

Telehealth

Generating Revenue...today and in the future

Hosted by **Dan Quall** - Fuel Medical

Subject expert **Jamie Benson** - President Qm2 Solutions



About Our Webinar Hosted by Dan Quall

How can I begin to use telehealth today.

Subject expert –

Jamie Benson, President Qm2 Solutions

Resources available:

Covid-19.fuelmedical.com

KZA.com



Links for Information on the Fuel Web Site

- ✓ **HIPAA:** US Department of Health and Human Services – [Click](#)
- ✓ **Medicare:** Provider Fact Sheet – [Click](#)
- ✓ **General COVID-19 Information:** American Speech-Language-Hearing Association – [Click](#)
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- ✓ **CMS Telehealth Codes -** [Click](#)

Telehealth Strategy: Right patient, right treatment at the right time...and right tool.

- **Urgent:** Patients with active illness needing your help the most.
How do you continue to meet the needs of clinically acute patients while maintaining the business of medicine?
- **PRN:** Patients with subacute “PRN”, chronic medical issues.
How do you address patients with chronic or stable illnesses who are not severe but are fits low intensity care.
- **Long Term:** Develop service lines growing market share and increase patient services but are not dependent immediate geography and physician time.



E-Visits and Telemedicine

- **March 6** - Congress passed the Coronavirus Preparedness and Response Supplemental Appropriations Act, allowing for Medicare to pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence
- **March 17** - OIG states will not enforce requirements for patient cost sharing during the crisis (co-insurance and co-payments by patients) [Link](#)
- **March 19** - HHS temporarily softens HIPAA requirements to allow the use of commercial video conferencing systems and Waives Rural Requirements for Telemedicine during the crisis [Link](#)
- **March 30** - CMS allows billable telephone visits
- **March 30** - "incident to" billing for telehealth E&M visits.

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

Telehealth

Telemedicine

Uses real time video and audio
New and Established
Most Acute and Complex

E-visit

Asynchronous visits where patient sends info into provider who responds in their own time. Patients type information through a secure web based application.
New* and Established patients
Sub Acute "PRN" (seeks service when needed)

Telephone Visit

Synchronous visit via telephone when provider conducts e and m visit without video to a patient on the phone. New* and Established patients

Virtual Check-in

Real time visit of patient not seen in the last 7 days, who corresponds using video, still images, and or telephone. Cannot schedule a visit within 24 hours.
New* and Established
Provider Driven

*New Changes as of 3/30

Telemedicine Visits: Most Acute and Complex

Real time voice and video clinic visits

99201-99215

Physician E&M Code with location modifier

Good News: Fee Schedule same as in office visits.
Highest level of interaction with patient.

Bad News: Staff to organize, matching technology with the patient, need to coordinate schedule and completed within an appointment.



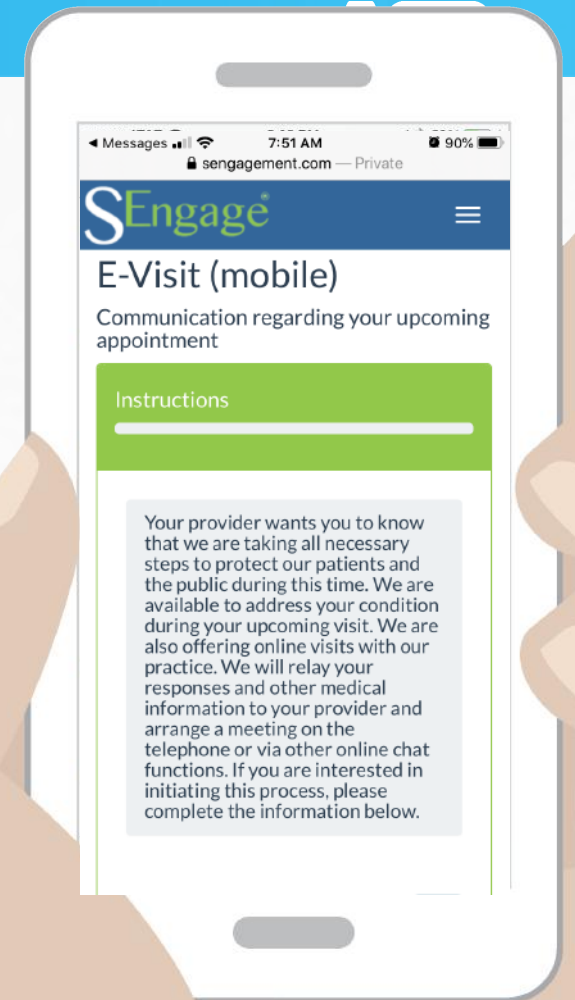
E-Visits: Sub acute “PRN”

SEngage

Patient initiates **asynchronous** E&M via a secure application
(though provider can notify patient of the option)

- 99421-99423
- Physician bills based on time spent reviewing patient submitted information and any other time with medical decision making. (Including talking to patients on the phone.)

