A Surgeon's Guide to Getting Started with Telehealth

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Introduction

Popular with patients, reimbursed by Medicare and many commercial payors and deliverable in every state, *telehealth* has become a more accepted and cost effective way to deliver care than it was just a few years ago. Gone are the days when significant or capital investments were required for special technologies or machines. Today, physicians can connect with patients on laptops, tablets, and mobile devices to deliver live, video visits.

In 2017, the value and convenience of telehealth was given significant visibility in the aftermath of hurricanes Harvey and Irma. Physicians used it to remotely care for and treat thousands of victims who had no way of accessing a clinic or hospital. Providers such as Doctor on Demand, LiveHealth Online, EpicMD, and Nemours offered these telehealth visits at no charge to the patients affected by the storms. Florida Hospital offered free telehealth care and nearly 3,000 people took advantage of the services in a 3 day period.[i] The use of telehealth after these natural disasters allowed affected patients to receive medical care that would otherwise been difficult to access, due to post-storm damage and transportation challenges.

Patient access to care after a disaster is one of many ways telehealth is emerging as an effective and convenient way to deliver remote care. This paper discusses the basics of telehealth, opportunities for use, and the coding, billing, and implementation essentials for physicians and physician organizations.

What is Telehealth?

Telehealth is the broadest term used to describe the delivery of healthcare services using telecommunications technology. Simply put, telehealth enables a physician to treat a patient without having to be in the same location. It has many subsets, such as telemedicine, telepsychology, and teletherapy, and can be delivered in a variety of ways.

With telehealth services, there are *originating* and *distant* sites. The *originating site* is the place where the patient is located during a telehealth service. The *distant site* is the site where the physician/other provider is located while delivering the telehealth service. Additionally, telehealth visits can be synchronous (live, real time), or asynchronous (not live), or store and forward. See Figure 1. for definitions of these and other delivery methods. Some of the more common visit types suitable for telehealth:

- Follow up and post-op care
- Consultation with a specialist
- Chronic disease management
- Test result review
- Medication management
- Minor acute problems – such as colds, flu, rashes, otitis media, and allergies
- Mental health
- Dietary consultations
- New patient counseling
- Lifestyle coaching

Figure 1.
Delivery Options for Telehealth

1. **Live video-conferencing (synchronous video).**
   A live, two-way interaction between a person and a healthcare provider. Patients typically participate on a smartphone or tablet.
2. **Store-and-forward/asynchronous video.**
   Instead of treating the patient using live video, this method transmits information through an electronic communications system to a provider who uses it to treat the patient.
3. **Remote patient monitoring.** Information is transferred electronically to a provider or caregiver in a different location, who reviews, monitors, and/or takes action on the data.
4. **Mobile health (mHealth).** The use of a mobile device such as a smartphone or tablet to collect, track, or monitor patient data or facilitate patient-provider communication.

Contributing Sources: Center for Connected Health (cchpca.org), KeystoneTechnologies.com

Telehealth can be performed in many different types of locations – from rural hospitals and patient homes, to cruise ships and schools. It saves patients significant time – no more driving to the physician's office, parking, waiting in the reception area, etc. – which makes telehealth very attractive to patients. This is especially true for those who would otherwise have to take time off from work. And for physician offices, conducting post-op visits via telehealth opens office visit appointment slots that can be used for a reimbursable visit.

Of course, not all types of visits can be delivered by telehealth. Surgeries and small procedures are still predominantly delivered while the physician and the patient are in the same room. Further, while all practices need a HIPAA-compliant video platform and basic computer hardware, others may also need specialized equipment, such as digital otoscopes, stethoscopes, spirometers, or ultrasound probes. But these disadvantages don't apply to all practices, and are relatively few compared to the opportunities and patient conveniences that telehealth services bring to the healthcare system. For instance, telehealth enables patients to be seen by a specialist for a consultation or post-operative follow up visit without the possibility of driving hundreds of miles. Home-bound elderly patients, those less mobile after surgery, patients in pain, or patients who cannot drive themselves to a doctor or hospital can be seen remotely – improving patient convenience and satisfaction. In addition, chronic sufferers or post-operative patients may potentially be more compliant with treatment plans if they can access care more conveniently via telehealth.

