Special PHN Webinar:
Implementing Successful Telemedicine and Telephonic Visits During the COVID-19 Pandemic

Dianna E. Abney, MD
Mark Weissman, MD

March 20, 2020
A few notes about today’s webinar

• All lines are muted throughout the webinar.
• Please use the Chat function to ask questions or make comments.
• To avoid feedback noise, please do not have computer audio and phone audio active at the same time.
• Today’s Webinar recording and slides will be posted to the PHN website following the presentation. www.pediatrichealthnetwork.org
Agenda

- Coding and Billing for Telehealth
- Telemedicine Nuts and Bolts
- Implementing Telehealth Quickly and Efficiently
- Telemedicine in the Time of COVID-19
- Questions
Welcome

Steven F. Hirsh, MD
Hirsch Pediatrics

Rachel Bakersmith
Practice Administrator
Children First Pediatrics

Eduardo Fox, MD
Children’s National
COVID 19: Coding & Billing for Telehealth Services in Pediatric Primary Care Practice

Mark Weissman, MD
Coding & Billing for Telehealth during COVID Pandemic

Most commercial & Medicaid payers paying for telemedicine (video) visits during COVID pandemic

Appropriate for established patients

Added guidance...

• Document “consent” for video visit & billing- acknowledge benefit & limitations of platform and potential need to convert to face to face visit

• “In state” licensure (CMS permitting states to waive in-state licensure for out-of-state care- stay tuned locally)

• HIPAA compliant telemedicine (video visit) platform (CMS waiving during COVID pandemic)
Telemedicine modifier and POS (place of service)

Appropriate **modifier** is “-95” (replaced –GT modifier)

Appropriate **place of service** code is **02** (Telehealth)

- 11 Office
- 12 Home
- 22 Outpatient hospital

Follow payer guidelines
Bill visit as you would E&M service for established patients

For established patients:
Based on appropriate complexity & documentation of 2 of 3 (history, physical exam, medical decision making)

Or based on TIME:
If >50% of visit is spent in counseling/management, can bill based on time

*If telemedicine visit results in in-person office visit for same day/concern, cannot bill both telemed and office visits; include total work/time of visits into single E/M charge

<table>
<thead>
<tr>
<th>CODE</th>
<th>TYPICAL TIMES</th>
<th>MINIMUM TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>5 min</td>
<td>N/A</td>
</tr>
<tr>
<td>99212</td>
<td>10 min</td>
<td>8 min</td>
</tr>
<tr>
<td>99213</td>
<td>15 min</td>
<td>13 min</td>
</tr>
<tr>
<td>99214</td>
<td>25 min</td>
<td>21 min</td>
</tr>
<tr>
<td>99215</td>
<td>40 min</td>
<td>33 min</td>
</tr>
</tbody>
</table>
Telephone care vs telemedicine (video visit) care

Telephone E/M service by MD/QHP provided to established patient (parent/guardian)

- Not originating from related E/M service in previous 7 days or leading to related E/M service in next 24 hours or soonest available appointment (include work in billed FTF E/M service)

CareFirst has announced it will pay flat fee $20 for CPT 99441 for all telephonic visits, regardless of time, through April 17, 2020- then re-assess

<table>
<thead>
<tr>
<th>Telephone Services</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>99441</td>
<td>5 – 10 mins</td>
</tr>
<tr>
<td>99442</td>
<td>11-20 mins</td>
</tr>
<tr>
<td>99443</td>
<td>21-30 mins</td>
</tr>
</tbody>
</table>
Payers updating coverage & payment during COVID pandemic

(Check for payer updates)

Lots still evolving and changing with COVID pandemic

Check for payer updates

Stay tuned to updates from trusted resources: CMS, state DOH, AAP, Children’s National, Pediatric Health Network

See chart- as of 3/19- thanks to Mark Janowiak- Children’s National Pediatricians & Associates

