



# Telehealth Expanding Your Reach

William C. Biggs, MD, FACE, ECNU

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  - AstraZeneca
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  - Mylan
  - Roche
  - Dexcom
- Consulting
  - Medtronic
  - Roche

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# Objectives



Examine current trends in use.



What are the economics of telehealth ?



What requirements are there ?



Patient expectations of telehealth.

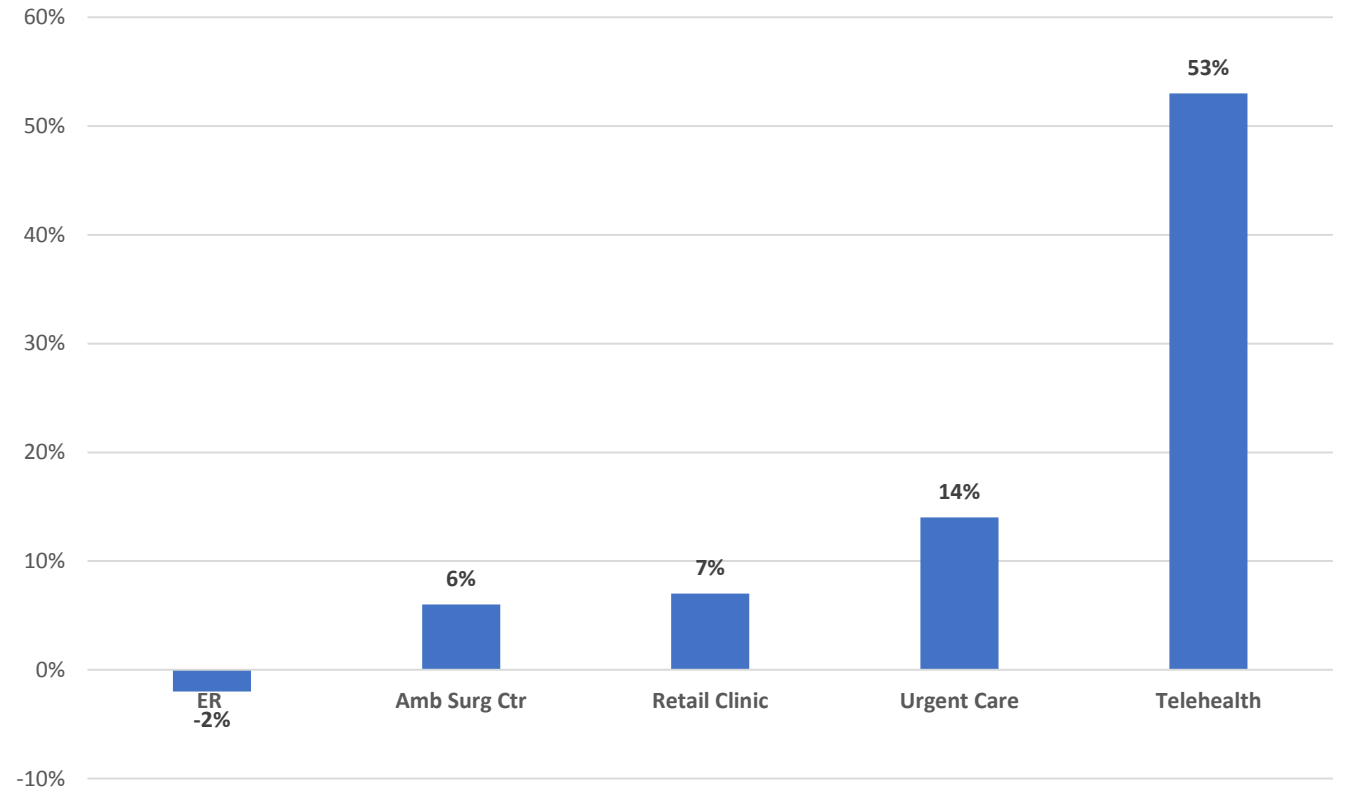


Understand the modalities available to you

# Site of service

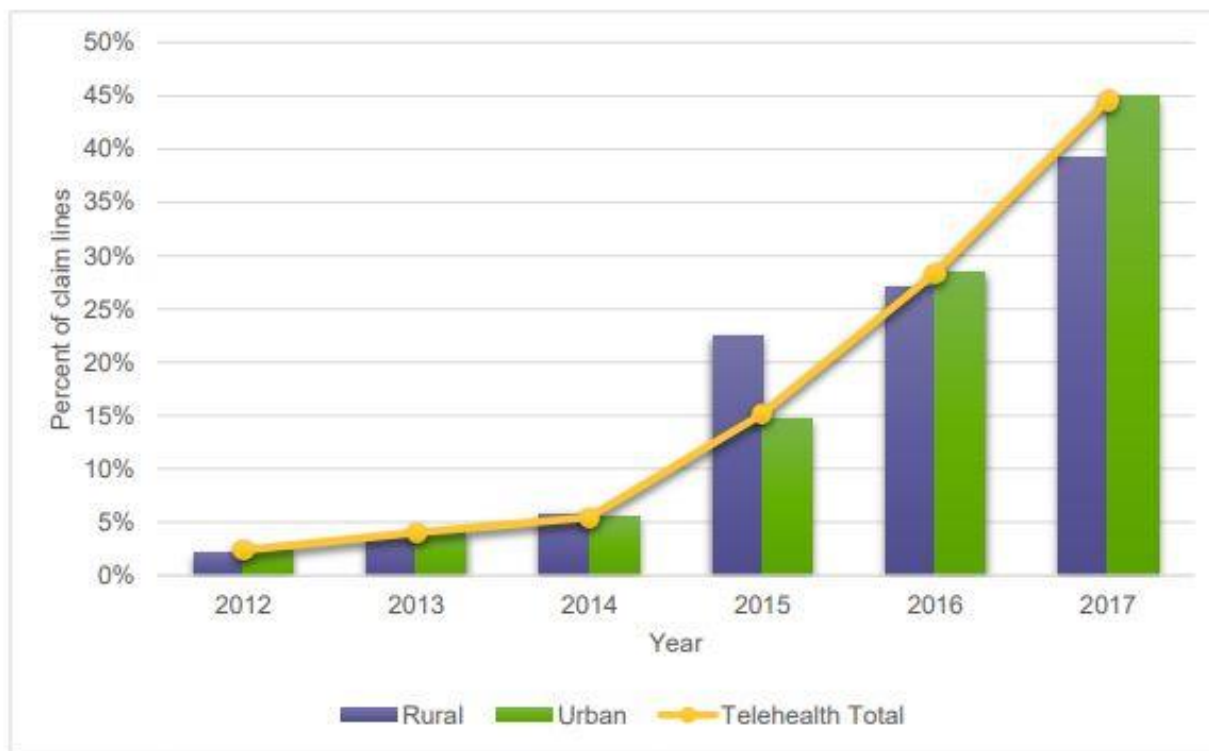
Fair Health white paper – April 2019

## Annual change by site of service 2016 to 2017



# Trends in Telehealth

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**Figure 19. Percent of claim lines with telehealth usage by rural, urban and national settings, 2012-2017**

# Telehealth adoption, by state

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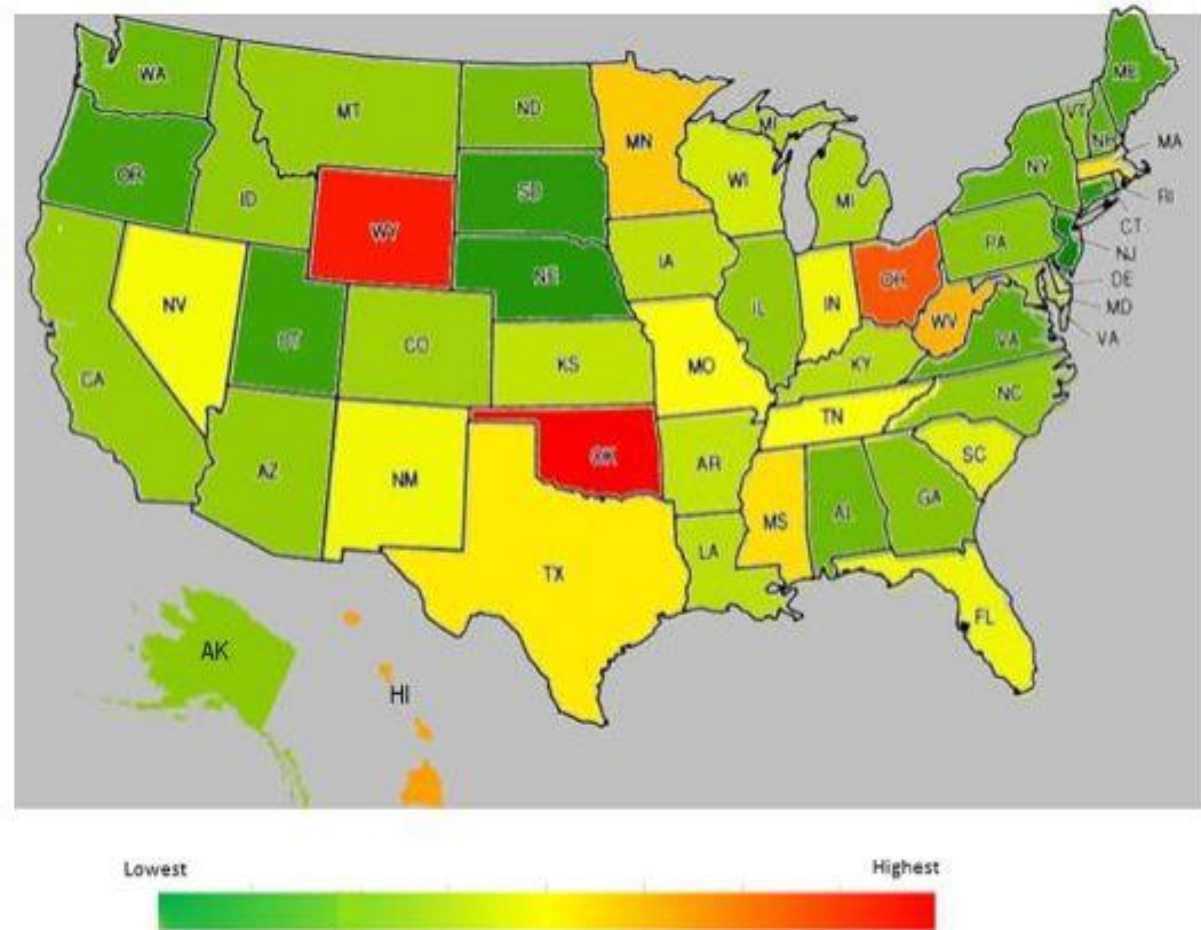
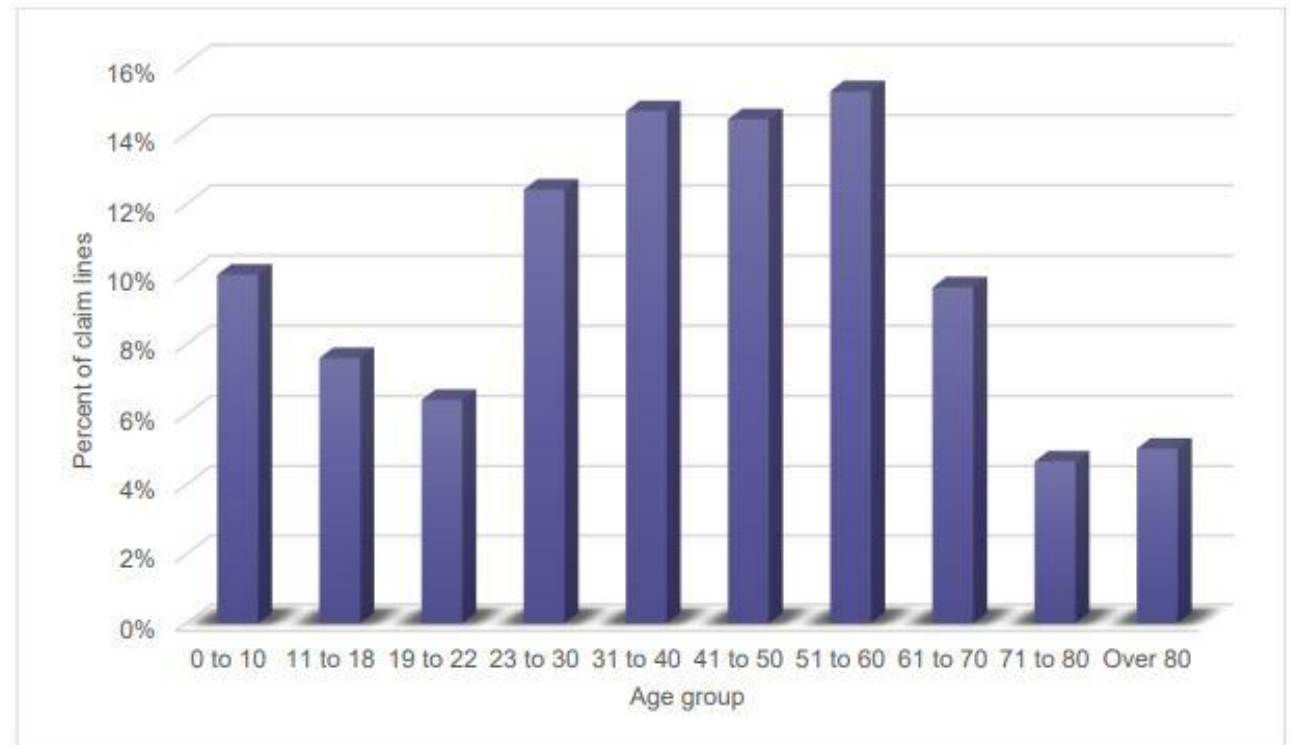


