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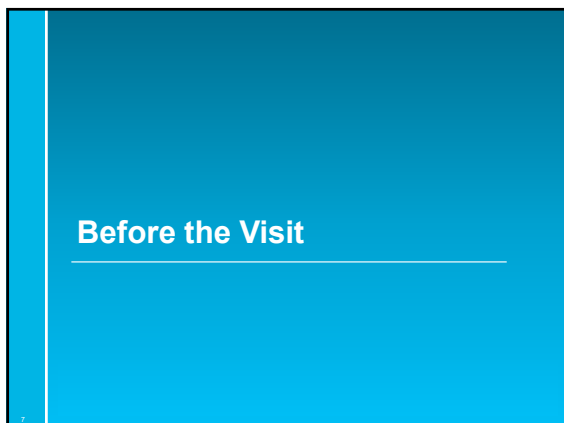
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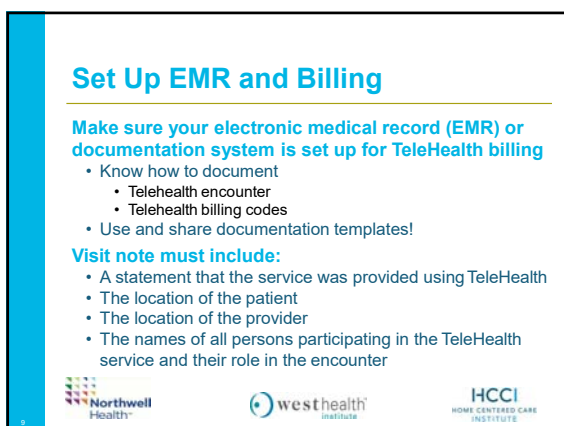
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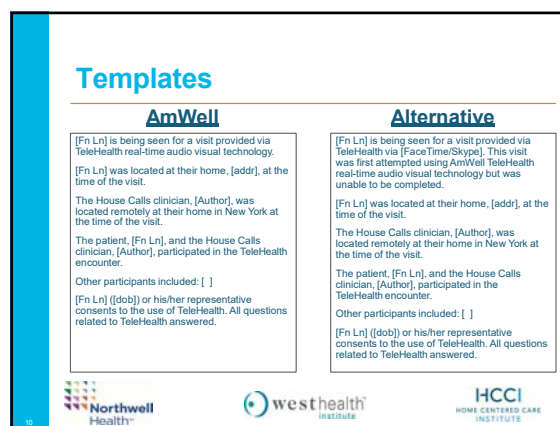
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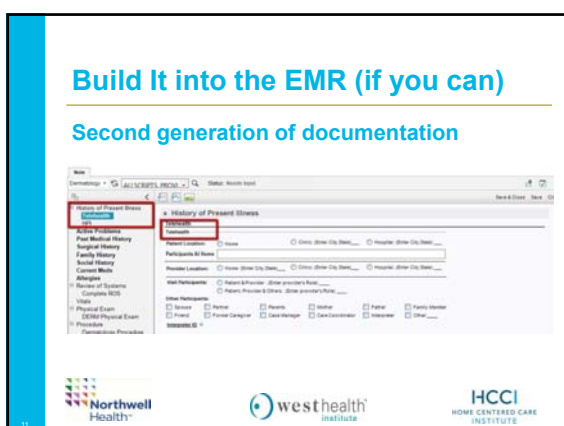
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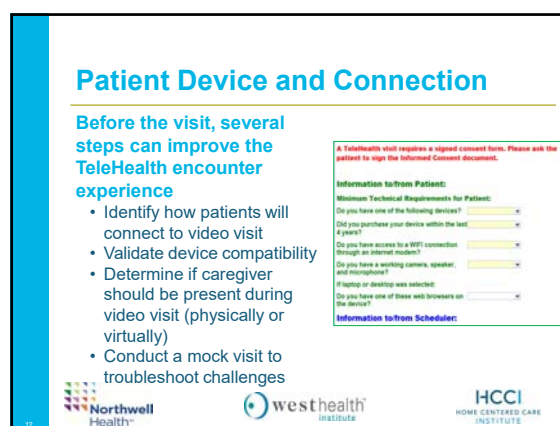
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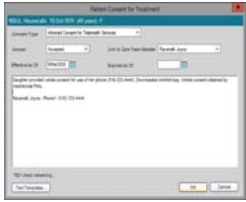
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12

