**PA AAP Q&A on “Implementing Telemedicine in Pediatric Practice” During COVID-19**

**QUESTIONS ABOUT VENDORS:**

**Q.** **Could you recommend some telemedicine vendors?**

**A.** There are many stand-alone video conferencing tools ([DoxyME](file:///\\\\ad\\shared\\Public\\Lets Talk Webinars\\2020\\3-25-20 Telemedicine+COVID19\\doxy.me), [Zoom](https://zoom.us/home?zcid=2478), Webex, [VIDYO](https://paperlesslactation.com/blog/virtual-consult-best-practices-for-lactation-consultants) for example) that can be used, but do not have that patient/provider friendly workflow that other telehealth platforms do. Also, you should not need the multiparty and screen sharing functions that those stand-alone platforms offer for group and business purposes.

Some commonly used platforms we recommend for telemedicine use, in addition to DoxyME and [Zoom](https://zoom.us/home?zcid=2478) (there are non-HIPAA compliant general use platforms and a healthcare one that is HIPAA compliant), include SnapMD (the AAP affinity partner), anytimepediatrics.com (started by a pediatric ER doc), [eVisit](https://evisit.com/), [Spruce](https://www.sprucehealth.com/), and [TytoCare](https://www.tytocare.com/) (has peripheral devices that patients can use).

If you do not use EPIC where you could use MyChart on the family side and Haiku/Canto on physician side, then strongly consider one of the Telehealth Vendors like SnapMD or Doxy.me. Doxy.me offers a free version which might be a good place to start right now, then upgrade as needed. Tytocare is the only Vendor that can integrate with a home kit that a parent can purchase for $300 at Best Buy. That platform allows an excellent remote physical exam including throat, TM’s, lungs and skin.

A full- but not complete-- list of vendors can be found [here](https://sourceforge.net/software/product/REACH-5.0/alternatives). Also, the Texas Medical Association has some excellent [telemedicine resources](https://www.texmed.org/Telemedicine/) and a comprehensive vendor [evaluation tool](https://www.texmed.org/uploadedFiles/Current/2016_Practice_Help/Health_Information_Technology/Telemedicine%20Criteria%20-%20chart.pdf).

**Q. What is the average cost of these telemedicine platforms?**

**A.** This is negotiable based on the size of the practice and the options the provider is looking for.

**Q**. **Can Facetime be used for telemedicine visits?**

A. The Office for Civil Rights (OCR) has said you can use Facetime during the COVID-19 crisis and they won’t go after you for HIPAA violation. You cannot use this in the long term, and you may still be vulnerable if a parent or guardian wanted to complain. We recommend getting full consent from the parent or guardian. (Don’t let this get in the way of care if you have no choice, but don’t make this your default.) More information on current HIPPA compliance can be found [here](https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html).

**Q.** **Will the HIPPA waiver for telemedicine hold up?**

**A.** The waiver should hold up during the COVID-19 period, but we caution any practice depending on it to deliver telemedicine. The intent of the waiver is to allow you to safely see patients in a state of emergency. There are plenty of free or inexpensive solutions that are HIPAA compliant (and feature other benefits). Continuing to use Facetime or Skype, in the long run, isn’t very supportable.

Here's an HHS document on [waiving potential penalties](https://www.hhs.gov/about/news/2020/03/17/ocr-announces-notification-of-enforcement-discretion-for-telehealth-remote-communications-during-the-covid-19.html).

**Q.** **If the vendor we are using does not provide a consent form, what should we use?**

**A.** Note that some quick research indicates that PA only requires consent for Medicaid patients seeking telepsych services. Document verbal consent in an emergency, use a portal message, put one on your website and ask parents to download, sign and mail to you.

Here are some links to sample document consent forms:

<https://keepkidshealthy.com/2020/03/22/telemedicine-for-parents-and-pediatric-providers>

<https://southwesttrc.org/blog/2017/telemedicine-informed-consent-how-informed-are-you>

<https://www.aap.org/en-us/professional-resources/practice-transformation/telehealth/Pages/Sample-Documents.aspx>

<https://www.umtrc.org/clientuploads/Resources/Sample%20Forms%20and%20Templates/Sample_Informed_Consent_for_Telemedicine_Services.pdf>

<http://hub.americantelemed.org/thesource/resources/telemedicine-forms>

<https://blog.evisit.com/telemedicine-informed-patient-consent-done-right-way>

**QUESTIONS ON CONDUCTING PHYSICAL EXAMS**

**Q. What is the best way to see a rash?**

**A.** We recommend the parent or guardian use the camera on the back of the phone and good lighting. The best way to see it is for them to take a picture of the rash and send it to Mychart. This can be done before or after the telemedicine visit. Though, we do realize that not everyone uses EPIC and has this option. Flashlights and great lighting are your best options. If you use an EHR or portal that allows uploading of pictures, that adds to the clarity. Another option is to have the patient send the picture to your cell phone. This is **NOT** HIPAA compliant, but if it is a secure personal device, it would fall under the OCR guidance for not pursuing HIPAA breaches in this context **IF** the physician is comfortable doing so. The physician would need to say “I can’t ask you to text a picture to my cell because it’s not HIPAA compliant, but if you want to, I would be happy to look at it. Please don’t send any identifying patient information, I’ll know it’s you and also please don’t use this cell number in the future.”