These are just a few of the many reasons that the prospects for telehealth care are so promising. The global market for telemedicine is expected to be worth more than $34 billion by the end of 2020. North America is the largest market globally, accounting for more than 40 percent of this, or $13.6B.[ii]

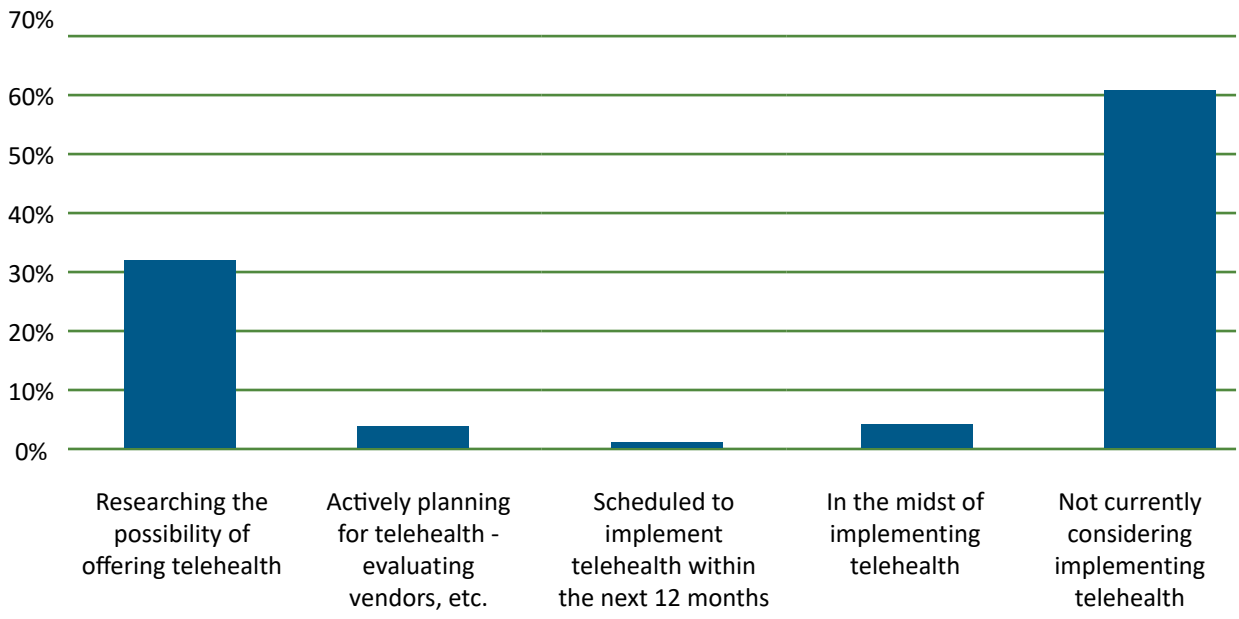
Survey Data: Telehealth Still Nascent for Many Physicians

KarenZupko & Associates (KZA) conducted a 2017 survey to understand how physician practices are using telehealth services.[iii] The 113 survey respondents were from practices in multiple specialties, and included private group and solo practice as well as hospital-employed and academic groups. Several key findings follow.

When asked about their familiarity with telehealth and its regulations, there was a wide variance of knowledge. While most (68.75%) agree or strongly agree that they are familiar with the concept of telehealth, far fewer (32.15%) understand the coding and documentation requirements for telehealth. When asked what the biggest concern is about implementing telehealth, answers ranged from reimbursement for services, privacy issues, state laws, and professional liability exposure.

