RWJMS Telehealth Policy

Introduction

The COVID-19 pandemic is evolving at a very quick pace and our Medical Group response is also evolving in a dynamic manner. A critical, proactive measure all Medical Group providers must take to safeguard our patients and ourselves is to aggressively move traditional, in-person patient visits to virtual patient visits.

Virtual patient visits may be conducted via a telephone call or a video connection (e.g. FaceTime, Skype, doxy.me, etc.). The result of needing to immediately migrate from traditional appointments to some form of a virtual visit is that we may initially use simple telephone call or FaceTime methods to start as we identify, implement and scale other virtual visit technologies and tools in the coming days. We are committed to continuously developing our virtual visit capabilities throughout the COVID-19 emergency to insure the best patient and provider experience possible.

Under the current circumstances, virtual patient visits can be an effective alternative to traditional in-person care for many of our patients. Virtual patient visits can be conducted using the following major modalities:

- Telephone call
- Video conferencing (e.g. Skype, FaceTime, or other video conferencing applications)
- Telehealth delivery platforms (e.g. doxy.me, American Well, etc.)

At this point in time the Medical Group is focused predominately on using existing systems including, to the degree possible, video conferencing technologies to conduct virtual patient visits. We are planning to start with the telehealth delivery platform doxy.me.

The Epic EMR has robust telehealth capabilities that are built-in and integrated with the platform, including the patient portal, MyChart. Unfortunately, we cannot use this system until the ambulatory practices go live, the first of which is scheduled to be in early 2021. AmWell is a sophisticated telehealth platform. We are aware that various pilot projects using American Well are in-progress within Rutgers and RWJBH. However, it is clear that this platform cannot be rolled out anywhere near quickly enough to meet our immediate needs. We plan to continue to develop ways to rollout and scale a more formal telehealth delivery platform over the coming days and weeks.

Relaxed rules on telehealth visits

1. As of 3/17/20, CMS has announced that during the Covid-19 emergency, Medicare will pay for telehealth visits under expanded circumstances and that the copay requirements for these visits may be waived (https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet).
2. We will bill for privately insured patients the same, anticipating that we may get paid for these visits by private insurers as well.

3. Charges for visits should be entered on the superbill the same as for office visits using codes 99211-99215. Location code 02 (Telehealth location) will be added automatically by the Superbill form so that these charges will be held separately until the exact billing eligibility is determined.
4. Physicians are required to be licensed in the state where a telehealth patient is physically located. Although there is a waiver at the Federal level of licensing requirements, we have not heard specific information from other states. Therefore, unless we hear the other states waive this requirement, our clinicians should not provide telehealth visits to patients who are not physically present in New Jersey at the time of the visit. Our Compliance office is monitoring these requirements.
5. Our RBHS malpractice insurance covers all providers for telehealth services.

Telehealth Platforms

1. CMS has also temporarily relaxed enforcement for HIPAA rules governing telehealth applications as detailed in the same fact sheet (https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet) for GOOD FAITH efforts to use available telehealth technology to serve patients during the emergency.
2. This means that any available platform for telehealth may be used even if not HIPAA-certified.
3. The Rutgers Health and RWJMS-associated practices (RWJMS, CINJ, NJMS, Chandler Health Center, and School of Nursing (RCHC) will preferentially use a free application, doxy.me. Detailed instructions are included in a separate document.
4. Until we are fully enabled, providers may use other platforms, including Webex, Skype, Facetime or the new Microsoft Platform, "Microsoft Teams" (https://it.rutgers.edu/microsoft-teams/)
5. RWJBH is exploring other options for the long-term, including the telehealth features of Epic and American Well. At this time, American Well is being used only in pilot programs and will not be available for general use in the short-term.

