



# 2020 NRTRC TAO VIRTUAL CONFERENCE



## Northwest Regional Telehealth Resource Center and the Telehealth Alliance of Oregon **Welcome You**

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# VIRTUAL SESSION INSTRUCTIONS

- Audio and video are muted for all participants
- Use the Q&A feature to ask questions An icon consisting of two overlapping speech bubbles, one orange and one blue, with a white shadow underneath.
- Moderator will read questions to the speaker
- Presentation slides are posted at <https://nrtrc.org/sessions>. Recordings will be posted after the conference.

## How to Start your Telebehavioral Health Service

- Moderator: Cara Towle
- Presenter:
  - Jonathan Neufeld, Program Director, Great Plains Telehealth Resource and Assistance Center

# An Incomplete Guide to Getting Started in Telebehavioral Health

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**Jonathan Neufeld, PhD**

April 16, 2020

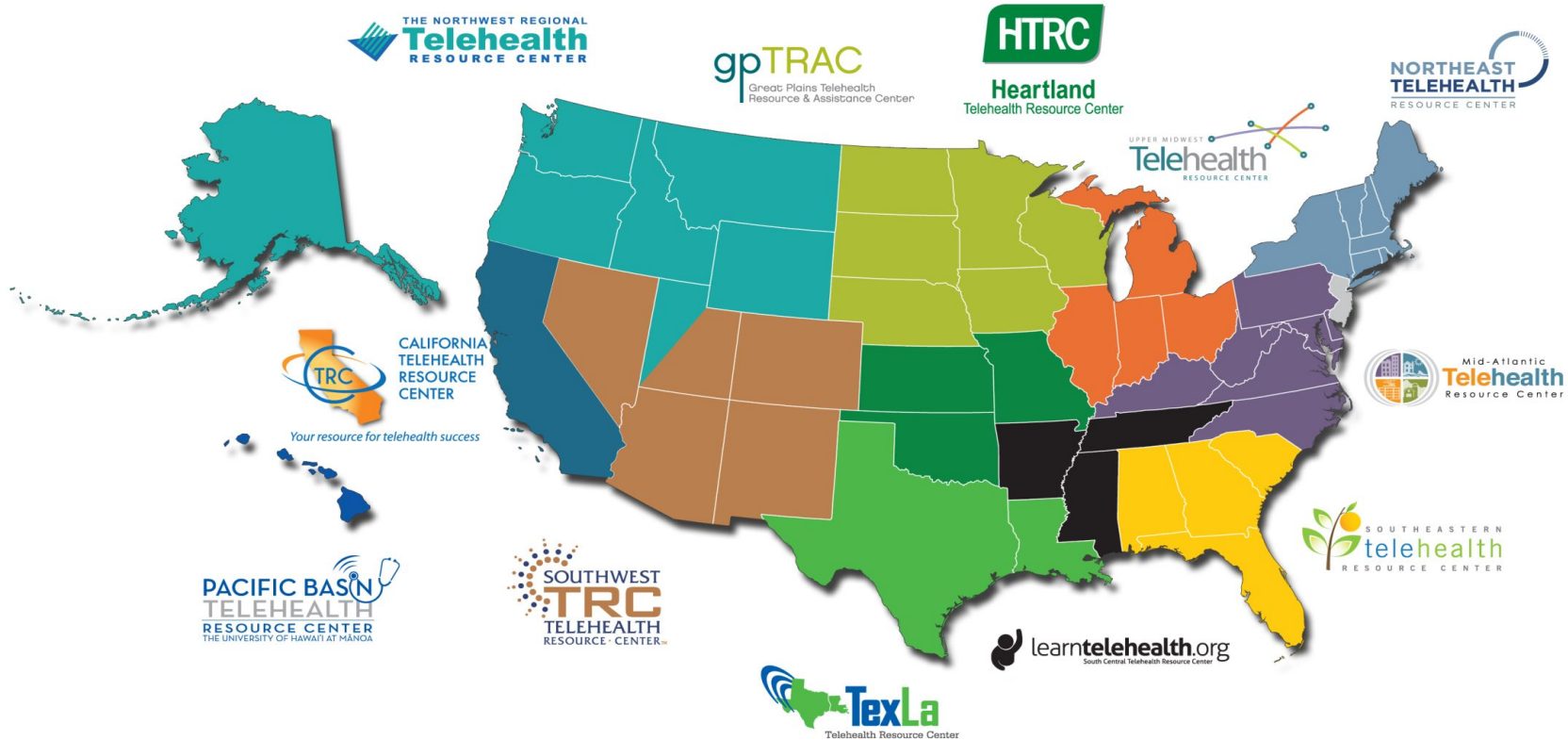
# OVERVIEW

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**GOAL:** Synthesis & curation, not comprehensiveness

- Introduction to gpTRAC
- Resources
- Billing/Coding
- Workflows
- Getting Started Quickly

# TelehealthResourceCenters.org



NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

2 National Resource Centers

12 Regional Resource Centers

# Resources

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## Telebehavioral Health Billing:

<https://www.simplepractice.com/blog/telehealth-billing-insurance-ask-a-biller-video-2/>

<https://www.zurinstitute.com/telehealth-reimbursement/>

## Patient Introduction:

<http://www.pbtrc.org/>

## Other Resource Lists:

[CMS COVID-19 FAQ \(33 pages\)](#)

[www.matrc.org/](http://www.matrc.org/) (click on COVID-19 link)

[www.telehealthquickstart.org](http://www.telehealthquickstart.org) (Presentations with tips and other resources)



Great Plains Telehealth  
Resource & Assistance Center

*gpTRAC.org*



# TELEBEHAVIORAL HEALTH



Great Plains Telehealth  
Resource & Assistance Center



# Conceptual Framework

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## TELEHEALTH IS A COLLECTION OF DELIVERY MECHANISMS, NOT SERVICES

- Providers need no new certification or credentials
- All regulations apply equally to telehealth

