SPOTLIGHT: TELEMEDICINE

Using Telehealth in COVID-19 Pandemic

Highlights

- Medicare, Medicaid, and commercial payors will reimburse for telehealth during the COVID-19 pandemic
- FaceTime allowed (but not preferred) under loosened HIPAA requirements
- Bill using "-GT" or "-95" modifier

Increase Efficiency

"Telemedicine decreases the time we spend traveling to home visits in rural areas. My patients can also use it as an accessible alternative to urgent care." - Dr. Lois Narr

Expand Access

"Video visits allow me to provide necessary care to my patients during the COVID-19 pandemic. I prefer a video visit to a phone call because it allows a visual assessment of the patient. My patients have been very accepting of this innovative way to practice medicine." - Dr. Andrew Dobin

Telemedicine allows clinicians to maintain social distance while still providing rapid access. Connect with patients at home to manage chronic conditions, acute concerns, and reduce ED visits.

Maryland
DEPARTMENT OF HEALTH

Choosing a technology

Any device with a camera and microphone can be used to perform telemedicine. In general, vendors that provide a HIPAA BAA (business associate agreement) provide the most comprehensive privacy protections. Some HIPAA compliant technologies are stand-alone (doxy.me, Zoom for Healthcare) and some are integrated into the electronic health record (Otto). Other vendors that will provide a BAA include Skype for Business, Updox, VSee, Google G Suite Hangouts Meet, Spruce Health and DrFirst Backline (first 30 days free).

Popular applications such as FaceTime, Facebook Messenger video chat, Google Hangouts video, and Skype do not provide a BAA and are *not* HIPAA compliant. However, the federal government will not impose penalties for noncompliance with the HIPAA regulatory requirements in connection with the good faith provision of telehealth during COVID-19.

Bottom line: To practice telemedicine during the COVID-19 pandemic, use any non-public facing technology that the provider and patients can easily access (not including Facebook Live, Twitch, TikTok or other public-facing applications). For enhanced privacy protections, use a vendor that will provide a BAA.

DISCLAIMER: This is for informational purposes only and is not an endorsement of any vendor by the State.

The Case for Tele

"I think you can make a professional case, an ethical case, *and* a business case for telemedicine." - Dr. Titus Abraham

Billing

- Always use the "-95" or "-GT" modifier to indicate that the visit took place over video
- Medicaid requires use of "-GT" modifier to indicate a televisit
- Some practitioners use routine codes (the same as an in-person visit as determined by time or complexity) and add the "-95" or "-GT" modifier
- Some practitioners use billing codes specific to telemedicine and add the "-95" or "-GT" modifier
- Medicare requires codes specific for telehealth: CPT codes 99421 (5-10 mins), 99422 (11-20m), 99423 (>=21m); or HCPCS codes G2061 (5-10m), G20162 (11-20m), G2063 (>=21m)
- Confirm which codes your payors prefer
- In general, most visits will be a Level 2 or Level 3
- Document all aspects of physical exam the provider is able to perform

Reimbursement

In Maryland, private payors and managed care organizations are required by law to provide reimbursement for diagnosis, consultation, and treatment delivered using telehealth in the same manner that in-person services are covered (Md Code, Insurance Art., §15–139).

During the COVID-19 pandemic, Medicare will temporarily reimburse providers for telemedicine visits which were previously restricted to patients in rural areas (1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act). Providers can bill immediately for dates of service starting March 6, 2020.

Medicaid has also lifted restrictions for telehealth: a patient's home or other secure site is now allowed as the originating site.

Best practices

Consent: Some technologies allow integration of a consent form into the patient's sign-in process. If not, obtain verbal consent for the visit and for the potential charges (copays, etc) that patients may incur. Document the consent in the note.

Integration into workflow: Choose one provider to be the champion for your office. When they become comfortable with the technology, have them share best practices with others.

Cost of set-up: Get started with a free technology (doxy.me) or use MDPCP funds to pay for the up-front and monthly costs. Ask the vendor for a discount; consider bundling together with other practices to be eligible for a discount.

Scheduling: Schedule televisits in the existing scheduling system. Use a logo to indicate whether it is a video visit or telephone visit. Batch visits together in a half-day, at the end of the day, or in the evening. Consider a video visit in the morning or afternoon while waiting for patients to be roomed.

Licensing: Check with each provider's licensing organization to determine their specific restrictions in practicing telemedicine. In general, the patient must be established with the practice, the provider must practice within their scope, and the *patient* should be physically located in a state in which the provider is licensed.