

# TELEHEALTH FORUM

SEPTEMBER 20th 2023



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Medical Director



**Michelle Mejia**  
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Telehealth Project  
Specialist



**Greg Winscott**  
Manager Compliance  
& Privacy



**Leanna Rangel**  
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Specialist

**CME Disclosure Acknowledgement Notification**

This form must be provided to learners prior to engaging in the educational program.

<b><u>Activity Title:</u></b> Telehealth Education	
<b><u>Date:</u></b> August/September 2023	<b><u>Location:</u></b> RSFH

**Relevant Financial Relationships:**

Name	Name of Ineligible Company(ies) with which relevant financial relationship(s)	Nature of Relationship	Mitigation
			All relevant financial relationships have been mitigated
None			

**No Relevant Financial Relationship:**

Name	Relationship to Program	No relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.
Dr. Amy Forren	Speaker/Planner	X
Cait Brenner	Speaker/Planner	X
Michelle Mejia	Speaker/Planner	X
Greg Winscott	Speaker/Planner	X
Leanna Rangel	Planner	X
Kara Melin	CME Coordinator	X

**Commercial Support Used for the Program:**

Name of Ineligible Company(ies)	Nature of the Support * In Kind – (goods/services) * Monetary support
None	

**CME DISCLOSURE**

- CME CREDIT APPROVED
  - QR code to scan at the end of presentation
- Today's Speakers
  - Michelle Mejia Risher
  - Amy Forren
  - Leanna Rangel
  - Cait Brenner

# Agenda:

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- **Roper Telehealth Policy**
- **State/Federal Policy**
  - Licensure
- **Documentation**
- **Consent**
- **Location**
- **Modality**
  - Synchronous
    - Video
    - Audio Only
  - Asynchronous
    - Store and Forward (messaging, sending photos, communicating labs or reports)
  - RPM
  - MHealth
- **Billing**
  - WRVU's
- **Prior Audit**
- **Legal/Compliance**
- **2024 Upcoming Changes**



**Document Title:** Telehealth Services Policy  
**Document Type:** Policy and Procedure  
**Manual / Organization:** System Services / RSFH  
**Latest Review / Revision Date:** 5/2023  
**Origination Date:** 1/2023

**RSFH Applicability Statement:** This document applies to Roper St. Francis Healthcare and all its subsidiaries.

**Administrative approval/title:**

Robert Oliverio, MD VP CMO-Ambulatory Care & Pop Health  
Mitch Siegan, MD VP CMO – Acute Care

**Subject:** Telehealth Policy

**Policy:** Roper St. Francis Healthcare offer telehealth services as an option for healthcare service delivery to enhance access in ways that are convenient, safe, and equitable for our patients.

**Purpose:** The purpose of this policy is to provide clear rules and requirements for the protection of information being exchanged during the use of Telehealth services. This policy describes how Telehealth services will be conducted, which includes the platform requirements, documentation requirements, and billing requirements.

**Procedures:** Roper St. Francis Healthcare will follow Telehealth policies referenced in policies below.

**Telehealth Consent:** It is required that consent be obtained for each virtual visit that occurs. RSFH mentions the use of Telehealth in the RSFH Patient Agreement and has a consent form included in the MyChart Virtual Visit Platform as well as Doxy.me. Acute Care space patients sign the patient agreement at time of admission which specifically covers Telehealth consults during their length of stay. All Ambulatory and Outpatient clinics will leverage MyChart or Doxy and ensure the consent form is signed each visit. If written consent is unable to be obtained as per policy, verbal consent must be documented by the provider of the encounter in the progress note.

**Telehealth Location:** When telemedicine is used, the practitioner should be licensed in the State that the patient is physically located in. If the *patient and provider are in different states*, the practitioner providing the patient care service shall be licensed and/or meet the other applicable standards that are required by State or local laws in both the state where the practitioner is located and the state where the patient is located.

Providers licensed in States outside the State of South Carolina planning to provide care in other states, must work with Telemedicine Project Specialist to complete out of state *request form* to confirm all requirements have been met.

**Virtual Platform Security**

All efforts have been made to ensure the security of patient's protected health information (PHI) through use of **HIPAA-compliant** devices and telehealth platforms for both the patient and clinical staff. We have signed business associate agreements with all telehealth platform vendors or others that may create, receive, maintain, or transmit electronic protected health information (ePHI) as part of our telehealth processes to ensure HIPAA compliance. All other contingencies have been made; the Security Officer has reviewed our policies and procedures to ensure that we are HIPAA-compliant and have mitigated any risks, including updating the security risk analysis with any changes resulting from the use of telehealth.

**\*Roper Approved Platforms:** *Doxy.me, MyChart, Teladoc, WebEx (moving away), American Well*  
*The above platforms are the platforms that are approved and supported throughout the Roper St. Francis Health System. Teammates are required to follow RSFH Telehealth Policy and only utilize the platforms outlined above. Teammates may not always agree or wish to do so and when this occurs, RSFH will follow the [Teammate Accountability and Just Culture Policy](#) which outlines the Intervention and Corrective Action that's in place.*

**Equipment Requirements**

Providers wishing to participate in any Telehealth service offerings here at RSFH will need to have or be provided with the following:

- Desktop/Laptop Computer
- Provider's Mobile Device (unique provider situations will allow use, in a secured space)
- Camera
- Audio – Microphone & Speakers
- Internet connection

The following are optional but may be requested for a more conducive workflow in performing Video Visits

- Additional Monitor
- Docking Station

**Documentation Requirements:** CMS and private payors have updated place of service and documentation requirements for Telehealth Services. To accommodate the new requirements, we have added two SmartLists to existing virtual visit note templates to document the patient and provider location at the time of the virtual visit. The virtual note templates also capture your telehealth informed consent conversations as required by payors and law. ([Policy](#)).

**Billing Requirements:** RSFH follows the requirements set in place by the federal policy and will continue to monitor any updates that are put in place. Please continue to bill the appropriate LOS and use modifier 95 or POS 02 (in place of GT modifier). These modifiers are linked to the Virtual Visit Types that are used to schedule in Epic.