## ANALOGY:

- Army field hospital operations

# Four Domains of Telehealth

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- **Hospital & Specialty Care**
  - Specialists see and manage patients remotely
- **Integrated Primary Care**
  - Specialists (often MH) integrate services into primary care environment
- **Remote Monitoring for Transitions and Maintenance**
  - Physiological and behavioral monitoring to maintain best function in least restrictive, least expensive, or most preferred environment
- **Direct to Consumer Services (Primary/Urgent Care)**
  - Convenient access to needed/desired services; popular among younger, busier, and generally healthier patients

# Regulatory Environment

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## FEDERAL REGULATIONS

- All Healthcare & Privacy Regs (Stark, Anti-kickback, HIPAA)
- Prescribing Controlled Substances (Ryan Haight Act)
  - In person visit required before prescribing controlled substances (or consultation model)
  - Telemedicine exemption (undefined)
- Medicare (reimbursement)

# Regulatory Environment

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## STATE REGULATIONS

- State Healthcare Regs (may include separate MH regs)
- Licensing Boards (many are silent regarding telehealth)
- Medicaid (reimbursement)
- Commercial payer regulations (reimbursement)

# Security and Privacy

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- Video encounters are always encrypted, (almost) never recorded (separate consent needed to record)
- Using patient equipment and home networks is challenging (patient email address, IP address, and URL are PHI)
  - BAA's are available from every reputable videoconferencing vendor
- Many privacy laws have been relaxed, but developing sustainable services may be the better option for the long term



# The Realities of Telehealth Billing

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## 1. Telehealth Reimbursement Policies Vary by Payer

- a. Medicare, Medicaid (each state), Commercial (each plan)

## 2. Telehealth Billing Policies Vary by Payer

- a. There is no “right way” to bill for telehealth
- b. There are many ways, one for each payer
- c. Some payers mimic Medicare; others don't
- d. Every payer is changing/adapting to the current situation

