TELEHEALTH FOR OPTOMETRY DURING CORONAVIRUS (COVID-19)EMERGENCY

"Telemedicine Services – The time to try it is now!"

During this challenging time, many of us are having to close our practices for staff and patient care for a period. In an effort to help healthcare providers manage patients who may have emergent or chronic medical conditions, HHS has eased some of the regulations and policy guidelines for telehealth / telemedicine services. This has the benefit of maintaining patient / doctor confidentiality and continuity of patient care, while keeping these patients out of the emergency rooms and hospital system, whenever possible. Lastly, because my business is the business part of healthcare, it creates a revenue stream during a shutdown of the ancillary healthcare system and ceasing of preventative / routine healthcare services.

HHS and OCR regulations have been relaxed to expand the use of telehealth and provide telemedicine services to the older population. Right now, and for a period of at least 60-days (some payers only allowing through April 30, so check your carriers), we are able to perform these services using day-to-day smart phone devices in a "Synchronous" way (two-way communication via video chat). HIPAA requirements have been relaxed allowing use of Facetime™ and Skype™ for two-way communication for virtual office visits (E/M coding) and "check-in" care (special codes). They also have relaxed the requirements that made the beneficiaries report to a designated teleconference center to receive care or to require that they live in a designated rural area. They can now contact us from their own homes via video conference to receive patient care.

Just to be clear: This is Medicare. Medicare Parts A, B and C. This includes most Medicare Advantage plans such as United Healthcare, Aetna, Cigna, and other smaller Part C plans. Humana is offering coverage only for COVID-19 emergent issues as of this date. BCBS is offering telehealth through their own Telemedicine portal provided to their members using their own hired physicians. You can check with each carrier regarding telehealth care as needed for other commercial plans.

Protocols should be put in place to screen patients who would qualify for this type of care (established patients), and to notify patients that the services will be filed to their insurance carriers and their policy payments and allowances would apply. The patient should not have been seen in your office for this issue for at least 7 days before the call, and will not need to be seen for at least 1 day after the call. These instances of care need to be initiated by the patient (i.e. requested by the patient – not mandated by the provider). The American Health Information Management Association (AHIMA) offers the following recommendations for accessing telehealth services:

1. The telemedicine provider must assess the patient's need for telemedicine services/orders through an identification assessment process.

2. Once the need is confirmed a telemedicine appointment can be scheduled and executed.

3. The telemedicine provider is responsible for accurately documenting all required content during the telemedicine encounter.

4. The telemedicine provider completes the telemedicine encounter and will review telemedicine orders.

5. The telemedicine provider will incorporate telemedicine orders into the treatment plan.

6. Documentation of all steps and follow-up is required

DOCUMENTATION

Documentation should reflect the regular requirements for all Evaluation and Management levels of service provided and should include a Chief Complaint, History of the presenting problem (s), exam elements as observed via video (conjunctivitis with phone close to eye to examine), assessment and plan and follow up care requirements. You should also document the media with which the exam was obtained (ex. FaceTime™), and the TIME SPENT VIA TELEHEALTH. You must sign the record to validate the encounter.

At a minimum, AHIMA recommends that each telemedicine record contain the following:

- Patient name / ID or Health Record number
- Date of service
- Referring physician
- Provider organization
- Provider location
- Patient location
- Type of evaluation performed
- Informed consent, if appropriate
- Evaluation results including diagnosis and impressions
- Recommendations for further treatment

TELEMEDICINE CODES TO BILL

Coding for evaluation and management services utilize the regular 99xxx office visit codes and the documentation requirements follow those that we all know based on the level of care that is medically necessary. Medical necessity will always rule the road. If the patient is "seen", you will use one of the following codes:

ESTABLISHED PATIENT	PLACE OF SERVICE	MODIFIER
99211	**PLACE OF SERVICE: 02** location where health services and health-related services are provided or received, through a telecommunication system	**MODIFIER -95** (Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System.) on EACH LINE ITEM ASSOCIATED WITH THE CALL
99212		
99213		
99214		
99215		

**There is a second modifier available that can also be used (GT-Service rendered via synchronous communication) however, CMS and most commercial payers recognize-95 modifier.*

VIRTUAL CHECK INS

What else can we do? An additional "virtual check-in" option is available for established patients who need a quick 5-10-minute call with no medical exam but the medical discussion is documented instead. These check-in visits are good for established patients who need a quick medication refill (i.e. Glaucoma) or perhaps issuing a prescription for a patient who consistently gets dry eye or has allergy issues. If an exam (history, physical exam, medical decision making) is not required, you can perform, document, and bill a telephone call performed with your patient. This is not for FaceTime™ or other synchronous video devices. However, there are several other requirements that apply:

