Question/Answer Submissions

**Question 1a:** How do the Medicare reimbursements for 99214 virtual visits apply to Commercial Medicare such as BCBS Medicare?

- Currently, the reimbursement is supposed to be at parity (equal) for commercial Medicare. However, you should f/u with your payer for full details. Other commercial payers’ reimbursement DOES NOT have to be at parity, it is based on your contract with each payer.
- Also mentioned in PPT and Webinar: CMS has not approved telemedicine reimbursement for the IPPE "WELCOME TO MEDICARE VISIT" but has approved reimbursement for "Initial and Subsequent" Annual Wellness Visits.

**Question 1b:** Regarding the AWV how does the patient fill out the questionnaire on ADLs that is required my Medicare? Or the patient does not need to fill it out?

- You still need to document the same health risk assessment questions, including ADL’s and IADL’s. You could have the patient give brief answers during the visit and use quick text, or you could have staff call and complete questions before the visit (might give staff something to do with lack of patients in-office).

**Question 2:** Can she speak to the HIPPA relaxed video requirements, able to use FaceTime, FB messenger, and Skype?

- The HHS Office for Civil Rights has stated that all health care workers will not be subject to penalties for violations of prior HIPAA regulations while providing telemedicine during the pandemic. This allows providers to use software platforms without HIPPA compliant measures in place (like Facetime, FB Messenger, etc.), but you cannot use software that might be accessible to the public like Facebook Live. If you only have 10 seconds of video captured during the visit, it can still be billed as a video visit, if you have enough "data" to appropriately treat your patient over both audio and video.

**Question 3:** How can I assess physical parameters for patients suffering from CHF: respiratory rate, Pulse Oximetry, blood pressure, peripheral edema cardiac auscultation to check for volume overload?

- Ask patient if they are able to measure relevant health data at home like BP / HR/ Pulse Ox / Weight/etc. Also review telemedicine physical exam videos provided by American Well (on FAFP website). If you do not feel comfortable assessing remotely, consider seeing them in the office, ordering BNP or other testing, or referring to the hospital. Many health care systems also have CHF remote patient monitoring devices that can record data in the patient’s home, or home health care can send a nurse to measure data.
**Question 4:** Do the 95 modifiers negate the need for documentation of vitals?

- 95 modifier states that this is a live synchronous TeleMedicine visit. If patient stated vitals are available, they can be used. Otherwise, they are not necessary for these visits, but your documentation should still support the level of billing. For example, a 99213 physical exam requires at least 2-4 organs systems and 6 elements, but vitals are not required for in-person visits per current billing guidelines.

**Question 5.** I am a resident at Eglin Air Force Base residency here in FL. We are really ramping up our telemedicine use among residents due to the covid pandemic. I was wondering if you have any resources you can share to help teach residents (and faculty) the basics of telemedicine?

- The American Well physical exam videos on the FAFP website.
- STFM has been providing telehealth educational resources:
  https://stfm.org/teachingresources/covid19resources/#14560

**Question 6:** Does the patient need to have informed consent and document that in the chart? Or have a written disclaimer and include within the note.

- During the pandemic informed consent is not required, although providers are encouraged to notify patients that the video third-party applications potentially introduce privacy risks. Many of the video platforms also include consent and privacy statements. Providers should enable all available encryption and privacy modes when possible.

**Question 7:** How can I assess physical parameters for patients suffering from CHF: respiratory rate, Pulse Oximetry, blood pressure, peripheral edema cardiac auscultation to check for volume overload?

- Same as question 3

**Question 8:** How can Telemedicine record to be integrated with EHR? Compatibility issue.

- Ideally in the future the telemedicine record should be integrated into our EMR systems. However the focus of this talk was how to best utilize telemedicine TEMPORARILY during the pandemic to keep our patients safe. As healthcare leaders, we will need to have thoughtful discussions about how to best utilize telehealth responsibly once this crisis phase is over. Most physicians are currently using telemedicine software for video chat purposes only, and they are documenting office notes into their EMR the same way as an in-person visit. The office note should include a statement about using telemedicine to perform the visit, and include time if needed for billing.

**Question 9:** How do you bill for an e-visit? Is it saving the portal message into the chart in a message format or do certain EMR programs have an e-visit note format? We have AllScripts and I don't believe we have this

- This is an integration issue that is dependent on each EMR platform, and you would have to speak w/ your EHR vendor for compatible programs. The important documentation piece for billing an e-visit is the statement that it was patient-initiated, the reason they need a check-in, and the time spent by the provider addressing the concern.

**Question 10:** If we use Zoom does the patient have to download the app beforehand?

- Zoom requires app downloaded on patient device prior to use by the patient.

**Question 11:** Many WIFI systems do not meet HIPPA Standards. How can I check the compatibility?

- During the pandemic there is laxity in regards to the use of both HIPPA compliant platforms and WiFi connections during the COVID crisis.
**Question 12:** The prescription of Schedule II drugs during a telemedicine visit is, in my opinion, very risky. Patient can deny or hide injection sites. Furthermore, I would never prescribe a controlled substance without doing a drug test. What happens if the patient lies about his narcotic drug use and will be prescribed a schedule II drug and dies of an overdose?

- It is important for all family physicians continue to prescribe controlled substances responsibly, but it is also just as important to support our patients during this pandemic and limit their exposure to the SARS-2 coronavirus. Ideally any controlled substance prescription should be given to patients you have a relationship with, that do not have a history of diversion. Controlled substances should be prescribed responsibly and only when deemed necessary. As still required for all controlled substances, physicians should use the PDMP and document as appropriate.

**Question 13:** What happens if patient cannot afford broadband access because he/she lost her job. Can only use phone and cannot come to the office. Wants new blood pressure medication but cannot afford home BP device?

- Not all patients will have access or the desire to utilize telemedicine video visits. Each case should be considered individually, weighing the pros and cons of possible SARS-2 coronavirus exposure with viable care options. If phone calls or email messages cannot be billed, consider no charge (as was mostly the case prior to the pandemic).

**Question 14:** Will these patients have copays that they may get billed for if they have not met their deductible, etc.?

- Yes, copays and deductibles may apply. Providers can waive copays and shared costs for certain payers. Will likely be waived for patients with COVID diagnosis.

**Question 15:** Thank you for the slides. It was a great webinar. I still find confusing the fact that a CMS publication from yesterday said to use the code CR (catastrophe) with part B patients when billing for telehealth.

- CMS states that unlike other claims for which Medicare payment is based on a “formal waiver”, telehealth codes do NOT require the CR modifier. Use the 95 modifier for TM.