Figure 21. Percent of claim lines with telehealth usage compared to all medical claim lines by state, 2017



# Telehealth use by age of patient

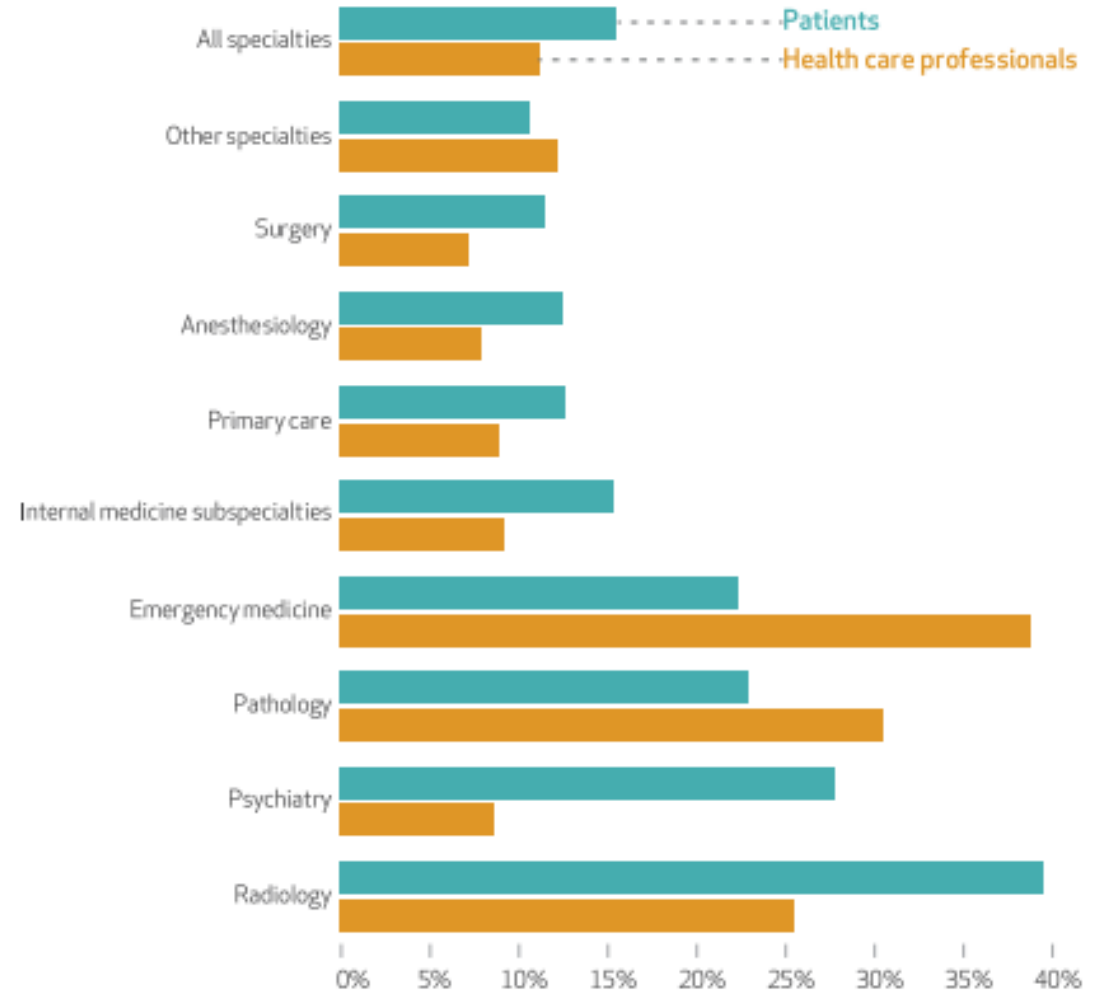


**Figure 22. Claim lines with telehealth usage by age group, 2017**

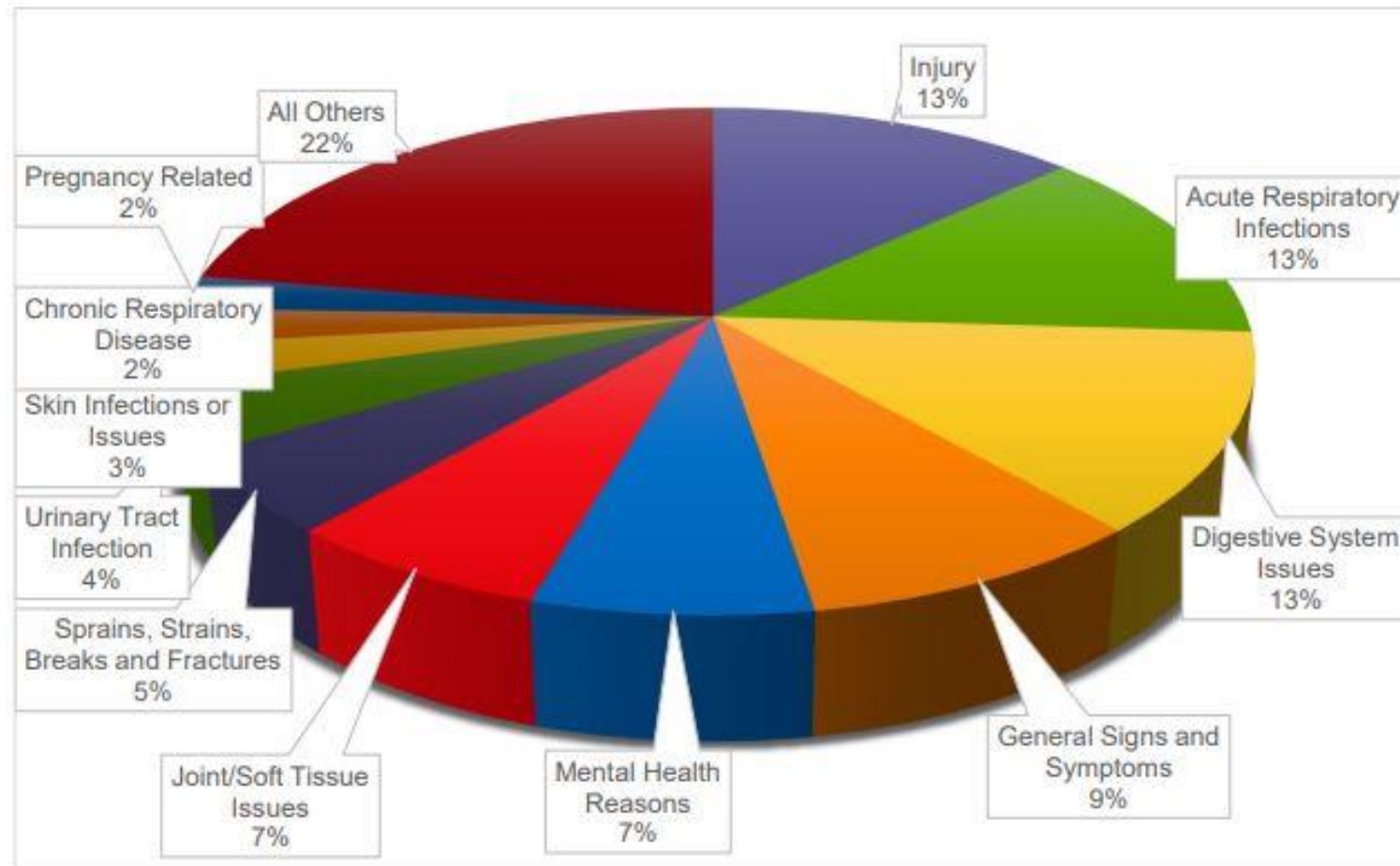
# Telehealth use by specialty

## EXHIBIT 1

Physicians in practices that used telemedicine in 2016, by type of interaction and specialty

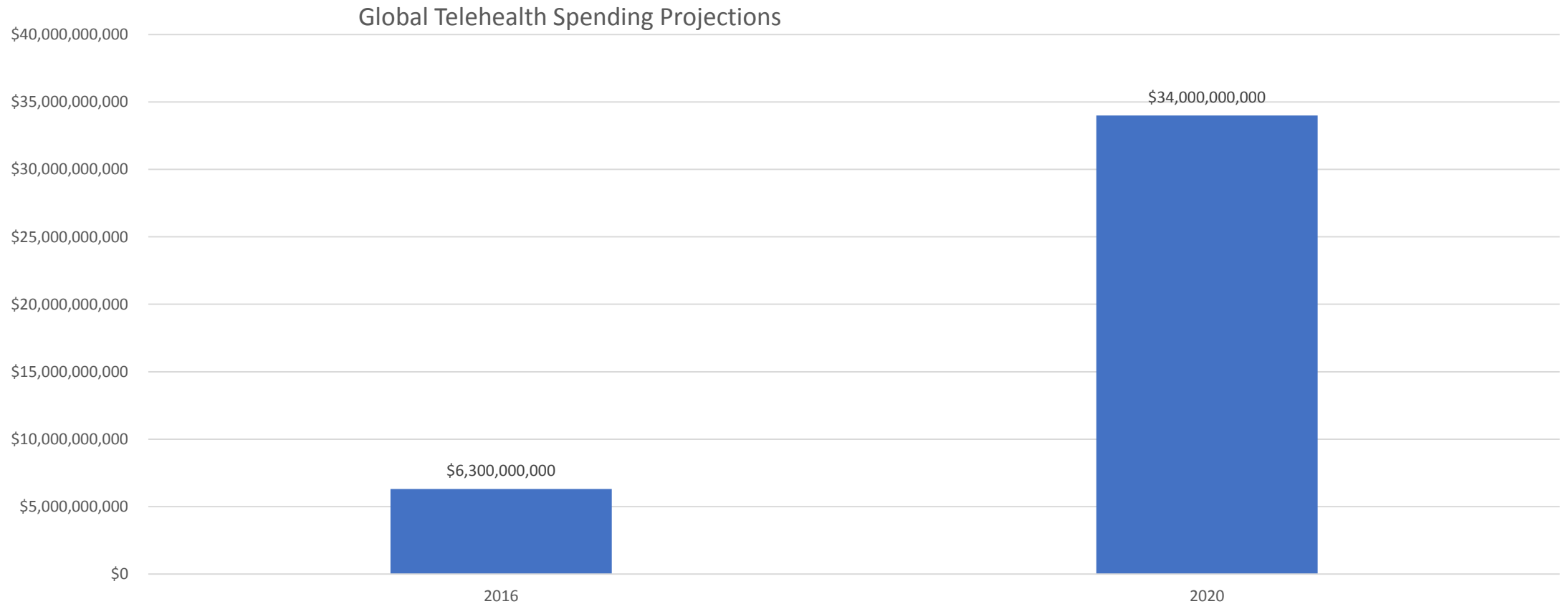


**SOURCE** Authors' analysis of data from the American Medical Association's 2016 Physician Practice Benchmark Survey. **NOTES** A mapping from primary specialty to each of the specialty categories is available from the authors upon request. For both types of interactions (with patients and with health care professionals), differences across specialties were significant ( $p < 0.01$ ).