# Telebehavioral Health in Medicare + PHE

1. **Historically, Medicare has been consistent in its Telehealth billing policies**
  - a. FFS-based, specific CPT codes, live video only, office/clinic-based, rural limit
2. **March 2020 (PHE) Medicare “relaxed restrictions” on telehealth and changed some reimbursement policies to allow wider use**
  - a. Telehealth allowed from any location (including homes), and many new codes were added
  - b. Use of telephone both allowed and reimbursed at an increased rate (over previous amounts)

# Three Types of “Telehealth” - Name Alert

1. “Telehealth” (per Medicare) - live video encounters that are billed with CPT codes and with POS 02
2. “eVisits” - Technology-enabled visits, usually using a patient portal or other web-based communication, with images and text, plus audio
3. “Telephone E/M” - Audio-only interactions billed using 9944x series (medical conversations).

**\*\*\* Lots of terms being thrown around with various meanings! \*\*\***

# Technology Enabled Services

## Telephone (9944x)

- “Virtual Check-ins”
- Audio only, providing Rx
- 5+ minutes over 7 days
- \*New or established pts
- No related to a service in prior week or next day
- \*Consent may be obtained during the service

## “eVisits” (9942x)

- “Online E/M Services”
- Reviewing images and text messages, providing Rx
- 5+ minutes cumulative over 7 days
- \*New or established pts
- \*Consent may be obtained during the service

## “Telehealth” (Medicare)

- Must be audio/visual;  
\*any video platform
- Billed/paid per fee schedule (CHC billing proc not yet specified)
- \*80+ new CPT codes
- \*From anywhere to anywhere (homes)
- \*May waive co-pays

# Medicare Reimbursement

## 1. “Telehealth” (per Medicare) - live video encounters that are billed with CPT codes with POS 02

9079x - Diagnostic Assessments

9083x - Psychotherapy

9615x - Health & Behavior Interventions (CP only)

Most other behavioral health codes

CY 2018 Medicare Telehealth Services

Service	HCPCS/CPT Code
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0406–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310
Individual and group kidney disease education services	HCPCS codes G0420 and G0421
Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training	HCPCS codes G0108 and G0109
Individual and group health and behavior assessment and intervention	CPT codes 96150–96154
Individual psychotherapy	CPT codes 90832–90834 and 90836–90838
Telehealth Pharmacologic Management	HCPCS code G0459
Psychiatric diagnostic interview examination	CPT codes 90791 and 90792
End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment	CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90963
End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents	CPT code 90964

CPT only copyright 2017 American Medical Association. All rights reserved.





# Originating Site Facility Fees (Q3014)

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**Q3014** (~\$25) is available when serving as a qualified originating (patient) site.

# Medicaid (& Other Payers)

## Key concerns:

1. Rates
2. Telephone encounters
3. Allowed patient/provider locations (home)
4. Billing procedures

**Some payers are imitating Medicare, but NOT ALL.**

**BEST RESOURCES:** State and professional associations, TRCs.

## Future (Short-Medium Term)

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### **Billing and reimbursement will continue to settle unevenly**

- Medicare will (attempt to) lead, hampered by political crosscurrents
  - The bulk of CMS's TH policies were enshrined in statute; in the absence of new telehealth legislation, there was a discernible movement at CMS toward defining new services outside the domain of traditional TH (Virtual Check-Ins, eVisits, CCM/CoCM)
- State payers will vary in speed and pattern of response

# Implications & Strategies

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- Telehealth regulations and practice will NOT return to the previous state, and the new state will not be well defined (initially)
- Organizations that embrace telehealth will find their patients and providers readily adopt it and experience unforeseen benefits
- Equipment costs will be lower than expected; time/complexity costs will be buried in the general chaos of the coronavirus response
- Care pathways or “channels” will multiply (phone, text, photo, video) along with billing codes (CCM, eVisits, RPM, intra-practice, etc.)

