

Q&A - Telehealth E&M Encounters

CMS has temporarily removed certain requirements for Telehealth encounters in light of the Covid-19 pandemic. This is a great way for physicians/PA/NP's to continue to serve their patients' needs while protecting their health. A Telehealth visit can be conducted similarly to a face to face patient encounter but is hosted via an interactive video-chat platform such as FaceTime, which is available on all Apple devices. We are working on solutions that will work efficiently for Android users. Refer to the separate guide on set-up and hosting of these visits.

Q: What temporary changes to Telehealth requirements did CMS make?

A: Removal of the "originating site" requirement- patients do not have to be at a specified site to participate. HIPAA requirements were also loosened allowing us to use apps such as FaceTime for these visits on personal devices. **Physician/PA/NPs are encouraged by CMS to notify patients that these third-party applications potentially introduce privacy risks, and we should enable all available encryption and privacy modes when using such applications.**

Q: What payers are allowing Telehealth encounters for patients?

A: Medicare and Medicaid are allowing new or established patients Telehealth visits with no restrictions on the reason for visit or physician/PA/NP and patient location. Commercial carriers are quickly changing their guidelines to follow suit, however coverage varies widely at this time. Patients may reach out to their insurance company if they have questions or concerns about coverage.

Q: What E&M codes should be submitted?

A: The E&M codes that are used for in-office visits are also used for Telehealth, provided a real-time video/audio interaction occurs. Codes will be billed with a place of service 02 to indicate a Telehealth visit. Staff will have instructions on how to designate these encounters as such. Insurance will be billed for all insured patients. Two new codes created for Uninsured patients: TELENEW (New Pt) - \$135.00 and TELEEST (Est. Pt) - \$99.95

Q: Is reimbursement the same as an in-office visit?

A: Medicare – E&M visits have a different, slightly lower rate for Telehealth vs in-office visits. See CMS' FAQ for more. Commercial Insurance – we are getting mixed responses from commercial insurances ranging from the same rate as in-office to a reduced rate. This is changing hourly.

Q: What do I need to perform and document Telehealth visits appropriately?

A: Please provide schedulers your preferences by completing this survey: [Telehealth Services](#)

Patients requesting a Telehealth visit will be placed on your NextGen schedule with the visit type of *Telehealth*. The encounter will need to get tied to a new Telehealth "location" in NextGen upon check-in.

Telehealth visits can be performed via FaceTime on a personal or Forefront Apple device. The FaceTime app is now on all clinic iPads (EMA clinics) and iPods (NextGen clinics).

Q: What forms do we need patients to sign, if any?

A: In order to bill insurance, protect us from liability, and meet HIPAA Notice of Privacy Practice (NOPP) requirements (not waived for COVID-19), patients must be provided our NOPP and the following forms must be signed and collected. Processes have been put in place to collect at the time of scheduling for new patients. For existing patients, we will rely on forms already on file, regardless of the date signed.

- Patient Communication and Financial Policies
- Consent to Clinical Procedures
- Acknowledgement of receipt of HIPAA Notice of Privacy Practices

If working from home and there is a chance you may have a patient meet you in the office for a procedure when no staff is available to help, we recommend you have your staff print and leave various procedure consents in the office so they are readily available for you to copy and have patients sign.

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Q: Are there any documentation requirements specific to Telehealth visits?

A: While proper documentation is always essential, keeping accurate records of the online visit is even more important. Documentation should include everything from information known about the patient to a detailed explanation of decision making. If applicable, the documentation should also indicate the patient understood the information provided during the consent process before receiving any telemedicine services. Also, for reimbursement purposes, a statement must be documented in the visit note (either paper or EMR) that “the patient verbally consented to and was seen via a Telehealth audio and visual encounter”.

Q: Can I treat patients in any state via Telehealth visits?

A: State licensing laws have not yet caught up to the emergency. As it stands today, in most states, you could still get in trouble for providing care to patients who are in that state unless you have a license in that state. Some states (Ohio) have already taken action to loosen this requirement, but for now this could still be an issue and best advice would be to only see patients in states where you have a license.

While there is some risk of treating patients without a license in the state where the patient is located, for continuity of care, schedulers will schedule existing patients with their current physician, PA, or NP without asking the patients’ location. If the patient’s current physician, PA, or NP is not available for Telehealth visits, the patient will be scheduled with the nearest clinician in their state of residence. New patients will only be scheduled with clinicians licensed in the patients’ state of residence, even if the nearest clinic is in an adjacent state.

Q: Will my malpractice insurance cover Telehealth visits

A: If your malpractice carrier is MedPro through Forefront, you are covered to provide telemedicine services subject to licensing restrictions (Indiana has some special rules so if you don’t normally practice in Indiana, you shouldn’t treat Indiana patients via Telehealth).

If you have not transitioned to MedPro, you should verify with your insurance carrier that your coverage is appropriate.

Q: What should I be thinking about related to professional liability and Telehealth visits?

A: Remember, telemedicine is still medicine. The standard of care is the same for an electronic visit as it is for an in-office visit. Don’t change your decision making because it is a virtual visit. Make sure to have a positive patient-physician relationship during your virtual visit.

Use strong communication skills. Strong communication and web-side manner are essential in overcoming the artificiality of not being physically in the room. For example:

- Be a good listener and answer all the patient’s questions and concerns as well as or better than in an inpatient environment.
- Make sure the patient understands the symptoms or treatment options discussed.

Q: Does my PA or NP Supervisory Agreement cover Telehealth

A: Forefront PA and NP Supervisory agreements are silent on the subject of Telehealth. We have created a one page Supervising Physician Authorizing PA/NP Telehealth Services Letter of Understanding for PAs, NPs, and their supervising physicians to sign. Please return completed forms to legal@forefrontderm.com.