Title of Today's Webinar

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Telemedicine Updates from SETRC

Disclosures

The SETRC has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.

Information provided in today's talk is not to be regarded as legal advice. Today's talk is purely for informational purposes.

Always consult with legal counsel.

Objectives

General Objective for the Webinar Series:

Identify practice parameters in the provision of rehabilitation services through telehealth

Specific Objective:

1. Identify tele-practice resources for rehabilitation clinicians
2. Discuss best practices for starting a virtual care practice
3. Provide updates around COVID-19 waivers that affect rehabilitation clinicians tele-practice services
4. Discuss coverage and payment considerations related to rehabilitation clinicians tele-practice services across payers

NATIONAL CONSORTIUM OF
TELEHEALTH
RESOURCE CENTERS

*The NCTRC is dedicated to building **sustainable telehealth programs** and improving health outcomes for rural and underserved communities.*

The National Consortium of Telehealth Resource Centers (NCTRC) consists of 14 Telehealth Resource Centers (TRCs). As a consortium, the TRCs have an unparalleled amount of resources available to help virtual programs across the nation, especially within rural communities. Each TRC is staffed with telehealth experts to who are available to provide guidance and answer questions. As telehealth continues to gain more visibility and recognition in healthcare, the TRCs will remain positioned to provide assistance for all.
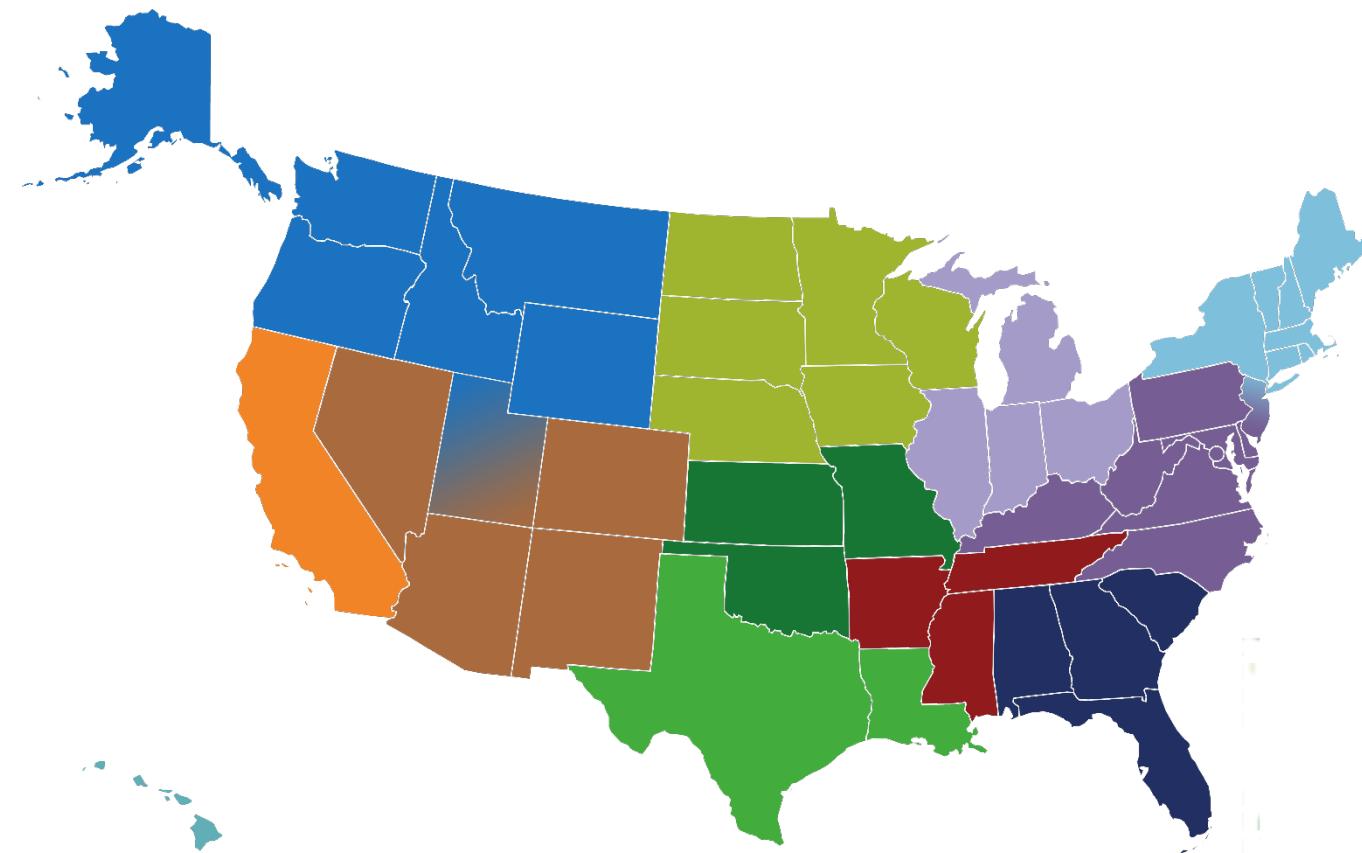
Resources:

