Zoom: Pro

- Go to <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

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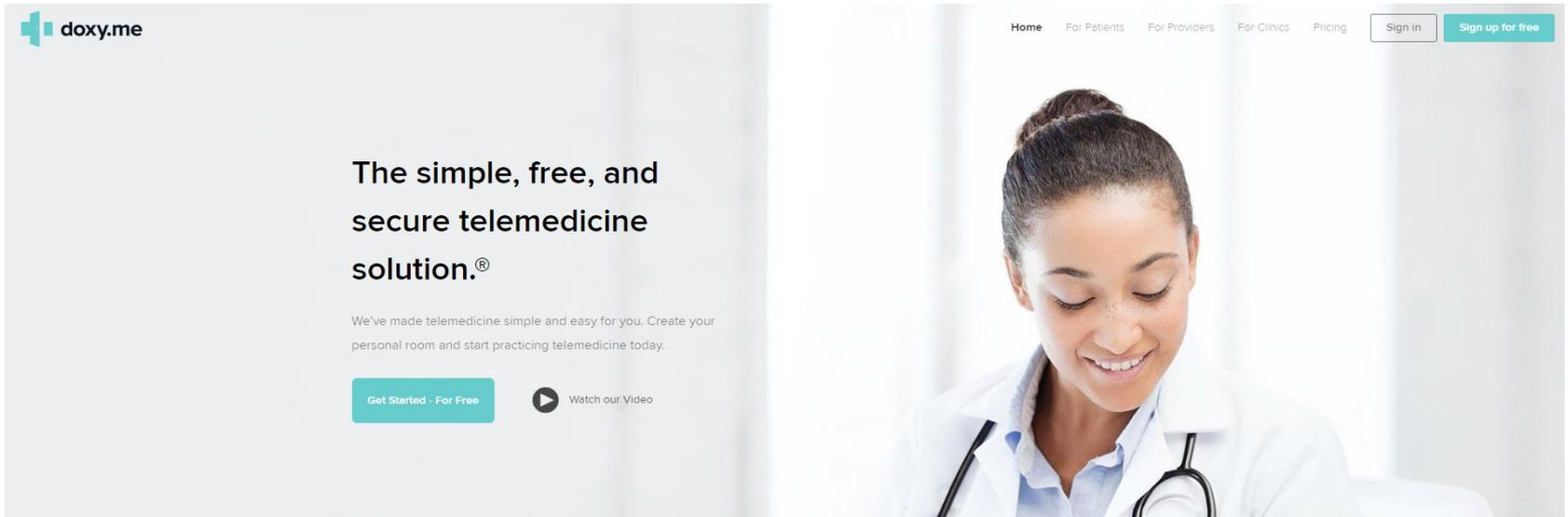
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[Explore Zoom Rooms](#)



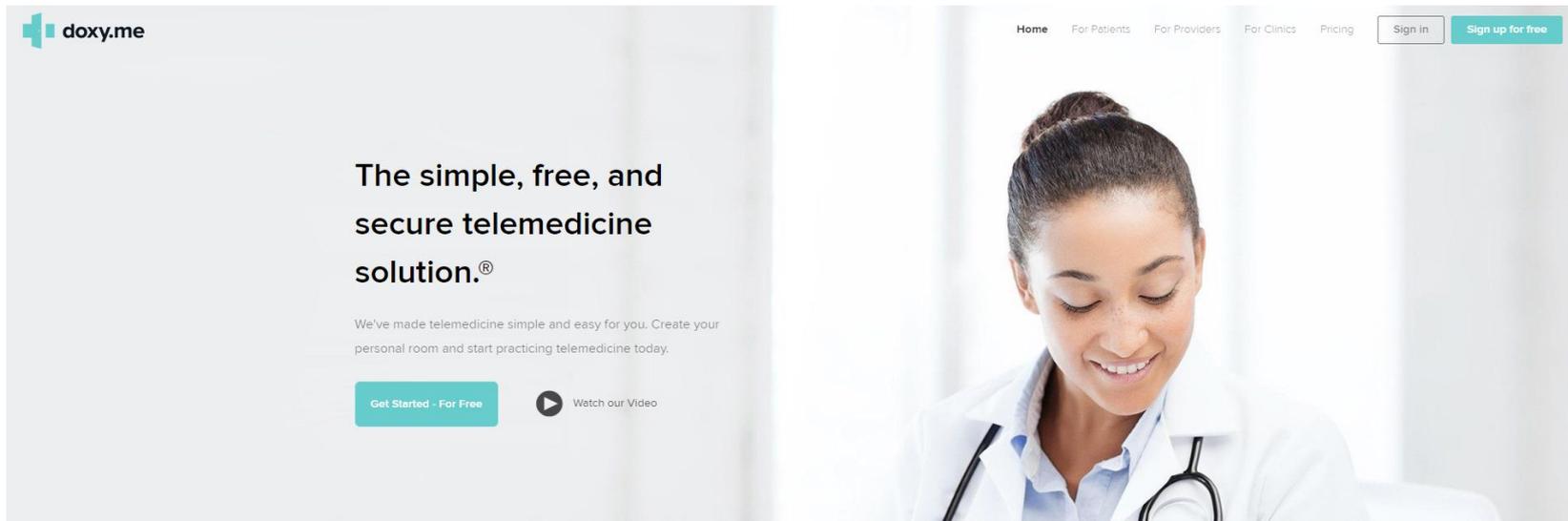
Zoom: Con

- 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/> 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

Easy, secure video conferencing from the market leader.

[Sign up free](#)

By proceeding, you agree to the [Cisco Terms of Services](#)

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

Easy, secure video conferencing from the market leader.

Email address

Sign up free

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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

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.

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