

Telehealth Reference Guide

March 19, 2020

Introduction to Reference Guide

Dear Friends and Colleagues,

All of us have been impacted by the COVID-19 pandemic, yet we know that PCP's are facing unique challenges during this time. We have heard from many of you detailing the operational concerns in your practices regarding health and safety of your patients and staff, services for patients, telemedicine functionality, staffing, PPE, and more. The Pediatric Care Network (PCN), in full partnership with Children's Hospital Colorado, community pediatric practices, and pediatric specialists at University of Colorado School of Medicine will continue to provide support around the mitigation of COVID-19 and the resulting difficulties of operating your practice during this time.

As part of our ongoing efforts to assist practices, we've pulled together this informational packet regarding telehealth functionality in practice. We know that many of you are searching for a telehealth solution that's easy to implement and use, HIPAA compliant, and affordable. Social distancing, quarantines, and isolations for patients and staff, are putting significant pressure on practices. Telemedicine may be an option for you to mitigate this disruption and allow you to continue to offer direct patient care. It also may help with staffing shortages, should your staff need to be quarantined due to exposure, they could still contribute and see patients remotely, helping you to maintain patient care capabilities.

Contained herein you will find resources for telemedicine in the following areas:

- Recent regulatory and legislative changes, including waivers that have been issued impacting telemedicine operations nationally and in Colorado.
- Billing requirements for telemedicine to help ensure payment
- Other relevant information and literature pertaining to telemedicine that you may find useful

Should you have any further questions, needs, concerns please reach out to our PCN team (PCN@PediatricCareNetwork.org) and we'll make sure it gets to the appropriate teams/person.

Best regards,



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The PCN is continuously tracking changes around telemedicine and COVID-19 developments. The contents of this document can change within hours. We will continue to provide updates as we are notified.

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Legal and Regulatory Considerations:

COVID-19 Updated Regulations as of March 18th, 2020

Due to the national health emergency caused by COVID-19 spread - current HIPAA regulations are being loosened by HHS and OCR so providers can use non-public facing third-party video and streaming products to contact patients in order to reduce physical contact. These permissible products for the foreseeable future include Apple FaceTime, Google Hangouts, Facebook Messenger, etc. Providers should be aware these are only temporary regulation changes, and if practices and providers wish to be involved in long-term telehealth services; these non-HIPAA compliant platforms are not in their best interest. See quote from HHS and OCR:

“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.” -- HHS Website

This change applies only to non-public facing applications; thus, it does not cover applications such as Facebook Live, Twitch, or similar video communication tools. If these applications are used for the time being, the visit must still be documented in the practice's EMR as a regular visit. At this time, the PCN recommends practices and providers investigate telehealth options that are longer-term, HIPAA compliant platforms. See below information for further regulation detail pertaining to normal operations outside of the COVID-19 circumstances.

***See Appendix at the end of the document for updated Memo from CHCO Compliance**

Standard Telehealth Regulations & Requirements in Colorado:

- Telehealth platforms must be HIPAA compliant and secure for sharing of patient information (temporarily modified on March 17th for COVID-19) - platforms must have more than simply technical encryption and must satisfy requirements set by the HIPAA and HITECH acts.
- Any storage of ePHI by a third-party or telehealth vendor requires a BAA - many telehealth platforms offer this document during the implementation process, including DoxyMe, Zoom for Healthcare, SnapMD, Spruce, etc.
- The use of telehealth services in Colorado requires providers to obtain all first-time patient's written consent before a telehealth visit occurs. Required consent can be electronic for many payers, and in some cases (current CMS modifications) can be verbal. Please check with your specific vendor for more information. Several of the telehealth platforms the PCN has investigated provide options for informed consent by patients. When using telehealth communications, providers must ensure that each patient/family agrees to the use of telehealth services and notify them that the use of these third-party applications potentially introduces privacy risks to their information. Please utilize all privacy mode and encryption features available in these applications. (See verbal consent script sent separately)

- As of January 2017, the state of Colorado has a full parity law covering the state, meaning that all private payers are required to reimburse live telemedicine visits as they would in-person visits. See billing section for more information on reimbursement and billing/coding for telehealth visits.
- All regulations are based on the location of the patient, not the location of the provider. When working with patients across state lines, new state licenses are generally needed but specific details can be found in the [Interstate Medical Licensure Compact](#) website. The [Colorado Medical Board Policies](#) also highlight telehealth requirements for providers.