Southeastern Telehealth Resource Center
http://www.setrc.us/learn

Telehealth Resource Centers
www.telehealthresourcecenter.org

Center for Connected Health Policy
www.cchpca.org

Lloyd Sirmons – SETRC Director

A Proud Member of The National Consortium of Telehealth Resource Centers

The NCTRC website hosts many resources. If you can't find what you're looking for, contact your regional TRC:
www.TelehealthResourceCenter.org

NSAT is the education arm of the SETRC and delivers standardized, accredited, and affordable online telehealth education.

A completion certificate with 0.3 CEU/3 credit hours for this course will be awarded when all Learning Outcomes Conditions have been met.

As an IACET Authorized Provider, HomeTown Health University (NSAT) offers continuing education units (CEUs) for its programs that qualify under IACET guidelines (www.iacet.org)

What services do TRCs provide?

The NCTRC is a collaboration of 12 regional and 2 national Telehealth Resource Centers (TRCs). As a federally funded program, TRCs assist any party interested in starting a telehealth program with:

- Business Models
- Equipment Selection
- Policy
- Practice Guidelines
- Program Development
- Much more!

SOUTHEASTERN
telehealth
RESOURCE CENTER

Where can I learn more about Telehealth?

www.TelehealthResourceCenter.org

Learning More

The NCTRC website houses fact sheets on telehealth policy, reimbursement, business development, FDA approved technology and more.

Various guides and research resources are also available to help develop your telehealth program.

If you cannot find relevant resources, be sure to contact your regional TRC for expert technical assistance.

Learn more at www.telehealthresourcecenter.org.

The Webinar Series

NCTRC Webinar Series

The NCTRC hosts an educational webinar every 3rd Thursday of the month from 11 AM – 12 PM PT.

Watch some of our videos from the previous years on our Youtube channel:

www.youtube.com/c/nctrc

What is Telehealth? - Terminology

You'll often hear **Telehealth** and **Telemedicine**. These terms are sometimes used interchangeably. What's the difference?

- Telehealth: Telehealth is an umbrella term, which includes telemedicine and other modalities of communication. It encompasses a broader spectrum of healthcare delivery.

- Telemedicine: Telemedicine is direct clinical care provided from a distance using electronic communication to provide/support clinical care.

- Other Terms: You may hear other terms frequently used when discussing telehealth such as eHealth, mHealth, digital care, etc. We will focus on the terms "telehealth" and "telemedicine".

Key Considerations for Launching Telehealth Services

GETTING STARTED

- Set up a team that will help facilitate the expedited implementation of telemedicine services and be able to make decisions quickly to ensure launch as soon as possible.

- Check with your malpractice insurance carrier to ensure your policy covers providing care via telemedicine.

- Familiarize yourself with payment and policy guidelines specific to various telemedicine services.

Key Considerations for Launching Telehealth Services

VENDOR EVALUATION, SELECTION & CONTRACTING

- Check with your existing EHR vendor to see if there is telehealth functionality that can be turned on.

- Introducing new technology into practice quickly can be challenging, but a few things to keep in mind as you navigate a speedy implementation:
  - ✓ HIPAA-compliance
  - ✓ Make sure you understand who has access to & owns any data generated during a patient visit
  - ✓ Get clear on the pricing structure (i.e. is there a monthly flat rate for using the technology or is it per call or per visit?)