List of references for policies:

<https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/telehealth-licensing-requirements-and-interstate-compact/#state-licensing-policies>  
<https://www.americantelemed.org/policy/state-activity/>



# Telehealth State/Federal Policy

South Carolina: <https://www.cchpca.org/south-carolina/>

Federal: <https://www.cchpca.org/federal/>

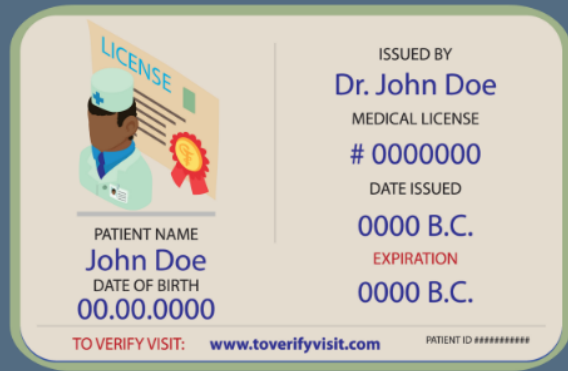
## Out-of-State Telehealth Provider Policies [↗](#)

August 22, 2023

CCHP's In-Focus This Week:

### STATE LICENSURE LANDSCAPE:

#### Post-PHE Out-of-State Telehealth Provider Policies



AUGUST 22, 2023

One of the most common questions CCHP continues to receive, especially with the expiration of both federal and state public health emergencies, relates to the ability to provide and receive telehealth services across state lines. When telehealth is used it is considered to be rendered at the physical location of the patient. Therefore, typically providers must adhere to the laws and regulations of the state the patient is physically located in, which means having a license, participating in a Licensing Compact or falling under a licensing exception.

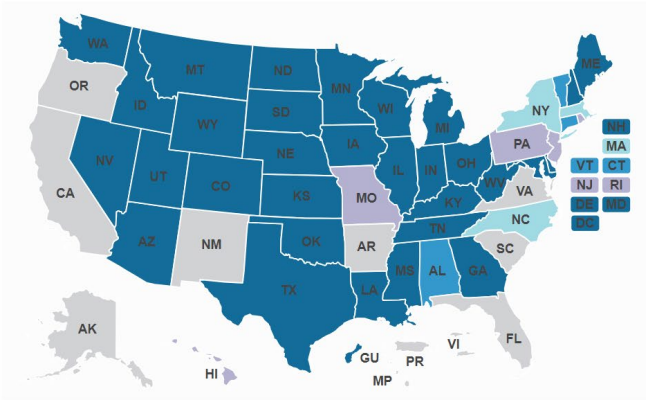
### Key Takeaways:

- Patient must be located in state of SC at time of visit
- Provider location does not matter as long as they are licensed in state of SC
- If a provider has a license to practice in a state other than SC and wishes to do so, they must abide by that states policies and rules regarding Telehealth.
  - Including license, licensure compact, or other licensing exceptions.

23. [South Carolina](#) – There is an out-of-state behavioral health provider registration process

# Licensure:

Participating States



- = Compact Legislation Introduced
- = IMLC Member State serving as SPL processing applications and issuing licenses\*
- = IMLC Member State non-SPL issuing licenses\*
- = IMLC Passed; Implementation In Process or Delayed\*

\* Questions regarding the current status and extent of these states' and boards' participation in the IMLC should be directed to the [respective state boards](#).

## Interstate Medical Licensure Compact

**What is it:** The Interstate Medical Licensure Compact is an agreement among participating U.S. states and territories to work together to significantly streamline the licensing process for physicians who want to practice in multiple states. It offers a voluntary, expedited pathway to licensure for physicians who qualify.

**How it works:** Only states and territories who have formally joined the Compact can participate in this streamlined licensure process. In order to participate in the Compact, states and territories must pass legislation authorizing it.

**SC: NOT PART OF COMPACT**



## Licensure

Interstate licensure resources for health care providers, states, and health care organizations.



### Getting started with licensure

Learn about the role of the federal government and state boards in licensing and overseeing health care providers delivering telehealth services.

### Licensing across state lines

The ability to deliver health care services across state lines varies based on state regulations and may be subject to change.

### Licensure compacts

There are many compacts between states that make it easier for health care providers from a range of specialties to practice telehealth in multiple states.

### Licensure for behavioral health

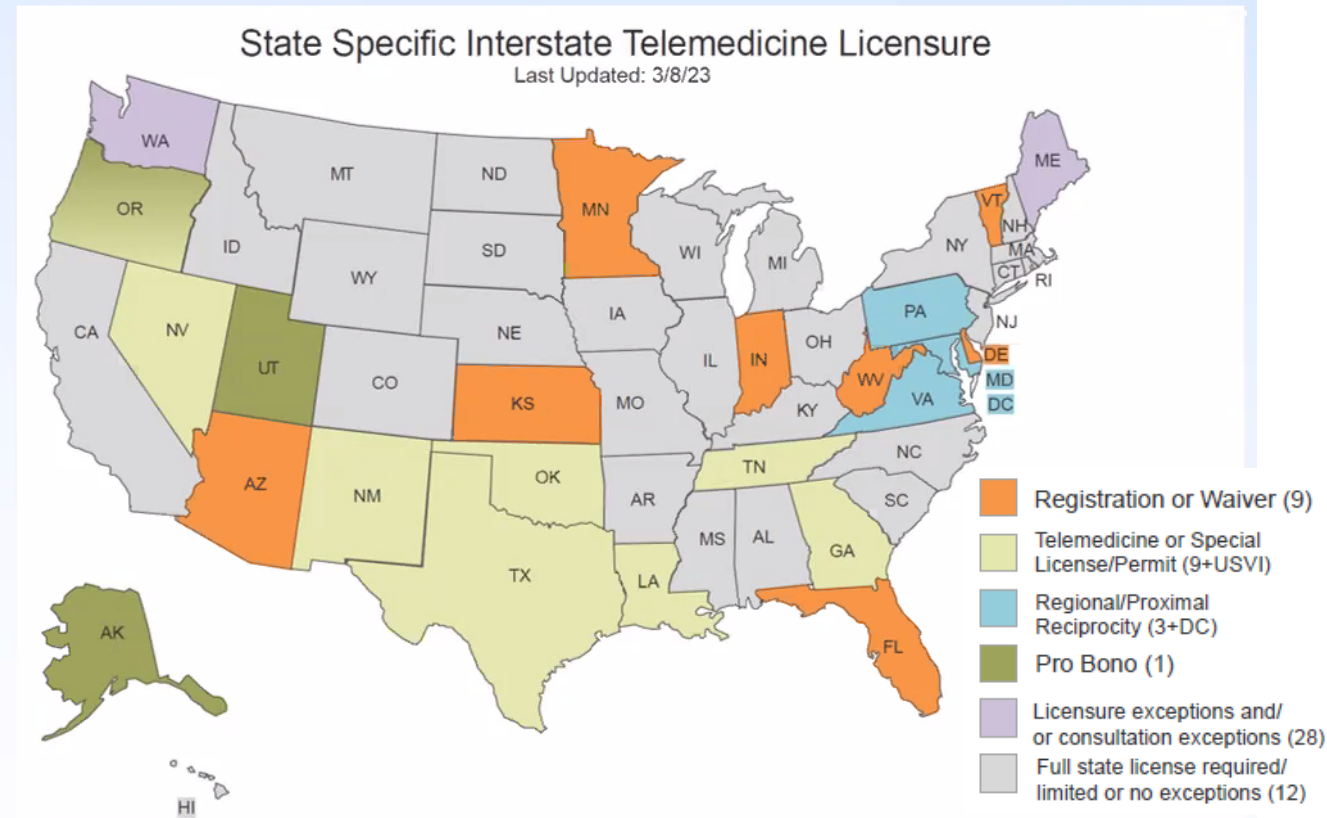
Behavioral health professionals are subject to state licensure law and regulations, including for telehealth services.