<table>
<thead>
<tr>
<th>Payer</th>
<th>TeleMed Copay Waived</th>
<th>Telephone Visit Covered/CPT</th>
<th>Jurisdiction Waived</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>United Healthcare Commercial</td>
<td>Yes*</td>
<td>99421-99423</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>CareFirst</td>
<td>Yes*</td>
<td>99441</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Aetna</td>
<td>Yes</td>
<td>99441-99443</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Cigna</td>
<td>Yes*</td>
<td>G2012</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Multiplan/PHCS</td>
<td>Yes</td>
<td>99441-99443**</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Tricare/Humana Military</td>
<td>Yes</td>
<td>99441-99443</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Kaiser Select HMO</td>
<td>Yes</td>
<td>99441-99443</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>DC Medicaid</td>
<td>Not Applicable</td>
<td>99441-99443</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>AmeriHealth</td>
<td>Not Applicable</td>
<td>99441-99443</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Amerigroup DC</td>
<td>Not Applicable</td>
<td>99441-99443</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Trusted Health Plan</td>
<td>Not Applicable</td>
<td>99441-99443</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>HSCSN</td>
<td>Not Applicable</td>
<td>99441-99443</td>
<td>Yes, No GT Modifier</td>
<td></td>
</tr>
<tr>
<td>MD Medicaid</td>
<td>Not Applicable</td>
<td>Not Covered</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Maryland Physician Care</td>
<td>Not Applicable</td>
<td>Not Covered</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Medstar Family Choice</td>
<td>Not Applicable</td>
<td>Not Covered</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>JHHC/Priority Partners</td>
<td>Not Applicable</td>
<td>Not Covered</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>United Healthcare Community Plan</td>
<td>Not Applicable</td>
<td>99421-99423</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Amerigroup Maryland</td>
<td>Not Applicable</td>
<td>Not Covered</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>VA Medicaid</td>
<td>Not Applicable</td>
<td>Can Bill Telemed for Telephonic Visits Only</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Anthem Healthkeepers Plus (MCO)</td>
<td>Not Applicable</td>
<td>Can Bill Telemed for Telephonic Visits Only</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

* - for COVID-19 Related Visits, even if patient is screened negative
** - Plan Specific Coverage
Diagnosis codes (CDC guidance)

No specific codes for COVID-19 (coming 4/1/20)
• B97.29, Other coronavirus as a cause of diseases classified elsewhere
• **U07.1, COVID-19** (effective April 1, 2020)

Use appropriate codes for symptoms & conditions
• Examples: R05 Cough; R06.02 Shortness of breath; R50.9 Fever, unspecified
• If provider documents "suspected", "possible" or "probable" COVID-19, do not assign code B97.29.
• Assign a code(s) explaining the reason for encounter (such as fever, or Z20.828)

Exposure to COVID:
• Ruled out after evaluation: Z03.818, Encounter for observation for suspected exposure to other biologic agents ruled out
• Confirmed COVID-19: Z20.828, Contact with and (suspected) exposure to other viral communicable diseases
Telemedicine During a Pandemic: How to Keep Your Practice and Healthcare Afloat!

Steven Hirsch, MD
Hirsch Pediatrics
Telemedicine

• **THEN (before March 12\textsuperscript{th}):**
  • Medication check appointments
  • Therapy appointments

• **NOW (after March 12\textsuperscript{th}):**
  • Use it for all non-WCE visits!
  • Starting Monday, March 23 for WCE visits age 3-21 (except age 4) with summer (hopefully) nurse visit for vitals and catch-up screening tests
Telemedicine Nuts and Bolts

• Reimbursed the same as a regular office visit.
• Office copay workflow can vary.
• Coding changes: add modifier 95 (or GT) and change location “POS” to 2.
• Can use your E/M code based on time since physical exam is limited.
• Created a new visit type called “TeleMed” to alert office and your provider.
Coding changes: add modifier 95 (or GT) and change location “POS” to 2.
Telemedicine Nuts and Bolts

Add a following line to your progress note indicating consent and HIPAA compliant use:

“Parent gives verbal consent to complete appointment visit by telemedicine. Appointment with HIPAA compliant doxy.me application due to Coronavirus precautions.”
Use your website to facilitate this process

THIS IS YOUR PRIMARY GOAL THIS WEEKEND!!!

• All sick visits requests that require an appointment will be done as a same day telemedicine visit using the following website address: https://doxy.me/hirschpediatrics. Please contact our office by phone or portal message if you would like to set up a telemedicine visit.