**Figure 24. Distribution of claim lines with telehealth usage by diagnostic category, 2017**

# Global Healthcare Spending - Telehealth

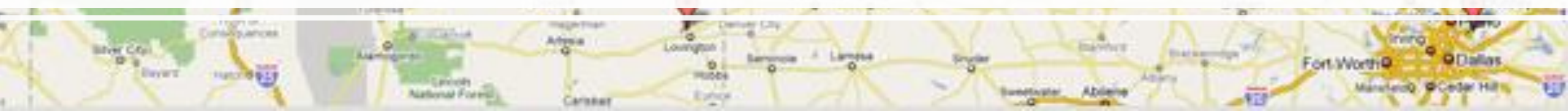


Source: Mordor Intelligence

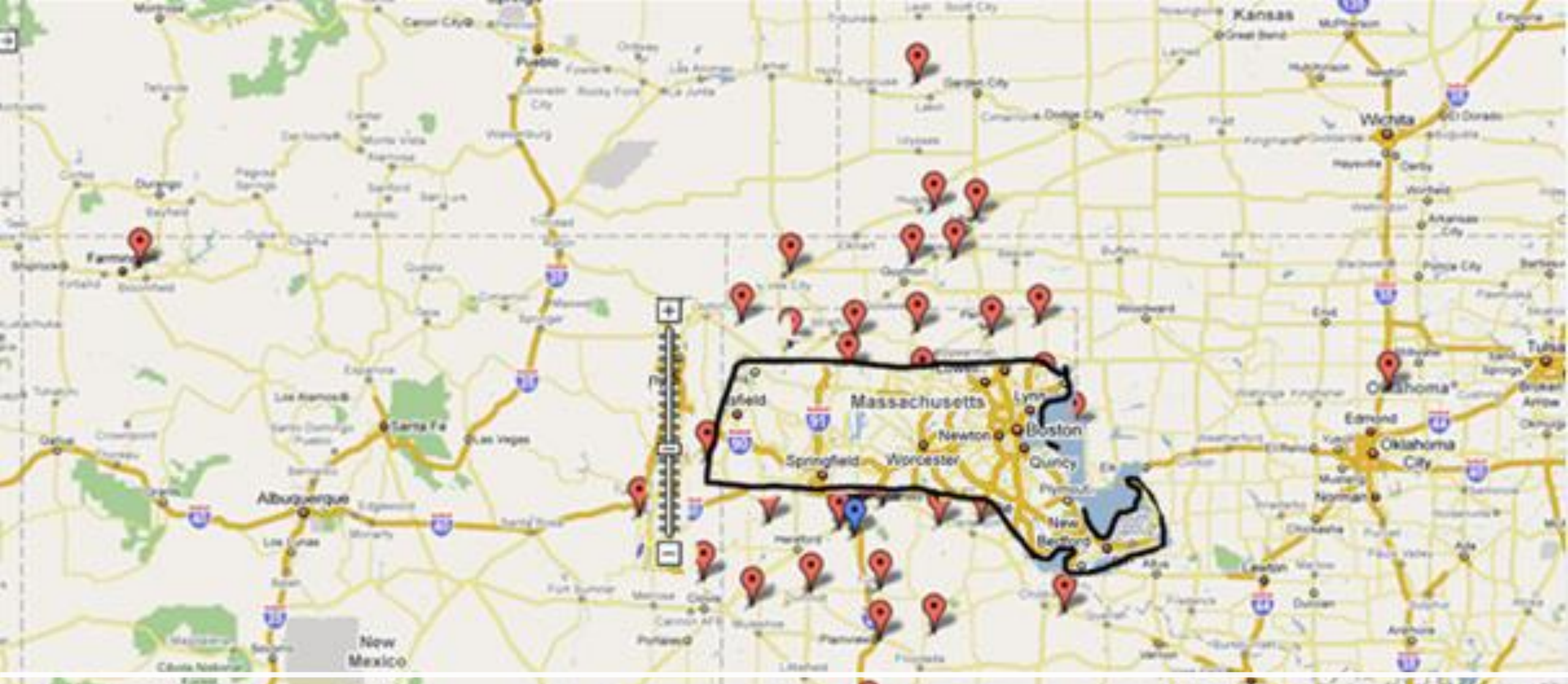




Patients this week







Patients this week w/ Massachusetts as benchmark





# Unfunded mandates

- Providers getting pummeled by expectations to answer email, portal messages, phone calls, BG logs, insulin pump downloads.

# What is Telehealth ?

New features were added to CLARITY on March 27, 2019. Close

Help Login **dexcom**  
CONTINUOUS GLUCOSE MONITORING

Welcome to **Dexcom CLARITY®**  
for Healthcare Professionals

Login with your Dexcom CLARITY® Healthcare Professional account

reddybiggs

[Forgot your username?](#) [Forgot your password?](#)

[Need to register your clinic? REGISTER NOW](#)

t:connect portal

Sign in using your t:connect®  
diabetes management application  
login credentials.

email address

password  [show](#)



**ACCUCHEK® Connect**

**Login**

Sign in here if you have an account. For n

Username

Password

**glooko** William Biggs Settings Help Log Out

Insulet, Amarillo Medical Specialist - Dr's Biggs & Dodson

ProConnect Code: amarms March 29th, 2019

Search patients or tags [Create Patient Account](#)

Data for AVG BG, AVG CGM and BG-FLAGS is taken from a 30 day sample ending at the Last Device Sync date.

NAME	LAST SYNC Device Type	AVERAGE BG READINGS/DAY	AVERAGE CGM Active Days	BG-FLAGS
			470	Flags feature

**Medtronic** CareLink™

**WELCOME TO THE NEW CARELINK™  
SYSTEM**

CareLink software transforms raw data into personalized insights that can improve diabetes management by helping you make confident decisions about your patient's therapy.

The latest evolution of CareLink software allows freedom to access new reports from new devices. Please visit [medtronicdiabetes.com](http://medtronicdiabetes.com) for more product information.

US - English

**Log in to CareLink**

Username





# Categories of Telehealth

- Live Video - conferencing
- Asynchronous Video (Store-and-Forward)
- Interprofessional Consultations w/o patient involvement (e-consults)
- Remote Patient Monitoring (RPM) and Mobile Health (mHealth)

# Interprofessional Internet/EHR/Phone Consultations



**Clinical Scenarios :**

# CPT Coding for Interprofessional Telephone / Internet / EHR Consultations

CPT code	Reported by	Concluded with	Time required	How time is spent	2019 wRVUs	2019 RVUs <sup>a</sup>	Texas
▲99446	Consultant	Verbal and written report to requestor	5-10 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion <sup>b</sup>	0.35	0.51	\$18
▲99447	Consultant	Verbal and written report to requestor	11-20 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion <sup>b</sup>	0.70	1.01	\$35
▲99448	Consultant	Verbal and written report to requestor	21-30 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion <sup>b</sup>	1.05	1.52	\$53
▲99449	Consultant	Verbal and written report to requestor	≥ 31 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion <sup>b</sup>	1.40	2.02	\$71
•99451	Consultant	Written report to treating/requesting physician/QHP	≥ 5 mins	Review pertinent medical records, lab/imaging studies, medication profile, etc. and medical consultative verbal or internet discussion	0.70	1.04	\$36
•99452	Treating/requesting physician/QHP	N/A	≥ 16mins <sup>c</sup>	Preparing for the consult and/or the actual time spent communicating with the consultant	0.70	1.04	\$36

<sup>a</sup>The facility and non-facility relative value units (RVUs) are identical

<sup>b</sup>For codes 99446-99449, more than 50% of the service time must be consultative time and not time used to review data. Do not report codes 99446-99449 if data review time is greater than 50% of the total service time.

<sup>c</sup>Code 99452 can be reported in addition to non-direct prolonged services (99358-99359) if appropriate (see CPT manual)

• new code

▲ code with a revised descriptor

Shaded boxes note some major differences.

wRVU: work relative value unit

# Interprofessional Consultation – Key Points

- **Patient Permission needed** – Can be verbal , and must be documented.
- **Patient can be new to you, or an established patient.**
- **Referring physician or QHP can bill for their time with 99452**
- **99446 – 99449**
  - Requires both verbal and written report
  - Time spent includes the time spent on BOTH of these.
  - More than 50% of time is ‘consultative’ time, rather than data review.
- **99451**
  - Written report only
  - Most likely happens through your organization’s EHR
  - Pays more than 99446 and 99447
- If criteria are met for both 99451 and 99448/99449, you can bill 99448/99449 which has higher RVU.

# Interprofessional Consultation – Tips

- Physician Awareness
  - Promote availability to your referral base.
  - Identify PCP opportunity to bill for requesting the consultation.
- Staff training
  - As with any new service, staff needs to know how to handle requests
  - Staff know how to bill for the service.
- Timeliness
  - Offer these as faster, more cost efficient, more time efficient alternative to full consult.
  - Don't put these on the 'back burner' , fast turnaround promotes your office to referral base.

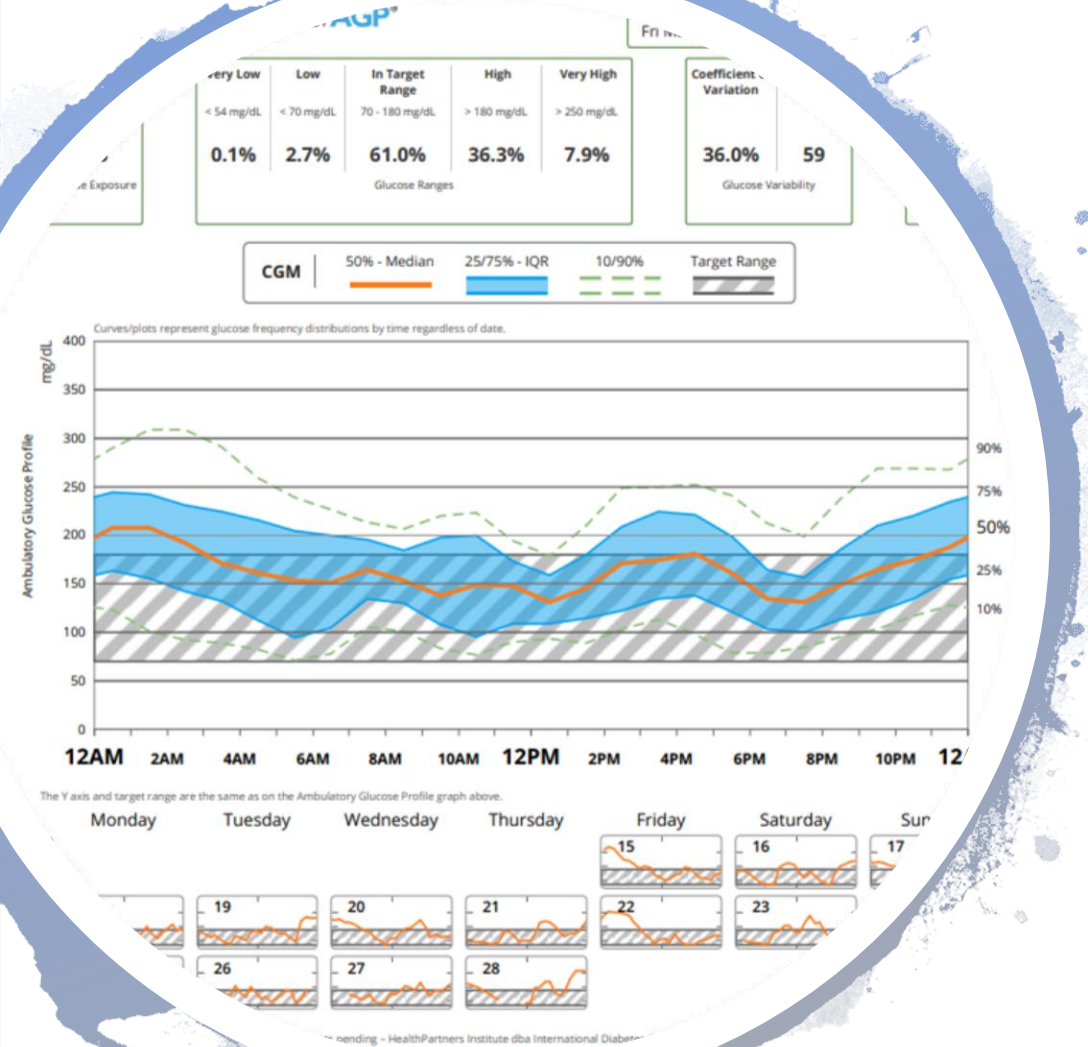


# Remote Patient Monitoring / mHealth

- Continuous Glucose Monitoring
- Remote Physiologic Monitoring
  - Weight
  - BP
  - Heart rate
- Remote blood glucose monitoring
- Remote insulin pen reporting
- Insulin pump remote management



# Remote Monitoring – CGM



- 95251 – CGM Analysis, Interpretation, and Report
  - May report once a month
  - Data can be from in-office, or via Internet such as Glooko, Clarity, Medtronic CareLink, eClinicalWorks Healow Tracker.
  - Reimbursement is approximately \$36
  - Can't report concurrently with 99091




# CGM reports embedded in EHR

- eClinicalWorks –
  - See my YouTube video on how patients can link Dexcom Clarity to eClinicalworks.
  - How to link Dexcom to eClinicalWorks :  
<https://www.youtube.com/watch?v=7B76ZcSaC5s>
  - How to access Dexcom reports from within eClinicalWorks  
<https://www.youtube.com/watch?v=JfeArVNo0 E>
- -or-
- Search YouTube for 'reddybiggs' and Dexcom.



