



Telehealth 2.0

Building a sustainable model



Coding disclaimer

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- Coding guidance outlined within the content of this presentation is not intended to replace official coding guidelines or professional coding expertise.
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Continuing education

- Approval to grant continuing education (CE) for this activity has been filed with the American Academy of Family Physicians (AAFP) and the American Academy of Professional Coders (AAPC).
- This activity will award up to 1.0 CE unit. Participants may claim only the amount of credit commensurate with time spent participating in this activity.
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Agenda

- Part one:
 - Future of telehealth services
- Part two:
 - Telehealth sustainability
- Part three:
 - Telehealth program resources

A photograph of a male doctor with glasses and a stethoscope around his neck, wearing a white lab coat, looking at a smartphone held by a male patient with dreadlocks wearing a red shirt. They are in a clinical setting with a window in the background. A blue semi-transparent box is overlaid on the left side of the image.

Part one

Future of telehealth services

Key questions to consider for your practice

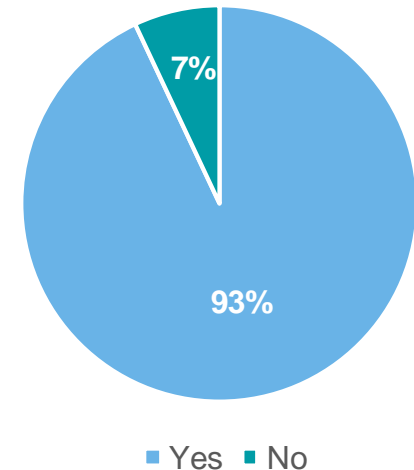
- What lessons has your practice learned during the pandemic?
- What telehealth services does your practice want to offer, and to which patients? How about a year from now and five years from now?
- What steps does your practice need to take to start building a sustainable telehealth program?

What is next for the future of telehealth?

Predicting the future of telehealth:

- Will physicians want to keep using telehealth?
- What will reimbursement look like post pandemic?
- Will federal regulations snap back and make it too burdensome?

Telehealth use by physicians in 2020



2020 Telehealth — EHR Survey (Medical Economics)

2020 Telehealth — EHR Survey results highlights

Who provides your telehealth technology?	Free software (Skype): 28% Third-party vendor: 24% EHR vendor: 22% Don't know: 5% Other: 9%
Is your telehealth program integrated with your EHR?	Yes: 40% No: 60%
Did the pandemic cause you to use telehealth for the first time?	Yes: 77% No: 23%
Once the pandemic is over, what will happen with frequency of your telehealth visits?	Decrease: 43% Remain about the same: 26% Increase: 13% Stop telehealth visits: 10% Not sure: 8%

2020 Telehealth — EHR Survey results highlights (cont.)

What is the single biggest challenge that your practice has faced using telehealth?

- A. Explaining to patients how to use telehealth: **60%**
- B. Internet connection issues: **53%**
- C. Problems with scheduling/staff efficiency: **33%**
- D. Patient getting distracted while on call: **25%**
- E. Figuring out the interface: **22%**
- F. Integrating it with the existing software: **22%**
- G. Upgrading technology so telehealth can be used: **19%**
- H. Training office staff: **17%**
- I. Cost: **13%**
- J. Other, please explain

Telehealth services coverage

Telehealth services can be used for:

Generally healthy patients

- Infectious disease
- Pre- and post-operative checks
- Preventive Care / Sick Visits

Patients with chronic conditions

- Check-ins, follow-ups
- Medication management

Pediatric visits

- Common low-risk conditions (rash)
- Limit time away from school

Pregnancy visits

- Routine checks for uncomplicated pregnancies
- Routine monitoring for blood pressure and blood sugar

Geriatric patients

- Avoid travel for frail and high COVID-19 risk patients
- Improve care for dementia patients

Behavioral health

- Routine monitoring of medications for anxiety, depression and ADHD
- Psychotherapy online
- Follow-up after Hospitalization or Emergency Department Visit*

* Telehealth visits are allowed as follow up for key HEDIS® measures (FUH, FUM, FUA).