Clinical Telehealth Applications

Basic Guidelines: Low acuity, low complexity visits

- Baseline assessments should include: (at a minimum)
 - general patient assessment (e.g. overall appearance)
 - limited neuropsychiatric assessment (e.g. mental status, posture, speech content and quality, affect, and mood).

Types of Visits: Can be expanded per provider clinical discretion

- Pink eye, rashes, follow-up visits, parental concerns, med checks, behavioral health, follow up for chronic health issues (if patient has had physical exam in last year)
- Mental health visits (previously scheduled or new visits)
- Specialty consultation if deemed necessary by provider and specialist

Current state: COVID-19 and telehealth

- Utilize telehealth for any concerns of COVID-19
 - Symptoms: fever, cough, myalgias, fatigue, sore throat, shortness of breath, headache, diarrhea (fever may not be present in all patients)
- Expansion of telehealth:
 - With the outbreak of COVID-19 in the U.S. the use of telehealth is being implemented more broadly than ever before. Providers may want to adjust comfort level for certain appointments to ensure public health safety; knowing this can later be adjusted/re-assessed.
- Drive-up care appointments can be utilized for visits that are not appropriate for telehealth: (clinical discretion)
 - Utilize appropriate PPE and environmental cleaning protocols
 - Visit types: Ear checks, strep test, POC testing, etc.

Billing and Reimbursement Considerations:

Disclaimer: In addition to the guidance in the disclaimer found on page 2 of this pdf, the following is general information related to billing for telemedicine visits. Please check your individual payer contract to determine if there is specific language contained therein that alters the information below, and/or reach out to the payer directly for guidance.

The PCN is consistently tracking developments around telemedicine closely. Many payers, including Colorado Medicaid, have issued policies in recent days relaxing their requirements around telemedicine visits. We will continue to provide updates as we learn of them.

What types of encounters may be billed via telemedicine visit?

Generally, those codes listed in Medicare's Appendix P of CPT that outlines Telehealth Codes (link [here](#)) may be billed as telemedicine visits. This includes E&M codes 99201-99215. Check the policy of the payer in question prior to billing a particular CPT code as a telemedicine visit. We have included an abbreviated summary by payer at the end of this communication. Note that Colorado Medicaid does not cover all codes from Appendix P linked above, but it does cover E&Ms 99201-99215, among others.

What are the requirements to bill a visit as telemedicine?

Generally, to bill a visit as telemedicine, you will need to utilize a telehealth system that provides two-way, real time audiovisual conferencing between a patient and the provider, in which the provider at a distant site provides healthcare services including an examination for a patient at a different location. The patient must be an active participant in the telehealth visit. For many payers, video is required, meaning phone-only interactions will usually not suffice. ****Note that on 3/18/2020, Colorado Medicaid released guidance permitting audio-only (telephone) visits to be billed for telemedicine****

A limited number of payers allow asynchronous, or non-real time, visits (Modifier GQ). The opportunity for reimbursement of asynchronous visits is very limited to just a few payers and comes with specific requirements. Audio-only communication, such as responding to voicemails, are typically not allowed by payers.

Will the telemedicine visit be reimbursed at the same rate as an in-person visit?

Assuming the encounter is conducted and coded appropriately, reimbursement will depend on your contract with the payer in question. Unless your contract or fee schedule specifies a carve out rate for telemedicine, you can likely anticipate parity reimbursement for a telemedicine visit. Colorado Medicaid currently reimburses at the same rate for eligible telemedicine codes as it would for an in-person visit using the same codes.

What is required to bill for a telemedicine visit?

Your claim will need to contain two critical components:

- **Place of Service 02 - Telehealth (POS 02).** This indicates that the location where health services and health related services were provided or received was through telecommunication technology. This is an absolute requirement for Colorado Medicaid, as well as most Commercial/Private payers.

- **Modifier 95.** This will indicate a telemedicine visit. Colorado Medicaid does not require this modifier, but most Commercial/Private payers do.

Note that in the past, Modifier GT was often used for telemedicine visits. CMS and Colorado Medicaid have officially phased out this modifier and no longer recognize it. Some Commercial/Private payers do continue to recognize Modifier GT; however, not all do. We recommend utilizing Modifier 95, as most major Commercial/Private payer in Colorado that we surveyed will recognize it.

