

NEPHO Telehealth Toolkit

Telehealth Program Implementation
Information and Resources to help you
implement a fully operational Telehealth
Program

Created by: Shawn Bromley, Director of Contracting and Operations, NEPHO

Toolkit Contents

- ▶ Introduction to Telehealth
- ▶ Common Telehealth Terms Defined
- ▶ Telehealth Most Frequently Asked Questions
- ▶ Creating a Program
- ▶ Potential Cost
- ▶ Equipment Needed
- ▶ Scope of Services Build
- ▶ HIPAA Compliant Patient Platform
- ▶ Staff Workflow Build
- ▶ Telehealth Coding and Billing
- ▶ Patient Education Plan
- ▶ Marketing Your Program
- ▶ Staying Compliant
- ▶ NEPHO Telehealth Committee

Introduction to Telehealth

What Is Telehealth?

- ▶ **Telehealth:** The delivery of health care, health education, and health information services via remote technologies.
- ▶ **Telehealth:** Live video conferencing, mobile health apps, “store and forward” electronic transmission, and remote patient monitoring (RPM) are examples of technologies used in telehealth.
- ▶ **Telehealth:** Provides face-to-face interactions between patients and providers using video conferencing to have discussions and provide treatment, obtain images to help make clinical decisions, store and then forward images to other providers who can help review a potential diagnosis and provide treatment recommendations.
- ▶ **Telehealth:** Telehealth is different from telemedicine because it refers to a broader scope of remote healthcare services than telemedicine. While telemedicine refers specifically to remote clinical services, telehealth refers to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services.

Common Telehealth Terms Defined

- ▶ **Telehealth:** Provider and patient interaction via phone and/or video for clinical or non-clinical services.
- ▶ **Telemedicine:** Provider and patient interaction via phone and/or video for clinical services only.
- ▶ **Store and Forward:** Collecting clinical information that includes; demographic data, medical history, laboratory reports, photo, video, that will be stored and forwarded for clinical evaluation.
- ▶ **Remote monitoring (RPM):** Patient physiological data that can be collected with RPM programs include vital signs, weight, blood pressure and heart rate. This data is sent directly to the provider via telehealth technology.
- ▶ **Third party telehealth vendors:** Vendors that will support a practice deployment of telehealth services
- ▶ **Virtual waiting room:** Non-face-to-face waiting room prior to face-to-face video visits with providers.
- ▶ **On demand scheduling:** Patient visits scheduled through .
- ▶ **Practice champion:** A role focused on creating the changes needed to implement a successful telehealth program. They support the development of a telehealth program from idea to reality.
- ▶ **User Manager:** The role within the practice that is the coordinator for all telehealth platform users. They support the success of the provider and patient interactive visits and will manage all platform users within the practice.
- ▶ **Patient Telehealth Practice Advocate:** This role will focus on providing education to patients on telehealth services and will be an advocate to help in the patient platform use.

Telehealth Frequently Asked Questions

- ▶ How does Telehealth work? Patients can access Telehealth from anywhere across all types of mobile devices - smartphone, iphone, tablet, and desktop or laptop computer.
- ▶ Is it legal? All states medical boards allow telehealth interaction to occur between a patient and provider.
- ▶ How can I get reimbursed? Each major payer type - Medicare, Medicaid and Commercial payers - has different guidelines for reimbursement and telehealth coverage. Services are billed directly to payers and reimbursed per payer guidelines.
- ▶ How do I examine my patient? There are a few key factors when conducting a live telehealth video visit: taking a good history; assessing the overall appearance of the patient - including mental status, pain level, and toxic or ill appearance; documenting video interaction with key elements will ensure documentation compliance.
- ▶ How do I build a program? Having providers that are on board with offering telehealth visits to patients. Provider buy in is the base of the program development.
- ▶ How does Telehealth improve patient satisfaction? Telehealth offers patients additional access to providers with a level of convenience; can have a visit over the phone from your office, can have chronic care monitored without leaving the comfort of home. It provides another source of access to healthcare.
- ▶ How does Telehealth impact revenue? Telehealth provides a business with an additional source of revenue. It offers the opportunity to expand patient scheduled visits using another platform that provides convenience to patients. Revenue opportunity is based off practice business model development.
- ▶ Why should I offer Telehealth?
 - ▶ Providers who want to retain patients as well as attract new patients by offering an additional access source to care.
 - ▶ Offering video visits based on a provider's own availability and flexibility to work remote.
 - ▶ Extended hours - offering additional hours to schedule visits to patients outside the provider/practice normal hours.
 - ▶ Potential to reducing medical expense by offering video visits.
 - ▶ The potential to use telehealth to have more frequent touch points with patients to help manage chronic conditions, such as diabetes or cancer.

