



# COVID-19 & Telehealth

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# Agenda

1. Overview of current state
2. Telehealth implementation
3. AMA resources
4. Q&A

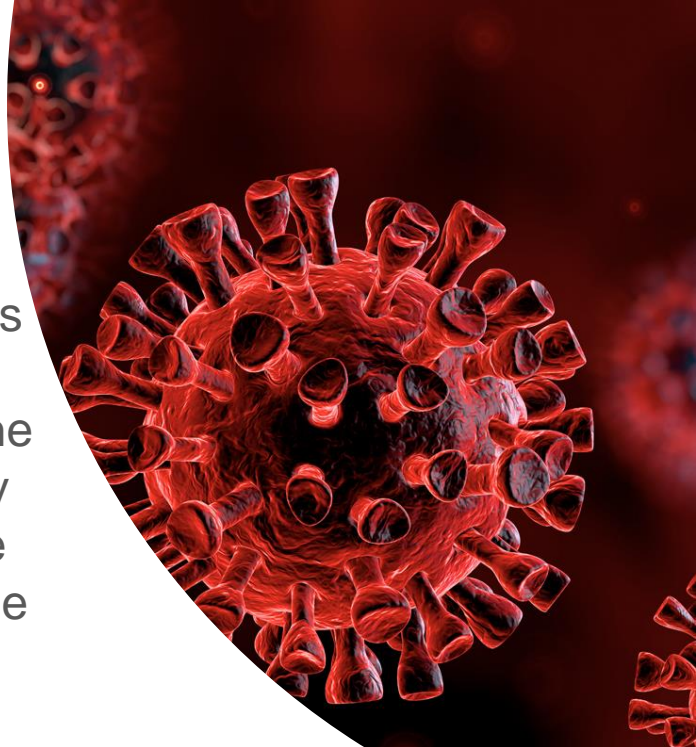


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Member since 2008

# How did we get here?

With the evolving COVID-19 pandemic and its impact on access to medical care, telemedicine has been a “go-to” way to facilitate care in an effort to keep physicians, care teams, and patients safe. The tools and guidelines being created now are already helping many to use telemedicine and will continue to help define its role at this moment, and shape the future of physician practice.

- Regulatory changes
- Coverage expansions
- Coding



# Overview of Policy Changes/Updates

## Telehealth

*(defined as real-time audio/visual visits between a patient and physician)*

- Medicare will pay physicians for telehealth services at the same rate as in-person visits for all diagnoses, not just services related to COVID-19. Patients can receive telehealth services in all areas of the country and in all settings, including at their home.
  - The place of service code should be reported as if the service was provided in-person (example 11 for Physician Office). Payment will be based on the place of service, as if performed in-person. If a claim is filed with a POS 02, Medicare will pay at the facility rate.
  - CPT Modifier 95 should be appended to all telehealth claims
  - Telehealth E/M services (or in-person) that result in an order to test for COVID-19 should include the CS modifier, cost-sharing will be waived
  - Reporting and documentation for office visits performed via telehealth may be based on medical decision-making or time on date of encounter, utilizing 2020 definitions and CMS total time data.
- Physicians can utilize telehealth for both new and established patients.
- Physicians can reduce or waive cost-sharing for telehealth visits.

# Overview of Policy Changes/Updates

## *Telehealth* (cont'd)

- Physicians licensed in one state can provide services to Medicare beneficiaries in another state. State licensure laws still apply.
- Many private and commercial payers are following CMS expansions.
- The HHS Office for Civil Rights (OCR) has also issued guidance allowing covered health care providers to use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk of penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Physicians are encouraged, but not required, to alert patients to potential security risks.

# Overview of Policy Changes/Updates

## *Telephone Evaluation and Management*

CMS changed the status of telephone evaluation and management services from non-covered to active. Use for new or established patients. Modifier 95 is not needed as CMS does not consider phone calls to be telehealth.