As mentioned previously, most payers do not allow Modifier GQ, which relates to asynchronous telemedicine visits.

Will patient copays be waived for telemedicine visits related to COVID-19?

In most cases, probably. Most payers (Aetna, Anthem, Cigna, United, etc) have indicated that they will waive patient liability for telemedicine visits, so long as they are directly related to COVID-19. All other telemedicine visits will incur patient responsibility, likely similar to what patients would pay for an in-office visit, but it may vary by that individual’s benefit plan. However, please note that if a patient is enrolled in a self-insured plan (meaning that their employer self-insures), it is up to the employer as to whether COVID-19 telemedicine visit copays will be waived or not. So, you may experience some variation in that regard, even within the same payer and plan.

Will this coding advice be reflected in PedsConnect?

Yes, the PedsConnect team is actively working to update EPIC with the recommendations contained in this memo.

INDIVIDUAL PAYER POLICIES REGARDING TELEMEDICINE:

Payer	Policy
Colorado Medicaid	Link here . Use POS 02. No modifiers needed.
Aetna	Use Modifier 95 or GT.
Anthem BCBS	Use Modifier 95 or GT. Anthem also allows Modifier GQ (asynchronous), but visit must meet requirements (audio-only not allowed).
Bright Health Plan	All Medicare Telehealth Codes (link here) may be billed as telemedicine visits. In Colorado, all applicable claims will be paid at the contracted rate REGARDLESS of if it occurred in an office setting or telephonically/internet. As far as billing, telehealth claims should use the POS 02. No additional modifiers are needed.
Cigna	Use Modifier 95 or GT.
Humana	Use Modifier 95, Modifier GT, or POS 02.
United Healthcare	Use Modifier 95. (Note that Modifier GT may only be used in very specific circumstances. We recommend using Modifier 95)

Telehealth Resources

Children's Hospital Colorado ECHO Program on Implementing Telehealth:
<https://echocolorado.org/echo/implementing-a-successful-telehealth-program/>

American Academy of Pediatrics:
[AAP and Telehealth](#)
[AAP PDF Telemedicine](#)
[APP - Getting Started in Telemedicine](#)

COPIC - *no updated COVID information at this time*
<https://www.callcopic.com/>

Colorado Department of Health Care Policy and Financing
[Provider Email Update \(3/18/2020\)](#)
[Telemedicine Provider Information](#)

CMS NewsRoom
[Medicare Telemedicine Healthcare Provider Fact Sheet](#)
[COVID-19 Medicare Telehealth Expansion](#)
[Medicare Telehealth FAQs](#)

Payer COVID-19 Updates

The PCN is receiving updated documents from payers as they become available.

Colorado Government Agency Information:
[Colorado Medicaid COVID-19 Provider Information](#)
[CO Access COVID-19 Information](#)

General COVID-19 Resources

Many government agencies and pediatric associations are providing regular, up-to-date communication around the state of COVID-19, as well as best practices in handling patients and staff during this time.

Children's Hospital Colorado:
[COVID-19 CHCO](#)

American Academy of Pediatrics:
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>

Center for Disease Control:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Children's Hospital Association:
childrenshospitals.org/COVID19

Colorado Department of Public Health and Environment:
<https://covid19.colorado.gov/>

Appendix

Date: March 18, 2020

Title: Telemedicine in light of COVID-19: How we can operate in a Pandemic

Recent legislation and waivers have been issued that could have an impact on telehealth and telemedicine operations. Below is a short summary of the applicable federal and state regulations that have been modified in light of the COVID-19 pandemic, in locations where a COVID -19 emergency has been declared. Most waivers have been made at a federal level and Colorado has issued some of the corresponding state waivers.