<https://telehealth.hhs.gov/licensure>

# Telemedicine Licensure: State Specific

## Interstate License Portability

- 23 states + DC have permanent interstate telemedicine mechanisms in place in addition to the IMLC
- Nine state + USVI use telemedicine or special licenses/permits
- Nine use a registration or waiver system
- Three and DC use a regional reciprocity approach
- Utah allows pro bono interstate telemedicine
- Two more allow for consultative services only



More information: <https://www.fsmb.org/siteassets/advocacy/key-issues/comparison-of-states-with-permanent-interstate-telemedicine.pdf>





# Telehealth

Requirements

## Documentation:

### Requirements for documentation:

- Statement that the service was provided using telemedicine, consent was obtained for treatment, billing modifiers
  - Epic- MyChart Virtual Visits prompts patients to fill out a consent before the visit
  - Doxy- Provider Unique consents are now active.
    - Once the consent form is completed, Office staff log into DokBot to download.
    - This consent form will need to be uploaded into the patient's chart by a member of the front office staff after the visit concludes. (more details to come)
    - **Please ask patients at the beginning of visit if they have filled out the consent form in its entirety. This avoids having no consent or a blank consent.**
  - Inpatient- Consent is signed at the time of being admitted. You may reference that the patient signed consent upon being admitted.
- Location of the patient and of the provider
- Medical Necessity (satisfied by CC/HPI)
- Time *if time-based coding is used/ or if audio only visit* (**best practice, always document total time of visit**)
  - **Medicaid requires start and stop time. Medicare follow same expectation as in-person visit**
  - Private Payors allow total time
  - Names of all persons participating in the telemedicine service and their role in the encounter

**\*Providers may only conduct Telehealth visits in a state where they are licensed to provide care. Please visit <https://www.cchpca.org/all-telehealth-policies/> to look up State policies on restrictions and guidelines for cross border consultations.**

# Verbal Consent - (If patient has not signed any consent form for day of treatment; Ambulatory)

**Consent- High Level Bullet Points OR share your screen for patient to view consent and verbally agree.** [VV Consent](#)

- You acknowledge that you are seeking medical care
- You voluntarily consent to and authorize the following, as applicable: (i) a virtual examination
- You understand that the Care you are receiving is through an electronic virtual platform that is generally referred to as “Telehealth.” Telehealth involves the delivery of Care using electronic communications, information technology and/or other means (such as a wearable monitor) between a health care provider and a patient who are not located in the same place at the time Care is being provided.
- You understand that Telehealth is not intended for emergency medical care and that if you are experiencing a medical emergency, you should go to the nearest hospital emergency department or call 911. you understand that your Provider may contact 911 if you experience a medical emergency during the Telehealth visit.
- You understand that a limitation inherent in a Telehealth visit is that your Provider(s) will be unable to physically examine you which can limit the type and extent of Care that can be provided by you over the Telehealth visit.
- You understand that RSFH uses HIPAA-compliant, industry standard secure cybersecurity and technology platform(s) that ensure communications are directed to the Provider. You acknowledge that these electronic systems or other security protocols or safeguards used in Telehealth could fail.
- You understand that this consent will be kept in my medical record. You understand your Telehealth visit will not be recorded without your express consent
- You understand that you are fully responsible for payment, including all applicable co-pays, for Care provided by Provider(s) or through use of Telehealth and that you may not be able to use third-party insurance to cover your Telehealth visit.
- You acknowledge that you have read this consent or have had it effectively communicated to you; any questions you may have had about this Agreement have been asked and answered to your satisfaction;

# Continued

**Documentation must indicate the services were rendered via telemedicine.**

***All applicable documentation requirements for services delivered face-to-face also apply to services rendered via telemedicine. Examples may include but are not limited to the following based on provider specialty:***

- *The diagnosis and treatment plan resulting from the telemedicine service and progress note by the health care provider.*
- *The location of the referring site and consulting site.*
- *Documentation supporting the medical necessity of the telemedicine service.*
- *Start and stop times (total time is best practice)*
- *Consent for treatment*

**\*Best practice- use virtual note template**

**Additional Virtual SmartPhrases (If not using a virtual note):**

.virtualvideo

.virtualvisitstatement

.virtualvisitdisclaimer

.virtualvisitconsent

.virtualphone

## Virtual Check-In for established patients

- If there is a patient record in our system and it contains an email address, they will receive an eCheck-In reminder that contains a link that will take them to visit pre-check for their upcoming appointment.
  - This means **non- MyChart active patients** are able to do Visit Pre-Check (which includes the consent option) and still participate in Video Visits
  - Visit Pre-Check is available 3 days before the scheduled appointment and an additional reminder will be sent 24 hours prior to the visit if not yet completed.
- During this process they can update many items in their chart such as History, Medications, Allergies, Demographics.
- We can see patients that have completed the process by adding the “eCheck-In Status” to their schedule views & in the notes section.



# Visit Pre-Check Reminder


## Non-MyChart Patient

Check In For Your Upcoming Visit

DP donotreply@health-partners.org  
To Grayson, Danny  
Retention Policy BSMH - 1 Year Item Retention (1 year) Expires 3/28/2024  
Wed 3/29/2023 11:59 AM

ROPER ST. FRANCIS HEALTHCARE mychart

Hello Grayson,  
You have an upcoming visit on 4/1/2023. Please complete visit pre-check before your visit.




[Check in online](#)

Please call 843-958-2590 if you have any questions.  
If needed, you can cancel your appointment by clicking the cancel button below.

[Cancel Appointment](#)

MyChart is available on the go!



To change what notifications you receive and how you receive them,


## MyChart Patient

Check In For Your Upcoming Visit

DP donotreply@health-partners.org  
To Grayson, Danny  
Retention Policy BSMH - 1 Year Item Retention (1 year) Expires 4/23/2024  
Mon 4/24/2023 1:40 PM

ROPER ST. FRANCIS HEALTHCARE mychart


Hello Grayson,  
You have an upcoming visit on 4/25/2023. Please complete visit pre-check before your visit.