Types of telehealth visits

Clinician-to-patient	Clinician-to-clinician
<p>Video visit (vVisit)</p> <ul style="list-style-type: none"> • Connection directly with the patient via video 	<p>eConsult*</p> <ul style="list-style-type: none"> • Clinician communicates via email or other software with a specialist to share information and discuss patient care
<p>Telephone call (tVisit)</p> <ul style="list-style-type: none"> • Connection directly via the patient via telephone 	<p>ECHO</p> <ul style="list-style-type: none"> • Primary care teams link with specialist teams. The teams participate in virtual grand rounds supported by teleconferencing technology
<p>Secure messaging (eVisit)</p> <ul style="list-style-type: none"> • Connection with the patient via patient portal or secure email 	<p>Store-and-Forward</p> <ul style="list-style-type: none"> • Electronic transmission of medical information (digital images, documents, pre-recorded videos)
<p>Remote patient monitoring (RPM)*</p> <ul style="list-style-type: none"> • Monitoring patient vitals and other information via electronic communication technologies 	

* Some Medicaid payers extended coverage to RPM and eConsults for the first time in 2020.

Medicaid telehealth services coverage*

Telehealth service	Coverage landscape	Temporary changes during the pandemic
Video visit	Coverage varies widely by state	Almost all states and payers have expanded coverage to include video visits.
Telephone call		Many payers have expanded payment to telephone E/M services and/or allowed audio-only delivery of a service.
Secure messaging		Some payers have extended payment to include online digital E/M.
Remote patient monitoring (RPM)		Some payers have extended payment to include RPM.
Store-and-Forward		Some payers have extended payment to include Store-and-Forward.

* Information provided in this table is only for informational purposes. Check with your coding and billing guides.

Path to payment

- Documentation is critical: Be sure to document when the visit begins and ends to meet the length requirements and keep a checklist for what else you have to document in order to meet regulations.
- Understand ins-and-outs of CPT[®] codes, including modifiers and correct language to use.
- Stay up to date: Telehealth rules, regulations and reimbursement rates are continuously evolving, so ensure your organization is using the latest information.