# Choosing Technology Platforms - The Spectrum

## Standalone Video

- Operate independently of your EMR
- “Dual systems” - video on one screen, EHR on the other (or split windows)

## “eVisit” Platforms

- Often part of patient portal, or included in portal
- Supports scheduling, text, images
- Separate from EHR, but may feed it or interact with it
- Support billing “eVisits” (Medicare)

## Fully Integrated EHR

- All scheduling, communication, and texting within EHR
- Expensive & complex



# Patient Portal and Other Communication Channels

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**Develop your capacity with your Patient Portal. You need it to:**

- Set and confirm scheduled appointments
- Send links and passwords for video calls
- (Optional) Collect patient information before a call
- (Optional) Conduct an eVisit (as defined by Medicare)

**Your portal keeps you from having to make multiple phone calls.**

**Consider ways to let all your patients know that you're open and have services available via telehealth.**

# “eVisit” Platforms

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**Dozens of potential products exist. Lots of confusion and non-standard feature sets. Necessary features include:**

- Patient portal (secure 2-way text communication)
- Image uploads
- Symptoms reporting/histories
- Signatures (informed consent)
- Scheduling
- (Optional) Live video calls

**Encounters using these platforms are billable as “eVisits” for Medicare**

# Evaluating Platforms

## Comparison Sites:

<http://telehealthtechnology.org/toolkit/clinicians-guide-to-video-platforms/> (TTAC)

<https://www.aafp.org/patient-care/emergency/2019-coronavirus/telehealth.html> (AAFP)

<https://vsee.com/telemedicine-platform-reviews> (VSee)

<https://telementalhealthcomparisons.com/> (Private Practitioner)

**No “Consumer Reports” comparison exists**

# Website - Leading Patients In

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**Enhance your website. Let patients know that you're there and you are responding appropriately.**

**Help them contact you.**

# Push Notifications via SMS (Texting)

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Many texting companies are offering free introductory deals. Consider them as a way to reach out to patients.

Other “channels”:

- Outdoor banners
- Other usual outreach channels



# CONFIGURE YOUR SOFTWARE

- Enable encryption
- Use passwords
- Disable recording
- Control screen sharing
- Control chat (which is PHI)
- Other optional settings

Assign IT + clinician to audit configuration settings and summarize/report on them

The screenshot displays the gpTRAC software configuration interface. On the left, a vertical sidebar contains a menu with the following items: Profile, Meetings, Webinars, Recordings, Settings (highlighted in blue), Account Profile, and Reports. Below these items are links for Attend Live Training, Video Tutorials, and Knowledge Base. The main content area on the right is titled 'Meeting' and includes tabs for Meeting, Recording, and Telephone. Under the Meeting tab, there is a 'Schedule Meeting' section with two toggle switches: 'Host video' (turned on) and 'Participants video' (turned on). Below this is the 'Audio Type' section, which includes a description and three radio button options: Telephone and Computer Audio, Telephone, and Computer Audio (selected). Further down are three more toggle switches: 'Join before host' (turned on), 'Use Personal Meeting ID (PMI) when scheduling a meeting' (turned off), and 'Use Personal Meeting ID (PMI) when starting an instant meeting' (turned on).

# Computers and Peripheral Equipment

## End points

Laptop, tablet, or cell phone (with built-in camera, mic, and speaker)

Desktop (add USB webcam, mic, and speakers)

Device stand (for cell phones/tablets)

## (Optional Peripherals)

Webcam - Logitech C920/922 (or similar)

Speakerphone - Jabra Speak 410 (or similar)

Headset - Mpow 071 USB Headset (or similar)



# Potential Technical Pain Points

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## **Keeping encounters private (separate video products, only).**

- Ensuring each client/patient has a secure (unique) link
- “Locking” rooms; using passwords
- Using virtual waiting rooms

## **Providing technical support to clients/patients who have difficulty.**

## **Alternatives for patients with no cell phones, computers, or connectivity.**



# POLICIES

Informed Consent

Patient Appropriateness, Location & Safety

Broken Calls

Documentation

Emergencies

# General Information

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1. **Services legally occur at the patient's physical location.** The provider must be licensed (and credentialed) to provide services at that location.
2. Specific consent is generally required, but it may be verbal. It should be included in your general consent, if possible, and regularly revisited.
3. Try to mirror usual procedures as much as possible. Standardized procedures help everyone feel more comfortable. Make telehealth “normal” and professional.
4. In a clinical emergency, use available emergency procedures and resources. Telemedicine services are generally NOT intended for emergencies.