Scheduling

1. Telehealth visits should be scheduled only for attending physicians and licensed advanced practice providers (APN's, PA's) and NOT scheduled for residents and fellows until further details of resident and fellow supervision are worked out.
2. Patients with Existing Appointments: Providers with staff should review scheduled patients to categorize as follows:
    a. Appointments that can be pushed out 8 weeks (e.g. well visits, physicals, healthy new patients, etc.) will be rescheduled by support staff.
    b. Appointments that can be converted to virtual patient visits: The support staff will work with their Providers and patients to identify how the virtual patient visit will be conducted (e.g. telephone call, FaceTime, etc.).
    c. Appointments that the Provider believes must be performed in-person: The support staff will confirm these patient appointments. Providers and support staff should consider modifying appointment schedules to minimize the number of patients in the office at any given time.

d. All patients must be registered and care documented in the EHR. Detailed steps for each EMR system (Centricity and Aria) are documented separately.
e. All patient encounters will be coded for tracking and billing purposes. Detailed steps for coding and billing telephone and video conference patient visits are provided below. The ways in which the Medical Group may be reimbursed for virtual patient visits is evolving rapidly. This type of information is critical and we will provide updates as frequently as needed
f. Centricity EMR has a new document type called "Telehealth visit". It is requested that all providers use this document type in order to a) allow tracking of Telehealth encounters b) provide automated support for coding these visits c) enable electronic lab ordering through EMR-Link.

2. Established Patients Requesting A New Appointment:
    a. The default for scheduling a new established patient appointment will be to utilize virtual patient visit technology. At this point in time the local practice site Providers are charged with establishing their criteria for in-person appointments with established patients.
    b. All established patients requesting a new appointment who want to be seen in the office must be triaged using the Medical Group COVID-19 questions and their Provider's criteria for in-person appointments.
        1. Unless otherwise indicated a virtual patient appointment will be scheduled.
        2. When indicated an in-person patient appointment will be scheduled.
    c. Patient registration and billing occurs as stated above.

3. New Patients Requesting an Appointment:
    a. The Medical Group must do our part to support our hospital delivery capability, specifically the Emergency Departments, by continuing to treat new patients to the degree possible.
    b. All new patient appointment requests need to be triaged using the Medical Group COVID-19 questions and their Provider's criteria for when new patients need to be treated in-person.
        1. Unless otherwise indicated a virtual patient appointment will be scheduled.
        2. When indicated an in-person patient appointment will be scheduled.]
    c. Patient registration and billing occurs as stated above.

Telephone-only Virtual Patient Visit Protocol:

Major issues to be aware of when documenting a telephone virtual patient visit include.

1. Appropriate use of CPT codes and modifiers
2. Amount of time the telephone appointment took.

CPT Description: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian 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:

- 99441 5-10 minutes of medical discussion
- 99442 11-20 minutes of medical discussion
- 99443 21-30 minutes of medical discussion

99441-99443: Telephone Services Main Points:

- Historically only to be reported for an established patient. Under the COVID-19 emergency use for billing all telephone appointments.
- May not be billable if the call results in the patient coming in for a face-to-face service within the next 24 hours (or next available urgent visit)
- May not be billable if they refer to an E/M service performed within the last 7 days.

Billing for Telehealth Video Visits

1. Telehealth visits must be documented in the EMR. This documentation must include, at minimum:
    a. Type of service- (phone, video chat, on-line patient portal)
    b. Why are you seeing this patient-Chief Complaint
    c. If the patient texted a photo, emailed documents. Indicate and summarize any records reviewed
    d. Physical findings; if any, will be determined via video or photo images.
    e. Plan of action
    f. Time (in/out or total time) with patient (not required but best practice to have on record)
2. The following statement should be provided to the patient either verbally or via electronic communication in order to ensure the patient is informed about risks and benefits.

    Telemedicine involves the use of electronic communications to enable health care providers at different locations to share medical information for the purpose of improving your care. This information may be used for diagnosis, therapy, follow-up and/or education, and may include any your medical records, diagnostic test results, and images. We will use live two-way audio and video communication that includes security protocols to protect your confidentiality, and to safeguard you and your information.
    As with any medical procedure, there are potential risks associated with the use of telemedicine. In rare cases, information transmitted may not be sufficient to allow for appropriate medical decision making by the physician. Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment, and in very rare instances, security protocols could fail, causing a breach of your personal medical information.
    The laws that protect privacy and the confidentiality of medical information apply to telemedicine, and no information obtained in the use of telemedicine will be disclosed to others without your authorization. You may withhold or withdraw your permission to use telemedicine at any time, without affecting your right to

future care or treatment. You have the right to inspect all information obtained in the course of a telemedicine interaction, and may receive copies of this information if you request. With your permission, electronic communication of your personal medical information will be sent to other medical practitioners who are involved in your care.

3. Encounters will be billed using 99211-99215 cpt codes.
4. Specific workflows for each EMR platform are in the attached PowerPoint document.