- 99441 Phone E/M Physician/QHP; 5-10 minutes
- 99442                    11-20 minutes
- 99443                    21-30 minutes
- 98966 Healthcare Professional Phone Call; 5-10 min.
- 98967                    11-20 minutes
- 98968                    21-30 minutes
- The AMA and other groups are advocating that Medicare increase the payments for telephone calls to payments the same as in-person or audio-visual telehealth visits during the public health emergency.

# Overview of Policy Changes/Updates

## *Other Digital Medicine Services*

CMS will pay for the following services for new or established patients:

- 99421-99423 Online Digital E/M service for Physicians and QHPs
- 98970-98972 Online Digital Assessments for Other Healthcare Professionals
- G2010 Review of patient submitted video and/or images
- G2012 Virtual check-in
- G2061-G2063 Online Digital Assessments for Other Healthcare Professionals\*

*\*recognized by CMS for 2020*

# Overview of Policy Changes/Updates

## *Remote Patient Monitoring (RPM)*

- Remote patient monitoring (CPT codes 99091, 99473-99474, 99453-99454, 99457-99458) may be reported for acute or chronic conditions. Patient is only required to have one condition.
- RPM may be reported for new or established patients
- CMS notes that RPM can be used for monitoring related to COVID-19. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry
- Patient consent for remote monitoring can be obtained once annually, including at the time services are furnished, during the duration of the crisis

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# Practice Implementation

## AMA quick guide to telemedicine in practice

In an effort to keep our health care workers and patients safe amid the COVID-19 pandemic, the American Medical Association has designed resources to support physicians and practices in expediting the implementation of telemedicine, so care can continue to be provided to those who need it most.




[Overview](#) [Practice implementation](#) [Policy, coding & payment](#) [Other helpful resources](#)


Updated April 21, 2020


The use of telemedicine and remote care services are critical to the safe management of the COVID-19 pandemic, while also ensuring uninterrupted care for 100 million Americans with chronic conditions. Telemedicine spans a continuum of technologies that offer new ways to deliver care including:

- Real-time, audio-video communication tools (telehealth) that connect physicians and patients in different locations.

### Essential Tools & Resources

 [A Physician's Guide to COVID-19](#)

 [COVID-19 FAQ: Your pressing questions answered](#)

 [AMA essential practices](#)



# Quick Tips – Vendor Evaluation/Set-up

- Check with your existing EHR vendor to see if there is telehealth functionality that can be turned on.
- Introducing new technology into practice quickly can be challenging, but a few things to keep in mind as you navigate a speedy implementation:
  - HIPAA
  - Make sure you understand who has access to and owns any data generated during a patient visit
  - Get clear on the pricing structure (i.e. is there a monthly flat rate for using the technology or is it per call or per visit?)
  - Recognizing that many physicians and care teams are working remote, the AMA and American Hospital Association [created guidance](#) to help you ensure your personal and home devices are secure.

## SELECTING A VENDOR GUIDE (Appendix D.2)

### 1. BUSINESS:

- Organizational overview – tenure, funding source, financial stability, affiliations, notable customers, etc.
- Impact to program ROI—product cost, business model, reimbursement rates, risk sharing, support payment program participation, etc.
- Expertise in offering telehealth to your specialty
- Knowledge of federal and private payer requirements

### 2. INFORMATION TECHNOLOGY:

- Ability to integrate with your current IT landscape, particularly your EHR system
- Cost, process, and timeline associated with integration and product updates
- Ability to capture data important to care team and patient<sup>29</sup>
- Patient geolocation for licensure
- Customization capabilities
- Patient access to data
- Ability to maintain patient identity across platforms
- Biometrics/RPM integration capability
- Information blocking and interoperability requirements (as applicable)
- Impact analysis on your internet and local network usage

### 3. SECURITY: (APPENDIX D.3)

- Supports compliance with HIPAA rules, such as willingness to sign a Business Associate Agreement (BAA)
- Third-party audits (SOC 2, HITRUST)
- Liability structure for managing potential security breaches
- User authentication and authorization
- Transparency on collected data use processes
- Local regulatory compliance (i.e., State Medical Board)
- In-platform consent capabilities

