

# MSSC Telemedicine Primer

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In response to the COVID-19 pandemic, CMS has relaxed regulations around telemedicine, including temporary elimination of site-of service requirements, elimination of the requirement that telemedicine be restricted to Health Care Provider Shortage Areas, and relaxation of licensing requirements at the patient's originating site.<sup>1</sup> In addition, HHS has announced that it will waive potential penalties for using lower-security forms of video communication for telemedicine.<sup>2</sup>

The Medical Society of Sedgwick County and the Kansas Business Group on Health, with help from FreeState Healthcare, have put together these resources to help you quickly get started providing telemedicine services to your patients.

## **Getting Started with Telemedicine**

We encourage physicians to seek a vendor. Telemedicine visits can be accomplished without a specific vendor, and the relaxation in HHS rules<sup>2</sup> allows the use of any videoconference software such as FaceTime or Skype, but the use of a vendor will speed implementation and help you keep up with future regulatory changes. A few options with good reputations are FreeState, Doxy, VSee, Zoom and Skype for Business. Several EHR platforms have built-in options for telemedicine as well.

Make sure that any platform you use offers a business associate agreement (BAA) to ensure safeguards against data breaches (FaceTime, for example, will not agree to a BAA). Make sure you have an accessible tech support number for your vendor prior to starting visits.

**Cost:** Typically \$50-200/provider/month. A few free platforms are available, but remember that if the software is free, you and your patients are the product.

**Hardware:** Both you and your patient need a device with internet access and a video camera. This could be a smartphone, a computer, or a tablet. On your end it might be helpful to have two screens: one for the visit, and one for documentation, but this is not mandatory.

You will also need an internet connection with a download speed of  $\geq 25$  Mbps/sec and an upload speed of  $\geq 5$  Mbps/sec. If you can stream video on your internet connection, it is probably fast enough. We also encourage 128-bit encryption and network access control, both of which are fairly standard.

Be sure to test your equipment before embarking on your first telemedicine visit, both to make sure it works smoothly and to adjust lighting and sound. Technical issues happen due to the wide variety of software, devices and networks in use. Contact your vendor for problems, but remember the solution is most likely user error, poor wireless network performance, or device-specific settings.

**Setting:** You may work from the office or from home, but patient privacy must be maintained just as in an in-person visit. A lockable room is preferred. Close all unnecessary programs during visits. Do not eat, drink or chew gum during the visit. Maintain “eye contact” with the camera. This takes some practice.

Remember that most of your patients will be new to telemedicine, too. Be flexible, patient and creative, and remember that there is often more than one way to gather necessary information and offer treatment.

### **How do I schedule my patients?**

You will likely need to send a link for your specific telemedicine software to your patient. Beyond that, scheduling largely follows the same process as in-person visits, albeit with a special designation for a telemedicine, rather than in-person, visit. Some telemedicine vendors offer built-in scheduling. For now, patients may be seen in any setting, including their homes; site-of-service requirements have been suspended for the time being.<sup>1</sup>

### **Who starts the visit?**

We recommend the provider initiate the call. It allows time to review patient records and accommodate if a prior visit runs late. Some vendors offer a “virtual waiting room” for the patient to wait for your call. Tell the patient the time you will call. If you are running late, have staff notify the patient, or message them through the software if that feature is offered.

At first, do not try to simply run your current clinic 20 miles away. Consider limiting the scope of telemedicine visits at first, and think through the workflow you will use to get the patient to the lab, to radiology, or to other doctors, as well as the workflow to get testing results returned to you. Diagnostic dilemmas might be better seen in a traditional setting, at least when you first begin telemedicine visits.

### **How do I perform a physical examination?**

Patients may take their own vital signs with a home thermometer, a blood pressure cuff, a scale, and a watch. You can also find a list of validated blood pressure cuffs, many of which communicate via Bluetooth, at <https://bihsoc.org/bp-monitors/>. Skin and gross neurologic exams can be accomplished with the patient’s cooperation in camera placement, and patients can assist with their own abdominal examination. Eye charts can be downloaded to devices from several sources for evaluation of visual acuity. Auscultation is possible, but requires a specific peripheral device on the patient end.

### **How do I document the visit?**

You need to document verbal consent for the visit and mention use of real-time audio/video connection, or “telemedicine.” A formulaic one-liner is sufficient. Otherwise, documentation does not differ from an in-person visit.

## What does my biller list as the site-of-service?

All rural telehealth visits are 02. Medicare office visits displaced to telemedicine by the COVID-19 pandemic are a site of service 11. Hospital-based displaced clinic visits are site of service 22. Private payors and KanCare may vary. Telemedicine billing should be submitted with a 95 modifier.

## How am I paid?

CMS and most payors in Kansas pay the same for telehealth as for in-person visits. During the COVID-19 pandemic you can see anyone, anywhere, but normally CMS will only reimburse for work in Health Care Provider Shortage areas, and normally you must be licensed in the state where the patient is being seen. This rule has also been suspended during the COVID-19 pandemic.<sup>1</sup>

## How do I submit for payment?

Office visit codes are most often your normal office codes. The telemedicine process is the same as in-person billing unless the patient is out-of-state. Ask your biller for details if you plan to do this, and make sure they understand the difference. Not everyone does. Hospital codes are usually different than normal, but not all payors follow the same policy, so ask.

 <b>Summary of Medicare Telemedicine Services</b>			
Type of Service	What is the Service?	HCPCS/CPT Code	Pt Relationship w/ Provider
<b>Medicare Telehealth Visits</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common services include: <ul style="list-style-type: none"><li>- 99201-99215 (Office or 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 new* or established patients.  *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to verify relationships during this emergency.
<b>Virtual Check-In</b>	A brief (5-10 minute) 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.

Retrieved from: [MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET](#) March 17, 2020

Figure courtesy of FreeState Healthcare

<sup>1</sup><https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

<sup>2</sup><https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

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**Other resources:**

American College of Physicians Telemedicine: A Practical Guide for Incorporation into your Practice: <https://www.acponline.org/practice-resources/business-resources/health-information-technology/telehealth>

American Medical Association Quick Guide to Telemedicine in Practice: <https://www.ama-assn.org/practice-management/digital/ama-quick-guide-telemedicine-practice>

American Academy of Family Physicians Using Telehealth to Care for Patients During the COVID-19 Pandemic: <https://www.aafp.org/patient-care/emergency/2019-coronavirus/COVID-19-daily/telehealth.html>

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