[Check in online](#)

Please call 843-571-6880 if you have any questions.

MyChart is available on the go!



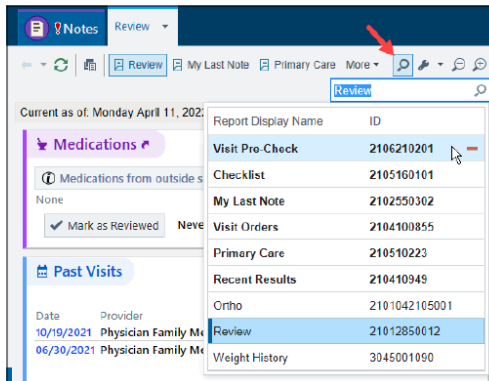
To change what notifications you receive and how you receive them,  
[log in to MyChart](#) and choose Notifications from the Preferences menu.

## Accessing/Adding the Visit Pre-Check Report from Inside a Visit

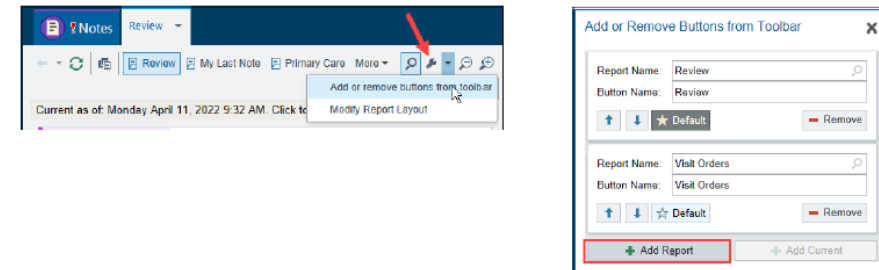
The new Visit Pre-Check Report can be viewed from the Review Tab in the sidebar and will show users the information that was updated by the patient during the visit pre-check process. Important Note: This report only reflects changes made by the patient during the visit pre-check. If no changes were made to a section (medications, allergies, etc.) then that section will not appear in the report.

This is a tool that can help staff quickly recognize changes that were made by the patient during visit pre-check. It will also serve as a reminder to go reconcile those changes into their chart to keep their record accurate and avoid asking them about these items again during rooming.

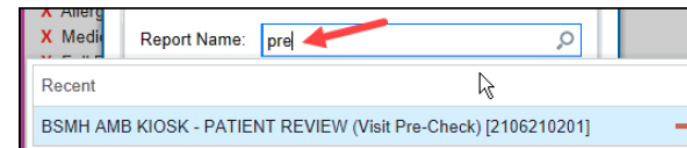
1. Click the **magnifying glass** to find and select the Visit Pre-Check Report.



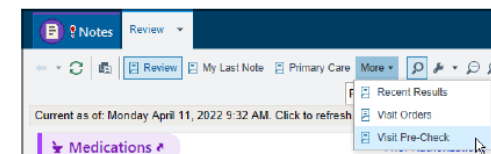
2. If you want to add this a permanent report, click the **wrench**, and select **Add or remove buttons from toolbar**. Then click **Add Report**.



3. Type in "pre" and find the **BSMH AMB KIOSK – PATIENT REVIEW (Visit Pre-Check)** Report. Use the arrow keys (shown above) to move it up or make it the Default report if desired.



4. Once added, view the report by clicking on it (shown here under the More button).



# VIRTUAL VISIT- WHERE TO SEE SIGNED CONSENT?

The screenshot displays a medical software interface for a virtual visit. The patient information on the left includes: Zzztest, Grcr; Female, 22 y.o., 1/1/2001; MRN: 1950251; Code: Not on file (no ACP docs); RSFH HealthIntent: Link. The main content area shows the visit title: 9/5/2023 visit with Amy C Forren, DO for VV MYCHART OFFICE VISIT - TEST. Below this are navigation tabs: Chart Review, Rooming, Screenings, and Wrap-Up. A search bar is present. The 'Connect to Video' section shows options to 'Connect to Video' or 'Send Direct Link', with a note that 'No one is connected.' The 'Patient Reported Vitals' section shows 'No data found.' The 'Review Media' section, highlighted with a red box, contains an 'Add' button and a document icon labeled 'RSFH Telehealth Consent'. The bottom of the interface shows a list of 'SOCIAL DETERMINANTS' and 'GAPS' including Hepatitis B vaccine, COVID-19 Vaccine, and Varicella vaccine.

# TELEHEALTH DOCUMENTATION- VIRTUAL NOTE

Review Notes

+ Create Note Virtual 1 APSO 2

Preventive 3 VIRTUALVIDEO 4

My Note

Note Details

Cosign Required?

HPI ROS Physical Exam

Insert SmartText

Grc Zzztest, was evaluated through a synchronous (real-time) audio-video encounter. The patient (or guardian if applicable) is aware that this is a billable service, which includes applicable co-pays. This Virtual Visit was conducted with patient's (and/or legal guardian's) consent. Patient identification was verified, and a caregiver was present when appropriate. The patient was located at Telehealth POS - Patient Provider was located at

Sign when Signi... Accept Cancel

My Notes Settings

Progress Notes Speed Buttons

SmartPhrase + Add S VIRTUAL + Add

Virtual APSO Preventive VIRTUALVIDEO

Caption: VIRTUALVIDEO

When Creating New Progress Notes

SmartPhrase: -OR- SmartText:

When Writing/Viewing Notes

Remember the last tab I used for each NoteWriter note

Enable double-click to edit a note

Initial cursor position:

Beginning of notes

End of notes

End of my notes, beginning of others' notes

Restore Defaults Refresh SmartPhrases Accept Cancel

Review Notes

+ Create Note Virtual 1 APSO 2

Preventive 3 VIRTUALVIDEO 4 VVNOTE 5

My Note

Note Details

Cosign Required?