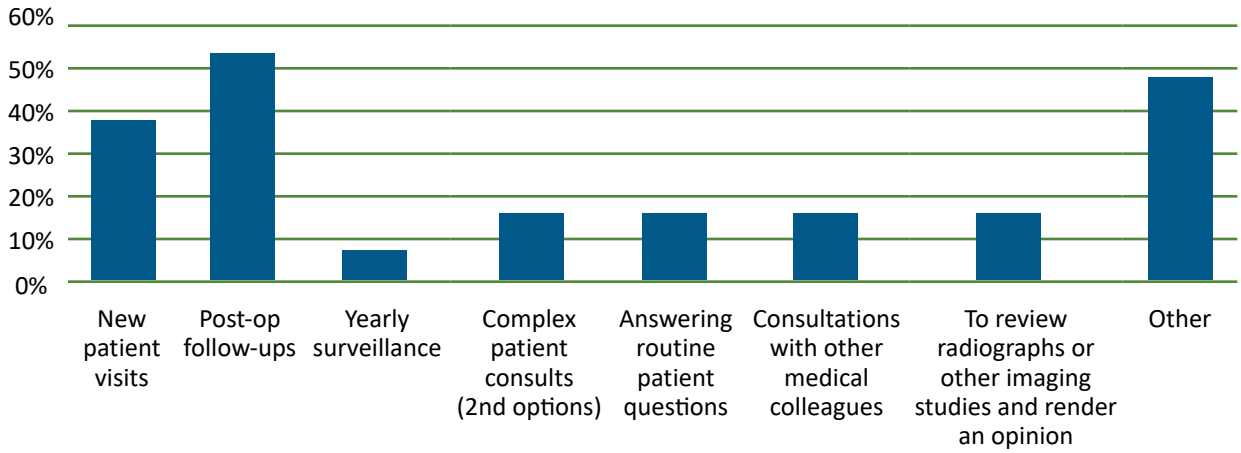
Given that telehealth services for physician practices is in the early stages of adoption, it was not surprising that 82% of respondents said they don't currently offer telehealth services. However, 40% of these respondents are either implementing or researching the implementation of telehealth services. (See Graph 1.) It appears that telehealth is starting to gain ground in some practices.

Graph 1. Where are you in evaluating telehealth in your practice?



Over thirty (30) percent of those responding to the survey said that they found the work involved in offering a telehealth visit easier than an in-person encounter. Most stated that the work for them was about the same. Most use telehealth services during regular office hours and when taking call. See Graph 2 for the visit types that respondents said they offer via telehealth.

Graph 2. Which visit types is telehealth used for? (Please mark all that apply.)



Who Pays?

Most payors reimburse for telehealth, although the rules can vary widely.

The Centers for Medicare and Medicaid Services (CMS) covers telehealth services for Medicare patients, if specific conditions are met with regard to the type of practitioner, site of service, and type of service provided. A list of covered codes and requirements can be found on the Medicare Learning Network. CMS reimburses covered telehealth services at 100% of the physician fee schedule for face-to-face visits.

Commercial payors have widely varying guidelines, often pay for more services than Medicare does, and reimburse at 100% of the physician fee schedule for face-to-face visits.[iv]

More than thirty states have *payment parity* regulations that require commercial payors to reimburse telehealth services at the same rate as face-to-face visits. These laws do not legislate which *types* of services must be reimbursed, however, or under what conditions. Some follow CMS guidelines, some have their own. And, there may be more services covered by a commercial plan than by Medicare. Research is essential to determine the rules for your organization's contracted plans. The American Telemedicine Association has a State Policy Resource Center that makes this easy.

Medicare, for instance, reimburses for synchronous (live) telehealth services (except in Alaska and Hawaii), in specific, *originating sites* (sites in rural health professional shortage areas, HPSAs, or counties outside of a metropolitan statistical area, MSA). Medicare lists reimbursable codes – such as E/M visits, pharmacological management, diabetes self-management training, and end-stage renal disease services – on its Medicare Learning Network. Medicare will reimburse the following provider types for delivering telehealth services (subject to State law):

- Physicians
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Nurse-midwives
- Clinical Nurse Specialists (CNSs)
- Certified Registered Nurse Anesthetists (CRNAs)
- Clinical Psychologists (CPs) and Clinical Social Workers (CSWs)
- Registered Dietitians or nutrition specialists

For a list of service types that non-physician providers are allowed to perform, check your state's scope of practice rules for the appropriate profession (nurse, physician assistant, nurse practitioner. If a service is within the non-physician provider's scope, it can be delivered via telehealth.

Commercial payors vary widely in how and what they cover. Many expand on the codes that Medicare reimburses, and reimburse more sites of service than Medicare. For example, Blue Cross and Blue Shield of North Dakota covers telehealth services provided in a patient's home, which Medicare does not.[v] [vi] Many national carriers offer a telehealth benefit in their plans.