### 4. USABILITY:

- User experience of platform for patients and care team members
- Patient and care team engagement metrics
- Dashboard/workflow assimilation
- Multi-specialty application
- Platform launch process and timing
- Ease of billing/payout for patients and health systems/practices

### 5. CUSTOMER SERVICE:

- Level of support available to practice during and after implementation—staff training, patient education, project management, data analysis and insights, etc.
- What technology does the patient need and does the vendor support this?
- Degree of technical support available to patients
- Access to existing procedures and templates

### 6. CLINICAL VALIDATION:

- Documented clinical outcomes
- Published peer-reviewed research

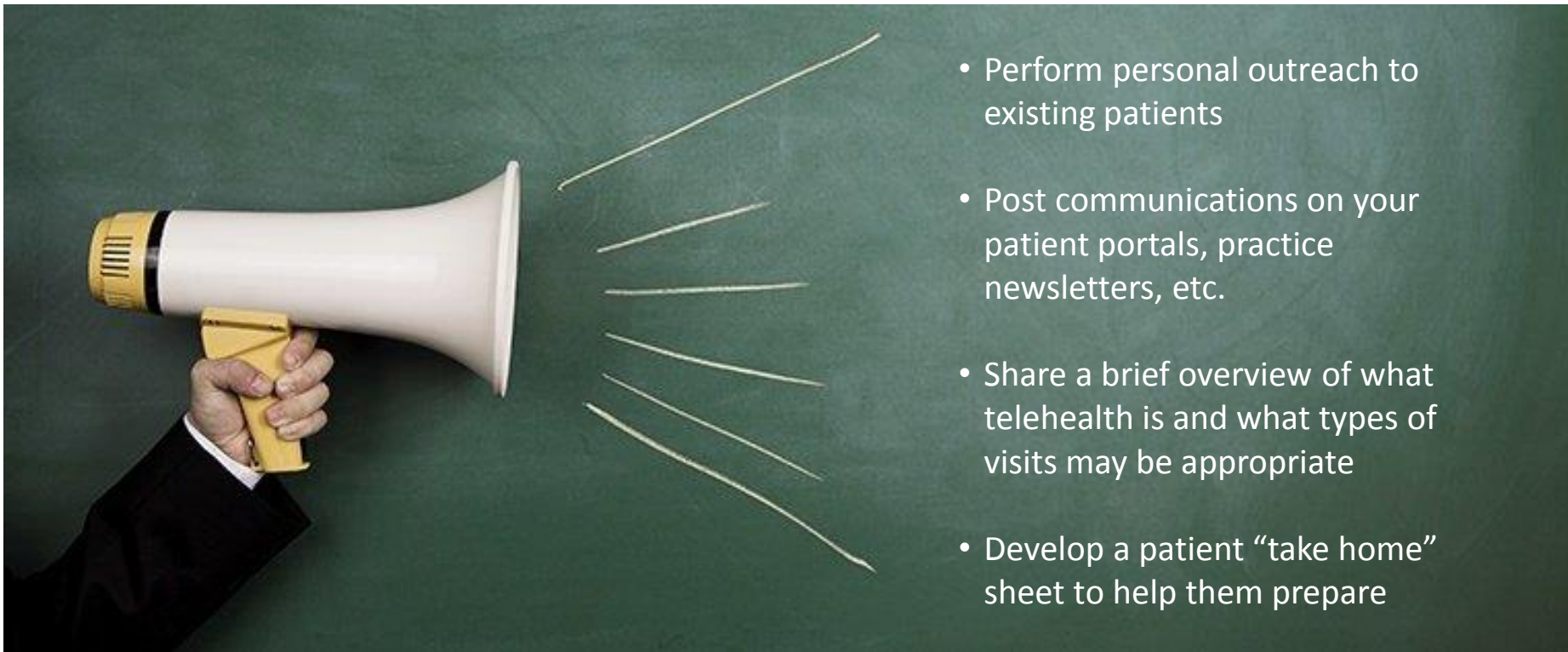
# Quick Tips – Workflow Considerations

- Set up space in your practice (or home) to accommodate telehealth visits. This can be an exam room or other quiet office space to have clear communication with patients.
  - Integrating other care team members
- Ensure you are still properly documenting these visits – preferably in your existing EHR as you normally would with an in-person visit. This will keep the patient’s medical record together, allow for consistent procedures for ordering testing, medications, etc. and support billing for telehealth visits.
  - Consent
- Protocols, scheduling, care team roles

**GOALS TO ACCOMPLISH DURING DESIGNING THE WORKFLOW**

<input type="checkbox"/> Engage the implementation team to provide input on workflow design	<input type="checkbox"/> Assign clear roles and responsibilities for any new actions necessary for integration (Appendix H.1)
<input type="checkbox"/> Solicit feedback from patients to understand their needs, times of day that may work best for appointments, and barriers they may have to engaging in a telehealth visit	<input type="checkbox"/> Document a new workflow that incorporates necessary changes
<input type="checkbox"/> Document your existing clinical and administrative workflow and identify where updates may be necessary (Appendix G.1)	<input type="checkbox"/> Partner with your vendor to identify opportunities for efficiency (e.g., patient communication, rooming, etc.) based on your team’s needs
<input type="checkbox"/> Identify updated procedures, such as patient and case identification, appointment scheduling, patient training, appointment logistics, consent, platform assistance, and billing	<input type="checkbox"/> Engage your IT team and/or vendor to understand how to best integrate your workflow into your EHR and establish a plan for emergency tech support