PRO: Connect to large number of patients with little staff time;
Billable opportunity by accepting patient questions and information via the phone and completing other patient follow-up; Identifies acute issues for telemedicine or in clinic visits



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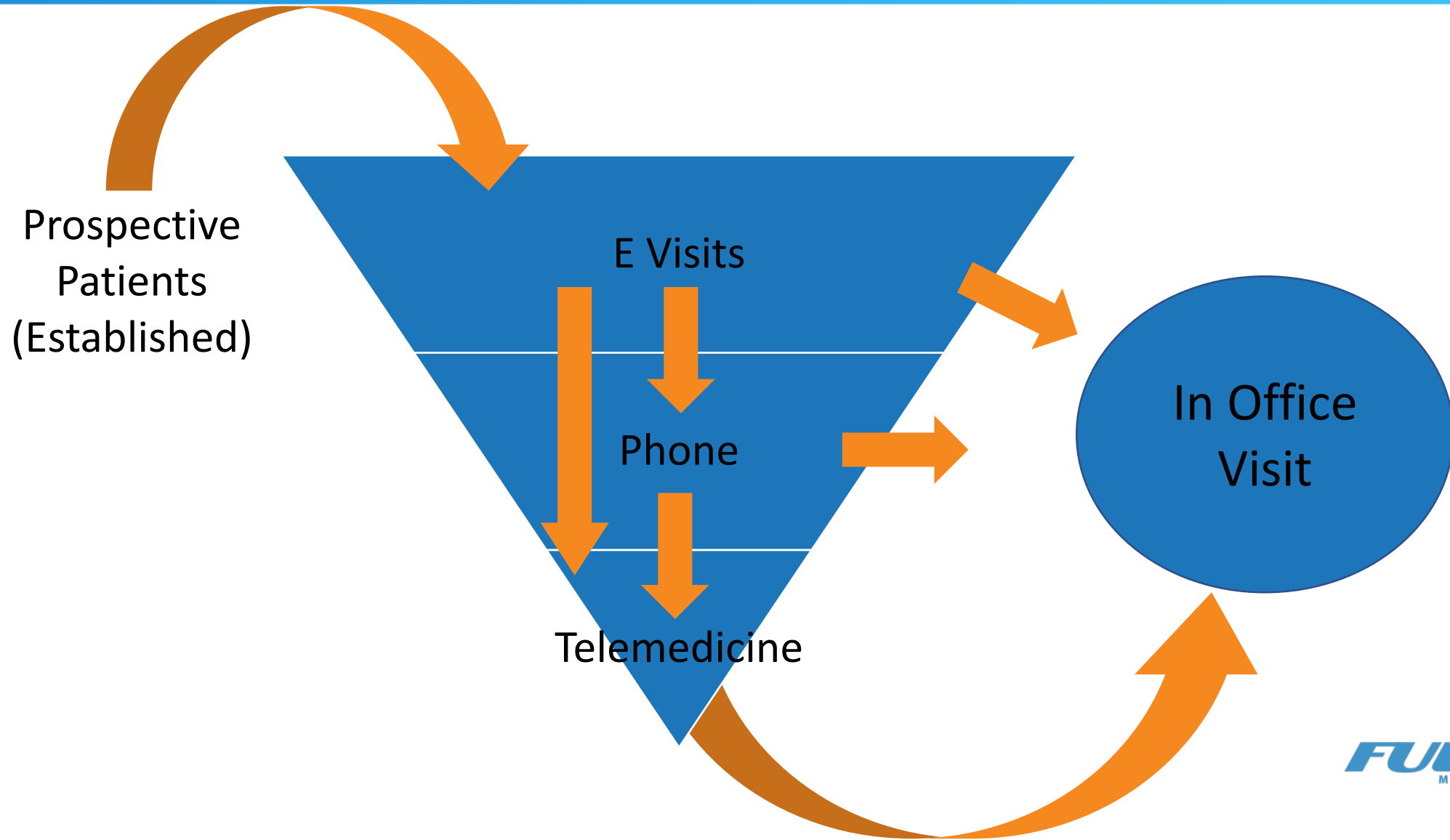
Phone Visits: Lowest Tech Fastest to Market

Real time voice E & M visit

- 99441-99443
- Physician (or CMS billable provider) bills based on the time directly interacting with the patient and Involves medical decision making and/or care coordination.
- Pros: Easy for clinic and patient. No new technology required.
- Con: Lower RVU, lack of visual, requires a real appointment.