Benefits of Telehealth

Providers	Patients
Expands access to provide patient care	Increase access to providers for quality patient care
Offer opportunity to improve clinical workflows	Lower transportation times and cost
Potential to help reduce practice overhead	Reduce need to time off from work to see your provider
Advance new Telehealth business model	On-demand patient scheduling
Help improve patient no-show rates	Improve management of chronic conditions
Improve patient satisfaction	Lower risk of exposure to illness

Creating A Program

Have Clear Goals

- ▶ Telehealth is a business model that will help increase patient access while adding another source of revenue stream coming into the business. Providers will need to have an understanding of what type of telehealth business model they will create. How will the practice telehealth program impact operations for the practice? Impacts to review include; current revenue, patient satisfaction with this additional workflow, patient wait times, patient no-show appointments and cancellations, day-to-day workflow, new patients, patient panels, and any additional operational needs of the practice.

Involve your Staff

- ▶ Telehealth will have an impact on your day-to-day operations and there will be a new workflow to your practice team. The new workflow will need to be discussed with your clinical and administrative staff as both will need to have a plan in place to adjust to the workflow. Creating a task-force that includes providers who will be using telehealth, administrative staff who will be scheduling appointments and helping patients adjust to the workflow, IT resources, coders and billers who will be supporting the revenue transition, and other team members who will be involved in implementation of Telehealth within the practice. If the practice team are engaged early in the development of the Telehealth program they have the opportunity to help shape the program and this will increase the team engagement for a successful program.

Find the Right IT Support Partner

There are a variety of telehealth technologies available. Any solution you consider should be:

- ▶ Easy for patients and staff to use
- ▶ Secure and HIPAA compliant
- ▶ Help to support patient insurance authorization for Telehealth services
- ▶ Be compatible with your current EHR System

Decide How Telehealth Will Be Utilized in Your Practice

- ▶ The Telehealth business model is should be designed unique to an individual practice. It should be tailored by the specific focus of providers for the needs of their patients. Is it a better business decision to block off certain times during the week for telehealth visits, or should providers decide to make telehealth visits available during times that the practice is normally closed. One approach to increasing utilization and revenue is conducting the follow up visits that you do in person by video. Video interactive phone calls are reimbursable and are reimbursed by most payers.

Potential Cost

- ▶ Platform vendor annual cost for HIPAA compliance (Provider Video \$500 - \$1000)
- ▶ One-time set-up or implementation fee by platform vendor (\$500)
- ▶ Additional platform vendor features such as; billing, telehealth insurance verification, patient consent forms, patient satisfaction (\$500 Annual)
- ▶ Equipment costs (\$2000)
- ▶ Staff training for initial telehealth workflow implementation (\$1000)
- ▶ IT support in office or IT consultant for telehealth program implementation on an ongoing basis (staff and/or patients) (\$100 hour)
- ▶ Marketing materials/Website improvement (to promote your new telehealth program) (\$500 - \$1000)
- ▶ Server or software installation (\$150 hour)
- ▶ Ongoing program maintenance, upgrades, training, or other fees (\$1500 annually)

Equipment Needed

- ▶ Reliable Internet
- ▶ EHR system
- ▶ Patient platform
- ▶ Computer, tablet, laptop
- ▶ Webcam, camera
- ▶ Headset
- ▶ I Phone, Smartphone (patient option)

Scope of Services Build

The type of services you will be providing using Telehealth will drive the potential reimbursement. Primary Care offices will be using the Evaluation and Management services and there is the potential to increase scope by having equipment to monitor high risk patients. Understanding the practice scope of services for telehealth will help to manage patient appointment scheduling and improve patient access to care by opening scheduled appointments to include telehealth services.

Services Covered by Telehealth include:

- ▶ Evaluation and Management Services
- ▶ Diabetes Patient Monitoring
- ▶ Behavioral Health Services
- ▶ Inpatient Consultations
- ▶ Medication Management

Common Conditions Scheduled for Telehealth:

*Allergies *Back pain *Cold symptoms *Cough/respiratory complaint *Earache
*Fever *Headache *Insect bite *Itchy/irritated eye *Sinus issues *Skin condition/rash
*Sore throat *Sprains & strains *Sunburn

HIPAA Compliant Patient Platform

Telehealth software is any technology that enables medical providers to diagnose or treat patients remotely using secure telehealth technology tools like video, phone, email.