Consent for TeleHealth

- Build a reliable workflow
- Do this well before the visit date
- Use administrative staff if possible
 - Can be time consuming
- Verbal or written consent
 - Verbal is allowable during emergency
- Document consent in a way that is accessible to the clinician
- Make it reportable if possible



13

Example of Consent

Verbal consent for those fully telehealth services during a public health emergency

To ensure personal safety, please call and your provider (doctor or nurse) has chosen to conduct visits through the use of telehealth. Telehealth is the use of electronic information and communication technologies to provide or deliver health care or guidance or education. It is possible to use it to provide safe, effective and convenient care for your through other ways. To be able, we want to ensure it is documented in a way and secure with complete application into your smart phone or tablet and the telehealth service through your patient portal or other means of access to the telehealth service and privacy protection for all your health information.

Do you have access to visit with an internet connected device? ☐ Yes ☐ No

Do you have a laptop or tablet phone with a working microphone and camera? ☐ Yes ☐ No

Do you have a laptop that has brought (bring) only if they don't have the above? ☐ Yes ☐ No

As with any health care service, there are risks associated with the use of telemedicine, including equipment failure, and misinterpretation and miscommunication. However, we have implemented a telehealth encounter at any time in the event of a technical malfunction. There may be costs associated with a telehealth visit. Though during the emergency, your insurance will be billed, but it may not be covered.

By verbally consenting to participate in telehealth visits you are stating that this form has been explained to you, that you fully understand the contents, including the risks and benefits of telehealth services, and that this consent is obtained in a timely manner during the time of this public health emergency.

Do you consent to the use of telehealth in your medical care during this emergency? ☐ Yes ☐ No

Do you consent to downloading the application onto your smart phone or tablet? ☐ Yes ☐ No

If an exception, you can be using a Consent phone, tablet, computer or other:

Signature of provider: _____ Date: _____

Name of person giving verbal consent: _____

Signature of patient: _____

Name of person giving consent: _____

Signature of person receiving consent: _____

14

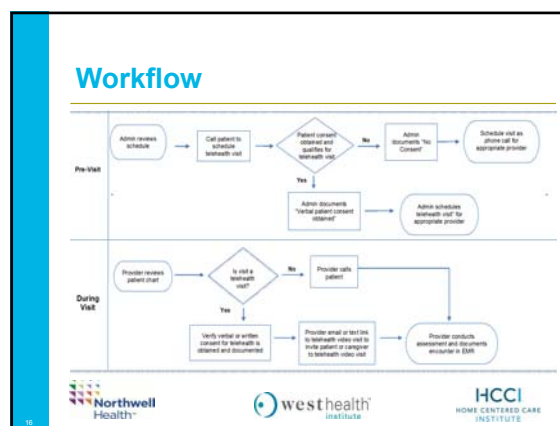
Validate Device and Connection

Patients were able to decide if they preferred a computer with webcam, smartphone, or tablet

- When patients used smartphones or tablets, the office staff
 - Validated the type of device was supported
 - Provided instructions on how to download the app in advance
- Mock visits were conducted with patients by office staff to
 - Ensure emails and text message alerts were received
 - Confirm patients understood what needed to happen

Challenges did occur, but there was time for staff to troubleshoot and escalate issues that couldn't be resolved prior to visits

15



Identify Backup Strategies

Even with practice, visits don't always go as planned – make sure you have a backup plan

- AmWell (primary)
- Doximity (second)

- WhatsApp
 - FaceTime
 - Skype
 - Zoom
 - WebEx

Be mindful of HIPAA Compliance on non-enterprise platforms

Restrictions have been lifted for the crisis, but will return to enforcement

If you use a personal device or log-in, your patients will now have your information!