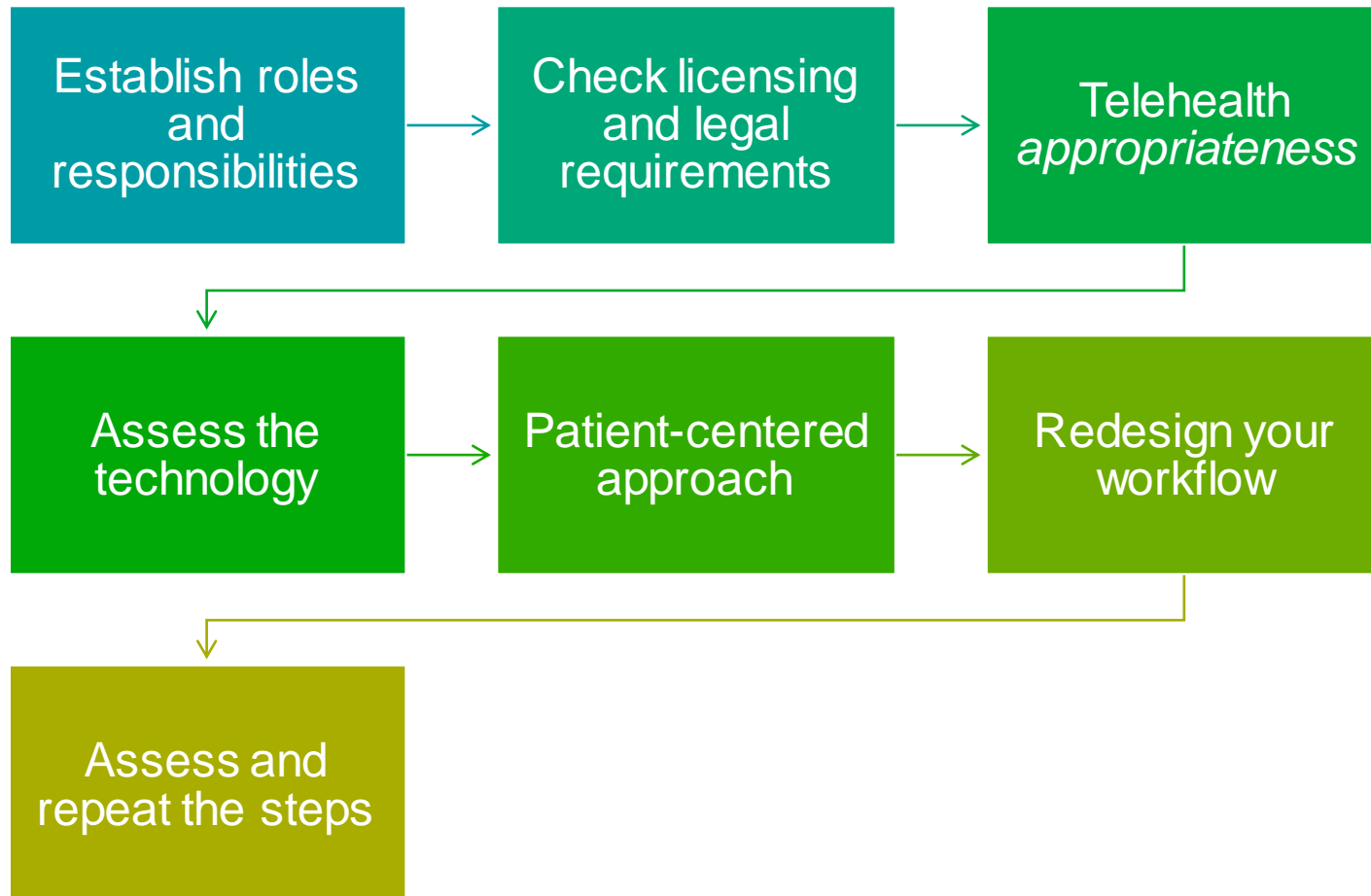
Part two

Telehealth sustainability

Steps to build a sustainable telehealth program

- Set organizational objectives.
- Be strategic about technology (keep it simple when possible).
- Consider revenue sources, evaluate financial implications of telehealth.
- Use traditional performance metrics.
- Look to your network: Reach out to practices that have previously executed the implementation of a telehealth program.
- Focus time, effort and money on program development and a sustainable model.

Steps for implementing telehealth services



Establish roles and responsibilities

Core

- Engage the right people: the team that is responsible and accountable for putting together the plan and driving the project forward day to day

Leadership

- High-level decisionmakers who authorize key decisions, provide budgetary approval, and whose alignment is important for widescale success

Advisory

- A group of advisors for the Core team to consult for perspective and guidance and ensure the team's decisions and leadership proposal are strategically sound

Implementation

- Close-to-the-ground teams in impacted departments who will be informed of the plans and ultimately carry out the day-to-day process of implementation

<https://www.ama-assn.org/system/files/2020-04/ama-telehealth-implementation-playbook.pdf>

Check licensing and legal requirements

Licensing: Each provider must be licensed to practice in the state where the patient is located.

Insurance: Most malpractice insurers cover telehealth services; you may want to consider seeking cyber liability coverage to protect against data breaches.

Prescribing limitations: In most cases, there must be a patient-provider relationship, presumed and established in an in-person encounter before a prescription can be written.

Consent: Determine if consent forms need to be updated with new and modified telehealth laws.

Privacy and security: Physicians are responsible for all aspects of privacy and security of protected health information (PHI) under *HIPAA* when engaging in telehealth.