• “Also please review the Hirsch Pediatrics telemedicine consent form before scheduling your appointment.”
Telemedicine Nuts and Bolts

**Likes:**
- Simple login for family.
- Waiting room feature with screen pop-up.
- Can easily send text message to family.

**Dislikes:**
- When it doesn’t work! (So have a back-up plan.)
Telemedicine Nuts and Bolts

doxy.me

• Why doxy.me?
  • Because it is FREE and much easier than your EMR platform.
  • Can upgrade for additional $35/provider/month can also get photo capture, group call, screenshare, file transfer.
Telehealth: How to Implement Quickly and Efficiently

Rachel Bakersmith, Administrator
Children First Pediatrics
Administrative Decisions:
Questions to Answer Before Implementation

• What platform are we using? Doxy.me, Zoom, Your EMR?
  • Pay attention to cost....some are free
• How long will the televisits be? 10min, 20 min
• Will the time vary by type of visit being scheduled? (med checks, sick visits and well visits)
• Who will schedule?
• Who will inform the patient of the link or how to do the televisit (person scheduling?, front staff?, care coordinator?)
• How will we collect the copay or verify insurance? (call prior to the appt and collect over the phone?, Bill after?, direct patient to website or portal?)
• What do I need to set up in the EMR?
  • Visit type?
  • Templates for portal messages/text messages
Tips

• Pay attention to insurance denials: Some insurances are still making you use the old GT modifier but most use 95 (correct modifier).

• Text messages (especially for same day appts/sick visits) are most effective. You can also use the patient portal or direct email to send the link but texting for us has been easiest and fastest.

• Need a good internet connection for both parties

• Phones work best for the patient. Many computers don’t have a web cam (or it isn’t turned on) or microphone. We instruct our patients to use their phone if possible.
More tips!

• Providers can use their phones too! Or laptop. If internet connection is unstable at the time the phones are best for everyone

• You can turn any visits for now to minimize patients coming into the office (and still see patients)—we do telehealth for all med checks, behavioral type appointments, and sick appointments so most of what is coming to our office right now are well/vaccine visits and sick visits already screened

• Seems daunting and time consuming but implementation does not take long (5 min to set up log in on doxy.me, 20 min to set up templates on text and portals, visit type, 30 min to type up protocol for staff)

• Doxy.me is free, no username or password for patient to remember, reliable, secure, phone, tablet or computer
Even more tips!

Notify all of your patients that this is an option:

- Social media
- Blast portal message in EMR
- Blast text message in EMR
- Calling all pts with currently scheduled visit that could be a televisit
- Sending portal message/text message to these specific patients that you can turn into televisits
- Be clear and keep it simple for your staff
- Be prepared to make changes!!
Goldberg Center Telemedicine… in the Time of COVID-19

Eduardo Fox, MD

With special thanks to the Goldberg Center (Children’s National) for Pediatric Health Telemedicine Team
State of Telemedicine at Goldberg

**Two Weeks Ago**
Small Group of Providers
10-15 visits/month
Limited Use Cases
Impersonal, Distancing
Licensing restrictions
HIPAA compliant
Limited reimbursement

**This Week**
All providers
Full shifts
Rapidly expanding list
Staying connected
Loosening regulations
Facetime works great
Emergency declarations
COVID-19 Telemedicine Response Command Central
Building Blocks

Technology
• EMR: eCW
• Telehealth platform: Zoom

Training and Provider Support
• Live training and practice
• Support documents

Patient Support
• Staff, webpage, messaging, literacy

Administrative support
• Scheduling: receptionist/call center/triage nurse
• Billing
Challenges

**Before COVID-19**
- Messaging appointment information to patients
- Document exchange
- No shows for chronic condition follow up

**Currently**
- Rapid training and ramp up
- Workflows
Use Cases Before COVID-19

- Behavioral health
- Asthma follow up
- ADHD follow up
- Children with Medical Complexity Care Coordination
- Obesity follow up and management (IDEAL)
- Allergies follow up/ Pollen busters
- Constipation
- Rash
Responding to COVID-19: Urgent Care

High Priority: Urgent Health Concern Prioritization Workflow
When to Transfer to Nurse Advice High Priority CSQ and Urgent Care Appointment Wrap-Up Language