# Remote Physiologic *Monitoring*


- Examples of remote monitoring:



**Fitbit Aria**  
Get where you want to be. Aria tracks yo...

**\$129.95** [BUY](#)


Already Have a Fitbit Account? [Setup](#)



**iHealth Lite**  
What's the major difference between the ...

**\$79.99** [BUY](#)


Already Have a iHealth Account? [Setup](#)



**iHealth Wireless Body Analysis Scale**  
Cutting-edge and ergonomically designed ...

**\$99.95** [BUY](#)

Already Have a iHealth Account? [Setup](#)



**Nokia Smart Kid Scale**  
Confidently keep track of your child's g...

**\$179.95** [BUY](#)

Already Have a Nokia Account? [Add This Device](#)

## Weight

**ACCUCHEK Connect**

**Login**

Sign in here if you have an account. For n

Username

Password

**glooko** William Biggs Settings Help Log Out

Insulet, Amarillo Medical Specialist - Dr's Biggs & Dodson


ProConnect Code: amarms March 29th, 2019

Search patients or tags  [Create Patient Account](#)

Data for AVG BG, AVG CGM and BG-FLAGS is taken from a 30 day sample ending at the Last Device Sync date. ×

NAME	LAST SYNC Device Type	AVERAGE BG READINGSDAY	AVERAGE CGM Active Days	BG-FLAGS
			470	<a href="#">Flags feature</a>


## Blood Glucose Meters with Internet portals




**iHealth Feel**  
Forget the wires and tubes. This no hass...

**\$99.95** [BUY](#)

Already Have a iHealth Account? [Setup](#)


Also tracks 




**iHealth Sense**  
Convenience, reliability and style are a...

**\$79.95** [BUY](#)

Already Have a iHealth Account? [Setup](#)


Also tracks 




**Nokia Wireless Blood Pressure Monitor**  
Easy and precise self-measurement of you...

**\$129.95** [BUY](#)

Already Have a Nokia Account? [Add This Device](#)

Also tracks 



**Omron 10 Series Wireless Upper Arm Blood Pressure Monitor**  
The Omron 10 Series® Wireless Blueto...

**\$89.99** [BUY](#)

Already Have a Omron Account? [Setup](#)

## Blood Pressure




**Nokia Thermo**  
One simple scan across the forehead is a...

**\$99.95** [BUY](#)

Already Have a Nokia Account? [Add This Device](#)






## Temperature



**Fitbit charge 2**  
The Charge 2 is equipped with SmartTrack...

**\$129.95** [BUY](#)

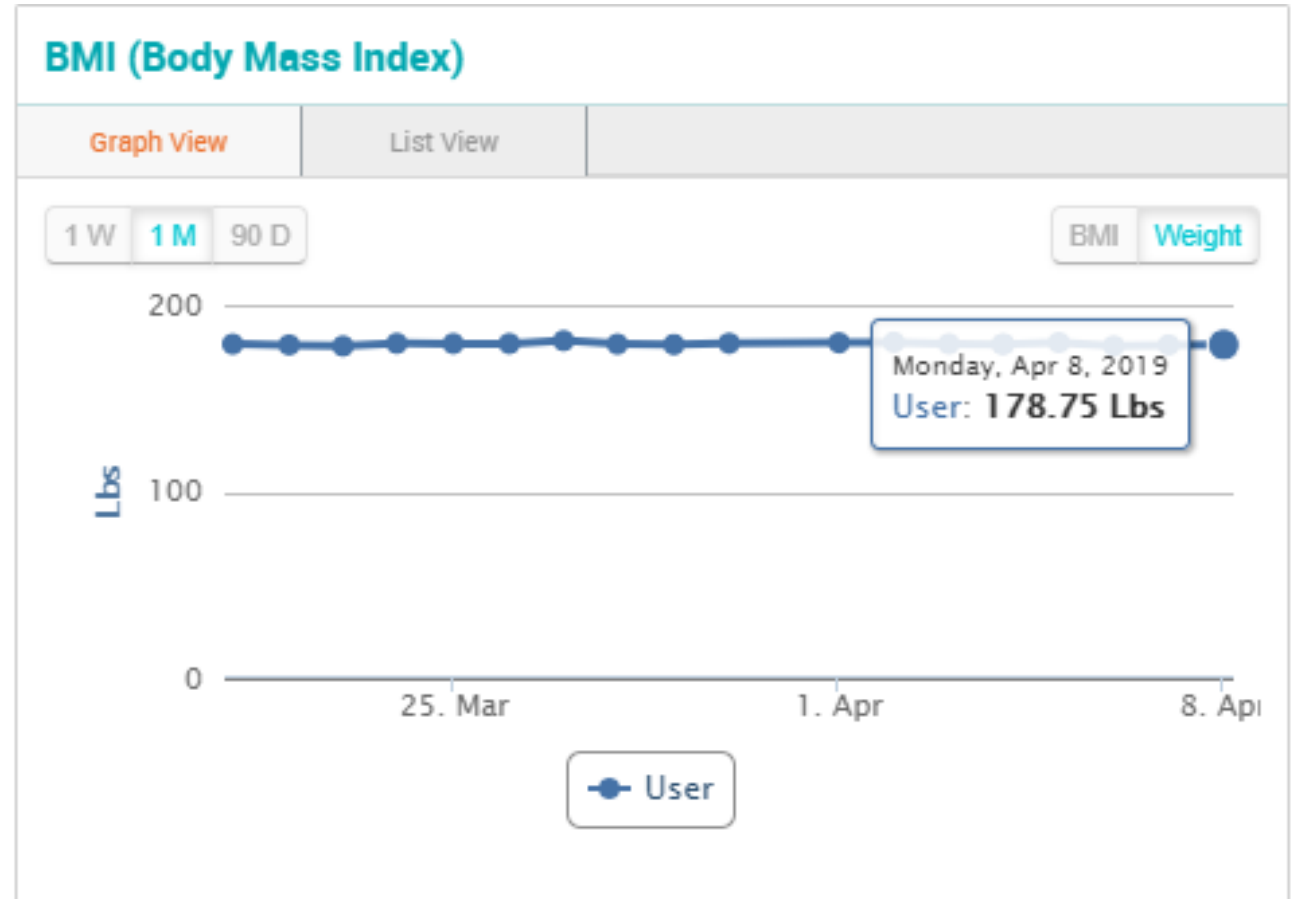
Already Have a Fitbit Account? [Setup](#)

Also tracks     

## Heart Rate

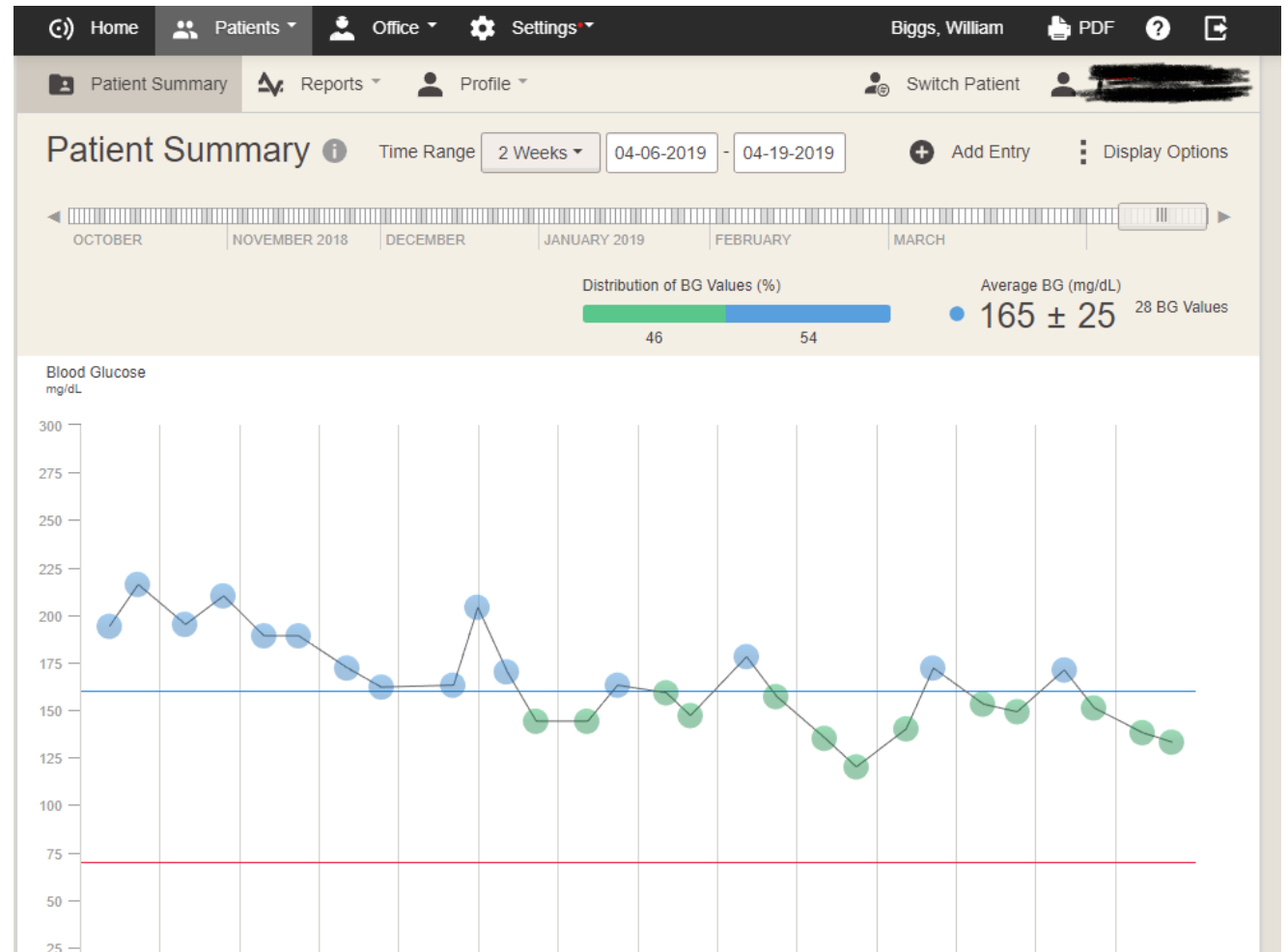
# Remote Physiologic *Monitoring*

- 99091 Collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician.
- Cannot report 99457 (*treatment services*) the same month.
- Examples:
  - Insulin pump with or without out CGM
  - BG data from remotely reporting BG meter
  - Remote BP monitor
  - Remote connected weight scales



# Remote Physiologic *Monitoring*

- Medicare Reimbursement approx. : \$ 58.38
- Can be performed at same time as Connected Care Management, if you have a Care Management agreement with patient.



# Pilot study for Care Managers using Remote Physiologic monitoring



## Optimizing mHealth Technologies in Real-World Clinical Practices

Pablo Mora,<sup>1</sup> William C. Biggs,<sup>2</sup> and Christopher G. Parkin<sup>3</sup>

<https://doi.org/10.2337/cd18-0081>

*Clinical Diabetes*

*ePub ahead of print – April 1, 2019*

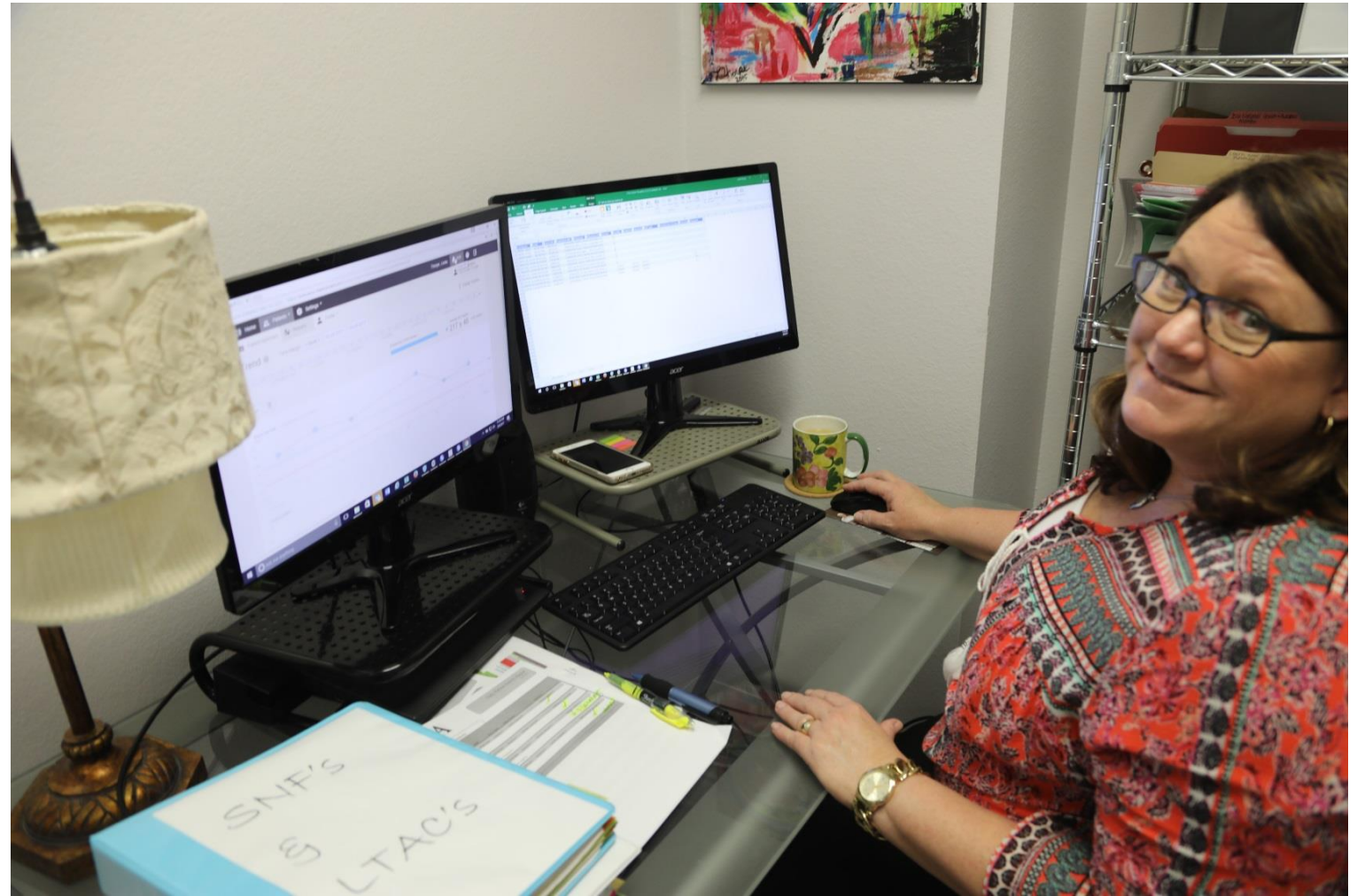
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■ **IN BRIEF** Therapeutic inertia and suboptimal treatment adherence remain the key drivers of chronic poor diabetes control. Advances in mHealth technologies have spurred the development of a new generation of blood glucose monitoring systems that enable individuals with diabetes to automatically transfer glucose data and other information from their smartphones to their health care providers for analysis and interpretation via diabetes data-management software. This report discusses key lessons learned from two investigations that assessed the effects of interventions using the Accu-Chek Connect diabetes-management system (Roche Diabetes Care, Indianapolis, Ind.) within diverse diabetes populations.