Telehealth *appropriateness*

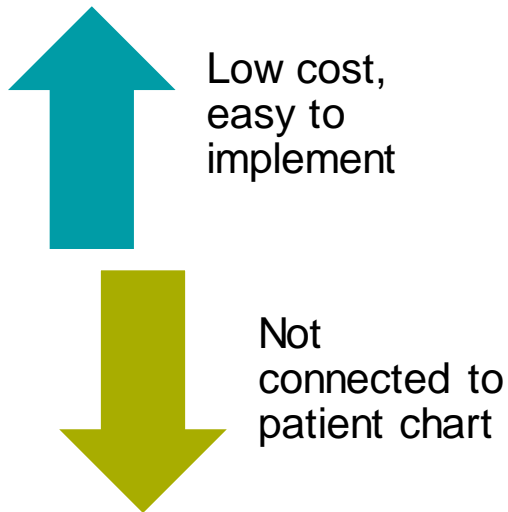
Use your judgment when determining the appropriateness of telehealth based on developed protocols and the specific conditions of the individual patient.

Telehealth is appropriate for	Telehealth is <i>not</i> appropriate for
<ul style="list-style-type: none">• Appointments with existing patients.• Prenatal visits.• ADHD, anxiety, depression, toddler behavioral and sleep (follow up and medication management).• Allergy evaluation.• Any medication management not requiring physical exam.• Simple conjunctivitis without fever.• Minor trauma screening (lacerations, abrasions).• Follow up for dietary guidance.• Review of lab, X-ray and consultation reports.	<ul style="list-style-type: none">• First-time appointments.• Any time physical exam is needed.• When patient is experiencing symptom outside the bounds of your clinical protocols for telehealth visits (fever, difficulty breathing, vomiting, confusion or other abnormal mental states, etc.).• When immunizations are required for visit.

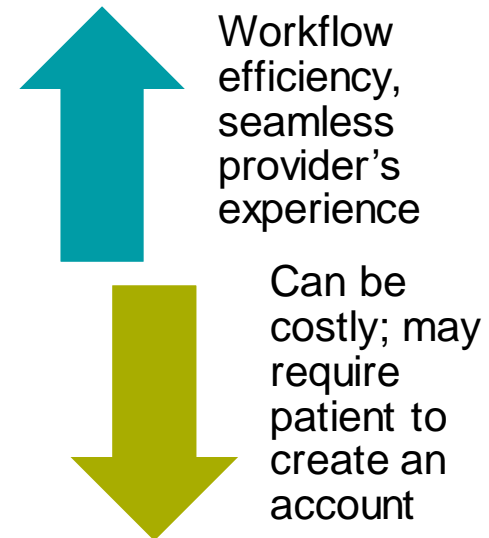
Assess the technology

Options for technology: stand-alone product or EHR-integrated application*.

Stand-alone product:



EHR-integrated application:



* If patient lives in a rural area, he or she might not be able to use web-based platform that requires high speed data transfer.

Patient-centered approach

Consider patient-centered approach for a smooth and integrated online experience. It is vital to ensure patients are aware of telehealth appointments, confident with the technology and feel empowered to troubleshoot issues they encounter:

- **Scheduling:** Integrate in-person and virtual options to minimize paperwork.
- **Technology support:** Follow up with information on technology needed and a step-by-step guide to download/access application or platform.
- **Patient centered telehealth:** Prepare for a visit, communicate instructions to the patient during the visit, share the post-visit summary and action plan. For patients whose first language is not English, interpreter can be integrated.
- **Collect feedback:** Collect feedback regularly on scheduling process, pre-visit support, quality of telehealth visit (audio, video quality and overall experience).