Where do you start?



What does this mean to your practice?

- Practice reaches out to 12,000 patients via email announcing E Visit Service.
- Within 2 days, practice receives 700 patient E Visits from their established patients.
- 150 report, they are fine and not needing service.
- 550 report they are no better, or worse and would like follow-up and included relevant information about their current condition. Symptoms, pain, duration, etc.
 - **300/550** have sub acute issues, their provider reviews other records and patient history, and completes medical decision making leading to prescriptions, referrals, or scheduled follow-up clinic visit.
 - **250/550** patients are viewed with acute issues where a more comprehensive evaluation is required via in clinic or telemedicine visit. Staff follow-up with directly with patients, scheduling 200 telemedicine or (office visits), with 50 scheduled for on site evaluation.

Example of your financial impact based on experience (using approximate CMS fee schedule estimates ONLY)

- **300 sub acute PRN patients completing e visits** *(record review and/or phone)*
 - 75 patients were 5 minutes (<11 minutes) CMS billing ~\$18/visits. (\$1350)
 - 150 patients were 13 minutes (<21 minutes) CMS billing ~\$30/visit (\$4500)
 - 75 patients were 22 minutes (>21 minutes) CMS billing ~\$50/visit (\$3750)
- **250 acute patients requiring more urgent follow-up**
 - 200 patients were scheduled for Telemedicine visits billed a level 3 code ~\$75/visit (\$15,000)
 - 50 patients were scheduled for in office visits with office diagnostics. E&M Code plus other diagnostics. ~\$500/visit (\$25,000)
- **Total Telehealth Revenue from starting with e visits \$49,600**

Billing codes:

Please seek coding advice from experts!

- **Telemedicine visits 99201-99215**

Billed like traditional office visits with place of service modifier. Document what you do to justify the level of visit.

- **E Visits: 99421-99423**

- Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes (99421); 11-20 minutes (99422); 21 or more minutes (99423).

- None and m billable clinicians speech paths, PT, etc (excludes Audiologists)

- G2061, G2062, G2063 same time requirements.

- **Telephone 99441-99443**

Same time and documentation requirements E Visits.

Next Step

1. Review your current strategy to connect to Urgent, PRN, and long-term strategic opportunities. (We want to help!)
2. Launch tools to identify telemed patients, connect patients to E Visits and phone treating PRN patients. (QM2 Solutions)
3. Using existing EMR and other patient databases to develop targeted patients.
4. Develop communication and marketing plans to patients, providers and other stakeholders.
5. Load patients for electronic communication connecting patients to your portal or other delivery channel.
6. Based on patient response schedule phone calls and telemed visits.
7. Complete Visits
8. Bill for what you do **and** document.

Platforms a part of your telehealth program

- SEngage or EMR Portals
- Your EMR patient data...Run reports of patients needing you.
- Telemedicine platforms

Law and HIPAA

- Skype
- FaceTime
- Google Hangouts

Established Players

- Doxy.me
- Thera-LINK
- SimplePractice

(Use this as a period of discovery.)

Don't forget your people

Develop your protocols (check out protocols on the Fuel website)

- Train your staff on the technologies
- What is the big why behind your telehealth program

Communication plan with patients, staff, and providers: Get the word out that you are open and helping patients.

Develop a plan by department

- Allergy (Asthma)-reach out and messaging
- Hearing Aid patients
- Sinus patients
- Cancer patients
- Pediatric Patients
- Sleep Patients
- Patients with COV symptom concerns

Other resources

Fuel Medical – FuelMedical.com

KZA – KarenZupko.com

Search for Telehealth Solutions Center



The screenshot shows the Fuel Medical website's COVID-19 Business Resource Center. The header includes the Fuel Medical logo and navigation links for 'During Pandemic', 'Reopening Practice', 'Returning to Normal', and 'Contact'. The main heading reads 'Your COVID-19 Business Resource Center' with a 'Webinar Series & Registration' button. The introductory text states: 'COVID-19 is a worldwide pandemic that struck our businesses very quickly, leaving little time to prepare for what is ahead. Whether you've adopted a telemedicine model or limited your services to curbside pickup/drop off, we hope you'll find value in the tools to assist your business through these challenging times.' Below this, it explains the website's organization: 'This website is organized with resources to assist your practice through the current state of the COVID-19 pandemic, preparation to reopen your doors and tools to strengthen your business when returning to normal operations.'

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Thank you!

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