TELEMEDICINE
VIRTUAL DOCTOR’S LOUNGE

ACOFP PRACTICE MANAGEMENT COMMITTEE
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OBJECTIVES

- Learn about telemedicine and how to incorporate into your practice, including coding and billing guidelines
- Discuss successes and lessons learned from Practice Management Committee Leaders
Poll Question

Have you seen a decrease in patient volume and/or income to your practice since the COVID-19 Pandemic began?

A) Yes
B) No
Poll Question

Have you implemented a telemedicine platform into your practice?

A) Yes
B) No
Telemedicine (COVID-19) Basic Requirements

- Telemedicine visit encounter options:
  - Telehealth: Audio and Visual Component
  - Virtual Check In: Telephone Only
  - E-Visit: Use of Patient Portal

- Please check with your states on current guidelines that are state specific.

- A telemedicine provider can be a physician, ARNP, PA, RN, CNA, social worker, mental health provider, or other healthcare worker practicing within their scope

- Check with your state on their specific policy for controlled substances refills.
Telehealth Expansion with 1135 Waiver

- According to CMS, Medicare can now pay for “office, hospital, and other visits furnished via telehealth across the country and including in patient’s places of residence (home)”.  
- This also allows providers to be reimbursed by Medicare when they see new patients using telehealth.  
- Physicians can reduce or waive cost-sharing for telehealth visits.  
- This waiver does NOT include telephone communication E&M services
  - 99441, 99442, 99443
HIPAA

- HIPAA Information:
  - HHS Office for Civil Rights will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communication technologies such as FaceTime or Skype during the COVID-19 public health emergency.

- The following public facing video applications should **NOT** be used for telemedicine visits:
  
  *Facebook Live, Twitch, or TikTok*

Software Options

- American Well
- Blue Jeans
- Skype for Business/ Microsoft Teams
- **Zoom for Healthcare**
- Doxy.me
- Goggle G Suite Hangouts Meet
- Apple FaceTime
- Cisco Webex Meetings
- Amazon Chime
- GoToMeeting
- WhatsApp
- Doximity Video
- **MDLive**
- **Noteworthy**
- Teladoc
- Many Others ....
DISCUSSION:

WHICH TELEMEDICINE PLATFORM ARE YOU USING?

PROS AND CONS, LIKES AND DISLIKES
# Telemedicine Coding Guidelines

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>What is the Service?</th>
<th>HCPCS/CPT Code</th>
<th>Patient Relationship with Provider</th>
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| **Medicare Telehealth Visits** | A visit with a provider that uses telecommunication systems between a provider and a patient. | Common telehealth services include:  
  - 99201-99215 (Office or other outpatient visits)  
  - G0425–G0427 (Telehealth consultations, emergency department or initial inpatient)  
  - G0406–G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)  
  For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth_Codes  |
| **Virtual Check-In**     | A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunication 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. | • HCPCS code G2012  
  • HCPCS code G2010 | For established patients.  |
| **E-Visits**             | A communication between a patient and their provider through an online patient portal. | • 99421  
  • 99422  
  • 99423  
  • G2061  
  • G2062  
  • G2063 | For established patients.  |

Poll Question

Have you ever wanted to bill for the many phone calls you have to make when responding to your patients’ questions?

A) Yes
B) No
Virtual Check-In

- Established Medicare patients, some commercial
- Brief patient communication with provider
  - initiated by patient, to determine if visit or other service needed
    - Not related to medical visit within the previous 7 days
    - Does not lead to a medical visit within the next 24 hours
  - Verbal consent given from patient must be documented

**HCPCS code G2012**: virtual check-in, 5-10 minutes

2020 wRVU is 0.25, non-facility payment is $14.80 (FL); $15.70 (NJ)

**HCPCS code G2010**: remote evaluation of images and/or video submitted by patient (store and forward)

2020 wRVU is 0.18, non-facility payment is $12.27

Medicare E-Visit

- Non-face-to-face patient-initiated communication with provider via online patient portal, for established Medicare patients
- Providers can educate patients about availability of the service
- Communications can occur over a 7 day period
- Need way to track time spent.
- Medicare Coding and Payments Below (payment may vary by other insurance carriers):

99421: online E&M service (portal message), 5-10 minutes
2020 wRVU is 0.25, non-facility payment is $15.52

99422: online E&M service (portal message), 11-20 minutes
2020 wRVU is 0.25, non-facility payment is $31.04

99423: online E&M service (portal message), 21 or more minutes
2020 wRVU is 0.25, non-facility payment is $50.16

Coding, Payment and Quick Tips

- **Coding for Telehealth Visit** – think of same as in person visit – just document appropriately (see attached guidelines)