<input type="checkbox"/> Ensure care will still be provided in a fully legally compliant way (e.g., follows fraud and abuse laws, privacy standards, and other applicable legal requirements)	<input type="checkbox"/> Develop resources to support and socialize the new workflow (written procedures for each department, communication templates)
<input type="checkbox"/> Define clear triage protocols for when a telehealth appointment is appropriate (Appendix G.3) and ensure the clinic staff and scheduling teams are trained to distinguish when it is an acceptable alternative to an in-person appointment	<input type="checkbox"/> Create a proper environment that will support successful telehealth visits (e.g., strong Wi-Fi connection, sufficient internet bandwidth, quiet/private space, clear video of clinician) (Appendix G.4)
<input type="checkbox"/> Identify what support clinicians and staff will need to effectively complete a telehealth visit <sup>18</sup>	<input type="checkbox"/> Conduct internal telehealth test visits
	<input type="checkbox"/> If you’ve introduced new technology, make sure you conduct a <a href="#">HIPAA Security Risk Assessment</a>
	<input type="checkbox"/> Collect patient and staff feedback and iterate as necessary

# Quick Tips – Patient Communications



- Perform personal outreach to existing patients
- Post communications on your patient portals, practice newsletters, etc.
- Share a brief overview of what telehealth is and what types of visits may be appropriate
- Develop a patient “take home” sheet to help them prepare

# Additional AMA resources

- [Telemedicine quick guide](#) has detailed information to support physicians and practices in expediting implementation of telemedicine
- [AMA Digital Health Implementation Playbook Series](#) is a series of comprehensive guides to implementing digital health solutions in practice
  - [AMA Telehealth Implementation Playbook](#)
  - [Remote Patient Monitoring Playbook](#)
- AMA Advocacy [summary](#) of federal policy changes
- [Complete List of CPT and CMS Telehealth Services](#)
- [CPT Coding Scenarios](#)
- AMA and AHA [cybersecurity resource](#) to help physicians working from home during the COVID-19 pandemic
- AMA's [COVID-19 resource center](#) centralizes the latest information from AMA leadership, *JAMA Network*™, CDC, FDA and more
- Medicare advance payments [overview](#) and [FAQ](#)
- Operational and strategic [resources](#) for physician practices



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