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Diabetes in the United States rapidly as recommended in guidelines

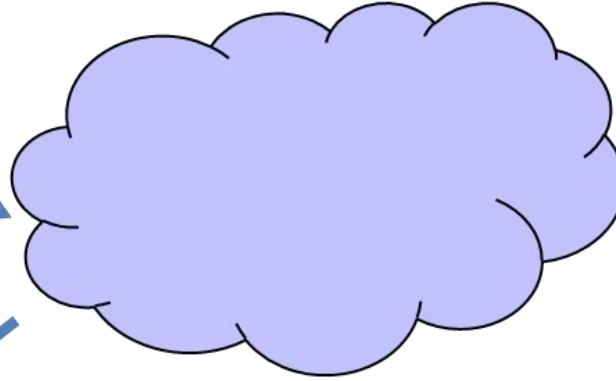
Care  
Managers



**Patient checks  
blood sugar**



**Auto-transfer to  
smartphone and web**



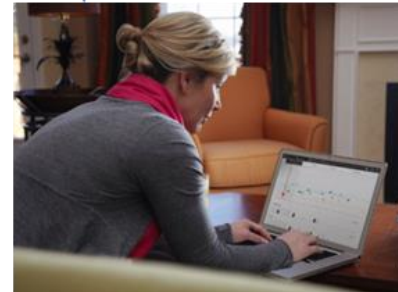
**Data syncs with HCP portal  
and EMR in real time. No  
downloading required**



**Caretaker immediately  
informed via text**



**Data constantly up to date  
in online portal for viewing  
reports and trends anytime**





CCM  
Dashboards  
to screen  
patients

11-21-1932	CCM10	Insulin	185 +/- 51 mg/dL	2.3	03-09-2017	— ↑	✎
10-27-1950	CCM8	Multiple Daily Injections (MDI or ICT), Diet, Exercise	166 +/- 61 mg/dL	2.2	03-10-2017	— ↑	✎
12-25-1932	CCM1	Insulin, Diet	249 +/- 83 mg/dL	3.1	03-04-2017	↑	✎
01-19-1938	CCM2	Basal / Bolus (Long-Acting and Rapid-Acting)	209 +/- 65 mg/dL	2.8	03-04-2017	↑	✎
12-01-1970	WCB7	Insulin	141 +/- 56 mg/dL	2.4	03-10-2017	— ↑	✎
07-31-1989	WCB4	Insulin	347 +/- 165 mg/dL	1.4	03-10-2017	— ↑	✎
03-23-1957	CCM4	Diet, Basal / Bolus (Long-Acting and Rapid-Acting)	217 +/- 68 mg/dL	0.7	03-10-2017	— ↑	✎
09-09-1965	CCM3	Multiple Daily Injections (MDI or ICT), Diet	194 +/- 86 mg/dL	6.7	03-10-2017	↓ ↑	✎

Patients per Page 25 ▾

◀ 1 ▶

# Logbook views for individual patients

Patient Summary Reports Profile																				
DATE	BREAKFAST						LUNCH						DINNER						BEDTIME	
	05:00 AM Before			After			10:00 AM Before			After			05:00 PM Before			After			09:00 PM Before	
	BG mg/dL	Ins U	Carbs g	BG mg/dL	Ins U	BG mg/dL	Ins U	Carbs g	BG mg/dL	Ins U	Carbs g	BG mg/dL	Ins U	Carbs g	BG mg/dL	Ins U	BG mg/dL			
THURSDAY 03-09-2017	03:59 AM	216	4.00									04:52 PM	155							
	06:36 AM	179	7.00	30		12:19 PM	93	7.00	39	12:19 PM	131	06:05 PM	163	12.00	60		08:51 PM	159		
	03:30 AM	174				01:37 PM	53		12	01:37 PM	70									
WEDNESDAY 03-08-2017	06:11 AM	246	4.00		10:02 AM	372	11:17 AM	112	1.00	12	01:52 PM	52	06:43 PM	206	14.00	61	11:00 PM	162		
	03:30 AM	271							40	02:36 PM	290	02:36 PM	295	15.00	60					
	03:20 AM	305	13.00	40		11:38 AM	259	11.00	30	11:38 AM			05:53 PM	332	21.00	80	10:55 PM	222		



Tool developed for Care Managers

Do they have Glucagon Kit? (Y/N)					
If no, is it Ok to send in an order for one? (Y/N)					
When to notify physician of blood glucose parameters					
			Call Patient	Call Physician	If a weekly trend, notify physician
	Severe Hyperglycemia/Needs Intervention	>300	X	X	X
	Hyperglycemia-trend	201-300		X	X
	Mild Hyperglycemia	150-200			X
	Target Blood Glucose	70-150			
	Mild Hypoglycemia	60-69			X
	Hypoglycemia-Trend	56-60		X	X
	Severe Hypoglycemia	<55	X	X	X
Adherence Notice: Patient has not synced meter:			Call Patient	Call Physician	
	No data within 1 Day		X		
	No data within 5 Days			X	
Frequency of taking own blood glucose reading:					
	Less than 2 times per day		X		
	Less than 1 time per day			X	
Notes:					

# Develop an action plan for patients

APPENDIX I.1: PARTNERING WITH THE PATIENT

## “What If” Plan for Patients



Action Plan  
set up for  
patients

This is an example of “What if” documentation, which helps guide patients about how to react to the reading they see through their RPM system. We recommend positioning these types of resources to patients as an action plan, so your patients know when they’re okay, when to contact their doctor, and what to do in case of emergency.

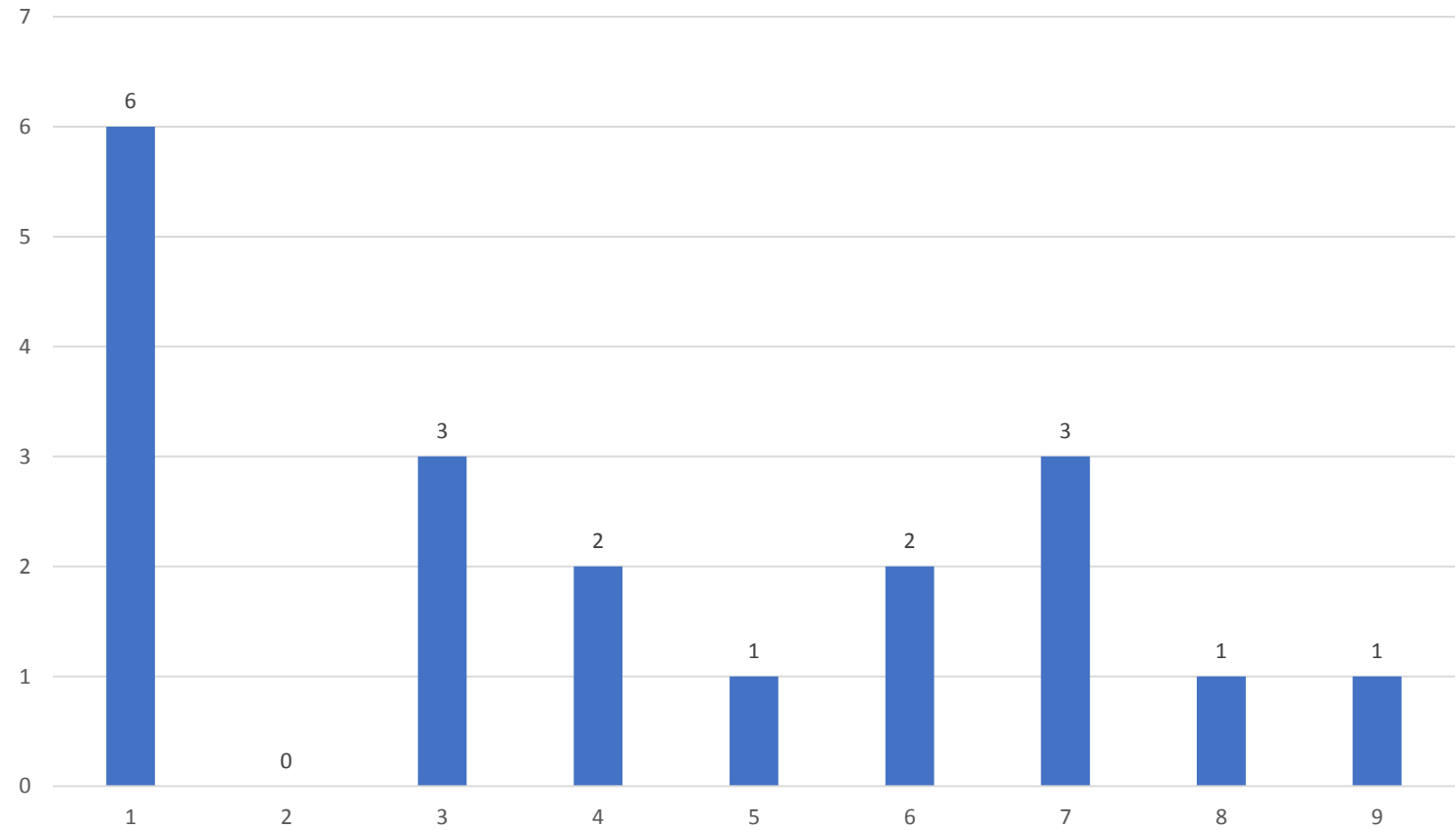
### EXAMPLE ACTION PLAN

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

ALL IS NORMAL/NO NEED FOR CONCERN	
<b>WHAT IF?</b> (Set relevant readings or symptoms)	<b>... THEN</b> (Detail appropriate patient actions, e.g., proceed as normal, retake reading in an hour, etc.)
PROCEED WITH CAUTION	
<b>WHAT IF?</b> (Set relevant readings or symptoms)	<b>... THEN</b> (Detail appropriate patient actions, e.g., take medication, schedule appointment within a week, etc.)
REASON FOR CONCERN, SEEK MEDICAL ATTENTION	
<b>WHAT IF?</b> (Set relevant readings or symptoms)	<b>... THEN</b> (Detail appropriate patient actions, e.g., schedule appointment within 24 hours, go to the ER, call 911)