Redesign your workflow

- An effective clinical workflow involves a coordinated effort between the patient, administrative team and clinician.
- Scheduling first telehealth visit:

Patient seen in-person

- Provider orders telehealth follow-up appointment
- Provider obtains general patient consent and gives instructions

Admin

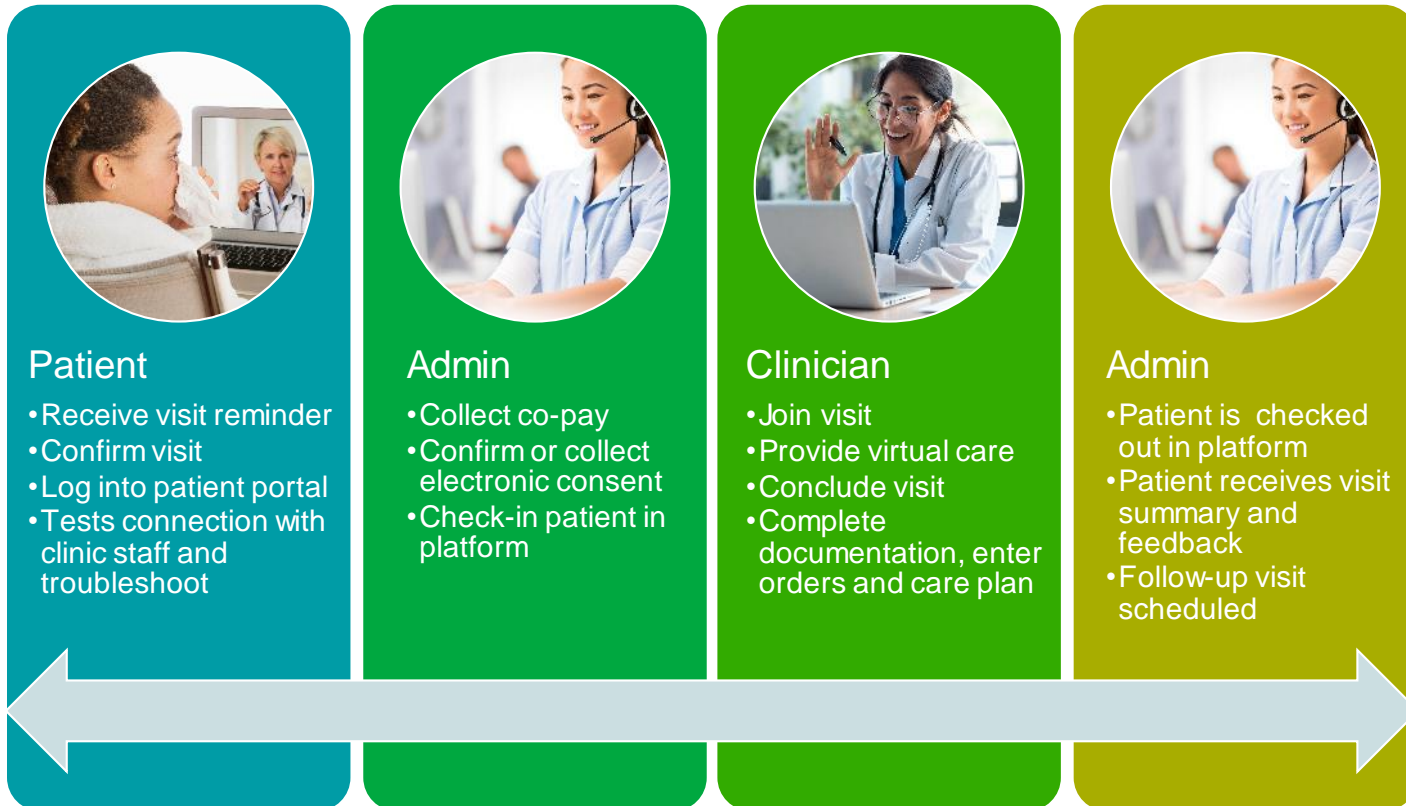
- Schedules telehealth appointment with patient
- Manages authorization

Patient

- Receives appointment reminder
- Receives link to access telehealth appointment through patient portal

Redesign your workflow (cont.)