17

During the Visit

18

Visit

- **Provider should initiate call when in a quiet place**
- **Start the call with introducing yourself to the patient**
- **Show your ID badge**
- **Tell patient what to do if disconnected**
- **Let patient know this is just like a regular, structured visit**



19

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Clinical Evaluation

- **Vitals:** Have the patient/caregiver check vitals if possible
- **General:** No acute distress, well-developed, well-nourished
- **HEENT:** Normocephalic, atraumatic, normal external ears/nose, no nasal discharge, mucus membranes moist
- **Neck:** Supple
- **Respiratory:** Speaking in complete sentences, no respiratory distress, no accessory muscle use

20

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Clinical Evaluation

- **Cardiac:** No edema
- **Abdomen:** Patient/caregiver demonstrated palpation on video, abdomen appears soft and non-distended, no pain elicited on palpation
- **Skin:** No rashes
- **Neurological:** Cranial nerves intact, normal speech, no slurring or difficulty with word finding
- **Gait:** Normal gait
- **Psychiatric:** Alert and oriented x3, normal mood and normal affect

21

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Etiquette Tips

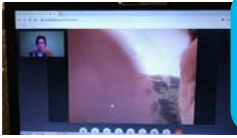
- Keep lag time in mind – when sending invites, speaking, and sharing screens
- Clothing and backdrop should be solid colored and professional (no stripes on screen)
- Prepare what you need before the visit to limit movement during visit
- Set your camera at eye level and make eye contact
 - Only body language you have to show empathy
 - Impacts real-time documentation
 - Explain if you need to look away from the camera
- Speak in a normal level voice (no shouting needed)

22

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Lessons from the Field...

Lesson 1



Lesson 2

Would you please lift your shirt so I can examine your skin?

No.

23

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After the Visit

24

Metrics

Consider what metrics you can obtain from your Telehealth platform vs. what providers need to record

Identify process metrics that measure the quality of the Telehealth service

- Technology: Report as "Absolute" and "Percent of Total"
 - Successful connections
 - Failed connections
 - Attempts at reconnection following failure
- Operations:
 - # Telehealth visits conducted
 - Time on video visit
 - Levels of billing
- Monitor typical quality metrics – conducting a visit in a new way can lead to documentation or visit components being missed, even by seasoned clinicians

You might not be able to measure all of these from inception during the pandemic

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25

User Experience Evaluation

Patient/Caregiver Telehealth Survey	Care Team Telehealth Survey
I could see [care provider] clearly during the video visit.	The quality of the image was acceptable.
I could hear [care provider] clearly during the video visit.	I did not have technical problems during the video visit.
I did not have technical problems that I needed help with during the video visit.	I was able to address [patient/caregiver]'s needs through the video visit.
[Care provider] was able to address my needs during the video visit.	I was able to establish the same rapport with [patient/caregiver] using video visit.
I was comfortable using a video visit to speak with [care provider].	The [patient/caregiver] seemed to enjoy the video visit.
I enjoyed the video visit.	I would have preferred to wait until my schedule allowed me to see this patient in person.
I would have preferred to see my care provider in person, even if I had to wait.	Overall, I was satisfied with the care I was able to provide during the video visit.
Overall, I was satisfied with the care I received during the video visit.	The inability to touch the patient impaired my assessment.
	The video visit lengthened the overall time spent on the visit compared to how I usually evaluate the patient.
	The video visit was effective for this type of visit.

Brown M, Brown S, Matru R, Shah Z, and Banerjee S. User Satisfaction With Telehealth: Study of Patients, Providers, and Coordinators. Health Care Manag (Phila Pa) 2015 Oct-Dec 34(4): 337-340.

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26

Improving Every Day

- Plan a roll out of new technology and workflows, but acknowledge the need for adjustments along the way
- Have daily "huddles" to share successes, challenges, tips
- Share data – visit numbers to provide encouragement
- Encourage questions from staff
- Leverage your partners to help answer questions
 - Billing and coding team
 - TeleHealth team/company representatives
- Be explicit about the benefits and dependencies of changes, and how changes are connected. Leverage wins to create advocates
- Review notes/billing on back end and provide group or individual feedback

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27

What's Next?