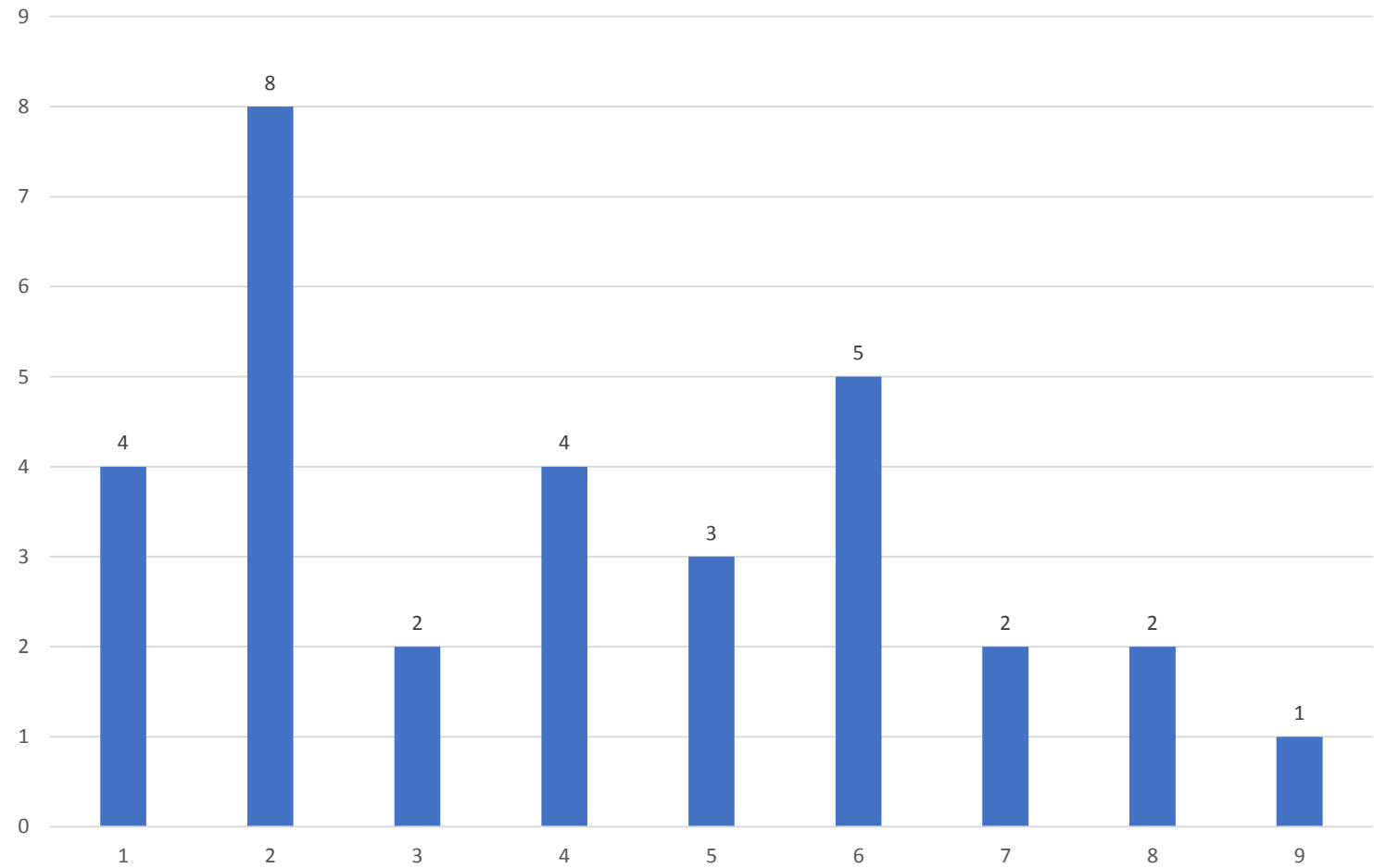
# Hospital Admissions

Hospital Admissions per Quarter  
9 patients –  
Baseline = Period 1



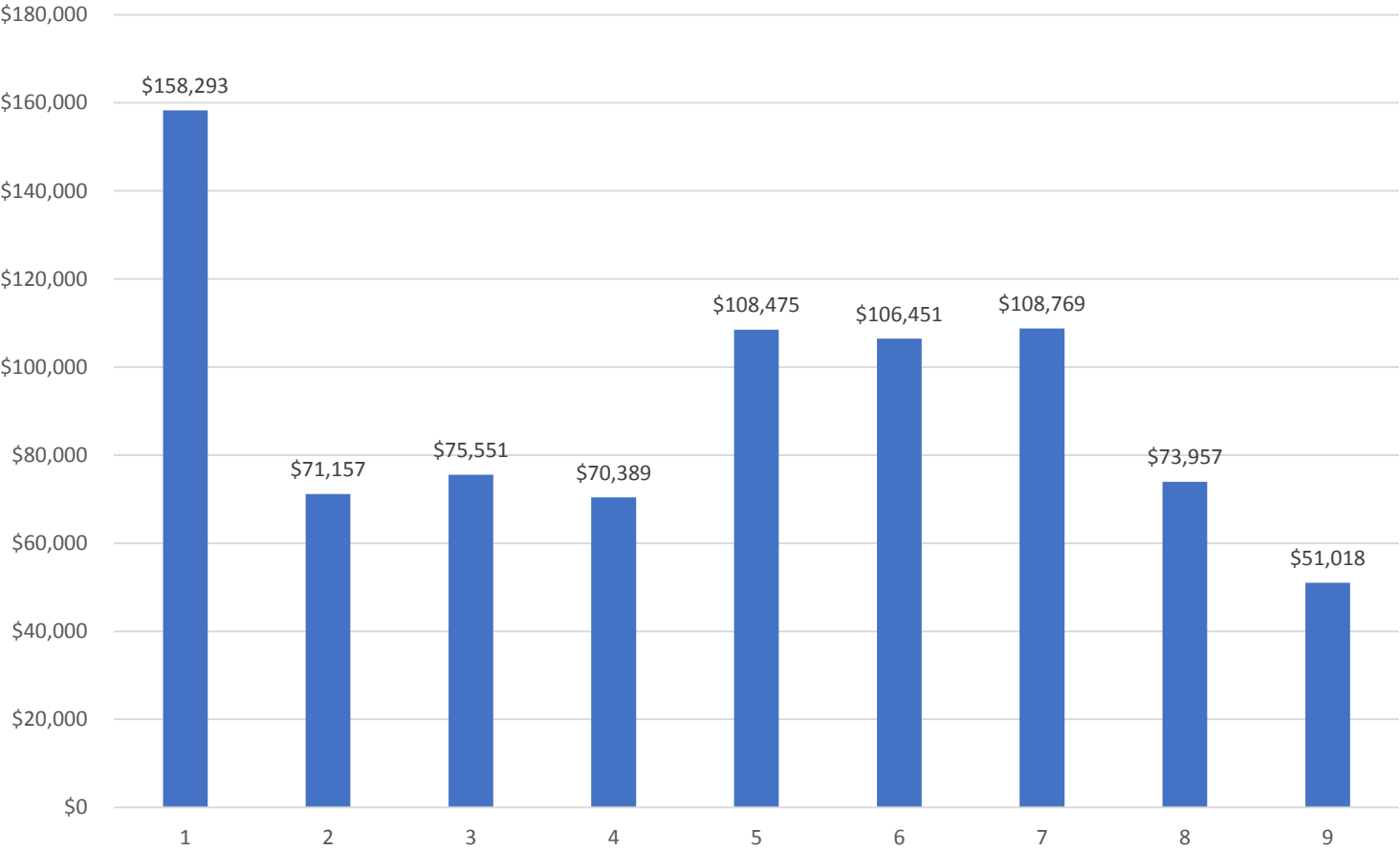
# Home Health Utilization

Number of patients in home health care



Overall cost  
of all  
patients in  
pilot – By  
Quarter

Quarterly Costs for group  
9 patients



Costs by  
category

**TABLE 1. Changes in Total Costs, Hospital Expenses, and Home Health Agency Costs from 6 Months Before to 6 Months After the QIP Intervention (n = 9).**

	6 Months Before QIP	6 Months After QIP	Change
Total	\$215,325	\$115,099	-\$100,226
Total hospital costs	\$86,121	\$15,111	-\$71,010
Non-ER hospital admissions	\$36,738	\$0	-\$36,738
ER visits with hospital admissions	\$49,383	\$15,111	-\$34,272
ER visits with no hospital admissions	\$4,880	\$4,638	-\$242
Hospital outpatient services	\$41,045	\$31,933	-\$9,112
Skilled nursing facilities	\$1,047	\$0	-\$1,047
Home health agencies	\$25,103	\$17,754	-\$7,349
Other Medicare Part B costs	\$38,986	\$28,080	-\$10,906
Medicare Part D costs	\$9,136	\$14,294	\$5,158
Durable medical equipment	\$6,738	\$3,292	-\$3,446

# Key Findings

## Positive Findings:

- Majority of patients either own smartphone, or a family member does
- System requires no active user intervention to send readings to us
- Care Managers capable of identifying risky situations
- Early intervention appears to reduce ER visits and readmissions
  - Larger study size needed to gain better statistics
- Patients had 24/7 access to Care Manager staff or Providers
- Patients were more engaged with their providers in general when given the extra attention



# Economics of the pilot program

## Monthly charge to Medicare

- Care Management – 60 minutes      \$94
- Remote Physiologic Monitoring      \$58





# Remote Physiologic *Treatment*

- CPT 99457
- **Clinical staff**/physician/other qualified health care professional use the results of remote physiological monitoring to manage a patient under a specific treatment plan.
- Use 99457 for time spent managing care when patients or the practice do not meet the requirements to report more specific services.
- Code 99457 requires a live, interactive communication with the patient/caregiver and 20 minutes or more of clinical staff/physician/other qualified health care professional time in a calendar month.
- The 20 minute time can be your nurse, or CDE, does not have to be MD.
- Reimbursement - \$51 average, may bill once a month.

# Remote Physiologic *Treatment*

- CPT 99457
- Examples of use:

Changing insulin doses as a result of Bg input, insulin pen data, etc. Staff discussed with pt for 20 minutes.



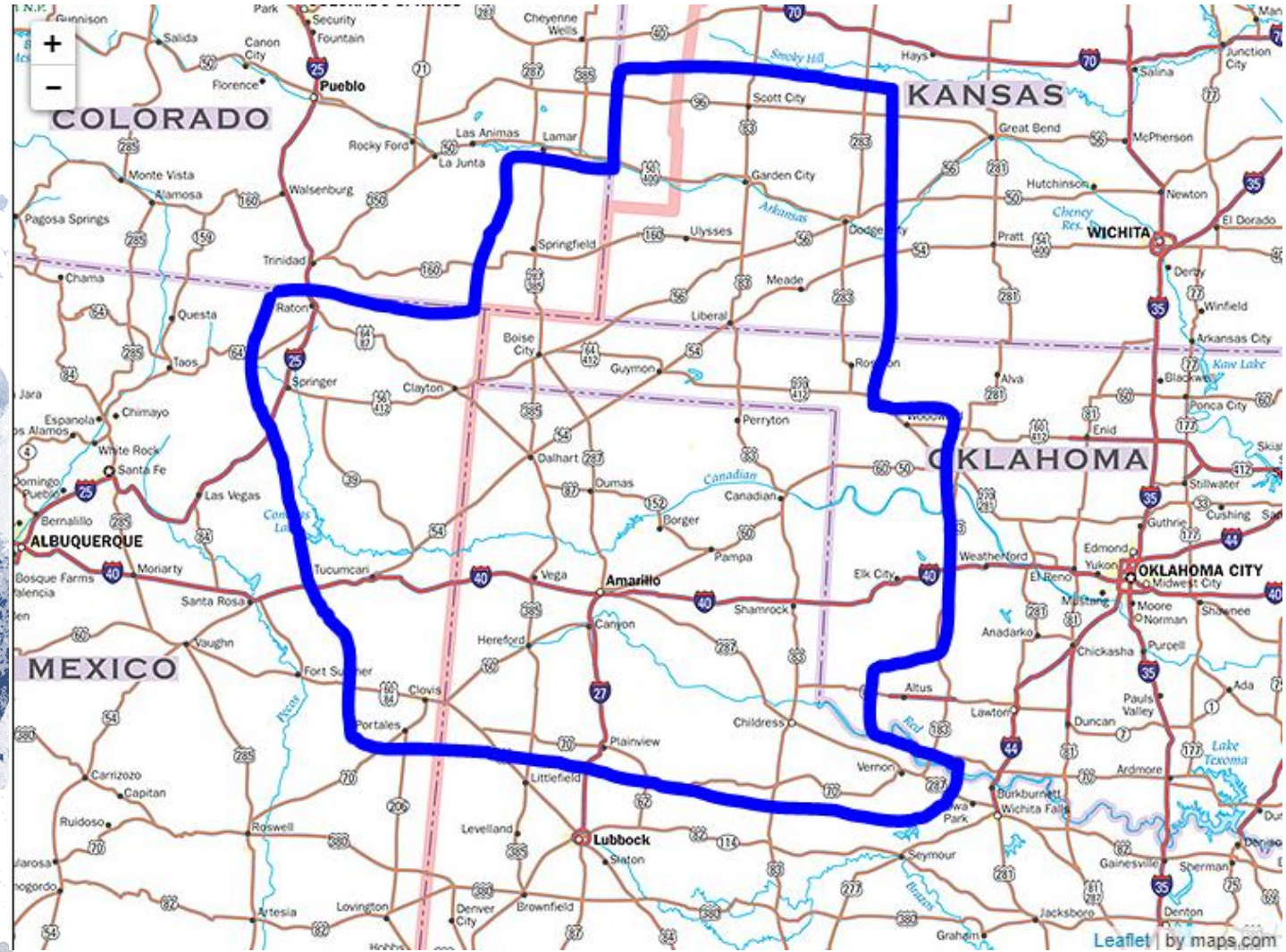


# Televisits using Video Conferencing

## Patient reasons

- Reduce time off work
  - Reduce wait in office
  - More private
  - Less anxiety provoking
  - Easier access if long distance
  - No parking hassles
  - Patients are accustomed to online commerce, and expect it from health care professionals
- Doctor reasons
    - Efficiency : can see more patients per day
    - Extend geographic area of practice
    - Better service for established patient base
    - Provide competitive edge over others
    - Doctor working part-time from home