Since the coverage criteria vary so widely, assign someone in the practice the task of researching your payors to find out which kind of services they cover for reimbursement. More than half of the states in the U.S. have laws with rules that address telehealth coverage. Some states mandate coverage of telehealth services by commercial payors. Some stipulate coverage only for certain services, or by certain media (live or store and forward). Your practice needs to understand your state's specific laws – as well as recognize that state medical boards across the country are expanding telehealth services and modifying existing regulations so that more patients can participate in remote care options.

State policy typically determines what constitutes telehealth; the types of technologies, services and providers that are eligible for reimbursement; where telehealth is covered and how; and other guidelines. States' definitions of telehealth are important because they can determine whether and which services are covered and reimbursed under public and private insurance. Medicaid programs in all states except Massachusetts, Rhode Island, and Utah cover telehealth for at least some services.[vii]

How to Code and Bill a Telehealth Visit

For ***Medicare***, the following are examples of services that can be delivered and reimbursed via telehealth:

1. Telehealth consultations, emergency department or initial inpatient: HCPCS codes G0425-G0427
2. Office or other outpatient visits: *CPT codes 99201-99215
3. Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs: HCPCS codes G0406-G0408
4. Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days: CPT codes 99231-99233
5. Administration of patient-focused health risk assessment instrument, and administration of caregiver-focused health risk assessment instrument: 96160 and 96161

Choose the code that corresponds to the type of service you've delivered, making sure that you are delivering the telehealth service at an approved *originating* or *distant* site. To determine this, use the Health Resources & Services Administration (HRSA) Online Payment Eligibility Analyzer. After completing the service, document in the note according to Medicare guidelines, just as you would if the visit were in-person, including in the note that the visit was delivered via telehealth. Staff can prepare and submit the claim as they would for an in-person visit.

For ***commercial payors, this process is not so clear***, because payor coverage policies and billing guidelines vary by plan, state, and Federal law. Do your homework to understand the rules for each individual payor.

Generally speaking, many commercial payors reimburse for more services than CMS does. For instance, in addition to the preceding codes listed as reimbursed by Medicare, many commercial payors reimburse for outpatient consultation codes (99241-99245), inpatient consultation codes (99251-99255), and remote critical care services (CPT codes 0188T and 0119T). And some commercial payors use the HCPCS code T1014 or the CPT code 99444 (online medical evaluation).

And generally speaking, many commercial payors require that the code billed be appended with a 95 modifier, indicating the visit was delivered by telehealth. More information about this modifier can be found in Appendix P of the Current Procedural Terminology (CPT) book*, which also designates services that can be delivered via telehealth with a star symbol.

But remember, the preceding are just general guidelines. Your practice ***must*** contact each commercial payor to determine specific coverage, reimbursement and billing rules.

Once you know the codes and coverage policies for each commercial payor, deliver the telehealth service, choose the correct code, and document the visit just as you would an in-person visit, including in the note that the visit was delivered via telehealth. Staff can prepare and submit the claim as they would for an in-person visit.

Telehealth Case Examples

The orthopaedic department of a large multispecialty group offers live, video visits using the HIPAA compliant telehealth module in the practice's EHR. Patient adoption was fast and patients love the option of remote visits, especially for post-op care. Physician assistants (PAs) conduct scheduled, post-op telehealth visits, freeing the surgeons to see new patients or administer injections. Patients log in using their iPhone or iPad for the visit. The telehealth visits are offered to patients at the point of surgery scheduling, as an option for follow-up care. The visits are scheduled in the computer system alongside in-office visits.

In addition to using telehealth with patients, the department uses the technology to conduct specialty consultations with primary care physicians. Often these physician-to-physician conversations eliminate the need for the patient to be seen by the orthopaedic surgeon. Or, they get the patient on the schedule faster if the problem is acute.

Dr. Alfred Atanda, Jr., a pediatric orthopaedic surgeon at Nemours/Alfred I. DuPont Hospital for children in Wilmington, Delaware began offering telehealth about two and a half years ago, and now uses it daily in his practice. Typically, Dr. Atanda uses telehealth for simple follow-ups, routine post-op visits, MRI/imaging reviews, and surgical discussions. It has reduced staff workloads and opened additional slots for new patients.

But Dr. Atanda is realistic about the challenges: If you don't get buy-in from leadership, your program won't get very far. And, far and away the most common problems the practice will experience with telehealth are technical issues. It's essential to have a back-up ready (such as a phone, or a laptop) to deal with these, and a staff person on hand to assist. He advises choosing a platform that is as simple and user-friendly as possible and suggests that physicians start small when launching a telehealth program. For example, choose one patient type and schedule one telehealth visit a week. Expand as you get comfortable with the process.