HPI ROS Physical Exam

Insert SmartText

Grc Zzztest, was evaluated through a synchronous (real-time) audio-video encounter. The patient (or guardian if applicable) is aware that this is a billable service, which includes applicable co-pays. This Virtual Visit was conducted with patient's (and/or legal guardian's) consent. Patient identification was verified, and a caregiver was present when appropriate. The patient was located at Telehealth POS - Patient Provider was located at

Sign when Signi... Accept Cancel

LEVEL OF SERVICE PRINT AVS SIGN VISIT



# TELEHEALTH DOCUMENTATION- VIRTUAL NOTE CONT.

SmartText Lookup

VIRTUAL

Matches

- ★ BSMH AMB VIRTUAL VISIT NOTE TEMPLATE

Preview

Grcr Zzztest, was evaluated through a synchronous (real-time) audio-video encounter. The patient (or guardian if applicable) is aware that this is a billable service, which includes applicable co-pays. This Virtual Visit was conducted with patient's (and/or legal guardian's) consent. Patient identification was verified, and a caregiver was present when appropriate. The patient was located at **Telehealth POS - Patient**. Provider was located at **Telehealth POS - Provider**.  
**{STOP! Confirm you are appropriately licensed, registered, or certified to deliver care in the state where the patient is located as indicated above. If you are not or unsure, please re-schedule the visit. (Optional):25753}**

Grcr Zzztest (DOB: 1/1/2001) is a **New vs Established: Established patient**, presenting virtually for evaluation of the following:

**Assessment & Plan**  
Below is the assessment and plan developed based on review of pertinent history, physical exam, labs, studies, and medications.  
{There are no diagnoses linked to this encounter. (Refresh or delete this SmartLink)}  
No follow-ups on file.

**Subjective**  
HPI  
Review of Systems

**Objective**  
**Patient-Reported Vitals**  
No data recorded  
Physical Exam

Favorites Only

Accept  Cancel

My Notes Settings

### Progress Notes Speed Buttons

SmartPhrase  + Add SmartText  + Add

APSO Preventive VIRTUALVIDEO VVNOTE VIRTUAL

**BSMH AMB VIRTUAL VISIT NOTE TEMPLATE**

Caption:

### When Creating New Progress Notes

SmartPhrase:

-OR-

SmartText:

### When Writing/Viewing Notes

Remember the last tab I used for each NoteWriter note

Enable double-click to edit a note

Initial cursor position:

Beginning of notes

End of notes

End of my notes, beginning of others' notes

Accept  Cancel

# Telehealth Modality

**Synchronous-** "Live, two-way interaction between a person and a provider using audiovisual telecommunications technology. This type of service is also referred to as "real-time" and may serve as a substitute for an in-person encounter when it is not available". - CCHP

**Example:** MyChart Virtual Visit, Doxy Virtual Visit, AmWell Video Visit (Video and Audio), Teladoc

**Asynchronous-** "Electronic transmission of medical information, such as digital images, documents, and pre-recorded videos, to a practitioner, usually a specialist, who uses the information to evaluate the case or render a service outside of a real-time or live interaction"- CCHP

**Example:** eVisit (not currently live)

**RPM-** Remote patient monitoring (RPM) is the collection of a wide range of health data from the point of care, such as: blood sugar, vital signs, weight, and blood pressure. The data is transmitted to health professionals in facilities such as monitoring centers in primary care settings, hospitals and intensive care units, and skilled nursing facilities.

## South Carolina

Last updated 02/02/2023

### POLICY

An order or referral is required for South Carolina Medicaid Telemonitoring services.

SOURCE: [SC Health and Human Svcs. Dept. Provider Administrative and Billing Manual, p.11-12 \(Feb. 2022\)](#), (Accessed Feb. 2023).

**MHealth-** "Health care and public health practice and education supported by mobile communication devices such as cell phones, tablet computers, and PDAs. Applications can range from targeted text messages that promote healthy behavior to wide-scale alerts about disease outbreaks." - CCHP

**Example:** would include MyChart app on phone/tablet; MyChart Care Companion- Ortho group including educational info for patients

# Evisits

## Why Evisits

- Don't want to do potentially uncompensated work via MyChart messages or telephone encounters requesting care?
- No room on your schedule for another visit?
- Patients that can't or don't want to come in at times you have available?
- Want a quick and easy follow up on a condition that doesn't require an in-office visit if the patient is stable or improved?
- Want a way to get compensated for after-hours calls regarding acute conditions?



**= EVISITS TO THE RESCUE!!!**

# What Can We Use Evisits For?: Current Evisit Offerings (38 total)

## • Adult Acute Conditions

- Sinus
- Flu/COVID-19 Symptoms
- Acute Back Pain
- Vomiting and/or Diarrhea
- Urinary Tract Infection
- Heartburn
- Headache
- Rash
- Vaginal Discharge
- Pink Eye
- Skin Lesion

## • Adult Chronic Conditions

- Seasonal Allergies
- Insomnia
- Hypothyroidism
- Hypertension
- Irritable Bowel Syndrome
- Osteoarthritis
- Diabetes
- Migraine
- Anxiety and/or Depression
- ADHD
- Travel Health Advice
- Acne
- COVID Follow-up
- GERD

## • Pediatric Conditions

- Sinus, Cold, or Cough
- Head Lice
- Vomiting and/or Diarrhea
- Outer Ear Infection (Swimmer's Ear)
- Constipation
- Pink Eye
- Flu/COVID-19 Symptoms
- Anxiety and/or Depression Follow-up
- Acne
- Rash
- ADHD Follow-up



# Evisit Coding and Compensation

- CPT codes for Evisits are based solely on time spent on the encounter, which needs to be documented in the clinical note
- **Work done outside of the Evisit, such as a telephone call with the patient or additional MyChart messaging can be counted into the total time spent on the encounter for up to 7 days from the initiation of the Evisit**
- **99421** = 5-10 total minutes spent = **0.25 wRVU**
- **99422** = 11-20 minutes = **0.5 wRVU**
- **99423** = >20 minutes = **0.8 wRVU**



# What Does It Look Like?: The In Basket Message

- Arrives in the In Basket E-Visits folder
- Within the folder, the message pane displays reason for Evisit and responses to the questionnaire
- Toolbar buttons to Reply to Patient and when necessary, to Cancel the Evisit
- Click the Evisit button to open the Encounter Navigator

My Messages	
↑ Results	21/43
↑ Result Notes	1/4
Rx Request	1/2
Patient Calls	10/28
<b>E-Visits</b>	<b>1/1</b>
My Open Charts	7/8
CC'd Charts	1/3

The screenshot displays the E-Visit interface. At the top, a toolbar includes buttons for Done, Reply, Reply All, Forward, Follow-up, Chart, Note, E-Visit (highlighted with a purple box), Take, Reply to Patient (highlighted with a purple box), Appts, Change Provider, and Cancel E-Visit (highlighted with a purple box). Below the toolbar, the 'E-Visits' section shows a list of messages with columns for Visit, Msg Date, and Patient. The selected message is dated 07/07/2023 and has the subject 'Submit an Evisit Questionnaire for Pink Eye'. The patient information pane shows details for 'Caraathreesixtytest C. Chicago', including gender, age, MRN, and PCP. The main message pane, titled 'Questionnaire Submission', shows a conversation with the patient. The patient's message is 'Submit an Evisit Questionnaire for Pink Eye'. The provider's response is 'Patient Questionnaire Submission' with the following details: 'Questionnaire: Pink Eye Evisit', 'Question: Are you pregnant or trying to become pregnant?', and 'Answer: No'. A dashed purple arrow points from the 'E-Visit' button in the toolbar to the 'Questionnaire Submission' message pane.