# Televisits using Video Conferencing







# Televisits using Video Conferencing

- Operating across state lines
  - Licensure
  - Professional Liability
  - Differing state standards for televisits
  - Differing payment parameters

# Televisits using Video Conferencing

## Private Insurance Coverage

Thirty-one states and the District of Columbia have enacted laws mandating the coverage of telehealth-provided services under private health insurance plans:

Alaska (2016)  
Arizona (2013)  
Arkansas (2015)  
California (1996)  
Colorado (2001)  
Connecticut (2015)  
Delaware (2015)  
Georgia (2006)  
Hawaii (1999)  
Indiana (2015)  
Kentucky (2000)

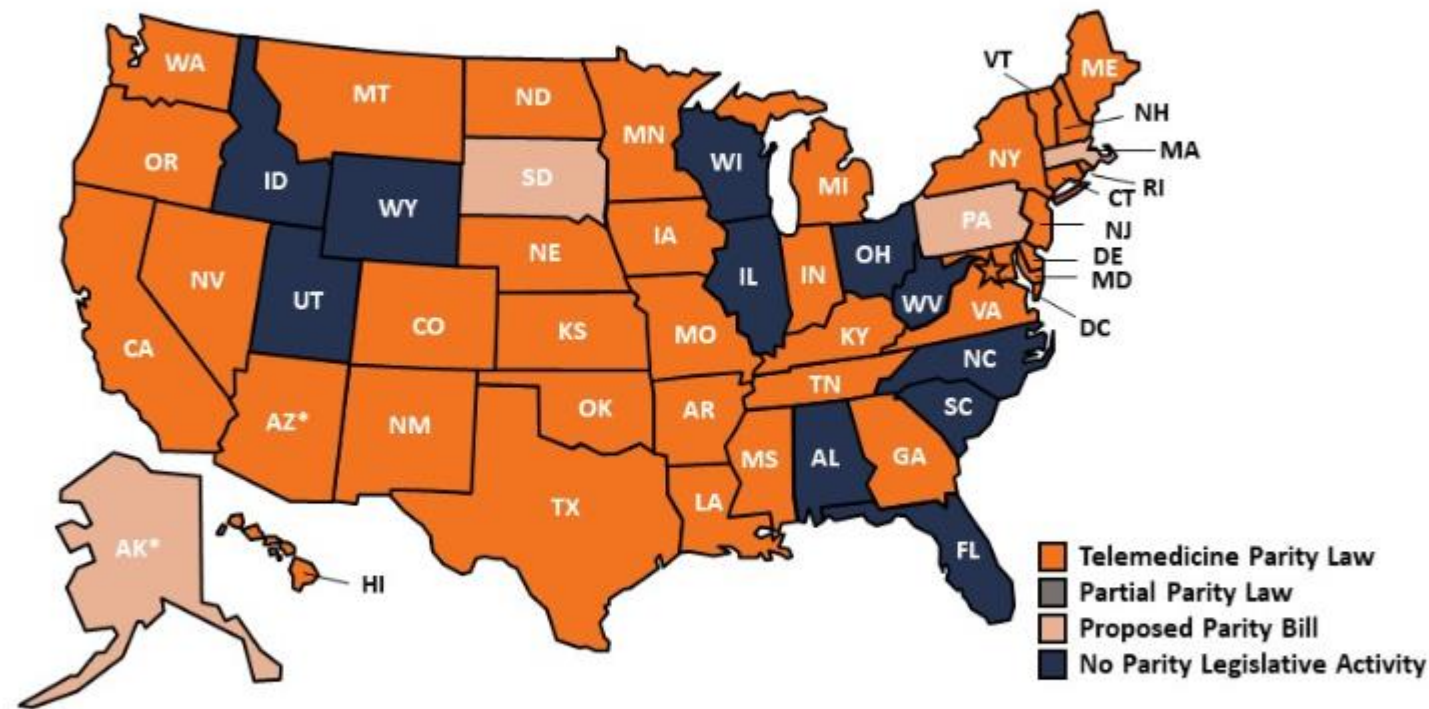
Louisiana (1995)  
Maine (2009)  
Maryland (2012)  
Michigan (2012)  
Minnesota (2015)  
Mississippi (2013)  
Missouri (2013)  
Montana (2013)  
Nevada (2015)  
New Hampshire (2009)  
New Mexico (2013)

New York (2014)  
Oklahoma (1997)  
Oregon (2009)  
Rhode Island (2016)  
Tennessee (2014)  
Texas (1997)  
Vermont (2012)  
Virginia (2010)  
Washington (2015)  
Washington, DC (2013)



# Televisits using Video Conferencing

## States with Parity Laws for Private Insurance Coverage of Telemedicine (2018)



States with the year of enactment: Alaska (2016)\*, Arizona (2013)\*, Arkansas (2015), California (1996), Colorado (2001), Connecticut (2015), Delaware (2015), Georgia (2006), Hawaii (1999), Indiana (2015), Iowa (2018), Kentucky (2000), Louisiana (1995), Maine (2009), Maryland (2012), Michigan (2012), Minnesota (2015), Mississippi (2013), Missouri (2013), Montana (2013), Nebraska (2017), Nevada (2015), New Hampshire (2009), New Jersey (2017), New Mexico (2013), New York (2014), North Dakota (2017), Oklahoma (1997), Oregon (2009), Rhode Island (2016), Tennessee (2014), Texas (1997), Vermont (2012), Virginia (2010), Washington (2015) and the District of Columbia (2013)

States with proposed legislation: In 2018, Alaska, Massachusetts, Pennsylvania, and South Dakota

\*Coverage applies to certain health services.





# Televisits using Video Conferencing

- TeleDoc
  - Contracted by insurers or companies to reduce Urgent Care and ER utilization

Teladoc doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems and so much more!

**Here is a small sample of things we've treated in the last year:**

## General health

- Abdominal Pain/Cramps
- Abscess
- Acid Reflux
- Allergies
- Arthritis
- Asthma
- Backache
- Blood Pressure issues
- Bronchitis
- Bowel/Digestive issues
- Cellulitis
- Cold
- Constipation
- Cough
- Croup
- Diarrhea
- Dizziness
- Eye Infection/Irritation
- Fever
- Flu
- Gas
- Gout
- Headache/Migraine
- Herpes
- Joint Pain/Swelling
- Laryngitis
- Pink eye
- Poison Ivy/Oak
- Rash
- Respiratory infection
- Sinusitis
- Skin Injury
- Sore throat
- Sprains & Strains
- Strep
- Tonsillitis
- Vaginal/menstrual issues
- Yeast infection

- TeleDoc
  - Now adding specialist services

### Specialist services

Specialist services may not be available to all members.  
[Log in](#) to access your available services.



#### Therapy

Schedule a phone or video appointment with a psychiatrist, psychologist, licensed clinical social worker, counselor or therapist to treat behavioral conditions like addiction, depression, family difficulties and more. Simply log into your account and request a Behavioral Health visit to get started.



#### Dermatology

There's no need to wait weeks to receive skin care. Teladoc gives you a quick, convenient and discreet solution for treating skin conditions like acne, rash, shingles and more. Simply log into your account and request a Dermatology visit to get started.



#### Sexual Health

We know that this can be a sensitive subject but rest assured, all health information and test results are secure and confidential. Log into your account,



#### Tobacco Cessation

This multi-faceted program combines nurse coach support, physician treatment, and tobacco cessation content to give you a proven plan to quit using tobacco for

# Televisits using Video Conferencing



# Televisits using Video Conferencing



Humana and telehealth company Doctor on Demand will launch a new health plan design allowing employers and employees to receive primary care predominantly through virtual visits.

The plan, called On Hand, allows Humana members to avoid the doctor's office and access primary-care services virtually from one Doctor on Demand physician, with access to urgent care, preventive care and behavioral health services.




When needed, patients would receive referrals to specialists in Humana's network for in-person doctor visits.

# Televisits

Including them  
in your workflow

- Types of clinical problems which lend themselves to televisits
  - Follow up and discussion of lab studies
  - Discussion of pathology results, and plans for surgical referral
  - Follow up on med changes
  - Insulin pump adjustments
    - Have patients submit data from Carelink, Glooko, Clarity, Tandem, etc.
  - Dietary counseling
  - Unstable diabetes where patient can submit BG or CGM data

# Televisits

<input type="checkbox"/>		DM	03:00 PM	[REDACTED]	WCB	Diabetes	M	52 Y	CHK
<input type="checkbox"/>		DM	04:00 PM	[REDACTED]	FT	Diabetes	F	40 Y	CHK
<input type="checkbox"/>		Televisit	04:00 PM	[REDACTED]	WCB	Diabetes	F	23 Y	CHK



# Commercial Patients – Video Conferencing

- Patients appreciate not having to take off work, or drive in to office.
- Visits actually go faster than office visits.
- BILLING :
- Many states allow same charge as for in-person office visits.
- Most do not have a location requirement (varies by state)
- CPT Code same as regular office visit, but add the 95 modifier to claim



# Commercial Patients – Video Conferencing

- If you are in one of the minority of states that does not provide for coverage of telehealth visits.
- **99444**
- Online evaluation and management service provided by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network.

# Medicare Televisits

## DISTANT SITE PRACTITIONERS

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Distant site practitioners who can furnish and get payment for covered telehealth services (subject to State law) are:

- Physicians
- Nurse practitioners (NPs)
- Physician assistants (PAs)
- Nurse-midwives
- Clinical nurse specialists (CNSs)
- Certified registered nurse anesthetists
- Clinical psychologists (CPs) and clinical social workers (CSWs)
  - CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
- Registered dietitians or nutrition professional

# Medicare Televisits

## ORIGINATING SITES

An originating site is the location where a Medicare beneficiary gets physician or practitioner medical services through a telecommunications system. The beneficiary must go to the originating site for the services located in either:

- A county outside a Metropolitan Statistical Area (MSA)
- A rural Health Professional Shortage Area (HPSA) in a rural census tract

The Health Resources and Services Administration (HRSA) decides HPSAs, and the Census Bureau decides MSAs. To see a potential Medicare telehealth originating site's payment eligibility, go to HRSA's Medicare Telehealth Payment Eligibility Analyzer.

Providers qualify as originating sites, regardless of location, if they were participating in a Federal telemedicine demonstration project approved by (or getting funding from) the U.S. Department of Health & Human Services as of December 31, 2000.

Beginning July 1, 2019, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act removes the originating site geographic conditions and adds an individual's home as a permissible originating telehealth services site for treatment of a substance use disorder or a co-occurring mental health disorder.

Beginning January 1, 2020 for certain ACOs – can occur at home if ACO has a 'telehealth waiver'.



# Medicare Televisits

Each December 31 of the prior calendar year (CY), an originating site's geographic eligibility is based on the area's status. This eligibility continues for a full CY. Authorized originating sites include:

- Physician and practitioner offices
- Hospitals
- Critical Access Hospitals (CAHs)
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-based or CAH-based Renal Dialysis Centers (including satellites)
- Skilled Nursing Facilities (SNFs)
- Community Mental Health Centers (CMHCs)
- Renal Dialysis Facilities
- Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis
- Mobile Stroke Units

**Note:** Medicare does not apply originating site geographic conditions to hospital-based and CAH-based renal dialysis centers, renal dialysis facilities, and beneficiary homes when practitioners furnish monthly home dialysis ESRD-related medical evaluations. Independent Renal Dialysis Facilities are not eligible originating sites.

Beginning January 1, 2019, the Bipartisan Budget Act of 2018 removed the originating site geographic conditions and added eligible originating sites to diagnose, evaluate, or treat symptoms of an acute stroke. Go to MLN Matters® article, [New Modifier for Expanding the Use of Telehealth for Individuals with Stroke](#) to learn how to use the new modifier for billing.

Originating sites bill for use of their facility, with HCPCS code : Q3014



# Hints for Patient Video Conferencing

- Provide patients a *written* guide on how your system works.
- Have patients test the app if using one.
- Start ON TIME
- Be sure patient has submitted their meter / pump / CGM data in advance.
- Most online visits go faster than in-person
- I prefer to use a headset that improves audio clarity for patient and for me.



# Patient instructions on how to access our video conferencing system

---

## **Amarillo Medical Specialists, LLP**

1215 S. Coulter Street  
Amarillo, Texas 79106

Welcome to TeleHealth !

