PAINWEEK®

On the Frontlines: How Advanced Practice Providers Are Managing Pain Amidst COVID-19

Theresa Mallick-Searle, NP

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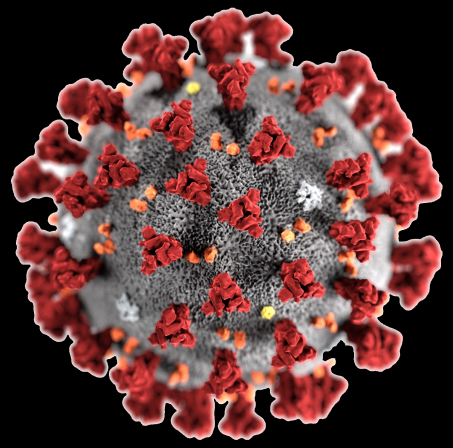

Title & Affiliation

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Disclosure

Mallick-Searle: Speakers Bureau: Allergan, Amgen, Lilly, Salix

Adler:

- Board of Directors, American Academy of PAs
- Board of Directors, American Academy of Pain Medicine Foundation
- Speaker Bureau: BioDelivery Sciences
- Consultant: BioDelivery Sciences Inc., Pfizer, U.S. Worldmeds

Learning Objectives

- Problem solve challenges to a successful telehealth encounter.
- Explore internet resources available for behavioral and physiological pain management.
- Discuss how to safely manage medications remotely.

Perfecting the virtual visit: The future is here!

Telehealth is here to stay:
The global telehealth market is forecast to reach $82.03 billion by 2027

Stratistics Market Research Consulting Pvt Ltd – 4/21/20
https://www.prnewswire.com/news-releases/global-telehealth-market-is-expected-to-reach-82-03-billion-by-2027--301044244.html

A Clinician's View on Telehealth Visits: Virtual Visit in the Pain Clinic

During a recent pandemic, when many clinicians had to cancel office visits, NP Mallick-Searle, a pain management NP at Stanford Health Care, had a panel of patients to see. Rather than reschedule her appointments for a different decade, NP Mallick knew she had the option to offer treatment via video.

One of her patients was a 37-year-old female **known to the clinic** with a history of chronic migraine, presenting with refractory migraines for several days. In a traditional office visit, NP Mallick might choose to obtain a set of vital signs and do a brief ocular exam, possibly provide IM ketorolac. But today, she went for a different tool: a computer camera.

Without ever actually seeing the patient in office, NP Mallick offered a diagnosis, suggestions for acute management, and discussed a potential follow-up appointment. She conducted the entire visit through a computer camera, part of an effort to continue to provide care using a telehealth platform.

Perfecting the Virtual Visit

What they tell you:

"It's like a regular visit, just on the computer."

"You will be fine!"

"There is always someone to back you up."

What you are thinking:

- How am I going to manage?
- HIPAA compliance?
- Billing?
- What if the video fails?
- What if patients cannot log on?
- Non-English speakers?
- Medication monitoring?
- Out of state visits?
- Physical exam, vital signs, labs?
- Late arrivals, no-shows?
- Patient satisfaction?

Perfecting the Virtual Visit

TYPES OF TELEHEALTH

- Live Video (synchronous – real time, multiple approved platforms: primary care, PT, group therapy, multiple clinicians, free)
- Store & Forward (asynchronous – digital images)
- Remote patient monitoring (biometrics, etc.)
- Mobile Health (Apps, text messages)

TELEHEALTH BENEFITS

- Streamlined & efficient method of providing care
- Improved patient satisfaction and engagement
- Increasing legislation that is allowing broader coverage and parity laws
- Continued rapid technology advancements
- Increased access to care

Telehealth Etiquette

PATIENT

- Login & check the system before the visit.
- Login 10-15 minutes early.
- Have list of medications, allergies.
- Write down questions.
- Have photo ID available.
- Don’t expect that the clinician you are seeing knows your case.
- Be polite.
- Video visit may not be a time to present with a new complaint to a clinician who is new to you.