The vendor platform will support patient-to-provider, provider-to-provider and multi-party video visits that help in supporting healthcare organizations to customize their telehealth program development for providers and patients.

Top Vendors 2020:

- Hale Health (NEPHO Telehealth Pilot Program Vendor): <https://www.hale.co/>
- Teladoc: <https://www.teladoc.com/>
- SnapMD : <https://snap.md/>
- American Well: <https://business.amwell.com/>
- GoTelecare: <http://www.gotelecare.com/#>
- Doxy.me (Free): <https://doxy.me/>
- CharmHealth: <https://www.charmhealth.com/>
- AllWays Healthcare (Free): <https://allwayshealthpartners.org/>

Staff Workflow Build

Bring key people from your practice together, which can include but is not limited to:

- Provider(s)
- Nurses, LPN's, or CNA's - these individuals will be helpful in creating a clinical workflow to support telehealth patient visits
- Practice Champion- someone in an operational role with project management experience who can lead the telehealth program implementation
- Telehealth practice coordinator - this role will help support the Practice Champion and take the lead on patient education for telehealth visits
- Front Office Staff
- Billing/Coding and Finance
- IT Staff - IT specialist and/or network analyst
- Legal - this role will support the business model change and ensure implementation of the telehealth program is compliant within the current healthcare environment

Telehealth Readiness Assessment

Telehealth Go-Live Program Check List	Date Completed
Has all equipment been purchased and installed?	
Is Telehealth vendor secured?	
Are practice staff prepared; trained on system updates, understand workflow changes, prepared to support patient questions?	
Is practice champion prepared for Go-Live?	
Is Telehealth practice workflow documented to help support implementation?	
Are all providers trained on video visit workflow?	
Are billers/coders educated on new billing and coding requirements?	
Are providers educated on Telehealth visit documentation requirements?	
Are patients updated on the new Telehealth program and ready to be scheduled?	
Is IT ready with system set-up and prepared for questions during implementation?	
Is the website updated with Telehealth program information?	
Has Go-Live date been officially announced?	
Has the practice team reviewed the Go-Live checklist?	
Go-Live Date	

Telehealth Coding and Billing

▶ Telehealth Services

Providers must use an interactive audio and video technology that permits real-time communication between provider and patient.

▶ Telehealth HIPAA Compliance:

Only authorized users should have access to Electronic Protected Health Information (ePHI).

A system of secure communication should be implemented to protect the integrity of ePHI.

A system of monitoring communications containing ePHI should be implemented to prevent accidental or malicious breaches.

Please see Appendix A for additional Telehealth Coding and Billing Guidance

Patient Education Plan

Start with your providers. Your providers are your best advocates for promoting and educating patients about telehealth services. Discussing new patient access opportunity with patients will help support their interest and buy in for the program.

Educate your patients. All patients are not candidates for telehealth services. Having a patient advocate that can help support patients through this workflow transition will help better manage patient onboarding to telehealth services.

Promote across all platforms. Utilize all your practice channels; website, email promoting, appointment confirmation text messaging, face book/social media, practice patient portal, flyers, online advertising, referrals, to help promote and educate patients on this new program development.

Make the appointment process simple. For those patients who are candidates for telehealth services, ensure that they can easily make a telehealth appointment. Have workflow for patient connection to providers documented and provided to patients prior to scheduled visits. Make sure to do testing prior to patient visit to ensure a successful visit experience for the patient.

Understand your new visit workflow. When you first begin to offer telehealth services, you need to determine how many additional patients you can see each day. Will you have to add hours, and if so, can your staff manage the extra scheduling tasks? Understand the workflow impact and have staff prepared to support patients through the changes.

Marketing Your Telehealth Program

Marketing your new Telehealth program

- ▶ Website promotion
- ▶ Develop Telehealth practice brochures
- ▶ Email telehealth notifications
- ▶ Place information in your patient informed consent packets
- ▶ Email your patients with new service details
- ▶ Add a message to your billing statements
- ▶ Offer a coupon to try out the service
- ▶ Send a focused mailer to clients
- ▶ Have Telehealth flyers in your waiting rooms
- ▶ Use social media to announce the new program
- ▶ Have all patients complete a patient survey to track areas of improvement opportunity