28

Telehealth Post-Pandemic

Lasting regulatory changes are expected

- Considerable spend to rapidly expand the use of and access to TeleHealth
- Demand for seamless care will continue
- Relaxed restrictions demonstrate what is possible
- Home as the originating site has been a game changer

Telehealth could be the silver lining of COVID-19

Connecting with people while they are well facilitates better care when they are sick

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29

Documentation & Coding for Telehealth During COVID-19

30

Telehealth E/M Services During COVID-19

- **Home Visit E/M New and Established** CPT 99341-99345 and CPT 99347-99350
- **Domiciliary Visits New and Established** CPT 99327, 99328 and CPT 99334-99337
- **Transitional Care Management** CPT codes 99495 and 99496
- **Advance Care Planning (can be audio-only)** CPT codes 99497 and 99498
- **Annual Wellness Visits (can be audio-only)** HCPCS codes G0438 and G0439
- Initial, subsequent, and **Nursing Facility (SNF)** Discharge Services CPT 99304-99306, 99307-99310, 99315-99316
- **Office/Outpatient** CPT code range 99201-99215

Medicare Complete Telehealth List: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

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31

Billing for Telehealth Services; Traditional Medicare

Place of Service:

- Report where you would have seen the patient face-to-face or where the service was rendered for non face-to-face services (e.g. telephone E/M)

Modifiers:

- **95 Modifier:** Use instead of POS 02 to identify the E/M service as telehealth
- **CS Modifier:** Only used if the service either lead to an order or administration of a COVID-19 test

The majority of Medicare telehealth services require two-way audio and video technology that permit real-time communication with the patient and provider

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32

Documentation Requirements

Document the same as you would a face-to-face visit

Still Required:

- Chief Complaint
- HPI
- ROS
- Assessment & Plan should include clinical impression, patient's complexity, and treatment plan for each condition addressed
- Documentation must support medical necessity
- **Verbal consent** for telehealth service

Recommended notation of service being furnished via telehealth due to COVID-19 pandemic, record the location of the patient and the provider and that two-way audio and video telecommunication system was used

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Consent for Telehealth

- Obtain and document service-specific consent for each E/M visit conducted via telehealth
- Consent may be obtained by auxiliary staff (under general supervision) when setting up telehealth visit and just verified by the provider

Example MACRO/Smart Phrase: "Visit conducted using two-way audio & video telecommunication method, verbal consent obtained for a visit to be conducted via telehealth due to COVID-19 pandemic, while the patient was located at home and I was located at the office."

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CPT E/M Codes for New Home Visits

New Patient	Typical Time	History	95 Exam	MDM	CMS Nat'l Pymt
99341	20	Problem Focused (1-3 HPI, No ROS, No PFSH)	Problem Focused (1 body area or system)	Straight forward	\$51.22
99342	30	Expanded Problem Focused (1-3 HPI, 1 ROS, No PFSH)	Expanded Problem Focused (2-7 area or systems minimal detail)	Low	\$61.09
99343	45	Detailed (4 HPI or status of 3 CC, 2-9 ROS, 1 PFSH)	Detailed (2-7 areas or systems expanded detail)	Moderate	\$132.26
99344	60	Comprehensive (4 HPI or status of 3 CC, 10 ROS, Complete PFSH)	Comprehensive (8 or more organ systems only)	Moderate	\$185.24
99345	75	Comprehensive (4 HPI or status of 3 CC, 10 ROS, Complete PFSH)	Comprehensive (8 or more organ systems only)	High	\$225.24

• New Patients: Requires all 3 components per level of service are met or time is met for counseling/ coordination of care visits; POS 12 (Home)

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35

CPT E/M Codes for Established Home Visits

Established Patient	Typical Time	History	95 Exam	MDM	CMS Nat'l Pymt
99347	15	Problem Focused (1-3 HPI, No ROS, No PFSH)	Problem Focused (1 body area or system)	Straight forward	\$56.22
99348	25	Expanded Problem Focused (1-3 HPI, 1 ROS, No PFSH)	Expanded Problem Focused (2-7 area or systems minimal detail)	Low	\$85.41
99349	40	Detailed (4 HPI or status of 3 CC, 2-9 ROS, 1 PFSH)	Detailed (2-7 areas or systems expanded detail)	Moderate	\$131.18
99350	60	Comprehensive (4 HPI or status of 3 CC, 10 ROS, Complete PFSH)	Comprehensive (8 or more organ systems only)	Moderate or High	\$182.00