CLINICIAN

- Camera system at eye level.
- Professional background & attire.
- Punctuality counts.
- Pre-read chart and chief complaint.
- Engage your patient.
- Communicate/eye contact, let the patient know if you are documenting/reviewing records.
- Be very clear with follow-up instructions.
- Take advantage of the digital system functionality.
- Patient expectation setting.

COVID-19 Legislative Changes: Medicare Drops Barriers to Telehealth

Patients can access telehealth from home & any healthcare facility.

Telehealth visits can use smartphone; phones with audio/video capabilities & “everyday” platforms like FaceTime and Skype.

Audio-only visits are reimbursable.

CMS added behavioral and patient education services and some E&M services to the list eligible for audio-only visits.

New patients can get telehealth visits. HHS will not audit to confirm existing relationship between patient and provider.

Providers can reduce/waive cost-sharing.

No penalty for limiting or eliminating copays or deductibles.

All providers are eligible to use telehealth.

All healthcare professionals eligible to bill Medicare for their professional services, can now use telehealth.

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Advisory Board. (2020, July 26). How Covid-19 is transforming telehealth - now and in the future (power point slides). https://www.advisory.com/research/health-care-it-advisor/resources/2020/how-covid-19-is-transforming-telehealth-now-and-in-the-future

Health Insurance Portability and Accountability Act (HIPAA): Changes during CV19

HIPAA privacy components of the Privacy & Security Toolkit

- The spirit of the law still exists
- Do your BEST to maintain privacy during the telehealth encounter
- Be aware of the virtual surrounding
- Ask for photo ID and visual representation of the patient

"I have discussed the risks, benefits, and limitations regarding physical exam when receiving care virtually. The patient expresses understanding and is willing to move forward."

"The patient has verbally expressed consent to proceed with the eConsult."

"I had discussed with patient that video conferencing or phone calls will not be the same as a direct patient/healthcare provider visit as it is limited by the inability to do in-person physical examination. I had reviewed the potential risks to technology, including interruptions, technical difficulties, and unauthorized access causing a breach of patient privacy. I also discussed that our sessions are not being recorded. We also discussed that billing will occur from the healthcare provider/institution. Questions were answered about risks and benefits of telemedicine, and patient chose to move forward with the video/phone consult. This visit occurred during the Coronavirus (COVID-19) Public Health Emergency."

Establish a Patient-Centered Approach

A patient-centered approach starts with effective communication, enabling patients to fully participate with healthcare providers to maintain their own health and make informed health decisions.

With the cancellation of non-emergency appointments during the COVID-19 pandemic, providers must adequately communicate telehealth offerings to patients in order to avoid gaps in care.

Research has shown that better patient engagement results in less unnecessary care, greater patient satisfaction, and better adherence to treatment plans.

Osborn R & Squires D. International perspectives on patient engagement: results from the 2011 Commonwealth Fund Survey. *J Ambul Care Manage*. 2012;35(2):118-128.

Establish a Patient-Centered Approach

A recent survey conducted by the U.S. Pain Foundation to assess the impact of COVID-19 on the health of pain patients found that a lack of communication is creating barriers to adequate care.

- One-fourth of patients (25.3%) reported they were not informed about telehealth options.
- Nearly half (48.0%) stated they did not understand their provider's telehealth offerings.

U.S. Pain Foundation. (2020, April). Survey report: Chronic pain & COVID-19. https://uspainfoundation.org/wp-content/ uploads/ 2020/ 04/ COVID19-report.pdf.

