

Optimizing Telehealth During Recovery From Coronavirus*



Telehealth encompasses many modes of communication and transfer of healthcare data between healthcare professionals and their patients, including Telemedicine (Video Visits), Telephone Visits and Remote Patient Monitoring. As practices re-open to larger numbers of in-person visits, Telehealth can be used to supplement these visits.

We can keep patients safe by reducing their need to travel for health care by offering Telehealth when appropriate. Interspersing Telehealth with in-person care during the day will also reduce the number of patients physically present in the clinic at one time.

Blanket waivers and relaxation of regulations during this healthcare emergency make it easier for practices to utilize Telehealth and receive reimbursement. For more details, [click here](#).

Information and tips on Video Visits, Telephone Visits and Remote Patient Monitoring

VIDEO VISITS



- People of all ages have become much more comfortable using videoconferencing technology during the pandemic to communicate with their loved ones.
- Similarly, many patients have utilized telemedicine for medical care and will continue to seek this option going forward.
- If your practice has not yet initiated Telehealth, here are resources to get started:
 - Download a checklist on Incorporation of Telemedicine at [acponline.org/telemedicine-checklist](https://www.acponline.org/telemedicine-checklist).
 - For detailed information, see Telemedicine: A Practical Guide for Incorporation Into Your Practice at [acponline.org/telemedicine-guide](https://www.acponline.org/telemedicine-guide).

TELEPHONE VISITS



- Some patients may not have access to interactive audio-video technology or may just prefer not to use it.
 - Practices can use audio-only telephone calls to provide care to their patients if video visits are not possible.
- For the duration of the public health emergency, audio-only telephone calls can be billed in the same way as in-person visits and will be paid in equivalent amounts as E&M codes 99212-99214. This change is effective April 30, 2020 and is retroactive to March 1, 2020.

Coding and Billing Information

- No modifier is needed.
- Use the normal Place of Service, e.g. POS = 11 for private practice.
- Can be used for new or established patients.
- Document verbal consent and why in-person or audio-video encounter was not possible.

CPT codes for billing

- 99441-Medical discussion of 5 to 10 minute duration
- 99442-Medical discussion of 11 to 20 minute duration
- 99443-Medical discussion of 21 to 30 minute duration

*The information provided here contains some regulations that are specific to this emergency period ONLY, and are subject to change at any time.

REMOTE PATIENT MONITORING



- Patients with chronic medical conditions may benefit from daily non-invasive measurements of physiologic parameters, asynchronous transmission of this data to and interpretation by their physician to guide ongoing adjustments in the treatment plan.
- Utilize FDA-cleared devices. During the current public health emergency, devices that were originally cleared for hospital use can also be deployed in the home.
- Patients can record readings at home with their own FDA-cleared devices that can be acquired over-the-counter (e.g. weighing scale) or prescribed by a physician (e.g. durable medical equipmentlike pulse oximeters). Insurance coverage for remote patient monitoring devices varies by payer.
- Devices can be stand-alone, wearable, or integrated with digital interfaces like apps on a smartphone or tablet.
- Patients can deliver readings manually to their physicians (e.g. through secure email or a patient portal), or automatically through devices with Bluetooth, Wi-fi or cellular connections to electronic health records.
- Can be offered to new or established patients.
- During this current public health emergency, remote monitoring can be reported for periods of 2 days or longer (no need for a 16-day minimum).
- Use to monitor patients between visits, examples include:

Conditions
At-home monitoring of symptoms concerning for infectious disease
Hypertension
Congestive Heart Failure
COPD
Asthma
Diabetes

Physiologic Parameters
Temperature
Blood pressure
Weight
Respiratory Rate
Peak Flow
Pulse Oximetry
Blood Glucose

- Data reporting to physicians can be either manual (have dedicated practice staff collect readings and alert physicians when appropriate) or automated (e.g. through an electronic platform that takes in data, analyzes it and sends alerts to designated physicians when appropriate).
- Physician communication with patient on changes in treatment plan based on readings can be in the form of phone calls or secure electronic communication such as text messages.

CPT codes for billing

99453-For initial patient set up and education on use of equipment, can be done remotely by practice staff.

99454-For the delivery of results/reports by practice staff to the physician caring for the patient, can be billed once every 30 days.

99457-For the first 20 minutes of physician's interpretation and interactive communication with the patient/care giver every month.

99458-For the subsequent 20 minutes of physician's interpretation and interactive communication with the patient/caregiver every month.



Actions to take to adapt your practice work flow to integrate Telehealth

- Involve the practice team in decisions regarding patient care and workflow changes. Topics to consider include:
 - What Telehealth modalities will be offered by your practice.
 - How to get the word out about the practice's Telehealth offerings - practice website, patient portal etc.
 - What are the optimal types of visits for Video or Telephone care versus in-person.
 - In general, Video Visits work best if in-depth physical examinations or procedures are not required. They are also great for triaging patients with communicable disease symptoms and monitoring chronic conditions. Offer Telephone Visits for patients unable to or unwilling to try Video Visits.
- Create patient resources for Telehealth.
 - Remind patients of advantages such as convenience and their safety related to physical distancing.
 - Reassure patients that care can be switched to other modalities, including in-person visits, if needed.
 - Create a short "How to log on for your Video Visit" guide for patients.
 - Train one or two practice staff to provide tech support to patients.
- Triage inbound calls.
 - When patients call in for appointments, have practice staff offer Video Visits or Telephone Visits when appropriate.
 - Encourage patients to check with their insurers that the Telehealth visit will be covered.
 - Encourage staff to confer with physician when in doubt about appropriateness of Video or Telephone visits.
- Review visits scheduled in the next 3 months and determine which can be offered via Video or Telephone Visits. Ask practice staff to reach out to patients and offer this alternative option. Encourage patients to check with their insurers that the Telehealth visit will be covered.
- Look through your patient panel for those with chronic medical conditions and identify those who might benefit from remote patient monitoring. Reach out to patients to offer this longitudinal care option. Encourage patients to check with their insurance payers that this care will be covered.
- Consider how to seek and incorporate patient feedback about their Telehealth experience.
- Consider how practice hours, scheduling processes and templates will change.
- Understand what documentation, coding and billing changes are needed. For details on Telehealth Coding and Billing Information see acponline.org/covid19-telehealth-tips.