

Telehealth Policy and Procedures

March 21, 2020

Guidelines are subject to rapid change. Please ensure you are looking at the most recent guidelines. All clinical ambulatory services are HIGHLY ENCOURAGED to develop and implement telehealth access to care as soon as possible.

Telehealth is defined as the use of electronic information and communication technologies to deliver health care to patients at a distance. Recent changes in Medicare and Medicaid guidance have broadened telehealth services during the public health emergency. Such changes include:

- Initiate new patient encounters (through telehealth)
- Use non-secure face-to-face modalities
- Utilize telephone encounters (for established patients only)
- Bill and collect for telehealth services regardless of location of patient
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Covered services include assessment, diagnosis, consultation, treatment, education, care management and/or self-management.

Preparation and Usage

- Direct outreach for patients should inform about availability of telehealth services and that such services are the safest modality.
 - o Services should proactively review all upcoming appointments and contact patients to see if they would consider a telehealth visit instead.
 - o Services should identify high-risk patients that would benefit from proactive outreach for telehealth encounters.
 - o Suggested language:
 - You doctor has reviewed your file and feels that your visit would be best handled via a telemedicine visit. Due to current COVID-19 crisis, this visit will be considered as an office visit by your insurance company, and you will be subject to any applicable copays or coinsurance.
 - Do you agree to have this visit via telemedicine?
 - Do you have access to a smartphone or computer?
 - What is your email address?
 - We will call you back to schedule a time for this visit.
 - What type of device will you be taking the televideo from?
- Clinical services should create remote clinical teams dedicated to telehealth, including providers/personnel, schedule templates, and equipment.
- Until a secure modality is available, providers are encouraged to utilize available non-secure modality including FaceTime, Skype, Zoom, etc. Patients must be informed such modalities are non-secure.
- Encounters should inform the user of verbal consent. Suggest the following: *I informed the patient that the use of telemedicine for today's visit may require the use of an*

application that is not secure to transmit protected health information, and the application may present a privacy risk to the patient's protected health information. I also explained that the audio and visual tools may not be adequate for the care needed and an in person visit may be required. In the interest of providing care to the patient during this public health emergency, I proceeded with the telemedicine visit.

- Document your time and use.
 - o *Today's visit was performed via telemedicine using synchronous audio and visual. I spent _ minutes in face-to-face patient care.*
 - o *Add the telemedicine teaching addendum as appropriate: I evaluated the patient. I agree with the findings and plan as documented above except as modified or supplemented by me.*

Kaleida Health

- Kaleida Health expects a fully functional and secure platform by the week of March 23. Instructions and training will follow. Until then, non-secure modalities are encouraged.
- Do not schedule the patient for a typical appointment in the scheduling book, as it will drop a facility fee. We are working to build new appointment types for telemedicine.
- Inform the patient that co-pays may apply.
- Document on an ambulatory communication encounter. Use your typical NoteTemplates and NoteTypes.
- Bill using the appropriate E&M Code and add a modifier.
 - o Modifier 95 (required but still being built) indicates real time interactive audio-visual.
 - o Modifier GT (live today) for Medicare HCPCS G Code visits done with real time interactive audio-visual
 - o Modifier GQ (live today): for asynchronous care provided via telecommunication, typically called "store and forward." We don't anticipate many providers will be doing this type of care.
- Commonly used codes include:
 - o 99421-3 – Electronic visits
 - o 99441-3 – Telephone encounter
 - o 98966-8 – Telephonic non-physician