Staying Compliant

- ▶ **Have Patients Sign Telehealth Patient Consent Forms**- this is necessary to keep the practice HIPAA compliant and support patient privacy.
- ▶ **Malpractice Insurance** - Contact your malpractice carrier as they might need to update your policy to include Telehealth services.
- ▶ **State Licensing** - Providers providing Telehealth services need to be licensed in the state they are providing services.
- ▶ **Compliant Documentation** - The Telehealth visit will need to be documented and within the note it should be stated the visit was held via telehealth/video interactions.
- ▶ **Telehealth Practice Policy** - Practices should develop a Telehealth service policy that outlines scope of services provided, coding and billing requirements, and face-to-face visit requirements (how many video appointments is a patient allowed before seeing a provider in office setting).
- ▶ **Stay HIPAA Compliant** - Follow current HIPAA rules and regulations, stay updated on changes and new regulations.
- ▶ **Accurate Billing** - Understand Telehealth coding and billing requirements be aware of CPT annual updates and LCD/NCD requirements.
- ▶ **Follow Payer Policies** - Have an understanding of the Medicare/Medicaid and Commercial Telehealth payment policies - these policies will be driven by the healthcare climate.
- ▶ **Follow Federal and State Regulations** - Stay updated on the Federal and State regulations regarding Telehealth services.

Appendix A Coding and Billing

Appendix A

Updates - 2020

Coding and Billing Telehealth Services

Evaluation and Management Online Digital Services

Telephone Services-Non-Face-to-Face Services

Telehealth Services

Providers must use an interactive audio and video telecommunications system that permits real-time communication between you at the distant site, and the beneficiary at the originating site.

Telehealth HIPAA Compliance:

HIPAA guidelines on telemedicine is contained within the HIPAA Security Rule and stipulates:

- Only authorized users should have access to ePHI.
- A system of secure communication should be implemented to protect the integrity of ePHI.
- A system of monitoring communications containing ePHI should be implemented to prevent accidental or malicious breaches.

Why You Should Not Use SMS, Skype or Email for Telemedicine:

When ePHI created by a medical professional or a healthcare organization (covered entity) is stored by a third party, the covered entity is required to have a Business Associate Agreement (BAA) with the party storing the data. This BAA must include methods used by the third party to ensure the protection of the data and provisions for regular auditing of the data's security.

*The below tables outline all valid Telehealth services; the highlighted codes are suggested for current billing of Telehealth Services

CPT Telehealth Codes

Code Short Descriptor

90791 Psych diagnostic evaluation
90792 Psych diag eval w/med srvc
90832 Psych pt&/family 30 minutes
90833 Psych pt&/fam w/e&m 30 min
90834 Psych pt&/family 45 minutes
90836 Psych pt&/fam w/e&m 45 min
90837 Psych pt&/family 60 minutes
90838 Psych pt&/fam w/e&m 60 min
90839 Psych crisis initial 60 min

Code Short Descriptor

96154 Interv hlth/behav fam w/pt
96160 Pt-focused hlth risk assmt
96161 Caregiver health risk assmt
97802 Medical nutrition indiv in
97803 Med nutrition indiv subseq
97804 Medical nutrition group
99201 Office/outpatient visit new
99202 Office/outpatient visit new
99203 Office/outpatient visit new

CPT Telehealth Codes (Continued)

Code Short Descriptor

90840 Psych crisis each addl 30 min
90845 Psychoanalysis
90846 Family psytx w/o patient
90847 Family psytx w/patient
90951 Esrd serv 4 visits p mo <2yr
90952 Esrd serv 2-3 vsts p mo <2yr
90954 Esrd serv 4 vsts p mo 2-11
90955 Esrd srv 2-3 vsts p mo 2-11
90957 Esrd srv 4 vsts p mo 12-19
90958 Esrd srv 2-3 vsts p mo 12-19
90960 Esrd srv 4 visits p mo 20+
90961 Esrd srv 2-3 vsts p mo 20+
90963 Esrd home pt serv p mo <2yrs
90964 Esrd home pt serv p mo 2-11
90965 Esrd home pt serv p mo 12-19
90966 Esrd home pt serv p mo 20+
90967 Esrd home pt serv p day <2
90968 Esrd home pt serv p day 2-11
90969 Esrd home pt serv p day 12-19
90970 Esrd home pt serv p day 20+
96116 Neurobehavioral status exam
96150 Assess hlth/behave init
96151 Assess hlth/behave subseq
96152 Intervene hlth/behave indiv