A clear workflow is vital to ensure everyone understands their role during the visit:



Assess and iterate

- Identify goals that are the most important for your practice (continuity of care, financial sustainability, patient satisfaction, access to care).
- Focus on key metrics that allow to determine progress and set up a system to collect data. Some potential metrics might include virtual visit volume, patient satisfaction with virtual visits.
- Use the metrics you select to highlight impacts to patient outcomes, patient and provider satisfaction, finances to determine how to rework the program for a better performance.
- Educate your staff on the new workflow, clinical protocols and operation of the telehealth platform.

Telehealth program value

Value for patients	Value for clinicians
<ul style="list-style-type: none">• Save time and money spent on commuting• No transportation barriers to access the care• Easy and convenient to see medical providers• Increase access to communication with the care team• Help manage chronic conditions from the comfort of the home• Increase access to specialized care that's typically unavailable in rural areas• Reduce risk of spreading contagious diseases	<ul style="list-style-type: none">• Improve continuity of care• Deliver care more efficiently• Improve patient outcomes• Improve chronic conditions care• Better serve patients who have limited access to care• Improve data quality through a real-time symptom tracking• Reduce burnout• Coordinate care between specialists and PCPs in rural areas• Improve performance scores (In 2020, NCQA updated more than 40 measures to incorporate telehealth visits as an acceptable modality.)

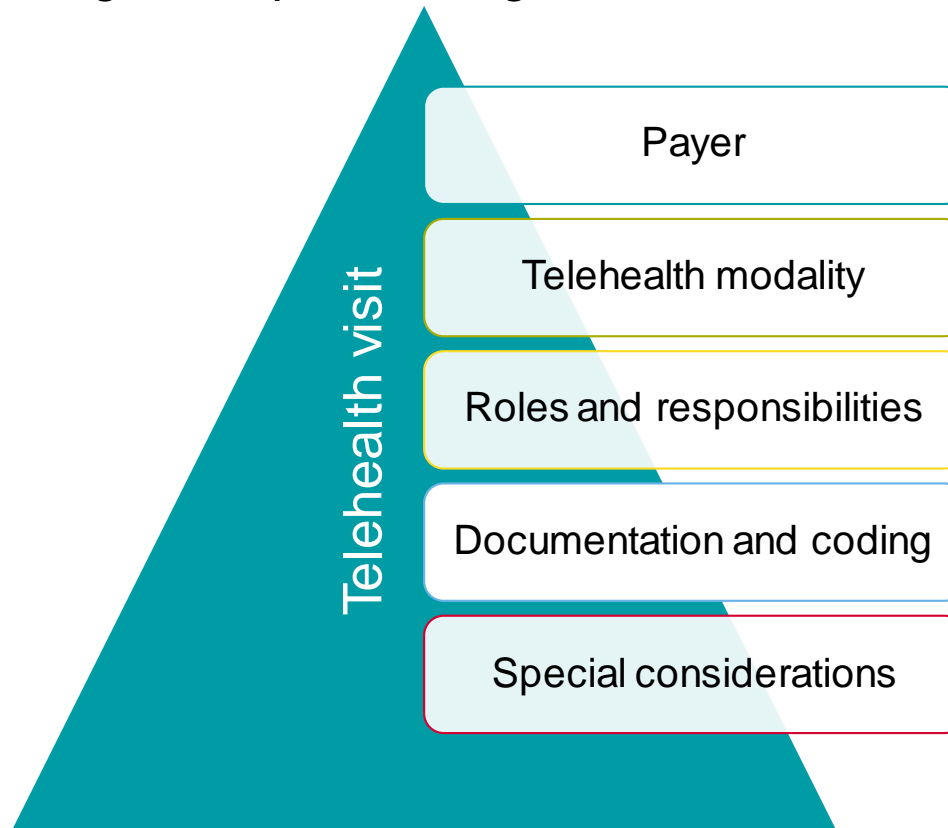
Part three

Telehealth references and resources



Telehealth visit elements

Consider the following when performing telehealth visit:



Example #1

A child with chronic asthma who has previously been evaluated in person and prescribed medication receives a series of follow-up check-ins via video visit with the parent present. The parent primarily speaks Spanish and could benefit from an interpreter. The practice uses a telehealth platform that allows the interpreter to join the visit as a video or audio-only participant.