• Established Patients: Requires 2 out of 3 components per level of service are met or time is met for counseling/ coordination of care visits; POS 12 (Home)

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CPT E/M Codes for New Domiciliary




New Patient	Typical Time	History	95 Exam	MDM	CMS Nat'l Pymt
99324	20	Problem Focused (1-3 HPI, No ROS, No PFSH)	Problem Focused (1 body area or system)	Straight forward	\$56.22
99325	30	Expanded Problem Focused (1-3 HPI, 1 ROS, No PFSH)	Expanded Problem Focused (2-7 area or systems minimal detail)	Low	\$81.45
99326	45	Detailed (4 HPI or status of 3 CC, 2-9 ROS, 1 PFSH)	Detailed (2-7 areas or systems expanded detail)	Moderate	\$141.27
99327	60	Comprehensive (4 HPI or status of 3 CC, 10 ROS, Complete PFSH)	Comprehensive (8 or more organ systems only)	Moderate	\$189.57
99328	75	Comprehensive (4 HPI or status of 3 CC, 10 ROS, Complete PFSH)	Comprehensive (8 or more organ systems only)	High	\$223.08

37

CPT E/M Codes for Established Domiciliary Visits

New Patient	Typical Time	History	95 Exam	MDM	CMS Nat'l Pymt
99334	15	Problem Focused (1-3 HPI, No ROS, No PFSH)	Problem Focused (1 body area or system)	Straight forward	\$61.27
99335	25	Expanded Problem Focused (1-3 HPI, 1 ROS, No PFSH)	Expanded Problem Focused (2-7 area or systems minimal detail)	Low	\$96.58
99336	40	Detailed (4 HPI or status of 3 CC, 2-9 ROS, 1 PFSH)	Detailed (2-7 areas or systems expanded detail)	Moderate	\$137.67
99337	60	Comprehensive (4 HPI or status of 3 CC, 10 ROS, Complete PFSH)	Comprehensive (8 or more organ systems only)	Moderate or High	\$197.13








38

Telehealth Physical Exams

“Examination via telehealth is limited, but it is permissible for a provider to document pertinent observations such as skin color, skin lesions/rashes, quality of respiration and evidence of wheezing or dyspnea, vital signs as reported by the patient. When this is done, these factors may also contribute to the level of coding.”


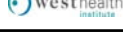

- Don't forget about constitutional findings which could be the general appearance of the patient (e.g. development, nutrition, body habitus, deformities, attention to grooming)
- Remember for established patients the level of service may be selected when **2 out of 3** E/M elements are met (history, exam, medical decision making)
- Consider when it's appropriate to bill on time alone if the visit is dominated by counseling and/or coordination of care

39

Communication-Technology Based Services (CTBS)




- Not considered “telehealth” per CMS definition therefore not subject to same requirements
- During the Public Health Emergency can be for new or established patients
- G2012 (Virtual Check-in/ Phone Call, during PHE may be billed by clinical social workers)
- G2010 (Review of photo or video, during PHE may be billed by clinical social workers)

40

Communication-Technology Based Services (CTBS)

- CPT 99421- 99423 & HCPCS G2061-G2063) E-Visits also known as Online Digital E/M (Patient Portal Communications)
- CPT 99453-99454, 99091, 99473-99474, 99457, 99458. (Remote Patient Monitoring)
- Yearly Consent is acceptable


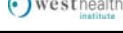





41

Payment for Telephone Services

CPT Code	Description	CMS Fee Schedule	wRVU
99441	Telephone E/M 5-10 min discussion	\$46.19	0.48
99442	Telephone E/M 11-20 min discussion	\$76.15	0.97
99443	Telephone E/M 21-30 min discussion	\$110.43	1.50

- Qualifying Providers include: Physicians, Nurse Practitioners, Physician Assistants
- As a result of the 4/30 Interim final rule by CMS these are now considered “Medicare Telehealth Services” and will require modifier 95. Check with your local MAC for further guidance
- Obtain and document verbal consent