# Telephone Visits

**\*\*Audio-Only Telehealth Services.** The ability to use of audio-only equipment to furnish services described by the [Medicare Part B Telehealth Service List](#) for audio-only telephone evaluation and management services, and behavioral health counseling and educational services are due to expire December 31, 2024.\*\*

The below codes are used for Telephone E/M by a physician or other qualified health care professional who may report evaluation and management services provided to an **established** patient, parent or guardian not originating from a related E/M service that was provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

99441	Phone e/m phys/qhp 5-10 min
99442	Phone e/m phys/qhp 11-20 min
99443	Phone e/m phys/qhp 21-30 min

Ensemble Coding Guide: [Telephone Visits](#)

## Key Takeaways:

- Audio only due to expire December 31, 2024
- Established patients **ONLY**
- Visit may NOT be billed if E/M service was provided in previous 7 days nor leading to E/M service or procedure in next 24 hours or soonest available appointment

- Clear documentation of the type of visit
  - ***Virtual Visit, Telehealth Visit, Audio Only, Telephone, etc***
- Consent from patient clearly documented
  - ***Did they fill out the consent form?***
- Mode of service
  - ***Audio/Video, Telephone/Audio Only, etc.***
- Exact time spent with patient
  - ***If time-based billing (telephone included), we need total time***
- Documentation of both the patient and provider locations.
  - ***Use the smart phrases available when doing notes***



				NOT USED	
				FOR	
			STATUS	MEDICARE	WORK
HCPCS	MOD	DESCRIPTION	CODE	PAYMENT	RVU
99202		Office o/p new sf 15-29 min	A		0.93
99203		Office o/p new low 30-44 min	A		1.60
99204		Office o/p new mod 45-59 min	A		2.60
99205		Office o/p new hi 60-74 min	A		3.50
99211		Off/op est may x req phy/qhp	A		0.18
99212		Office o/p est sf 10-19 min	A		0.70
99213		Office o/p est low 20-29 min	A		1.30
99214		Office o/p est mod 30-39 min	A		1.92
99215		Office o/p est hi 40-54 min	A		2.80
G0425		Inpt/ed teleconsult30	A		1.92
G0426		Inpt/ed teleconsult50	A		2.61
G0427		Inpt/ed teleconsult70	A		3.86
99441		Phone e/m phys/qhp 5-10 min	A		0.70
99442		Phone e/m phys/qhp 11-20 min	A		1.30
99443		Phone e/m phys/qhp 21-30 min	A		1.92

# List of Telehealth Services- End of CY 2023

<https://www.cms.gov/medicare/medicare-general-information/telehealth/telehealth-codes>

***\*Link to expansive list of eligible telehealth billing codes***

The CAA, 2023 further extended those flexibilities through CY 2024. We have updated and simplified the Medicare Telehealth Services List to clarify that these services will be available through the end of CY 2023, and we anticipate addressing updates to the Medicare Telehealth Services List for CY 2024 and beyond through our established processes as part of the CY 2024 Physician Fee Schedule proposed and final rules.

## **Medicare Telehealth Originating Site Facility Fee, Q3014**

<b>Time Period</b>	<b>MEI (%)</b>	<b>Facility Fee for Q3014</b>
2023	3.8%	\$28.64
2022	2.1%	\$27.59
2021	1.4%	\$27.02
2020	1.9%	\$26.65
2019	1.5%	\$26.15
2018	1.4%	\$25.77

# Parity

## Two types of Parity:

- **Coverage or 'service parity'**- Requires the same services be covered via telehealth as would be covered if delivered in-person. This type of parity does not guarantee the same rate of payment
- **Payment Parity**- This is a requirement for the same payment rate or amount to be reimbursed via telehealth as would be if it had been delivered in-person.

