Northwest Regional Telehealth Resource Center
and the Telehealth Alliance of Oregon

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Exhibitors:

![Amwell](https://via.placeholder.com/150)
![SimpleVisit](https://via.placeholder.com/150)

Non-profit:

- Pacific Northwest University of Health Sciences
- University of Utah Health Clinical Neuroscience
• Audio and video are muted for all participants
• Use the Q&A feature to ask questions
• Moderator will read questions to the speaker
• Presentation slides are posted at [https://nrtrc.org/sessions](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

Jonathan Neufeld, PhD
April 16, 2020
OVERVIEW

GOAL: Synthesis & curation, not comprehensiveness

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

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/ (click on COVID-19 link)
www.telehealthquickstart.org (Presentations with tips and other resources)
TELEBEHAVIORAL HEALTH

Great Plains Telehealth Resource & Assistance Center
Conceptual Framework

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

- **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

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

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

- 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

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
Originating Site Facility Fees (Q3014)

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)

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

- 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

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

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

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

No “Consumer Reports” comparison exists
Website - Leading Patients In

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

Help them contact you.
Push Notifications via SMS (Texting)

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
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)

(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

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

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

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

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

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
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)

- 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

- 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

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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