Preventative Visits 99381-99387, 99391 - 99397

Code Short Descriptor

99204 Office/outpatient visit new
99205 Office/outpatient visit new
99211 Office/outpatient visit est (5 minutes)
99212 Office/outpatient visit est (10 minutes)
99213 Office/outpatient visit est (15 minutes)
99214 Office/outpatient visit est (25 minutes)
99215 Office/outpatient visit est (40 minutes)
99231 Subsequent hospital care
99232 Subsequent hospital care
99233 Subsequent hospital care
99307 Nursing fac care subseq
99308 Nursing fac care subseq
99309 Nursing fac care subseq
99310 Nursing fac care subseq
99354 Prolonged service office
99355 Prolonged service office
99356 Prolonged service inpatient
99357 Prolonged service inpatient
99406 Behav chng smoking 3-10 min
99407 Behav chng smoking > 10 min
99495 Trans care mgmt 14 day disch
99496 Trans care mgmt 7 day disch
99497 Advncd care plan 30 min
99498 Advncd are plan addl 30 min

HCPSC Telehealth Codes

Code Short Descriptor

G0108 Diab manage trn per indiv
G0109 Diab manage trn ind/group
G0270 Mnt subs tx for change dx
G0296 Visit to determ ldct elig
G0396 Alcohol/subs interv 15-30mn
G0397 Alcohol/subs interv >30 min
G0406 Inpt/tele follow up 15
G0407 Inpt/tele follow up 25
G0408 Inpt/tele follow up 35
G0420 Ed svc ckd ind per session
G0421 Ed svc ckd grp per session
G0425 Inpt/ed teleconsult30
G0426 Inpt/ed teleconsult50
G0427 Inpt/ed teleconsult70

Code Short Descriptor

G0437 Tobacco-use counsel>10min
G0438 Annual Wellness Visit, initial visit
G0439 Ppps, subseq visit
G0442 Annual alcohol screen 15 min
G0443 Brief alcohol misuse counsel
G0444 Depression screen annual
G0445 High inten beh couns std 30m
G0446 Intens behave ther cardio dx
G0447 Behavior counsel obesity 15m
G0459 Telehealth inpt pharm mgmt
G0506 Comp asses care plan ccm svc
G0508 Critical care telehea consult 60
G0509 Crit care telehea consult 50
G0513 Prolong prev svcs, first 30m

Modifiers Description

Modifiers	Description
GQ	<i>Via Asynchronous Telecommunications systems.</i>
95	<i>Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications system (reported only with codes from Appendix P)</i>
G0	<i>Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke</i>
POS 02	<i>Place of Service Code 02; Telehealth – The location where health and health-related services are rendered or received through a telecommunication system. (Note: This Telehealth POS code does not apply to Originating Site facilities billing a facility fee.)</i>

Online Digital E&M Services

- 99421 – Online digital E/M service, for an established patient for up to 7 days, cumulative time during the 7 days; 5-10 minutes
- 99422 – 11-20 minutes
- 99423 – 21 or more minutes
- (99421-99423 Replaces 99444)

These codes are for use when E/M services are performed, of a type that would be done face-to-face, through a HIPAA compliant secure platform. These are for patient-initiated communications, and may be billed by clinicians who may independently bill an E/M service. They may not be used for work done by clinical staff or for clinicians who do not have E/M services in their scope of practice. Report these services once during a 7-day period, for the cumulative time.

Non-Face-to-Face Services

99441 - Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

99442 - Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

99443 - Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion

These codes are used to report episodes of patient care initiated by an established patient or guardian of an established patient. If the telephone service ends with a decision to see the patient within 24 hours or next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent E/M service, procedure, and visit.

Resources

- ▶ <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>
- ▶ <https://www.mass.gov/news/masshealth-expands-access-to-behavioral-health-care-for-members-through-telehealth>
- ▶ <https://oig.hhs.gov/>
- ▶ <https://www.hrsa.gov/rural-health/telehealth/>
- ▶ <https://netrc.org/>
- ▶ <https://www.netrc.org/docs/NETRC-101-Fact-Sheet-JULY2019-DIGITAL.pdf>
- ▶ https://provider.bluecrossma.com/ProviderHome/wcm/connect/7de2d366-27c9-4ef2-9125-5cce9626502c/MPC_082715-2U+Telehealth+Final.pdf?MOD=AJPERES&CVID=

NEPHO Telehealth Committee

Please reach out to one of Team members if you have questions or would like guidance implementing a Telehealth Program within your practice.

- ▶ Shawn Bromley: shawn.m.bromley@lahey.org
- ▶ Alycia Messelaar: alycia.messelaar@lahey.org
- ▶ Stephanie Cunningham: stephanie.k.cunningham@lahey.org
- ▶ Janelle Jensen: janelle.n.jensen@lahey.org
- ▶ Judith O'Leary: judith.o'leary@lahey.org
- ▶ Ann Cabral: ann.cabral@lahey.org