## South Carolina

*Last updated 08/18/2023*

### **SERVICE PARITY**

No Reference Found

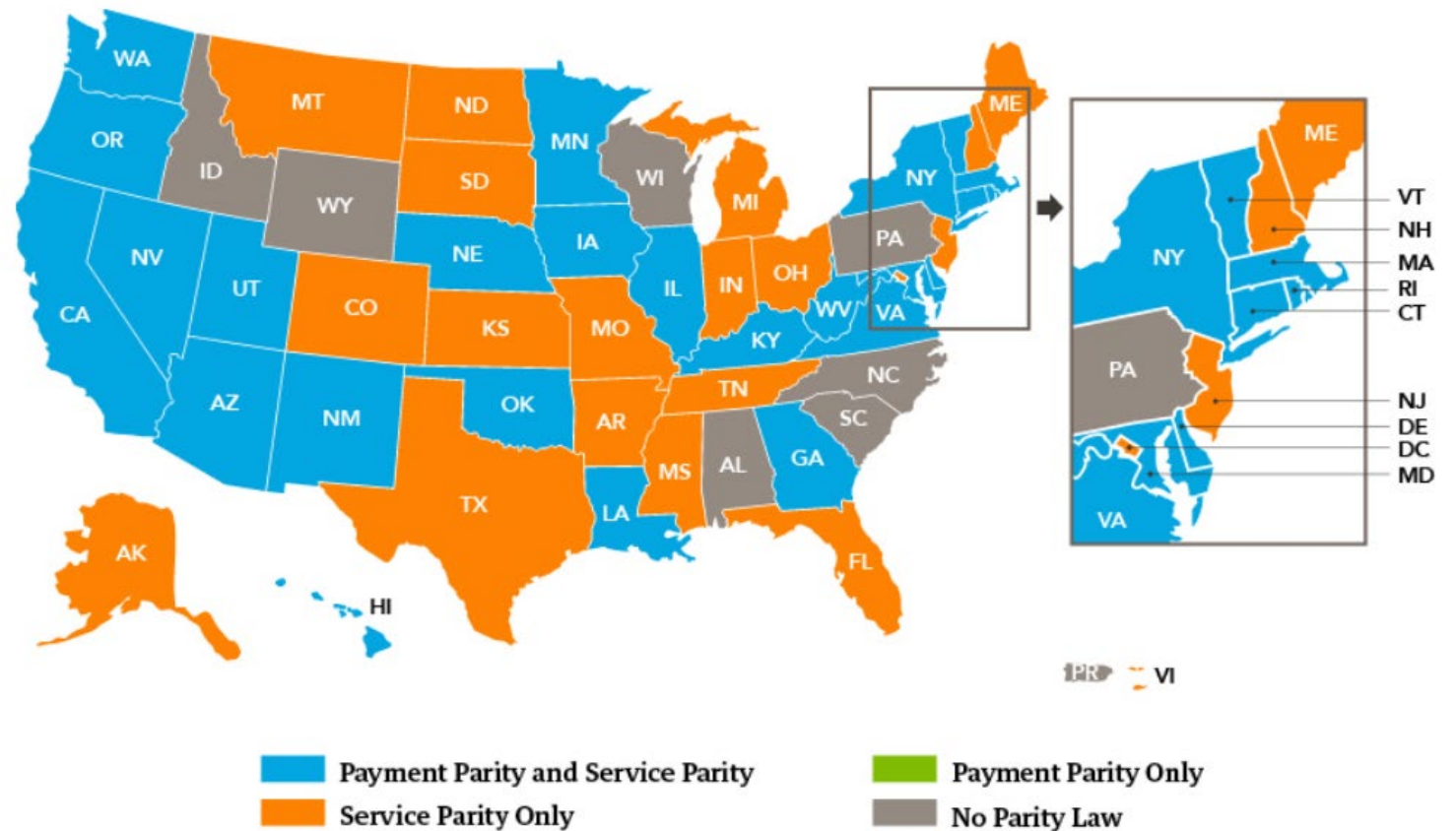
### **PAYMENT PARITY**

No Reference Found

# Parity Continued

## Telehealth parity as of May 1, 2023

*NOTE: Pay parity laws are subject to change. For the most current status and detailed state-by-state telehealth parity law legislation, visit the [Center for Connected Health Policy](https://chghhealthcare.com/blog/telehealth-rules-regulations) website.*



<https://chghhealthcare.com/blog/telehealth-rules-regulations>

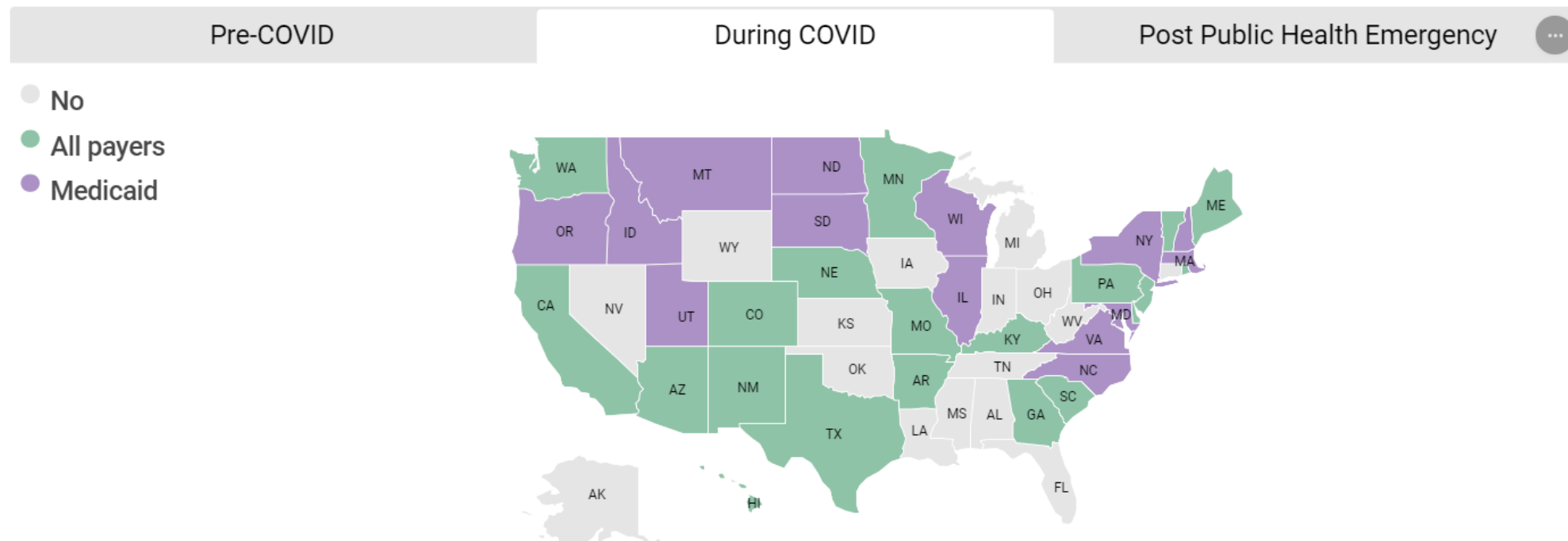
# Payment Parity During Covid

UPDATED ON 08-25-2021

## States Provide Payment Parity for Telehealth and In-Person Care

SHARE  PRINT 

Since the outbreak of COVID-19, many states have instituted policy and reimbursement changes to encourage providers to use telehealth, including mandating temporary payment parity for those services. As states' public health emergencies have come to an end, several states have enacted legislation that extends or makes permanent some of the COVID-related telehealth reimbursement requirements. This map shows which states mandated telehealth payment parity before and during the COVID-19 pandemic, as well as those that have made changes to this effect that extend beyond the public health emergency period.







# Legal/Compliance

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# What's Changing Post PHE



## What ends with PHE (May 12, 2023) according to CMS? (For Medicare patients)

- Allow remote evaluations, virtual check-ins and e-visits to be provided to new & established patients – Ends with PHE (allowed for established patients only until December 31, 2024)
- Allow remote physiological monitoring (RPM) services to be furnished to new and established patients - Ends with PHE (allowed for established patients only until December 31, 2024).
- Allowing certain face-to-face visits for End-Stage Renal Disease (ESRD) to take place via telehealth - Ends with PHE
- In-person/face-to-face visit requirement for National Coverage Determination (NCD) or Local Coverage Determination (LCD) may take place via telehealth - Ends with PHE

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> <li>• 99201-99215 (Office or other outpatient visits)</li> <li>• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> For a complete list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>	For new* or established patients.  *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
<b>VIRTUAL CHECK-IN</b>	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99421</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

# What's Changing Post PHE for Behavior/Mental Health Telehealth Services

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## Temporary Medicare changes through December 31, 2024

- An in-person visit within six months of an initial behavior/mental telehealth service, and annually thereafter, is not required.
- Telehealth services can be provided by all eligible Medicare providers.

## Permanent Medicare changes

- Medicare patients can receive telehealth services for behavioral/mental health care in their home.
- There are no geographic restrictions for originating site for behavioral/mental telehealth services.
- Behavioral/mental telehealth services can be delivered using audio-only communication platforms.