Telehealth modality	Roles and responsibilities	Documentation and coding	Special considerations
<ul style="list-style-type: none">• Video visit	<ul style="list-style-type: none">• Practice staff manage the scheduling• Interpreter joins• Physician conducts the visit	<ul style="list-style-type: none">• Check for coding guidance on video visits	<ul style="list-style-type: none">• Medication reconciliation• Engaging the family with the care plan• Working with the interpreter

Example #2

An established adolescent patient calls the practice seeking help for anxiety and depression and is given a telephone appointment with the nurse practitioner (NP).

Telehealth modality	Roles and responsibilities	Documentation and coding	Special considerations
<ul style="list-style-type: none">• Telephone call	<ul style="list-style-type: none">• Practice staff manage the scheduling• Nurse practitioner conducts the visit	<ul style="list-style-type: none">• Check for coding guidance on telephone visits	<ul style="list-style-type: none">• Use of screening tool that patient can fill out before the visit• Consent with guardian approval (under 18)• The NP can ask the patient if he/she is in the safe place to talk

Example #3

An established patient sends a smartphone picture of a skin lesion to the practice via secure email. The family physician initiates an eConsult with a dermatologist to review the picture and then follows up with the patient with a video visit.

Telehealth modality

- Secure messaging
- eConsult
- Video visit

Roles and responsibilities

- Practice group contracts with a group of specialists providing eConsults
- Family physician reviews photo, writes up the eConsult case and conducts video visit
- Practice staff conduct scheduling

Documentation and coding

- Transmission of the image to the specialist is included in eConsult coding
- The secure messaging and video visit may not be separately paid if within 14 days of each other

Special considerations

- Use high-resolution images
- Images and files sent as part of an online eVisit must be saved in the patient's chart. It is best practice to save such files even if not billing for eVisit.

Coding table*

Service type	Commonly used CPT/HCPCS codes	Additional guidance
Video visit	99202-99205, 99211-99215, G2012	CMS has enabled a wide range of services to be delivered via video.
Telephone visit — full visit	Check your billing and coding guide	CMS has enabled select services to be delivered via audio only.
Telephone visit — brief check-in	G2012	If a telephone call is linked to a related E/M visit in the previous seven days or next 24 hours, it is considered part of that E/M visit.
Online eVisit	99421-99423 (cannot be billed more than once per seven-day period), G2010	Must be patient-initiated.
eConsult	Referring provider: 99452 Consulting provider: 99446-99449, 99451	99452 cannot be reported more than once per 14 days per patient. 99451 cannot be billed more than once in a seven-day period for the same patient.

* Information provided in this table is only for informational purposes. Check with your coding and billing guides.

Commonly used modifiers and place of service*

Modifier	Description
GT	Telehealth services via interactive audio and video telecommunication systems
GQ	Telehealth services via asynchronous telecommunication system
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
Place of service (POS)	Description
02	Telehealth — the location where health services and health-related services are provided or received, through a telecommunication system
11	Private office (if originating site for a telehealth visit)

* The following modifiers and place of service codes vary, always confirm with your coding and billing guides.

Resources

- Telehealth Implementation Playbook. AMA, 2020. <https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>
- A toolkit for building and growing a sustainable telehealth program in your practice. AAFP, 2020. https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf
- Establishing telehealth services at your practice. Physicians Practice. <https://www.physicianspractice.com/view/establishing-telehealth-services-at-your-practice>
- CPT 2021. Professional edition. AMA, 2021.
- Medical Economics. November 2020, Vol.97 No 15.

Q&A





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