- **Co-pay waivers.** Colorado-regulated commercial health insurance companies must provide telehealth services to cover COVID-19-related in-network telehealth services with no cost-sharing obligations that would normally apply to the telehealth visit. Health First Colorado (“Colorado Medicaid”) has not yet issued a similar guidance regarding waiver of telehealth visit cost-sharing obligations.
- **Waiver of behavioral health in person visit requirements.** The Colorado Office for Behavioral Health will not be enforcing in-person office visit requirements if provided via telemedicine for COVID-19 pandemic purposes through March 31, 2020 (to be reassessed at that time).
- **Geographic Restriction.** Medicare payment for qualifying telehealth services is traditionally limited to patients who are located in designated rural areas at the time they receive the service. This restriction has now been waived such that patients in any geographic area, including urban areas, may receive qualifying telehealth services. This waiver also gives state Medicaid programs the authority to implement similar waivers, but Colorado Medicaid has not yet invoked that authority.
- **Site Restriction.** In addition to the geographic restriction, the location requirement for telehealth services has not been waived. Patients receiving telehealth services must typically be located in one of several designated locations when they receive the service. These locations include hospitals, critical access hospitals, physician offices, FQHCs, rural health clinics, and other designated sites. With implementation of the waiver, beneficiaries may now receive eligible telehealth services in their home, which was generally not allowed. This waiver also gives state Medicaid programs the authority to implement similar waivers and Colorado Medicaid has invoked the authority to permit Federally Qualified Health Centers (FQHCs), Rural Health Clinics and Indian Health Services to bill for telemedicine visits. Colorado Medicaid already permits telemedicine services to be provided when the member is in their home.
- **Telephone Restriction.** Federal regulation prohibits the use of “telephones” to facilitate telehealth services. HHS has now waived this restriction, such that “smart phones” with both audio and video capability may be used to conduct eligible telehealth encounters - as long as the audio and video capability is used to facilitate a “two-way, real-time interactive communication” between the provider and the patient (such as FaceTime or Skype). Colorado Medicaid traditionally has required an interactive audiovisual modality for telemedicine services. Pursuant to Medicaid’s COVID-19 State of Emergency Changes to Telemedicine Services issued on March 18, 2020, Colorado now permits telemedicine to be provided by telephone or via live chat, but telemedicine cannot be provided via facsimile, text, e-mail, or instant messaging.
- **Expansion of Permitted Providers.** Colorado Medicaid has expanded the list of providers eligible to deliver telemedicine services to include physical therapists, occupational therapists, hospice, home health providers and pediatric behavioral health providers. Services delivered by these provider types require an interactive audiovisual connection, accordingly they cannot be provided using telephone only or live chat.

- **Pre-existing Patient-Provider Relationship.** Under Federal legislation that was passed March 6, 2020 as part of the COVID-19, the current Medicare telehealth waivers are only available when a physician or other eligible practitioner (or another such provider in the same medical practice) has personally treated the patient at some point during the prior three (3) year period. However, the President and CMS affirmed that HHS will not enforce that a pre-existing patient relationship be in place to take advantage of the waiver through audit of the requirement. Colorado Medicaid does not require a pre-existing patient provider relationship as a condition precedent to the provision of telemedicine services.
- **Consent.** Colorado Medicaid now permits a provider to obtain a member’s consent to receive telehealth services either verbally or in writing, so long as it is documented.
- **Additional Waivers.** Specific facilities and state Medicaid and CHIP programs may request additional telehealth waivers that are necessary in light of the specific facility/state circumstances in question, beyond what is described above.
- **Controlled Substances Prescribing.** The United State Drug Enforcement Agency (the “DEA”) has previously prohibited telemedicine prescribing of controlled substances unless the provider had previously seen the patient in a traditional in-person physical encounter, or under various other narrow circumstances. Today, the DEA invoked their emergency authority to permit telemedicine prescribing of controlled substance without a traditional in-person physical examination in light of the COVID-19 pandemic declarations. Accordingly, provided a designation of a public health emergency due to the COVID-19 pandemic remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, so long as all of the following conditions are met:
 - The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
 - The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.
 - The practitioner is acting in accordance with applicable Federal and State law.

If the above conditions are met and documented, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy. Colorado has not yet provided any state-specific guidance on this DEA waiver that was issued today.

- **Medicare-Advantage Reimbursement.** Medicare Advantage plans essentially have carte blanche authority to waive any telemedicine reimbursement restrictions otherwise imposed by traditional Medicare. Thus, providers must consult the specific Medicare Advantage contractor for the patient in question to assess whether anything additional is permitted via telemedicine for the patient in question, that would otherwise be restricted under traditional Medicare reimbursement rules.

Importantly, providers should be mindful that, as of the date of this memo, all of the technical coding and claims submission reimbursements for payment remain, for both the telehealth services, and virtual e-visits and check-ins. These waivers do not alter jurisdiction-specific requirements that telemedicine providers be licensed in the state or jurisdiction where the patient is located, nor do they alter Colorado-specific professional conduct or prescription requirements.