**USING THE HEALOW APP on your iPhone or Android  
for remote Tele Health visits**

### **BEFORE YOU START**

- 1) **Verify** that you can use your Healow app to connect to our patient portal. Can you see your labs, and your appointments for Amarillo Medical Specialists ?
- 2) **Check** to see if the TeleVisit appointment is on your list. It will say 'Televisit' toward the right. If you tap Televisit, you can choose to set a reminder 1 hour ahead so your phone will remind you close to when its time for your appointment.
- 3) Telehealth visits contain the same content as a regular visit, and we put them on our schedule just like a regular visit in person. **Please log in on time so that we can see you.**
- 4) **Have your phone charged up, or plug your phone into a power source!** Healow Telehealth uses your phone, screen, network connection, microphone and camera ALL AT THE SAME TIME. It uses up a lot of battery life sometimes.
- 5) Make sure you have a solid data connection, either through WiFi , 4G, or LTE. If you can only see one bar on your connection, we may experience problems.
- 6) **If you have diabetes**, our office would like for you to share your blood glucose meter, insulin pump, or artificial pancreas information. If you subscribe to Glooko, Medtronic CareLink, Dexcom Clarity, or Roche AccuChek Connect, or Tandem, please upload at least 30 minutes before your visit. That way it will be available for us to view at your televisit.

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7) The program will allow for your vital signs to be shared. Please wish yourself. If you have a BP cuff,

# Billing instructions for video conferencing visits

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## **PLACE OF SERVICE:**

### **For the Provider:**

Professional Claims should use '02' (Telehealth) for place of service

A few insurance companies do not recognize the '02' place of service yet. If so, rebill with your location ('11' if office) and 95 or GT modifier.

### **For an Originating Site:**

Bill the actual type of site , i.e. 11 = Office, 21 = Inpatient  
Code billed is Q3014

# Billing instructions for video conferencing visits

---

## **MODIFIERS:**

**95** Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System

Medicare stopped using 'GT' modifier in 2017 when the '02' Place of Service was added.

A few insurance companies do not recognize the '95' modifier yet, if so, check with company or rebill as 'GT'.

Some carriers do not require a Modifier 95 if Place of Service is 02, but we typically add it anyway.

# Billing instructions for video conferencing visits

## Codes that can be billed by Video Conferencing

2019 CPT Book has them designated with the STAR symbol

- ★ 99243 Office consultation for a new or established patient, which requires these 3 key components:
  - A detailed history:

The full list of codes that are billable are listing the 2019 CPT Book in 'Appendix P'


CPT 2019 Appendix P—CPT Codes That May Be Used For Synchronous Telemedicine Services

### Appendix P

#### CPT Codes That May Be Used For Synchronous Telemedicine Services


This listing is a summary of CPT codes that may be used for reporting synchronous (real-time) telemedicine services when appended by modifier 95. Procedures on this list involve electronic communication using interactive telecommunications equipment that includes, at a minimum, audio and video. The codes listed below are identified in CPT 2019 with the ★ symbol.

90791	92298	99242
90792	92299	99243
90822	96040	99244
90833	96116	99245
90834	96150	99251
90836	96151	99252
90837	96152	99253
90838	96153	99254
90845	96154	99255
90846	97802	99307
90847	97803	99308
90863	97804	99309
90951	98960	99310
90952	98961	99354
90954	98962	99355
90955	99201	99406
90957	99202	99407
90958	99203	99408
90960	99204	99409
90961	99205	99495
92227	99212	99496
92228	99213	
92228	99214	
92229	99215	
92268	99221	
92270	99222	
92271	99223	



# On-Line Medical Evaluation- Physician

- **CPT 99444**
- Not covered by Medicare ( use G2012 – ‘virtual check in’)
- Can be asynchronous
- (Use office visit codes if video conferencing)
- Online evaluation and management service **provided by a physician or other qualified health care professional** who may report evaluation and management services provided to an established patient or guardian, not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network.
- Example : Patient sends question to you via web portal, unrelated to a recent office visit. You respond by web portal, secure email, or phone.
- Common in our office: “How to I change my insulin dose for XXX outpatient procedure”.



# On-Line Medical Evaluation- Non-Physician

- CPT 98969
- Originally intended to allow Nurse Practitioners and Physician Assistants to bill telehealth.
- CPT definition now allows NPs and PAs to bill 99444
- This code may be used for some commercial companies if they will not allow NP or PA to bill 99444



# Medicare Virtual Check In

- **Medicare: 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 (E/M) 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).”
- Must document verbal patient consent at each session, since there is a 20% copay.
- Established patients only
- Average reimbursement: \$14 - \$15.
- No frequency limits, could even be daily.
- Example : Patient sends question to you via web portal , unrelated to a recent office visit. QHP spends more than 5 minutes on phone w patient.

[For expanded information, FIRST MESSENGER](https://www.aace.com/files/first_messenger/FM-Issue2_2019.pdf)

[https://www.aace.com/files/first\\_messenger/FM-Issue2\\_2019.pdf](https://www.aace.com/files/first_messenger/FM-Issue2_2019.pdf)



# Medicare Evaluation of Images

- **Medicare: G2010**
- “Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, 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).”
- Must document verbal or written patient consent, since there is a 20% copay.
- Established patients only
- Average reimbursement: \$12 - \$15.
- No frequency limits, could even be daily.
- Example : Patient sends picture of rash to evaluate by email or portal.

# Resources: Telehealth in *your* state



ABOUT

TELEHEALTH POLICY

RESOURCES

CONTACT

should not be construed as legal counsel. Please consult with an attorney if you are seeking a legal opinion. To view the full report, visit the [50 State Report PDF](#).

## Current State Laws & Reimbursement Policies

Search by Filter

Search by Keyword

California



All Categories

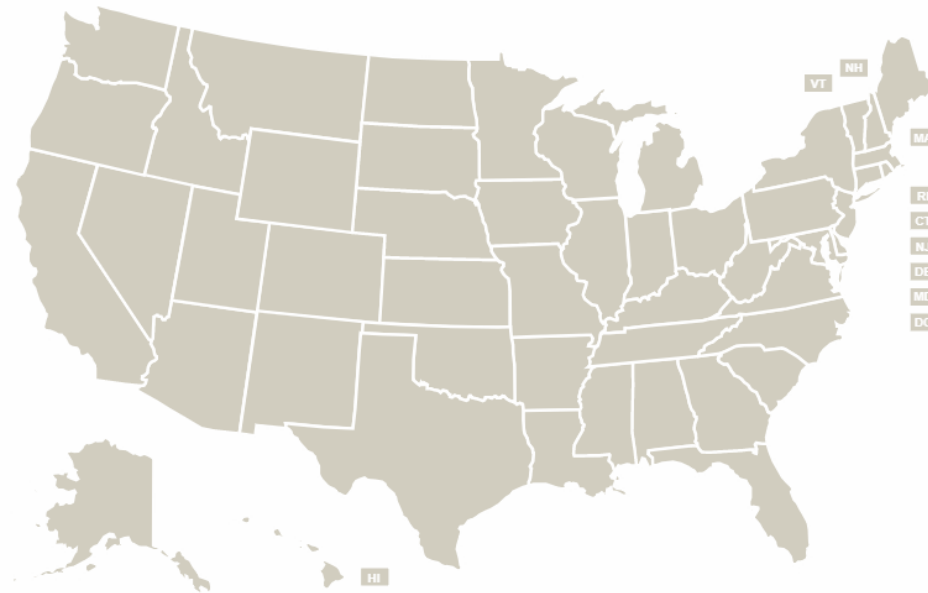


All Topics



APPLY

Data Last Updated Feb 21, 2019



<https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies>

# Resources: AMA Digital Health Playbook



## Download the Digital Health Implementation Playbook Now

We've developed a playbook you can download now to receive:

- Step-by-step guide to implementing remote patient monitoring
- Stories highlighting practices that have achieved success
- Resources to help you navigate the implementation process

You'll also receive a weekly email from Stacy Lloyd, a lead on the AMA's Digital Health team, with a summary of each step and tips you can use to achieve success.

## Get the Complimentary Playbook

Download and Enroll

<https://app.svwps.com/americanmedicalassociation/ama/dhpj/index.html>

# Resources: American Telemedicine Association

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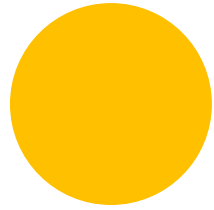
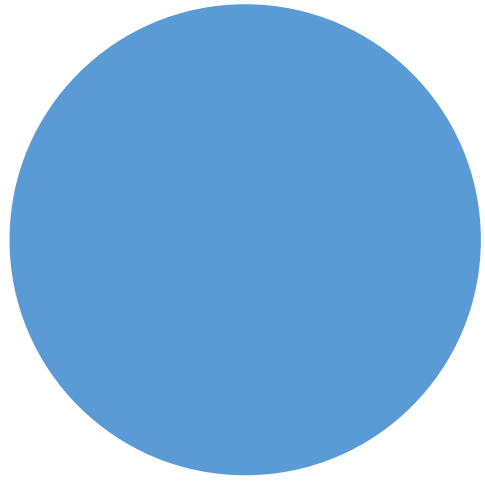
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## STATE TOOLKITS

ATA provides an array of resources for organizations, providers, and stakeholders looking to learn more about telemedicine at the state-level.

- » [ATA State Telemedicine Toolkit: Coverage and Reimbursement](#)
- » [ATA State Telemedicine Toolkit: Medical Boards](#)
- » [ATA Medical Board FAQs & Talking Points](#)
- » [ATA Model State Legislation](#)
- » [Medical Assistance and Telehealth: An Evolving Partnership](#)

<http://legacy.americantelemed.org/main/policy-page/state-policy-resource-center/additional-state-resources>



# Telehealth Expanding Your Reach

William C. Biggs, MD, FACE, ECNU



# Appendix A

Appendix A: Characteristics of Services Specific to Provider Designation

CPT Code	Physician or Other Qualified Health Professional <sup>1</sup>		Clinical Staff Member <sup>2</sup>		CPT Code	Physician or Other Qualified Health Professional <sup>1</sup>		Clinical Staff Member <sup>2</sup>	
	Face-to-Face <sup>3</sup>	Non-Face-to-Face	Face-to-Face <sup>3</sup>	Non-Face-to-Face		Face-to-Face <sup>3</sup>	Non-Face-to-Face	Face-to-Face <sup>3</sup>	Non-Face-to-Face
<b>Office or Other Outpatient Services, New Patient</b>					<b>Care Management Services</b>				
99201	X				99487			X	X
99202	X				99489			X	X
99203	X				99490			X	X
99204	X				99491		X		
99205	X				<b>Transitional Care Management Services</b>				
<b>Office or Other Outpatient Services, Established Patient</b>					99495	X	X	X	X
99211	X				99496	X	X	X	X
99212	X				<b>Telephone Services</b>				
99213	X				99441		X		
99214	X				99442		X		
99215	X				99443		X		
<b>Office or Other Outpatient Consultations, New or Established Patients</b>					<b>Online Medical Evaluation</b>				
99241	X				99444		X		
99242	X				<b>Interprofessional Telephone/Internet/Electronic Health Record Consultations</b>				
99243	X				99446		X		
99244	X				99447		X		
99245	X				99448		X		
<b>Care Plan Oversight Services</b>					99449		X		
99339		X			99451		X		
99340		X			99452		X		
<b>Prolonged Services</b>					<b>Education and Training for Patient Self-Management</b>				
99354	X				98960	X			
99355	X				98961	X			
99358		X			98962	X			
99359		X			<b>Miscellaneous Services</b>				
<b>Medical Team Conference</b>					99078	X			
99366	X				<sup>1</sup> The American Medical Association distinguishes a qualified health care professional from a clinical staff member in terms of which providers may report services. In addition to a physician, "other qualified health care professionals" include, but are not limited to, clinical nurse specialists, nurse practitioners, physician assistants, and clinical social workers.				
99367		X							
99368		X			<sup>2</sup> A "clinical staff member" is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and faculty policy to perform or assist in the performance of a specified professional service, but who does not individually report the professional service. Clinical staff include, but are not limited to, medical assistants and licensed practical nurses.				
<b>Preventive Medicine Services</b>									
99384	X								
99385	X								
99394	X								
99395	X								
<b>Health and Behavior Risk Assessment</b>					<sup>3</sup> Physical face-to-face presence and synchronous real-time audio-visual face-to-face are considered equivalent. Note this statement from 2019 CPT regarding modifier 95: "The totality of the communication of information exchanged between the physician or other qualified health care professional and the patient during the course of the synchronous telemedicine service must be of an amount and nature that would be sufficient to meet the key components and/or requirements of the same service when rendered via a face-to-face interaction."				
96160	X	X	X	X					
<b>General Behavioral Health Integration Care Management</b>									
99484			X	X					

<https://www.gottransition.org/resourceGet.cfm?id=352>

# Appendix B

***Amarillo Medical Specialists, LLP***

1215 S. Coulter Street

Amarillo, Texas 79106

**Welcome to TeleHealth !**

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- 5) Make sure you have a solid data connection, either through WiFi , 4G, or LTE. If you can only see one bar on your connection, we may experience problems.
- 6) **If you have diabetes**, our office would like for you to share your blood glucose meter, insulin pump, or artificial pancreas information. If you subscribe to Glooko, Medtronic CareLink, Dexcom Clarity, or Roche AccuChek Connect, or Tandem, please upload at least 30 minutes before your visit. That way it will be available for us to view at your televisit.

<http://www.amarillomed.com/diabetes/support-materials/AMS%20Telehealth%20Instructions.pdf>

LINK TO TELEHEALTH INSTRUCTIONS