**Q**. **How can you diagnosis strep vs viral without a culture when studies show that is not accurate?**

**A.** The only thing you can do there is to say “high suspicion” if you see palatal petechiae or strawberry tongue, for example, or “lower suspicion” if there are lots of cold symptoms and no classic signs. It is important to note, we should not be getting strep tests on kids with cough and congestion anyway. In general, we over test. So, you can say it’s likely viral if there are additional respiratory symptoms. If it’s sore throat, headache, and nausea, and the parent or patient can tell you if there are enlarged lymph nodes (you can walk them through it), and you see palatal petechiae or exudate, that’s a high index of suspicion. During normal times you would ask them to get a strep test. Some people are then swabbing those kids in the parking lot in full PPE. It is also reasonable (not perfect, but reasonable) in the COVID-19 outbreak, to talk about risks/benefits of treating empirically vs testing. If you choose to treat, document in your note, “In the COVID crisis no reasonable way to obtain throat culture on this patient with lack of safe collection/PPE, so with shared decision-making discussing risks/benefits, elected to treat with antibiotics at this time.” No matter WHAT you do, document next steps if patient is not improving in a reasonable time period including when an in-person visit would be more appropriate.”

**Q. Is there any guidance on the clinical aspects of telemedicine and how to improve them?**

**A.** We recommend viewing Sue Kressly's Telehealth Webinar recorded for the AAP [here](https://www.youtube.com/watch?v=Cj0s3alpZKI). You might also be interested in reading this [paper](http://www.ajtmh.org/content/journals/10.4269/ajtmh.18-0869;jsessionid=36PlicBPMGKL8MfiZUasVi5T.ip-10-241-1-122) on “Development and Initial Validation of a Frontline Health Worker mHealth Assessment Platform (MEDSINC®) for Children 2-60 Months of Age.

**Q.** **What are some tools that can be used as peripheral devices?**

**A.** There are several apps available including a Pulse Oximeter, Heart Rate and Oxygen Monitor App. These apps can be found [here](https://apps.apple.com/us/app/pulse-oximeter-heart-rate-and-oxygen-monitor-app/id775632066).

**Q.** **Are there any live telemedicine demos available?**

**A.** Many of the telemedicine vendors are swamped right now, but some of them still offer live demos. They essentially all have on-line videos you can check. However, check with your peers...have them do a telemedicine visit with you as a patient! Or sign up with one of the numerous free options to get your feet wet.

We recommend checking out Dr. Sue Kressly’s telemedicine webinar [here](https://www.youtube.com/watch?v=Cj0s3alpZKI&feature=youtu.be). This is also a great [article](http://www.telemedmag.com/article/telemedicine-physical-better-think/) with additional exam thoughts.

**QUESTIONS ABOUT BILLING/CODING**

**Q.** **What do we use to code for telemedicine visits?**

**A.** For 2-way (synchronous) visit with audio-video interaction, most insurers are accepting the same CPT codes as used with an acute face-to-face visit — 99212, 99213, 99214, 99215. And most insurers will require modifiers indicating that the visit was conducted via telemedicine: place of service modifier 02 and type of visit modifier 95. A CPT Coding Fact Sheet For Care Management, Telephone, Email, and other Non-Face-to-Face Services can be found [here](https://medicalhomeinfo.aap.org/tools-resources/Documents/AAP%20care%20coordination%20coding%20fact%20sheet.pdf). Cigna currently wants: 99241. Most importantly, check with your insurers on the codes they require.

Here are some key codes to emphasize right now, in addition to live interactive telemedicine codes. Check with and advocate for these with your local payers:

- G2012 which is called the “virtual checkin” and is telephone based.

- 99421-99423 – online digital evaluation and management (think patient portal care with asynchronous, back and forth communication between physician and parent)

- 99446-99449 – interprofessional consultation (code for CONSULTING physician for time spent on electronic consultation btw generalist and specialist)

- 994X0 – interprofessional consultation (code for REFERRING physician for time spent on electronic consultation btw generalist and specialist)

**Q.** **Is it true that if you had a telemedicine visit and the patient comes into the office the next day, you could not charge the patient again?**

**A.** No, a telemedicine visit with live video/audio is billed using a 9921X code (usually with a modifier and different location) and should be treated like any other 9921X code delivered by your office. If a patient comes in 3 days in a row for 3 visits, even for the same problem-- it’s 3 visits. However, this is true for some of the telephone codes (such as G2012) which might be the source of confusion. Also, you cannot charge for a second visit in the same day.

**Q**. **Is it ever appropriate to use “audio only” telemedicine?**

**A.:** Yes, using telephone codes which are starting to be covered by some insurers. However, the RVUs are lower and so paid at a lower rate. Also, please be aware that they cannot be as a result of a visit that happened in the past 7 days or results in a face-to-face visit within the next 24 hours or first available appointments. See below for link from AAP.

[Coding for telephone and non-face-to-face care from AAP](https://medicalhomeinfo.aap.org/tools-resources/Documents/AAP%20care%20coordination%20coding%20fact%20sheet.pdf)

[Coding for telemedicine services](https://www.aap.org/en-us/Documents/coding_factsheet_telemedicine.pdf)

**Q. How can lactation consultants bill for telemedicine visits?**

**A.** Aetna and IBX are currently covering telehealth lactation. Here is a useful [guide](https://paperlesslactation.com/blog/virtual-consult-best-practices-for-lactation-consultants) that was shared recently on the local lactation consultant listserv.

Since this is so new, we do not know much yet about reimbursement for lactation consultation. Some things we do know are that, virtual visits will receive higher reimbursements compared to phone telehealth visits. Also, we are billing as a telehealth virtual or telehealth phone visit with the co-modifier of > 50% of time spent patient counseling, and we document the length of time the visit was plus the typical lactation ICD-10 codes (difficulty feeding at the breast etc..). In our EHR, we are documenting as a' Telehealth visit' (in our EHR template) using our lactation template, but obviously cannot document the physical exam or physical measurements and/or vital signs.

**Q.** **Can telemedicine currently be used for well visits?**

**A.** Well visits are NOT currently under the list of CPTs which are used for telehealth but that may change as this gets prolonged.