Promoting Self-Care

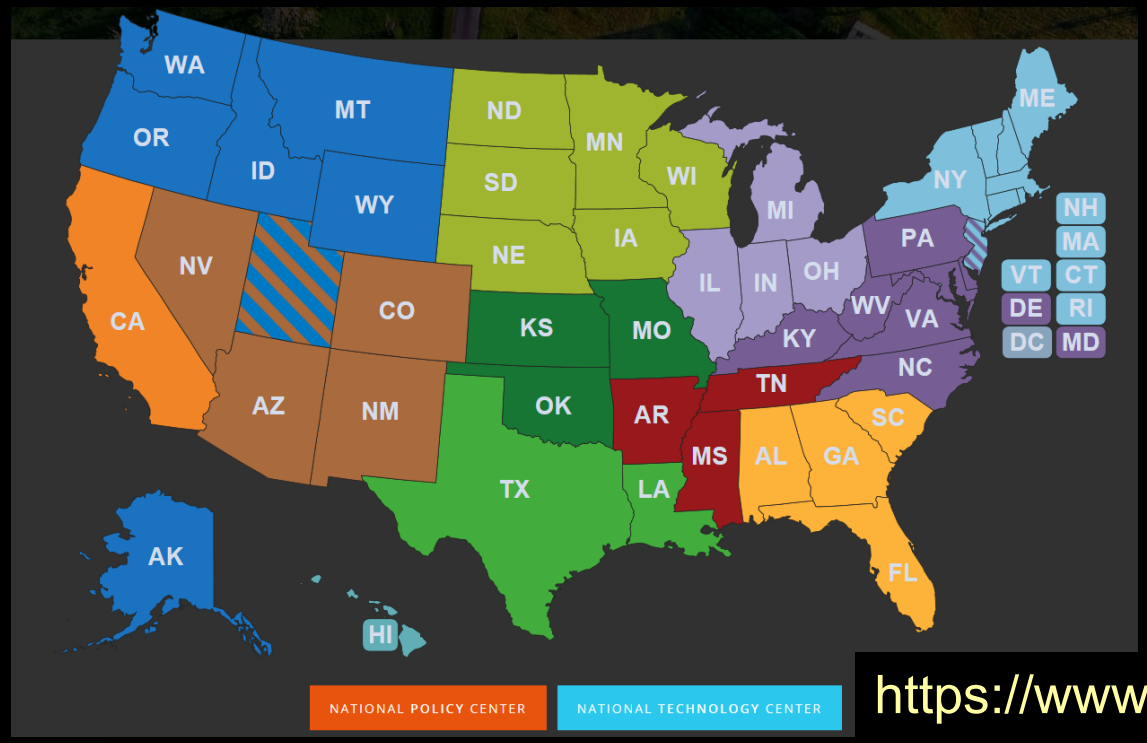
Self-management is essential to the patient-centered approach & during CV19 → alternative options in their self-care.

Shared-decision making:

- Lifestyle changes
- Discuss barriers (provide examples of ways to overcome barriers)
- Setting realistic expectations (achievable goals)

Telehealth Resource Centers: https://www.telehealthresourcecenter.org/

Telehealth Resource Centers (TRCs) have been established to provide FREE assistance, education, and information to organizations and individuals who are actively providing or interested in providing healthcare at a distance.



https://www.telehealthresourcecenter.org/who-your-trc/

Ryan Haight Act – Modified For CV-19

Affects the prescribing of schedule 2 medications and MAT programs.

Brauser D. (2020, March 26). COVID-19: Dramatic Changes to Telepsychiatry Rules and Regs. Medscape. https://www.medscape.com/viewarticle/927556

Jeremy A. Adler, DMSc, PA-C

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State Provider Workforce Emergency Preparedness

- Many states have a statutory framework for mobilizing healthcare professionals during emergencies
- Individual states may change practice legal requirements by Executive Order of the Governor
- The COVID-19 National Emergency suddenly and significantly changed professional practice requirements for PAs and NPs
- Alaska, Arkansas, and Kentucky did not suspend or change PA Practice Requirements
- Utah, Illinois, Mississippi, Georgia, Florida, Ohio, and Delaware did not suspend or change NP Practice Requirements