SOUTHEASTERN telehealth RESOURCE CENTER

Key Considerations for Launching Telehealth Services

WORKFLOW & PATIENT CARE

- Determine protocols for if or when a telehealth visit is appropriate up front and train clinicians, care team members and schedulers.

- Consider a short survey or set of questions that patients can either answer electronically or over the phone when your patients are scheduling to properly triage.

- If you know your payer mix, consider reaching out to the payer with the highest percent of your patient population to discuss telehealth coverage, even if temporarily due to current events.

Key Considerations for Launching Telehealth Services

WORKFLOW & PATIENT CARE

- Determine when telehealth visits will be available on the schedule (i.e. throughout the day intermixed with in-person visits or for a set block of time specifically devoted to virtual visits).

- Set up space in your practice to accommodate telehealth visits. This can be an exam room or other quiet office space to have clear communication with patients.

- If multiple members of the care team will be helping to facilitate telehealth visits, ensure they know where to support the set-up of the technology and communicate with patients virtually.

Key Considerations for Launching Telehealth Services

WORKFLOW & PATIENT CARE

- Ensure you are still properly documenting these visits – preferably in your existing EHR as you normally would with an in-person visit. This will keep the patient's medical record together, allow for consistent procedures for ordering testing, medications, etc. and support billing for telehealth visits.
- Ensure you receive advanced consent from patients for telemedicine interactions. This should be documented in the patient's record. Check to see if your technology vendor can support this electronically.

Key Considerations
for Launching Telehealth Services

WORKFLOW & PATIENT CARE

- Let your patients know the practice is now offering telehealth services when they call the office. Have your office staff help support pro-active patient outreach.

- Additionally, post announcements on your website, patient portals and other patient-facing communications.

- Have a plan for supporting patients on how to access telehealth visits based on your practice's technology and workflow to keep the clinic flow moving and avoid disruptions to care.

Where To Start

- Have a plan – *"Using video is about workflow – not technology. If it is too difficult to use or requires an app, it won't work for my needs."* Andrew Barbash, MD
- Know your state rules and regulations
  - www.setrc.us/learn
  - https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies?jurisdiction=39&category=All&topic=All
- What's covered
  - Medicare
  - Medicaid
  - Private Insurances
- Choose a platform
  - https://www.matrc.org/matrc-vendor-selection-toolkit/