# DEA/CSR/Prescription Requirements and Limitations

## Prescribing controlled substances:

The Drug Enforcement Administration and Substance Abuse and Mental Health Services Administration have extended all telemedicine flexibilities regarding prescribing controlled substances through Nov. 11, 2023. Clinician-patient telemedicine relationships established before Nov. 11, 2023, will have an additional year (until Nov. 11, 2024) to continue using telemedicine flexibilities for controlled medications that were in place during the COVID-19 PHE.

## Prescribing:

1. The Drug Enforcement Administration (DEA) along with the Substance Abuse and Mental Health Services Administration (SAMHSA), issued a temp. rule to allow the following:
  - a. All telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 public health emergency (PHE) will remain in place **through November 11, 2023**.
  - b. For any practitioner-patient telemedicine relationships that have been or will be established on or before November 11, 2023, all telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 PHE **will continue to be permitted through November 11, 2024** (telehealth.hhs.gov).
  - c. Out-of-State prescriptions which do not conform to South Carolina law and which are not otherwise exempted shall not be dispensed (*S.C. Code Regs. 61-4.100.114*).
2. The physician must be licensed in the state where the medication is being prescribed.



# Proposed 2024 Physician Fee Schedule

## Proposed 2024 Physician Fee Schedule (PFS)

- CMS releases **proposed** 2024 PFS on July 13, 2023
- Comment period will end at 5 pm on September 11, 2023
- Final PFS typically is out by December.



[CCHP Deep Dive Into The Proposed 2024 PFS](#)



**Link to Video:**

<https://youtu.be/3zBhRXpoVv0>

[Proposed 2024 Physician Fee Schedule Tip Sheet](#)

[Medicaid Reimbursement 2023 Chart by State](#)

## Sources:

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<https://www.cchpca.org/pending-legislation/>

<https://telehealth.hhs.gov/licensure/licensure-compacts#compacts-for-physicians-and-nurses>

<https://telehealth.hhs.gov/licensure>

<https://www.cchpca.org/all-telehealth-policies/>

<https://www.cchpca.org/what-is-telehealth/?category=store-and-forward>

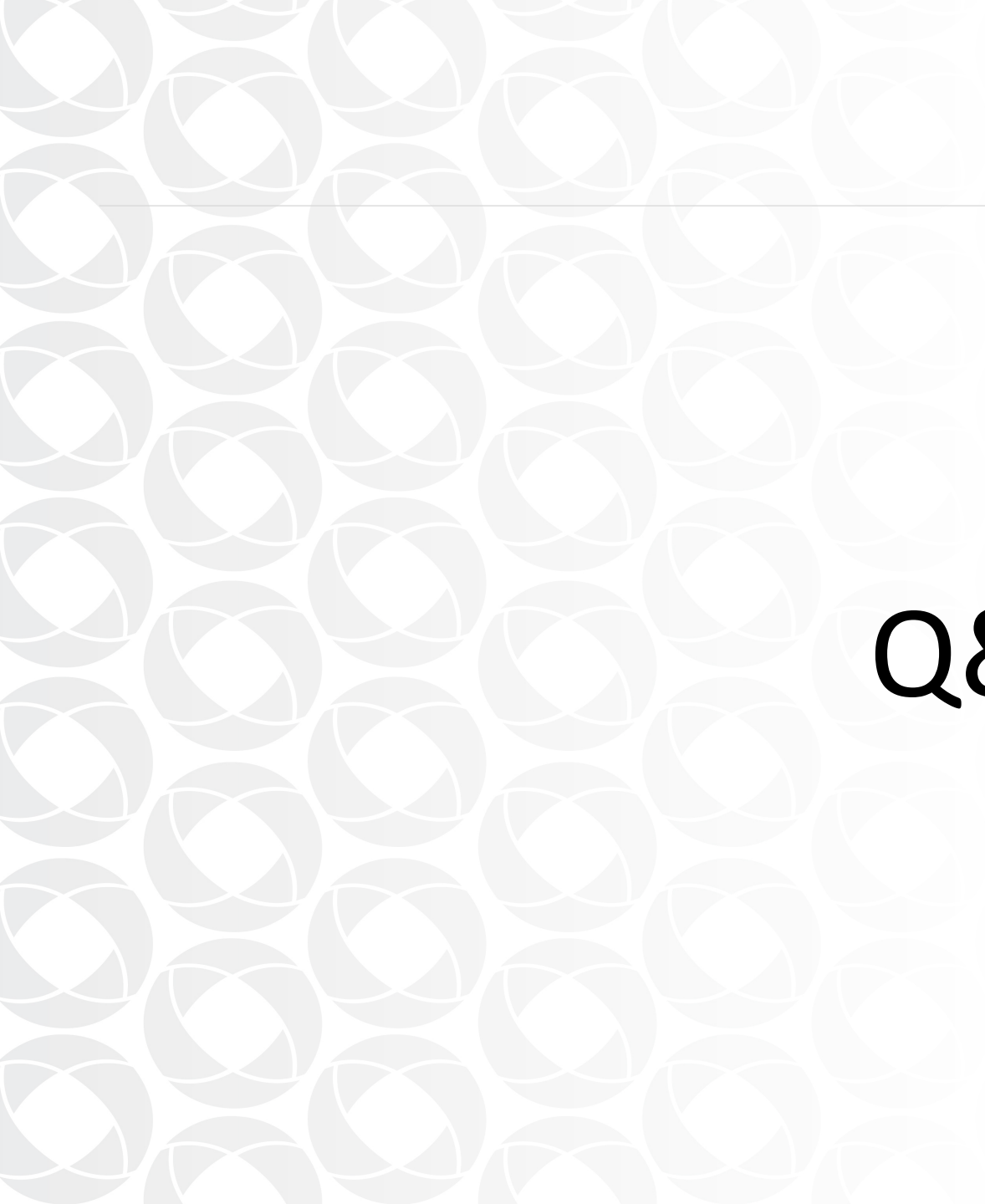
<https://nashp.org/states-provide-payment-parity-for-telehealth-and-in-person-care/>

<https://www.fsmb.org/search-results/?q=telehealth>

<https://www.pacompact.org/>

<https://psypact.org/page/About>

<http://careline/Departments/compliance/index.aspx>



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# Q&A's

PROGRAM  
EVALUATION-  
REQUIRED FOR  
CME CREDIT

Roper St. Francis Healthcare -  
Telehealth Education



**\*Please reach out to Kara Melin ([kara.melin@rsfh.com](mailto:kara.melin@rsfh.com)) once you scan and complete the QR code to let her know you've completed the course so she can send you the certificate and update your CME profile. Thank you!**