Choosing Technology Appropriate for Your Practice Needs

There are many technology platforms and solutions for physician organizations that want to deploy a telehealth program. You may have a module within the EHR that enables you to offer telehealth. Or, you can choose a separate platform and pay a subscription fee to use it for your practice and patients. Other models include a platform plus services solution – which may even supplement your group with remote providers who can deliver care to your patients.

Probably the most efficient option is to use the telehealth module or features that are already integrated with your EHR. Typically, this allows you to document the visit and have it automatically stored in the patient's record. If your EHR does not have a telehealth option, or you choose to use a software platform that is separate from the EHR, determine how you will document telehealth visits and get the note into the patient's record.

Regardless which technology platform you choose, think about the ease of use of the technology. Remember: you will experience technology issues during the delivery of telehealth services. This shouldn't dissuade a physician organization from implementing telehealth. But the easier the technology is to use, the less likely you are to have technical issues with patients during the visit. Consider involving a small group of patients in the review and selection process, to learn what they perceive as "easy" and "friendly." Their insights may influence the technology you choose.

Conclusion

Telehealth is becoming an increasingly popular care delivery option due to its value and convenience to patients, relatively low implementation costs, reimbursement by Medicare and most commercial payors, and ability to be delivered in all fifty states. Know your state laws, get clear on license and malpractice coverage, and research payor rules and coverage policies. Be organized as you implement logistics and promote telehealth to patients. And choose a HIPAA-compliant technology platform that's right for your patients and practice culture. Figure 2 provides a "Telehealth Take Action Checklist" that can support implementation efforts.

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Figure 2. Telehealth Take Action Checklist

There are many actions to get your practice ready for delivering telehealth. Use this suggested checklist to prepare.

1. Contact your state medical board and ask for the state policies on telehealth. Ask if there is any upcoming telehealth legislation pending in your state.
2. Contact the state licensing board and obtain the rules about Reciprocity Agreements and Interstate Medical Licensure Compacts.
3. Contact your malpractice carrier and get answers to the following questions: Is telehealth covered? What are the requirements/limitations for coverage? On what do they base any additional premium for telehealth?
4. Download and review CMS' telehealth reimbursement guidelines from the Medicare Learning Network.
5. Direct staff to research commercial payor rules and reimbursement details and download coverage policies.
6. Organize the Medicare and commercial data collected into a chart that shows which plans reimburse for telehealth, the documentation and claim filing rules for each, and any coding and billing rules. These frequently differ by plan. Having a reference chart of the details will improve staff efficiency and billing accuracy.
7. Ask your EHR vendor about the availability and cost of telehealth features or modules. If the company doesn't offer one, evaluate options, such as American Well or MDLive.
8. Meet with your team to discuss and agree to which patients or conditions are eligible for telehealth. Put this information in writing so staff knows which patients they can schedule for remote visits.
9. Work with a healthcare attorney to develop a patient disclosure statement. Each patient scheduled for a telehealth visit will need to sign one.
10. Decide which provider(s) will deliver telehealth visits (depending on your state law and scope of practice) and for which type of visit this may differ. Put this in writing and communicate it to staff.
11. Develop a scheduling procedure. How will telehealth visits get scheduled? Will you conduct visits in a separate room? How will you denote televisits from in-person visits on the schedule?
12. Determine the process for handing technical difficulties. Who will help patients if they have technical difficulties? What if the practice Internet goes down? Create a contingency plan for anything that could interfere with televisits.
13. Agree to nomenclature and other issues for documenting telehealth visits in the EHR.
14. Develop information material for patients – flyers, signage, Web site copy, or an article for your patient newsletter. Train staff to explain your telehealth service offering.

Citations and Resources

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[vi] — page 6

Medicare does not pay for telehealth visits in a patient's home. Medicare does pay for services in approved originating sites: Provider offices, hospitals, critical access hospitals, rural health clinics, federally qualified health centers, skilled nursing facilities, community mental health centers, hospital-based or critical access hospital-based renal dialysis centers. For a list of what Medicare covers:

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[vii] — page 6

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