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Telemedicine in the time of Covid-19

Department of Diagnostic & Health Sciences
College of Health Professions

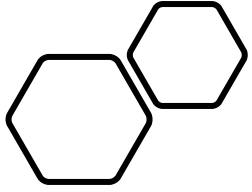




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COVID 19 Related Regulations Impacting Telemedicine Practice

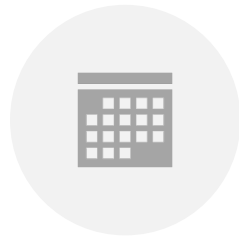
Sajeesh Kumar, PhD
Associate Professor



When to use Telehealth



FOR NON-EMERGENCY
MEDICAL ISSUES



24 HOURS A DAY, SEVEN DAYS
A WEEK — INCLUDING NIGHTS,
WEEKENDS AND HOLIDAYS



YOUR DOCTOR OR
PEDIATRICIAN IS UNAVAILABLE



IT'S NOT CONVENIENT TO
LEAVE YOUR HOME OR WORK



YOU ARE TRAVELING AND
NEED MEDICAL CARE

The Centers for Medicare & Medicaid Services (CMS)



temporarily broadened
telehealth access to
beneficiaries



telemedicine is available
to home



telemedicine service
available to screen and
treat corona virus and
provide routine care

The Office of Civil Rights (OCR)



- will not impose penalties for HIPAA non-compliance for good faith provision of telemedicine



- healthcare providers may use popular, non-public facing applications to provide telemedicine

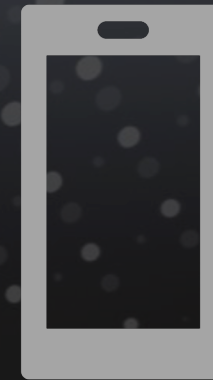


- Providers are encouraged to notify patients that third-party applications, may potentially introduce privacy risks

The Office of Civil Rights -Enforcement Discretion



MAY USE Non-Public facing apps: Apple Facetime, Facebook messenger video chat, Google Hangout vide, Zoom or Skype



DO NOT USE Public-facing apps: Facebook Live, Twitch, TikTok and similar video communication apps

The Office of Civil Rights -Enforcement Discretion

List of Vendors:

Skype for
Business/
Microsoft Teams

Updox

VSee

Zoom/Zoom for
Healthcare

Doxy me

Google G Suite
Hangouts Meet

Cisco Webex
Meetings/Webex
Teams

Amazon Chime

Go to meetings

Department of Health & Human Services (DHS)



-will permit all medical care providers to practice across state lines regardless of their state licenses



- many state medical licensure laws provide an exception for in-state licensing for physicians and other healthcare professionals in an emergency.



- 8 States: Arizona, California, Florida, Louisiana, Mississippi, North Carolina, Tennessee and Washington



- Read the fine print before practicing telemedicine across state lines

Drug Enforcement Agency -Ryan Haight Act Exemption



DEA registered practitioners may now issue prescriptions for all schedule 2 - 5 controlled substances, providing:



1. The prescription is issued for a legitimate medical purpose by a medical practitioner acting at the usual course at his/ her professional practice



2. The telemedicine communication is conducted using an audio-visual, real-time two-way interactive communication system and



3. The practitioner is acting in accordance with applicable federal and state law.

U.S. Food and Drug Administration (FDA)



-FDA temporarily suspended certain federal veterinarian-client-patient relationship (VCPR) requirements



- will allow veterinarians to prescribe drugs in an extra label manner or authorize the use of Veterinary Feed Directive (VFD) drugs without direct examination of or making visits to their patients.



- providers are still need to consider state VCPR requirements that may exist in their practice area.