Why Suspend/Modify Existing Practice Acts for PAs/NPs

- Eliminate barriers to care and improve patient access
- Enable flexibility
- Ease liability
- Empower to practice education and experience

- Some areas of focus:
  - Supervision and liability
  - Written agreements
  - Co-signatures
  - Record reviews
  - Ratios of providers
  - Prescribing limitations

AAPA Survey of PAs on COVID-19 Crisis

Survey 4/25/20 – May 6, 2020 (margin of error +/- 3.8%)

- 22% of PAs furloughed, 3.7% terminated
- 58.7% had reduced hours
- 30.6% reduced pay
- 1 out of 3 PAs did not have necessary PPE (39% of those treating COVID-19)
- 50% reported treating COVID-19 patients
- 5.9% changed medical specialties
- 9.9% changed practice settings
- 6.9% began volunteering

https://www.aapa.org/download/65014/ Accessed 7/11/2020

AANP Survey of NPs on COVID-19 Crisis

- 61% report treating COVID-19
- 4 out of 5 NPs reused PPE
- 1 out of 2 NPs exposed to SARS-CoV-2
- 39% of NPs reported they were high risk
- 9% sought alternative accommodations to avoid family exposure
- 84% remained with same employer (March – Mid May)
- More than 50% reported using telehealth

https://www.aanp.org/practice/practice-related-research/research-reports/nurse-practitioner-covid-19-survey-executive-summary
Accessed 7/11/2020

Full Practice Authority States for NPs – No Changes

- Washington
- Oregon
- Idaho
- Nevada
- Arizona
- New Mexico
- Colorado
- Wyoming
- Montana
- North Dakota
- South Dakota
- Nebraska
- Minnesota
- Iowa
- Maryland
- Connecticut
- Rhode Island
- Vermont
- New Hampshire
- Maine
- Hawaii
- Alaska

https://www.aanp.org/advocacy/state/covid-19-state-emergency-response-temporarily-suspended-and-waived-practice-agreement-requirements
Accessed 7/20/2020

Disaster PA Statutory Changes

PA Supervision was all or partially suspended or waived in:

- Arizona
- Texas
- Idaho
- Montana
- North Dakota
- Minnesota
- Iowa
- Illinois
- Indiana
- Mississippi
- Rhode Island
- Delaware
- Hawaii

https://www.aapa.org/news-central/covid-19-resource-center/covid-19-state-emergency-response/ Accessed 8/1/20

Disaster NP Statutory Changes

- Texas (waives documentation of supervision)
- North Carolina

https://www.aanp.org/advocacy/state/covid-19-state-emergency-response-temporarily-suspended-and-waived-practice-agreement-requirements
Accessed 7/11/2020

PA Practice by Governor Executive Order

Many states suspended or waived all or some supervision requirements:

- New York
- New Jersey
- Maine
- Louisiana
- Tennessee
- Virginia
- Michigan
- South Dakota

https://www.aapa.org/news-central/covid-19-resource-center/covid-19-state-emergency-response/ Accessed 7/11/20

NP Practice by Governor Executive Order

Waives some or all practice agreement requirements

- Alabama
- Arkansas
- California
- Indiana
- Kentucky
- Massachusetts
- Michigan
- Missouri
- New Jersey
- New York
- Oklahoma
- Pennsylvania
- South Carolina
- Virginia
- West Virginia
- Wisconsin

https://www.aanp.org/advocacy/state/covid-19-state-emergency-response-temporarily-suspended-and-waived-practice-agreement-requirements
Accessed 7/11/2020

PA Practice Changes to Select Requirements

States changed requirements such as licensure, ratios, telemedicine, etc.