- **Telehealth Visits** May Require Indication of **Place of Service** (02 or 11)

- **Modifier Needed** – Usually GT but may need GQ or 95, based on insurance and local coding guidelines

- **Virtual Check In Visits** for Non-Medicare Insurances – Payment may vary:
  - **Code 99441** 5 to 10 minutes $12.50 to $15.25
  - **Code 99442** 11 to 20 minutes $23.00 to $29.50
  - **Code 99443** 21 to 30 minutes $33.75 to $44.00
Helping Patients with Their First Telemedicine Appointment

- Develop workflow for your staff
- Train staff so they are familiar with patient-side of the process (trial run)
- Consider email or online instructions, either written or video tutorial
- Ask caregiver or family member to assist
- Reassure patients that physicians can tell a lot about a person’s health by video (facial expression, how they speak and answer questions, self-directed exams, breathing patterns, etc.).
- Ask at the end of the visit what they liked and what they didn’t like.
Remote Physical Exam

- Make sure the patient has privacy
- Make sure there is adequate lighting in the room
- Have patient assist with exam, or someone else in the room
- Ask patient to measure health data, if able, such as:
  - Temperature
  - Heart rate
  - Blood pressure
  - Weight
  - Blood sugar
  - Pulse ox
Physical Exam Documentation Example

- **VITALS:** Pt reports temp of _ degrees F orally. Home BP today _.(if measured)
- Weight measured at home: _. Blood sugar measured at home: _.(if measured)
- **GENERAL:** Stable appearing, in no distress. Alert and oriented.
- **SKIN:** no visible facial rash or concerning facial lesions noted. No skin redness or discoloration seen. Patient denies seeing new skin findings on brief self-exam of arms, legs, chest, and abdomen.
- **EYES:** conjunctiva clear, sclera non-icteric, no eye drainage, grossly normal EOM.
- **EARS:** hearing grossly intact, no pain elicited with ear tugging bilaterally
- **MOUTH:** no visible perioral lesions, no perioral cyanosis, no lip swelling.
- **NECK:** Grossly normal ROM, no visible thyroid enlargement. Patient did not palpate any cervical LAD under physician-guided exam.
- **HEART:** Patient self-reported heart rate of _ beats per minute (measured by patient with physician instruction, or by fitness tracker HR monitor).
- **LUNGS:** Does not appear dyspneic. No audible wheezes or rales. No nasal flaring.
- **ABDOMEN:** no tenderness with patient self-palpation diffusely around abdomen under physician guidance, no pain elicited with jumping or leg lifts
- **MUSCULOSKELETAL:** No significant cervical kyphosis, grossly normal active ROM in upper extremities.
- **NEURO:** Intact recent memory. No facial or eyelid drooping. No speech impairment, answering questions appropriately.
- **PSYCH:** Judgment and insight good; normal mood and affect.

Thank you to Dr. Julia Jenkins M.D. at USF Family Medicine
Ways To Promote Telemedicine

- Website
- Portal
- Text messaging
- Phone Messaging
- Advertising in Newsletters, Hospital/Practice Magazines, etc.
- Review chronic disease registries/population health tools and contact patients, especially those who are high risk or with gaps in care
- Portal messages
- Direct scheduling options
- Social Media
What is Working in New Jersey

- Reviewed and altered business model and patient engagement options
- Rapid review of a few Telemedicine Platforms and decided which one would best suit our needs: **Noteworth**
- Engagement of Physicians, Providers, Staff, Administration, and most importantly, PATIENTS
- Communication: Phone Calls, Patient Portal, Advertising
- Updates on Billing, Coding, Documentation
- Regular Meetings to Reinforce Goals and Education, Successes, Failures, Recommendations with Physicians and Staff
- Keep Plugging Away …
- Planning for Next Steps and What Will Our Future Look Like
What is Working in Florida

- Plan of week email
- Staff buy in
- Partnership Family Medicine, IT, Compliance and Billing
- Zoom training sessions
- Predictive analytics
- Registry work
- Working patient portal messages
- Having back up telemedicine method
- Keeping track of daily visits to see who needs help
What is Working in Georgia

- Georgia has a well established telemed system with coverage in all counties, sponsored by the DPH [https://dph.georgia.gov/office-telehealth-telemedicine](https://dph.georgia.gov/office-telehealth-telemedicine)
- Parity law exists for payment
  - Providers here are using some form of telemedicine for care
- Patients written consent needed prior to visit
- Providers need to have a Georgia license or have interstate contract
Poll Question

If you have not yet implemented telemedicine into your practice, are you now likely to do so?

A) Yes
B) No
DISCUSSION