# Informed Consent

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You must document patient consent for telehealth. It can be verbal (for now).

Inform them:

- Calls are not recorded.

- If the call drops, try to reconnect, or call this number \_\_\_\_\_.

- There are confidentiality risks; how to minimize them.

- Connect from a quiet, private, safe place, with minimal distractions.

- Only use approved software and links provided.

- The patient portal and video are not an emergency contact method.

# Patient Appropriateness

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Document any concerns regarding the appropriateness of telehealth for this patient or at this time. Concerns may include:

- Difficulty using the equipment effectively
- Lack of access to adequate connectivity or private space
- Inability to collect necessary medical information from patient or perform an adequate exam
- History of or current difficulty managing patient behavior

**NOTE:** Clinical needs and/or urgency may outweigh concerns

# Emergency Procedures

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## As part of the consent/initial session:

- Discuss emergency procedures and any foreseeable risks
- Collect numbers for local fire, police, and other emergency contacts

## In an emergency situation:

- Maintain contact and work to transfer care to appropriate onsite responders and/or caregivers
- Document the event and the transfer of care
- Make any mandated reports





# PROCEDURES

Scheduling & Room assignment

Opening Script

Presentation & Examination

Disposition & Follow up

Documentation

# Opening Script

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1. Hello [pt]. Can you see and hear me clearly? [Adjust for lighting, sound.]
2. As you know, I'm [Provider]. Can you confirm your name and date of birth for me, please?
3. Can you confirm your location, please?
4. Are you in a private place? Is anyone else in the room or within earshot?
5. Do you have any questions about the privacy of this call or anything else before we begin?
6. If we get disconnected, please reconnect using the same link. If that fails, I will call you at \_\_\_\_\_. Is that the correct number?

# Presentation & Examination (Medical)

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- Use capability provided in the Patient Portal (separate product or through EHR) to collect symptom information and/or complaints
- Use functional questions or other non-contact techniques to assess medical conditions (assume no ability to physically examine the patient)
- Recognize when a physical examination is required for the condition or presentation, and make appropriate arrangements for an exam
- If decisions are made with inadequate information due to urgency, document these decisions and reasons

<http://www.telemedmag.com/article/telemedicine-physical-better-think/>

# Disposition & Follow-up

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- Record disposition, referrals, and plans as usual in the record
- Refer patients to appropriate staff (video link or phone number) for check-out and follow up
- Follow organizational policies regarding deferral of co-pays
  - Many payers are allowing for waived/reduced co-insurance/co-pays during emergency
  - Of course, that co-pay/co-insurance comes out of your pocket

# Documentation

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## **Document encounters as usual for the billing code, including ...**

- Patient's location (“Home” is OK, as long as address is on file)
- Provider's location (“Clinic” or “Provider home, via secure clinic portal”)
- That the encounter was conducted via telehealth
- Encounter start and stop times
- That the patient consented (unless clearly documented elsewhere)
- Any other people or providers involved, including any presenters

**Optional...**Provide a reason for using telehealth (medical or otherwise)



# PRACTICE

## PRACTICE, PRACTICE, PRACTICE

Take some time to gain familiarity and comfort with equipment and software before your first “real” telehealth encounter. Debrief and compare notes if things don’t go as planned, or you need to adjust things.

## COMMUNICATE WITH COLLEAGUES AND WORK AS A TEAM

# Contact



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<http://gptrac.org>

<http://telehealthresourcecenters.org>