Review



-Telemedicine services are being deployed to screen and treat, the COVID-19 AND provide routine care



- Medical care providers may practice across state lines



-Will not impose penalties for non-compliance with the regulatory requirements under the HIPPA rules - in connection with the good faith provision of telemedicine



- Non-Public facing video communication applications may be used for the provision of telemedicine

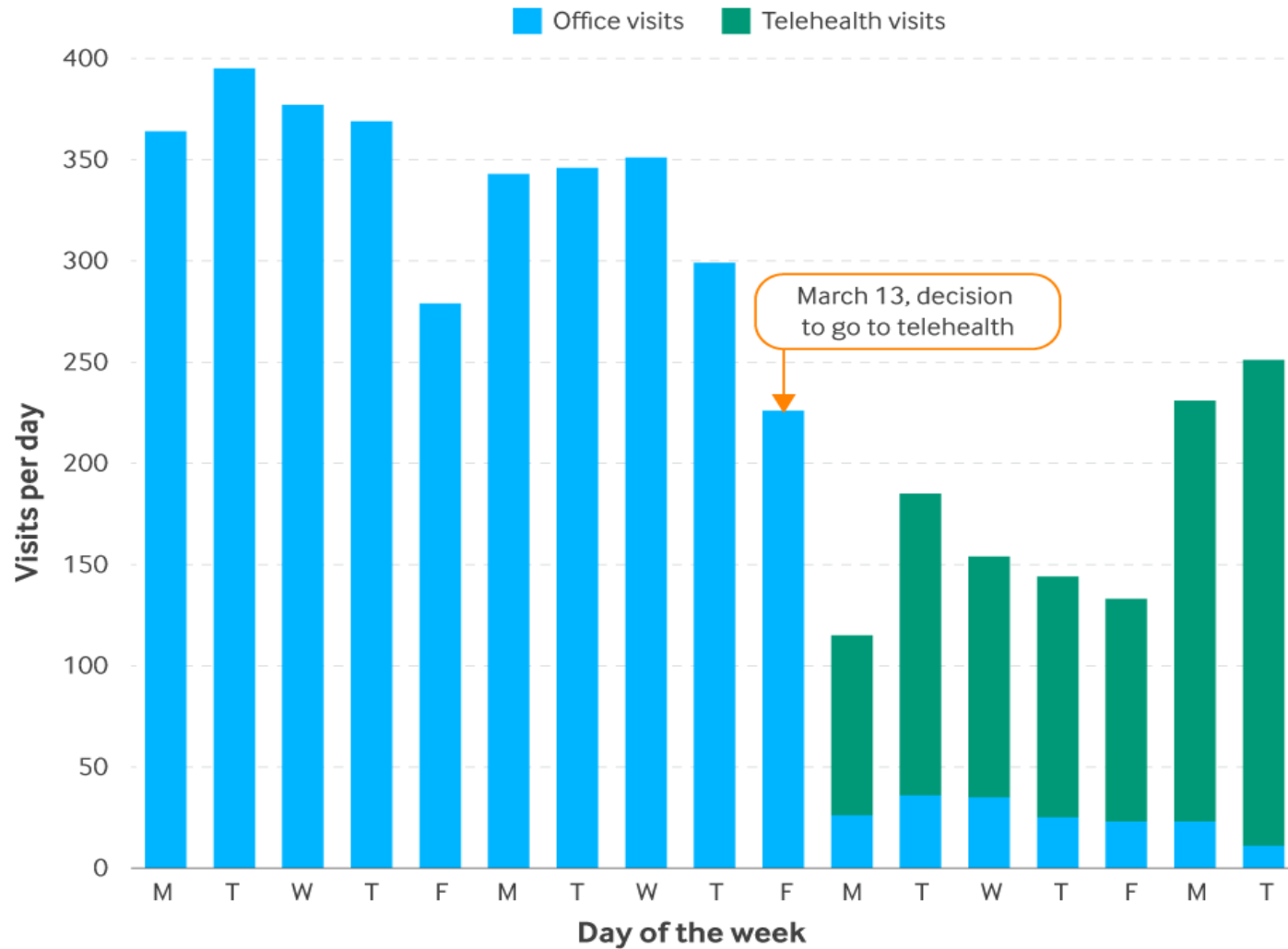


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Maintaining health records and other changes due to COVID-19

