

## Telemedicine use information during COVID, Robert Hilt MD 4/21/20

Required steps for providing telemedicine:

### 1. Set up your access to use a video conferencing system

- a. Equipment—Computer with an after-market webcam/microphone (like the Logitech C920) is preferred, though a laptop or tablet's included webcam and microphone works well enough if a relatively new system. Also you will need a broadband internet connection (this has a major impact on connection quality, and your patient's home internet speed may be a limiting factor). Using a headset with a microphone typically yields better sound quality, or you can alternatively use a separate telephone on speaker function for audio while the computer handles the video (just remember to turn off your computer speakers to prevent feedback). Have a family phone number available as backup should equipment fail partway through an appointment.
- b. Software—many options. It wouldn't hurt to consider having two options, if one doesn't seem to work for a given patient encounter can try another route as backup.

During the COVID-19 crisis DHHS has officially relaxed enforcement of HIPAA and HITECH Act rules. They now say the video system you use during the crisis does not have to be listed as "HIPAA compliant," as long as it is a "non-public facing audio or video communication product."

So your temporary use options which would not otherwise have been called HIPAA compliant include: Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom (basic), or Skype.

Vendors which currently state they will enter into HIPAA compliant business associate agreements: Skype for Business/Microsoft Teams, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet, Cisco Webex Meetings/Webex Teams, Amazon Chime, GoToMeeting, Spruce Health Care Messenger

HIPAA rule COVID notice: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

### 2. Understand billing procedures you will use

- a. Do not expect that a telephone encounter without interactive televideo will be insurance reimbursable. (Codes 99441-99443)
- b. Interactive televideo should be billable using the same codes you would previously do, but add a "95" modifier code to designate that it was a televideo encounter. This used to be a "GT" modifier, meaning the same thing. "GQ" modifier is for asynchronous tele.
- c. "Place of service" for a televisit is "02"
- d. Televideo physical exams can consist of visual inspection, behavior observation, mental status, and family reported weight (home scale) and temp so should be easy to get at least 2 examined systems to support a level 2 or 3 E&M code. Billing based on physical

exam complexity criteria with level 4 or level 5 E&M codes is more problematic (which require 8 or more PE elements). Remember that time based billing is possible instead if you spend >50% of the appointment providing counseling and care coordination, and document both the time and the counseling/coordination you did in your note.

AAP Telemedicine billing fact sheet: [https://www.aap.org/en-us/Documents/coding\\_factsheet\\_telemedicine.pdf](https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf)

- 3. Have a process for consent for telemedicine care, which is not identical to regular office care**
  - a. Confidentiality is different when hosting an appointment in the family's home (ex. other family members easily overhear, emergency processes are more challenging), for which need to start sessions confirming they are OK with discussing things over televideo. A document can be shared with telehealth risks. Either document that confidentiality and telehealth risks were reviewed at the beginning of the session, or have families sign a separate consent form for telehealth. AAP has a nice sample telemedicine consent form here: [https://www.aap.org/en-us/layouts/15/WopiFrame.aspx?sourcedoc=/en-us/Documents/Telehealth%20Consent\\_FINAL.docx&action=default](https://www.aap.org/en-us/layouts/15/WopiFrame.aspx?sourcedoc=/en-us/Documents/Telehealth%20Consent_FINAL.docx&action=default)

Also see the script suggestion at the end of this document.

Most ideal—have your office staff test whatever system the family plans to use to connect with you for an appointment before a scheduled appointment occurs.

### **General tips for families in preparing for a visit:**

1. Don't hand hold a tablet or phone to connect—place your handheld devices in a stand or prop it up. Or use a stationary laptop or computer webcam.
2. Your background should be a relatively plain interior wall. When there is an exterior window, plants, or complex patterns in the background, this requires more bandwidth to upload.
3. Minimize other room sounds/distractions. Use headphones if more privacy is needed for the interaction, or consider using a tablet/laptop from the family car in the driveway if more audio privacy is needed.
4. Have a light source in front of you, illuminating your face, rather than a light behind you.

### **Other recommended information sources on the use of telemedicine:**

<https://www.americantelemed.org/>

<https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Getting-Started-in-Telehealth.aspx>

<https://www.hrsa.gov/rural-health/telehealth/resource-centers>

[https://www.aacap.org/AACAP/Clinical\\_Practice\\_Center/Business\\_of\\_Practice/Telepsychiatry/Telepsych\\_Home.aspx](https://www.aacap.org/AACAP/Clinical_Practice_Center/Business_of_Practice/Telepsychiatry/Telepsych_Home.aspx)

## Possible Provider Opening Questions for setting up a Home Telemedicine Video Visit

At the beginning of every video visit:

1. What phone number should I call if we get disconnected? What number should I call if there is an emergency and I need to get help for you?
2. Are you in a location where you are comfortable discussing your healthcare?  
[Yes/No/Unknown]
3. (especially for new patients) Please show me picture ID (for parent of patient). And here is my ID.
4. Verbally confirm that the patient/family has received/signed the telemedicine consent form. If you have no signed telemedicine consent form, the provider can read a **verbal consent script (below)**.

## Sample suggested script for Provider Obtaining Verbal Telemedicine Consent

*You have chosen to receive care through the use of telemedicine. Telemedicine enables health care providers at different locations to provide safe, effective, and convenient care through the use of technology. As with any health care service, there are risks associated with the use of telemedicine, including equipment failure, poor image resolution, and information security issues. Additionally, telemedicine risks include not having an in-person physical exam, being unable to get vital signs, or being unable to administer standard ratings scales/testing.*

*Do you understand the risks and benefits of telemedicine as I have explained them to you? [Yes/No/Unknown]. (If answer is No, discuss the risks above and how telemedicine is not advantageous for acute illness, emergencies, any medical procedure or exam requiring hands-on ability. The result of the telemedicine visit actually may be to recommend the patient being seen in person. The benefits are eliminating travel, usually appointments scheduled sooner).*

*Do you consent to the use of telemedicine for this visit? [Yes/No/Unknown] - (This emphasizes that there is always an option to be seen in-person and not virtually.)*

## Telemedicine Documentation Suggestion:

*I conducted this encounter from \_\_\_ via secure, live, face-to-face video conference with the patient. Patient was located at \_\_\_ and was with \_\_\_. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.*