Choosing a Platform

Zoom

Eclinical Works

Doxy.me

Pathways

VSee

RingMD

MDLive

InTouch

AMWell

Mend
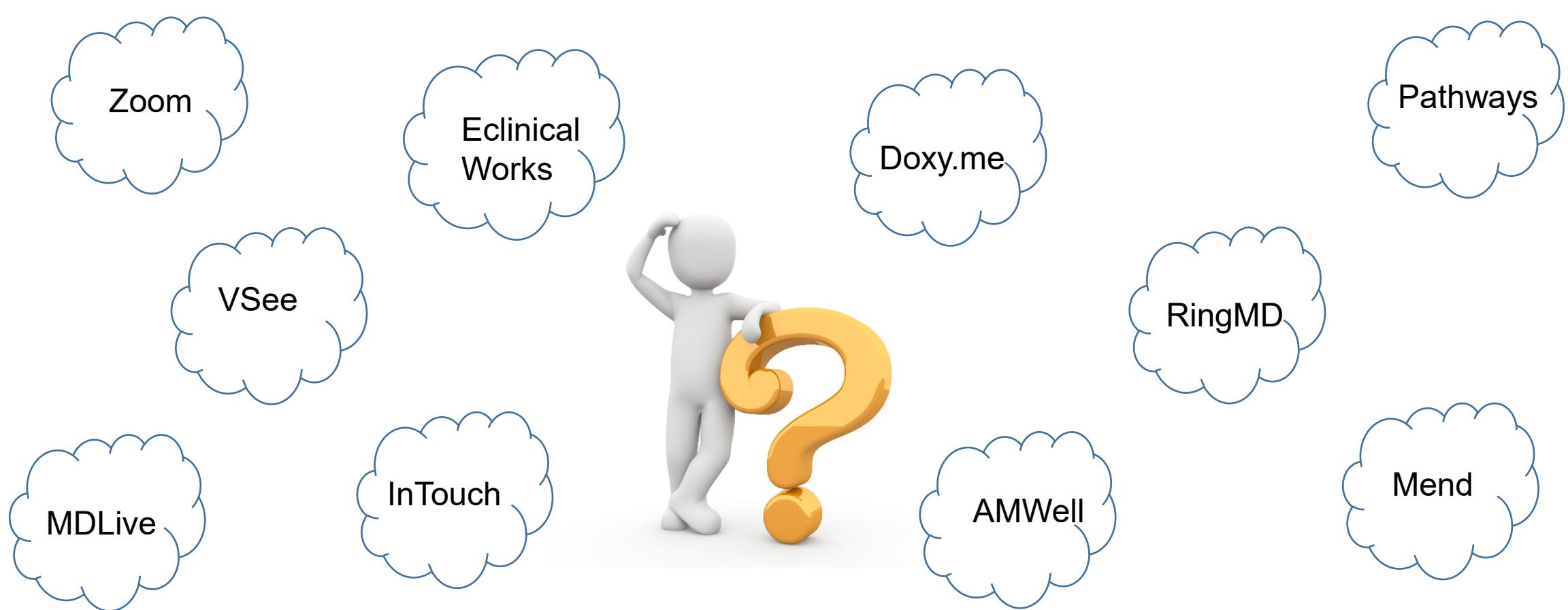
COVID-19 Pandemic
Waiver Updates
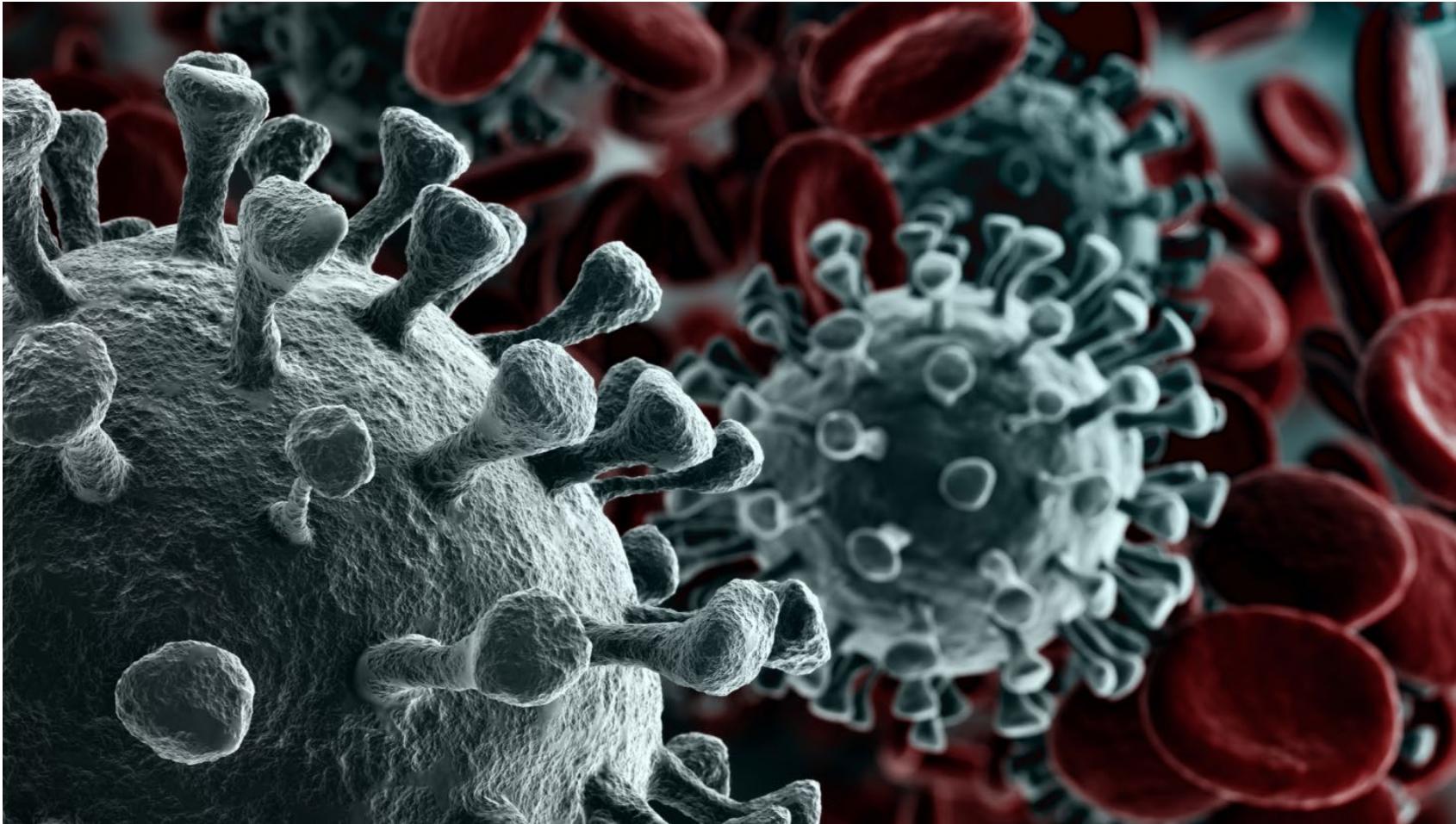
Recent Medicare Updates