42

Payment for Telephone Services

CPT Code	Description	CMS Fee Schedule	wRVU
98966	Telephone E/M 5-10 min discussion	\$14.44	0.25
98967	Telephone E/M 11-20 min discussion	\$28.16	0.50
98968	Telephone E/M 21-30 min discussion	\$41.14	0.75

- Qualifying Providers include: Licensed Clinical Social Workers, Clinical Psychologists, Physical Therapists, Occupational Therapists, Speech Language Pathologists
- Obtain and document verbal consent

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Telephone E/M Service Requirements

- CMS is maintaining the CPT requirement that these services must be **patient-initiated**; however CMS expects providers may need to **educate patients on the availability of these services** prior to initiation
- Cannot be related to a face-to-face or telehealth visit **within the past 7 days and cannot result in a telehealth E/M or other F2F visit within 24 hours or the next available appointment**
- Cannot be billed during the same service period as **CCM**

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44

Documentation for Telephone E/M Services

CMS Guidance: "We note that these codes describe medical discussion and should not be used for administrative or other non-medical discussion with the patient."

Recommended Documentation:

- Date and total time spent during each encounter (consider start & stop times)
- What was the patient's problem, concern, or symptom that you addressed
- Document the provider's clinical judgment, specific recommendations and treatment plan
- Obtain and document patient consent

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45

Don't Forget About Care Management Services for Telephone Calls

Chronic Care Management Reimbursement Examples:

Time per Month	CCM Codes	Reimbursement
60 minutes clinical staff & Provider time	99490, G2058 (2 units)	\$118
30 minutes all billing Provider time	99491	\$84.09
40 minutes clinical staff & Provider time	99490, G2058	\$80.11

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46

CCM Restrictions

Cannot be reported within the same 30 days as the following services:

- Care Plan Oversight (G0181 & G0182)
- ESRD Services (90951-90970)
- Prolonged Services Non-Face-to-Face (99358, 99359)
- Home and outpatient INR monitoring (93792, 93793)
- Telephone E/M services (99441-99443)
- Analysis of physiologic data (99091)

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47

Questions




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48

HCCI COVID-19 Resources

Visit our [COVID-19 Information Hub](#) for the latest information & resources



- Links to a variety of COVID-19 related resources including articles and guidelines from CDC, CMS, AMA and WHO.
- Find valuable resources related to today's webinar from our co-presenters West Health & Northwell Health


- [A Practical Guide to Expanding Home-based Primary Care with Telehealth](#)
- [How to Provide Home-Based Primary Care Using Telehealth: Tele-Presenter Model](#)
- [How to Provide Home-Based Primary Care Using Telehealth: Direct-to-Patient Model](#)
- [Telehealth Workflow \(Direct-to-Patient\)](#)

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Special Thanks

We would like to thank our co-presenters today from [West Health](#) and [Northwell Health](#) for providing their insight and expertise on this valuable topic.



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50

HCCI Upcoming Events

HCCIntelligence™ – Webinars

Every third Wednesday of the month, HCCI hosts a free webinar on a clinical or practice management topic relevant to home-based primary care (HBPC).

Putting Person-Centered Decision Making into Practice
Wednesday, May 20th, 4 pm – 5 pm CST

Presented by Carole Montgomery, MD, FHM, CPE, MHSA - Director, Physician Development and Program Improvement, Respecting Choices


[Register Here](#) via the HCCIntelligence™ page at www.HCCInstitute.org.

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HCCI COVID-19 Resources

Join the "Home Centered Care Institute COVID-19 Group" on LinkedIn



Direct Group URL:
<https://www.linkedin.com/groups/12383537/>

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HCCIntelligence™ Resource Center

Free Technical Assistance:



Hotline
Call 630.283.9222 or email help@HCCInstitute.org
9:00 am–5:00 pm (CST)
Monday through Friday



Webinars
Every third Wednesday of the month, HCCI hosts a webinar on topics relevant to HBPC.



Virtual Office Hours
Immediately following the monthly webinar, HCCI hosts Virtual Office Hours where experts address questions on any HBPC topic.



Tools & Tip Sheets
Downloadable tools, tip sheets, sample forms and how-to guides on a variety of HBPC topics.

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53