1. Consent from the Patient must be obtained (normally required in writing, verbal is ok during emergency but must be documented)
2. Notification of billing of service is required to the patient because often times we have contacted these patients and provided these services at no charge. Patients need to be aware that a virtual check in visit will be reported to their insurance company and they may receive a bill for any out of pocket amounts due per their individual health plan.
3. Documentation of the time spent, and a summation of the conversation including who you spoke with and the follow up care needed

**These codes are inappropriate for patients who need to be seen in person with 24 hours of the telephone call. Actively sick patients would not fall into this virtual check-in process normally.

VIRTUAL CHECK-IN CODING

G2012 *Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, 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* ***(-95 modifier DOES NOT APPLY)***

There is an opportunity here to continue to care for a portion of our patient base while we are unable to see a larger volume of patients. Emergencies and chronic care that do not require a physical review are perfect for telemedicine. Get your documentation ready and prepare your patients and bill, bill, bill! Now is the time to try these services! With the current relaxed regulation, it might be a great way to both take care of your patients and expand your current care options. Wash your hands, practice social distancing, and BE SAFE everyone!

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Ps. 92xxx Ophthalmological examination codes are not used for telemedicine services

CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)

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Official CMS news from the Medicare Learning Network®

SPECIAL EDITION

Tuesday, March 17, 2020

President Trump Expands Telehealth Benefits for Medicare Beneficiaries During COVID-19 Outbreak

CMS Outlines New Flexibilities Available to People with Medicare

The Trump Administration today announced expanded Medicare telehealth coverage that will enable beneficiaries to receive a wider range of healthcare services from their doctors without having to travel to a healthcare facility. Beginning on March 6, 2020, Medicare—administered by the Centers for Medicare & Medicaid Services (CMS)—will temporarily pay clinicians to provide telehealth services for beneficiaries residing across the entire country.

"The Trump Administration is taking swift and bold action to give patients greater access to care through telehealth during the COVID-19 outbreak," said Administrator Seema Verma. "These changes allow seniors to communicate with their doctors without having to travel to a healthcare facility so that they can limit risk of exposure and spread of this virus. Clinicians on the frontlines will now have greater flexibility to safely treat our beneficiaries."

On March 13, 2020, President Trump announced an emergency declaration under the Stafford Act and the National Emergencies Act. Consistent with President Trump's emergency declaration, CMS is expanding Medicare's telehealth benefits under the 1135 waiver authority and the Coronavirus Preparedness and Response Supplemental Appropriations Act. This guidance and other recent actions by CMS provide regulatory flexibility to ensure that all Americans—particularly high-risk individuals—are aware of easy-to-use, accessible benefits that can help keep them healthy while helping to contain the spread of coronavirus disease 2019 (COVID-19).

Prior to this announcement, Medicare was only allowed to pay clinicians for telehealth services such as routine visits in certain circumstances. For example, the beneficiary receiving the services must live in a rural area and travel to a local medical facility to get telehealth services from a doctor in a remote location. In addition, the beneficiary would generally not be allowed to receive telehealth services in their home.

The Trump Administration previously expanded telehealth benefits. Over the last two years, Medicare expanded the ability for clinicians to have brief check-ins with their patients through phone, video chat and online patient portals, referred to as "virtual check-ins". These services are already available to beneficiaries and their physicians, providing a great deal of flexibility, and an easy way for patients who are concerned about illness to remain in their home avoiding exposure to others.

A range of healthcare providers, such as doctors, nurse practitioners, clinical psychologists, and licensed clinical social workers, will be able to offer telehealth to Medicare beneficiaries. Beneficiaries will be able to receive telehealth services in any healthcare facility including a physician's office, hospital, nursing home or rural health clinic, as well as from their homes.

Medicare beneficiaries will be able to receive various services through telehealth including common office visits, mental health counseling, and preventive health screenings. This will help ensure Medicare beneficiaries, who are at a higher risk for COVID-19, are able to visit with their doctor from their home, without

having to go to a doctor's office or hospital which puts themselves or others at risk. This change broadens telehealth flexibility without regard to the diagnosis of the beneficiary, because at this critical point it is important to ensure beneficiaries are following guidance from the CDC including practicing social distancing to reduce the risk of COVID-19 transmission. This change will help prevent vulnerable beneficiaries from unnecessarily entering a healthcare facility when their needs can be met remotely.