Rebecca Reynolds, EdD, RHIA, CHPS, FAHIMA
Professor & Program Director- HIIM

Number of Visits per Day in Transition to Telehealth at One Primary Care Practice



Source: The authors

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

Telehealth Visit Process

- Patient has to give consent verbally to do the visit, this should be documented.
- Provider is assessing and making recommendations, this should be documented.
- Type of telehealth access, audio, video, etc. should be recorded.
- Ensure providers are not copying previous notes that might not indicate the visit type.
- Patient should have a registration to attach this information to support the visit.
- Can do a short form registration with a Place of Service code of 02 - Telehealth

Who may provide telehealth services?

Medicare beneficiary has to be at the originating site and connected live with audio or video to a distant site provider. The distant site providers are eligible for reimbursement.

Distant site practitioners who can furnish and get payment for covered telehealth services (subject to State law) are:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs)CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professionals

Visit Types

There are three main types of virtual services physicians and other professionals can provide to Medicare beneficiaries, and respective telemedicine codes that apply to each type of virtual services

Medicare telehealth visits,

Virtual check-ins, and

e-visits.

Medicare telehealth visit

- Provider must use interactive audio and video telecommunications systems
- Real-time communication between distant site and patients
- Patient can be at home or in any healthcare facility
- HHS has stated that they will not conduct audits to ensure that a prior relationship with the patient existed for claims submitted during the public health emergency
 - Effective for visits beginning March 6, 2020
 - Do not know when this will end

Virtual check-ins

- For established patients in their home
- May have a brief communication synchronous service with practitioner via telephone or video image
- Communication is not related to a medical visit within the last 7 days and does not lead to a medical visit within the next 24 hours
- The patient must verbally consent to check-in services
- Coding
 - Telephone HCPCS G2012 (5-10 minutes of medical discussion)
 - Captured images sent to a physician HCPCS G2010 (remote evaluation of recorded video and/or images submitted by an established patient)

Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication.

E-visits

- Non-face-to-face patient-initiated communication with physicians by using online patient portals
- Must be an established patients
- Patient must generate communications and these can occur over a 7-day period
- Coding
 - CPT 99421-99423
 - HCPCS G2061-G2063

Practitioners who may independently bill Medicare for EM visits can bill these additional codes
 99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes

99422: Online digital evaluation and management service, for an established patient, for up to 7 days cumulative time during the 7 days; 11– 20 minutes

99423: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.

E-visits

Practitioners who may not independently bill Medicare for EM visits can bill these additional codes (PT, OT, SLP and clinical psychologists)

G2061: Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes

G2062: Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes

G2063: Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

Tennessee statutes

T.C.A. § 56-7-1002 provides for reimbursement of telehealth services if the telehealth services are provided through a telehealth encounter that comply with state licensure requirements.

T.C.A. § 63-6-209 allows for the granting of a locum tenens or conditional license to applicants for the practice of telemedicine in Tennessee.

The Tennessee Department of Mental Health and Substance Abuse Services, Office of Crisis Services, has published Telecommunication Guidelines for Tennessee Department of Mental Health and Substance Abuse Services Designated Crisis Services and this is a good guide for providers on general overview of telehealth. The guide also contains information about maintenance of records and transfer for patients to acute care facilities.

Required reporting of positive test results

The Tennessee Department of Health (TDH) is actively monitoring for novel coronavirus 2019 (COVID-19) across the state. **COVID-19 has been designated as immediately notifiable in Tennessee.** Positive results should be reported to TDH by calling **(615)-741-7247** or faxing reports to **(615) 741-3857, ATTN: COVID-19.**

If your facility is performing in-house clinical laboratory testing for COVID-19, please notify TDH by contacting CEDS.Informatics@tn.gov if you have not done so already.

TDH has additional information on COVID-19 available at www.tn.gov/health/cedep/ncov.html.