CMS is issuing a sweeping array of new rules and waivers of federal requirements to ensure that local hospitals and health systems have the capacity to absorb and effectively manage potential surges of COVID-19 patients. The actions announced today introduce flexibilities to permit hospitals and healthcare systems to act as coordinators of healthcare delivery in their areas.

The following slides reflect some of the actions CMS is taking to help those providing therapy services to address patients' needs during the COVID -19 pandemic.

Notice: This HHS-approved document will be submitted to the Office of the Federal Register (OFR) for publication and has not yet been placed on public display or published in the Federal Register. The document may vary slightly from the published document if minor editorial changes have been made during the OFR review process. The document published in the Federal Register is the official HHS-approved document.
https://www.cms.gov/files/document/covid-final-ifc.pdf

Recent Medicare Updates

- **New Medicare Telehealth Services** Therapy Services, Physical and Occupational Therapy, All levels (CPT codes 97161- 97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521- 92524, 92507)

- **Telehealth Services Expanded to New Providers**: Licensed clinical social worker services, clinical psychologist services, physical therapy services, occupational therapist services, and speech language pathology services are now eligible to bill for Medicare telehealth services.

- **Parity for Telehealth Services:** Providers billing for Medicare telehealth services can now report the POS code that would have been reported had the service been furnished in person. During the coronavirus PHE, providers can use the CPT telehealth modifier, modifier 95, which should be applied to claim lines that describe services furnished via telehealth.

Recent Medicare Updates

- **Virtual Check-ins**: Providers can now use 'virtual check-in services' (HCPCS codes G2010, G2012) for both ==new and established patients==, previously only allowed for established patients.

- **E-Visits Expanded to New Providers**: E-visits are now eligible to be used by an expanded list of providers (HCPCS codes G2061-G2063), including licensed clinical social workers, clinical psychologists, ==physical therapists, occupational therapists, and speech language pathologists== are eligible for reimbursement.

- **Coverage for Audio-only Telephone E/M**: Providers can now provide certain services by telephone during the COVID-19 PHE, ==to both new and established patients== (under enforcement discretion) via separate payment for CPT codes 98966-98968 and CPT codes 99441-99443.

Frequency Limitations on Medicare Telehealth Services Lifted: Limitations on the number of times certain services that can be provided via Medicare telehealth have been eliminated for certain services, including subsequent inpatient visits, subsequent skilled nursing facility visits, and critical care consults.

Inpatient Rehabilitation Facility (IRF) Face-to-Face Requirement: Rehabilitation physicians to use telehealth services to conduct the required 3 physician visits per week.

Recent Medicare Updates

The language in the IFC is:

"In light of the PHE for the COVID-19 pandemic, we believe that the risks associated with confusion are outweighed by the potential benefits for circumstances when these services might be furnished via telehealth by eligible distant site practitioners. We believe this is sufficient clinical evidence to support the addition of therapy services to the Medicare telehealth list on a category 2 basis. However, we note that the statutory definition of distant site practitioners under section 1834(m) of the Act does not include physical therapists, occupational therapists, or speech-language pathologists, meaning that **it does not provide for payment for these services as Medicare telehealth services when furnished by physical therapists, occupational therapists, or speech-language pathologists**." (p.35)

Thank you!

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