President Trump's announcement comes at a critical time as these flexibilities will help healthcare institutions across the nation offer some medical services to patients remotely, so that healthcare facilities like emergency departments and doctor's offices are available to deal with the most urgent cases and reduce the risk of additional infections. For example, a Medicare beneficiary can visit with a doctor about their diabetes management or refilling a prescription using telehealth without having to travel to the doctor's office. As a result, the doctor's office is available to treat more people who need to be seen in-person and it mitigates the spread of the virus.

As part of this announcement, patients will now be able to access their doctors using a wider range of communication tools including telephones that have audio and video capabilities, making it easier for beneficiaries and doctors to connect.

Clinicians can bill immediately for dates of service starting March 6, 2020. Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services. Medicare coinsurance and deductible still apply for these services. Additionally, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. Medicaid already provides a great deal of flexibility to states that wish to use telehealth services in their programs. States can cover telehealth using various methods of communication such as telephonic, video technology commonly available on smart phones and other devices. No federal approval is needed for state Medicaid programs to reimburse providers for telehealth services in the same manner or at the same rate that states pay for face-to-face services.

This guidance follows on President Trump's call for all insurance companies to expand and clarify their policies around telehealth.

To read the Fact Sheet on this announcement visit: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

To read the Frequently Asked Questions on this announcement visit: https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf

This guidance, and earlier CMS actions in response to the COVID-19 virus, are part of the ongoing White House Task Force efforts. To keep up with the important work the Task Force is doing in response to COVID-19 click here https://protect2.fireeye.com/url?k=77e7d32e-2bb2dafe-77e7e211-0cc47a6a52de-eab068b95b6a0e47&u=https://protect2.fireeye.com/url?k=1dc3b044-4196b994-1dc3817b-0cc47a6a52de-daff918c3d41b4a0&u=http://www.coronavirus.gov/. For information specific to CMS, please visit the Current Emergencies Website.

Like the newsletter? Have suggestions? Please let us know!

Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency

We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons and persons with disabilities. – Roger Severino, OCR Director.

The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) is responsible for enforcing certain regulations issued under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health (HITECH) Act, to protect the privacy and security of protected health information, namely the HIPAA Privacy, Security and Breach Notification Rules (the HIPAA Rules).

During the COVID-19 national emergency, which also constitutes a nationwide public health emergency, covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies. Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules.

OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately.

A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

For example, a covered health care provider in the exercise of their professional judgement may request to examine a patient exhibiting COVID- 19 symptoms, using a video chat application connecting the provider’s or patient’s phone or desktop computer in order to assess a greater number of patients while limiting the risk of infection of other persons who would be exposed from an in-person consultation.

Likewise, a covered health care provider may provide similar telehealth services in the exercise of their professional judgment to assess or treat any other medical condition, even if not related to COVID-19, such as a sprained ankle, dental consultation or psychological evaluation, or other conditions.

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.

Covered health care providers that seek additional privacy protections for telehealth while using video communication products should provide such services through technology vendors that are HIPAA compliant and will enter into HIPAA business associate agreements (BAAs) in connection with the provision of their video communication products. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA.

- Skype for Business
- Updox
- VSee
- Zoom for Healthcare
- Doxy.me
- Google G Suite Hangouts Meet

Note: OCR has not reviewed the BAAs offered by these vendors, and this list does not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products. There may be other technology vendors that offer HIPAA-compliant video communication products that will enter into a HIPAA BAA with a covered entity. Further, OCR does not endorse any of the applications that allow for video chats listed above.

Under this Notice, however, OCR will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.

OCR has published a bulletin advising covered entities of further flexibilities available to them as well as obligations that remain in effect under HIPAA as they respond to crises or emergencies at https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf - PDF.

Guidance on BAAs, including sample BAA provisions, is available at https://www.hhs.gov/hipaa/for-professionals/covered-entities/sample-business-associate-agreement-provisions/index.html.

Additional information about HIPAA Security Rule safeguards is available at https://www.hhs.gov/hipaa/for-professionals/security/guidance/index.html.

HealthIT.gov has technical assistance on telehealth at https://www.healthit.gov/telehealth.

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From: padministrator@webmail.palmettogba.com
Sent: Tuesday, March 17, 2020 4:23 PM
To: krystinkeller@charter.net
Subject: Palmetto GBA Update

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