TDH reportable disease resources can be found at <https://www.tn.gov/health/cedep/reportable-diseases.html>.

CMS releases Stark blanket waivers for COVID-19 Purposes—Physician Self-referral

Diagnosis or medically necessary treatment of COVID-19 for any patient or individual, whether or not the patient or individual is diagnosed with a confirmed case of COVID-19;

- Securing the services of physicians and other health care practitioners and professionals to furnish medically necessary patient care services, including services not related to the diagnosis and treatment of COVID-19, in response to the COVID-19 outbreak in the United States;
- Ensuring the ability of health care providers to address patient and community needs due to the COVID-19 outbreak in the United States;
- Expanding the capacity of health care providers to address patient and community needs due to the COVID-19 outbreak in the United States;
- Shifting the diagnosis and care of patients to appropriate alternative settings due to the COVID-19 outbreak in the United States; or
- Addressing medical practice or business interruption due to the COVID-19 outbreak in the United States in order to maintain the availability of medical care and related services for patients and the community.

Making telehealth work—it will take time to work through

Payment and regulatory structures,

state licensing,

credentialing across hospitals,

and program implementation.



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Practicing telemedicine in COVID 19 times

Tammy Danford, MSN, RN, CGRN
Nurse Manager Telehealth
Memphis VA Medical Center

Equipment

SMART PHONE -APPLE OR ANDROID

iPad

Laptop

Desk top computer

Device will need a webcam and a microphone

Typically will need to be able to access email on device

Test Call

Video Communication Technology

- ▶ Virtual Care Manager
- ▶ Doxy.me
- ▶ Apple face time
- ▶ Google hangouts
- ▶ Skype
- ▶ Facebook messenger

- ▶ No applications that are public facing
(Facebook live, tiktok, twitch, Slack)

These are not intended for private communications

Process

Provider and patient agree to virtual care appointment and virtual care platform

Patient completes a test call to test equipment

Provider and patient meet in virtual care medical room or alternative site

Provider obtains verbal consent for telemedicine visit

After visit , provider encounters visit using the Telemedicine modifier

Contingency plans

- ▶ If your “normal” telemedicine platform fails, you can use Doxy.ME, or any other non-public facing platform
- ▶ A telephone call is acceptable in the event you are unable to connect with your patient via smart device
- ▶ VA is also using remote patient monitoring in their home telemedicine center.

Patient Perspective

-Frequently Asked Questions

- ▶ What is telehealth?

Telehealth is the use of electronic information and telecommunications technologies to support and promote rural clinical health care and patient education. Providers and patients meet in a virtual medical room.

- ▶ Is the virtual medical room HIPAA compliant?

Yes, if you are using a platform that is set up for virtual medical rooms. Occasionally, the visit will require a different platform such as Google hangouts. In that event, cautions should be taken to safeguard information.

- ▶ How does telehealth benefit me, the patient?

Patients will benefit from care without a leaving their home or office, no wasted travel time or money spent on gas or parking, decreased risks to communicable diseases and no time spent waiting to see the provider.

- ▶ Does my insurance cover telehealth?

Yes, most insurances and even Medicare cover Telehealth

Questions?



Thank You!

him@uthsc.edu



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AHIMA COVID resources

<https://journal.ahima.org/covid-19-news-and-resources/>

CDC

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

DHS

<https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>

DEA

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AHIMA Telemedicine Toolkit

<https://healthsectorcouncil.org/wp-content/uploads/2018/08/AHIMA-Telemedicine-Toolkit.pdf>

<https://www.cms.gov/files/document/covid-19-blanket-waivers-section-1877g.pdf>

[HHS Issues Limited Waiver of HIPAA Sanctions and Penalties during COVID-19 Outbreak](#)

[HHS Issues Enforcement Discretion for Telehealth Remote Communications during COVID-19 Outbreak](#)

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

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

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HIMSS Patient Guide to Telemedicine

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