- Patient has a health concern and/or requests Urgent Care Visit
- Less than 3 months
  - Look in Patient Hub for patient age.
- 3 months and older

Volunteers any of the following:
- **Positive COVID-19 Screening**
- **Breathing**: Difficulty breathing which includes Asthma
- **Fever**: Fever in a patient with Sickle Cell Disease or Immune system problem
- **Pain**: Chest pain/Testicular pain/Severe pain
- **Injury**: Fall/Head Injury/Unable to move body part/Sprain/Broken bone
- **Ingestion/Foreign Body**: Swallowed something/something in body part
- **Mental Health/Abuse**: Thoughts of suicide/Suspected abuse or rape
- **Seizures**
- **Motor vehicle accident**
- **Concern for measles**: Rash with fever, close contact with person affected by measles, traveled to area with known measles cases

Complains of (VIDEO visit eligible):
- Rash
- Pinkeye
- Vomiting
- Diarrhea
- Constipation

- Offer/schedule video visit
- Schedule Urgent Care Appointment

Let me have you speak with one of our advice nurses. Please hold on the line. I'll wait with you during the transfer.

Your appointment has been scheduled for _____. If ____ is feeling worse before that time, please call back to speak to the advice nurse.
Keeping Healthy Children at Home: Proposal for Deferring Well Child Visits and Non-Urgent Appointments

• Continue to see newborn, 1, 2, 4, 6 and 12 month well child checks in the office, attempting to cohort them in location & time

• Defer all other well child checks and non-urgent visits, offering telemedicine visits for issues or concerns parents/patients wish to discuss

• Bring patients in whose family still indicates they’d like to be seen in the office – ASK SCREENING QUESTIONS FIRST
Documentation and Billing

Documentation Requirements:

• Documentation requirements for a telehealth service are the same as for an in person encounter.

• There has to be a face to face for the encounter to be billed. Phone only conversation without face to face are not billable under this guidance.

• Information of the visit, the history, review of systems, consultative notes or any information used to make a medical decision about the patient should be documented.

• Best practice is to include a statement that the service was provided through telehealth, both the location of the patient and the provider and the names and roles of any other persons participating in the visit.

Template in our EMR:

• Video visit conducted today? Yes/no

• If yes, parent/guardian consents to video visit: Yes/No

• Family located in a jurisdiction in which provider is licensed: Yes/No

• New addition: Video visit conducted as part of COVID19 strategy

• Consider language around financial responsibility for non-covered services
Useful Documents and Materials

• Provider Telemedicine Guide- one pager
• Patient Telemedicine Guide- one pager
• Provider Troubleshooting Guide- one pager
• Scripts for call center/reception/triage staff
• List of reasons for visit- use cases
• Slides that review provider training
• Consider videos for providers and patients
• Workflow for interpreter services
Hang in there!
Coming Soon:
Children’s National Hospital Drive-up
Pediatric Specimen Collection Site
Suggested Criteria for Testing

Patient has symptoms of mild COVID-19 illness with or without known COVID-19 exposure

• Immunocompromised patients (including sickle cell)
• Special needs patients with chronic respiratory compromise
• Patients with chronic, potentially compromising conditions such as: persistent asthma, other chronic respiratory illness, significant cardiac condition or history, diabetes
• Babies less than 12 months old (corrected if premature)
• Patients (teens and young adults) who are employed and need to know status to determine need for exclusion from work and notification/contact tracing at work
Suggested Criteria for Testing

Patient has symptoms of mild COVID-19 illness with or without known COVID-19 exposure and who live with and have unavoidable daily contact with...

- Siblings or other family members with any of the conditions above
- Caretakers or household members who are over 60 y.o.
- Parents who are employed and need to know status to determine need for exclusion from work and notification/contact tracing at work
Chat Box Questions
For more information, visit our website: http://pediatrichealtnetwork.org

Email us at: phn@childrensnational.org
Children’s National Resources

Stay informed with the latest resources for providers, staff and patients on the Children’s National Coronavirus (COVID-19) Resources for Primary Care Practices

https://childrensnational.org/healthcare-providers/refer-a-patient/covid