- California
- Nevada
- Oregon
- Washington
- Utah
- Wyoming
- Wisconsin
- Alabama
- Ohio

- Colorado
- New Mexico
- Nebraska
- Kansas
- Oklahoma
- Missouri
- West Virginia
- Georgia
- Florida
- North Carolina
- South Carolina
- Maryland

- Pennsylvania
- Connecticut
- Massachusetts
- Vermont
- New Hampshire

https://www.aapa.org/news-central/covid-19-resource-center/covid-19-state-emergency-response/ Accessed 7/11/20

Examples of Statutory Changes

- Texas Occupations Code (Sec. 204.2045)
  - The supervision and delegation requirements do not apply to medical tasks performed by a PA during a disaster declared by the governor or United States government

- Illinois PA Practice Act (225 ILL. COMP. STAT. ANN. § 95/7(b))
  - A PA licensed in this State, or licensed or authorized to practice in any other U.S. jurisdiction or credentialed by his or her federal employer as a PA, who is responding to a need for medical care created by an emergency or by a state or local disaster may render such care that the PA is able to provide without collaboration or with such collaboration as is available.

Examples of Executive Order PAs

- New York – Governor Cuomo (March 23, 2020)
  - To the extent necessary permits a PA to provide medical services appropriate to their education, training and experience without oversight from a supervising physician and without civil or criminal penalty related to a lack of oversight by a supervising physician
  - PAs shall be immune from civil liability for any injury or death alleged to have been sustained directly as a result of an act or omission in the course of providing medical services in support of the State's response to the COVID-19 outbreak, unless it is established that such injury or death was caused by gross negligence
- California – EO Governor Newsom empowers DCA Director Kirchmeyer (4/14/20)
  - Waives the 4-to-1 ratio for supervision
  - Waives requirement for practice agreement in COVID-19 response when an agreement doesn't exist or there is no supervising physician available enforceable by a practice agreement

https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/EO_202.10.pdf (Accessed 7/11/2020)
https://www.dca.ca.gov/licensees/physician_assistant_supervision_guidance.pdf (Accessed 7/11/2020)

Examples of EO/Public Health Order

- New York – Governor Cuomo (March 23, 2020)
  - To the extent necessary permits a NP to provide medical services appropriate to their education, training and experience without oversight from a supervising physician and without civil or criminal penalty related to a lack of oversight by a supervising physician
  - PAs shall be immune from civil liability for any injury or death alleged to have been sustained directly as a result of an act or omission in the course of providing medical services in support of the State's response to the COVID-19 outbreak, unless it is established that such injury or death was caused by gross negligence
- South Carolina
  - Suspended restrictions on NPs prescribing CII and CIII medications through telemedicine
  - Suspended NP requirement for written practice agreements in hospital
  - Allows NP from Georgia and North Carolina to practice in South Carolina

https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/EO_202.10.pdf (Accessed 7/11/2020)
https://llr.sc.gov/nurse/pdf/PUBLIC%20HEALTH%20STATE%20OF%20EMERGENCY%20ORDER%202020_BON_PH_2.pdf

Prescribing During COVID-19

- Controlled Substance Prescribing
  - DEA COVID-19 Information Web Page:
  - https://www.deadiversion.usdoj.gov/coronavirus.html

- National Drug Supply
  - DEA is “aware of increased demand for drug products containing controlled substances used for the treatment of COVID-19 patients … [and] is working closely with ASPR, FDA, FEMA, and other partners in monitoring the demands for these drug products to insure an uninterrupted supply”

Telemedicine

- Exception to in-person medical evaluation (with no prior in-person exam)
  - Declaration of Public Health Emergency of Secretary of Health and Human Services
  - Secretary Azar made declaration January 31, 2020
  - March 16, 2020 – Secretary Azar, with concurrence of Acting DEA Administrator
    - Telemedicine allowance applies to Schedule II-V controlled substances in all areas of the United States provided that:
      - The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
      - The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
      - The practitioner is acting in accordance with applicable Federal and State laws.

Secretary Azar signs the Public Health Emergency Declaration

https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html
https://www.deadiversion.usdoj.gov/coronavirus.html Accessed 7/11/2020

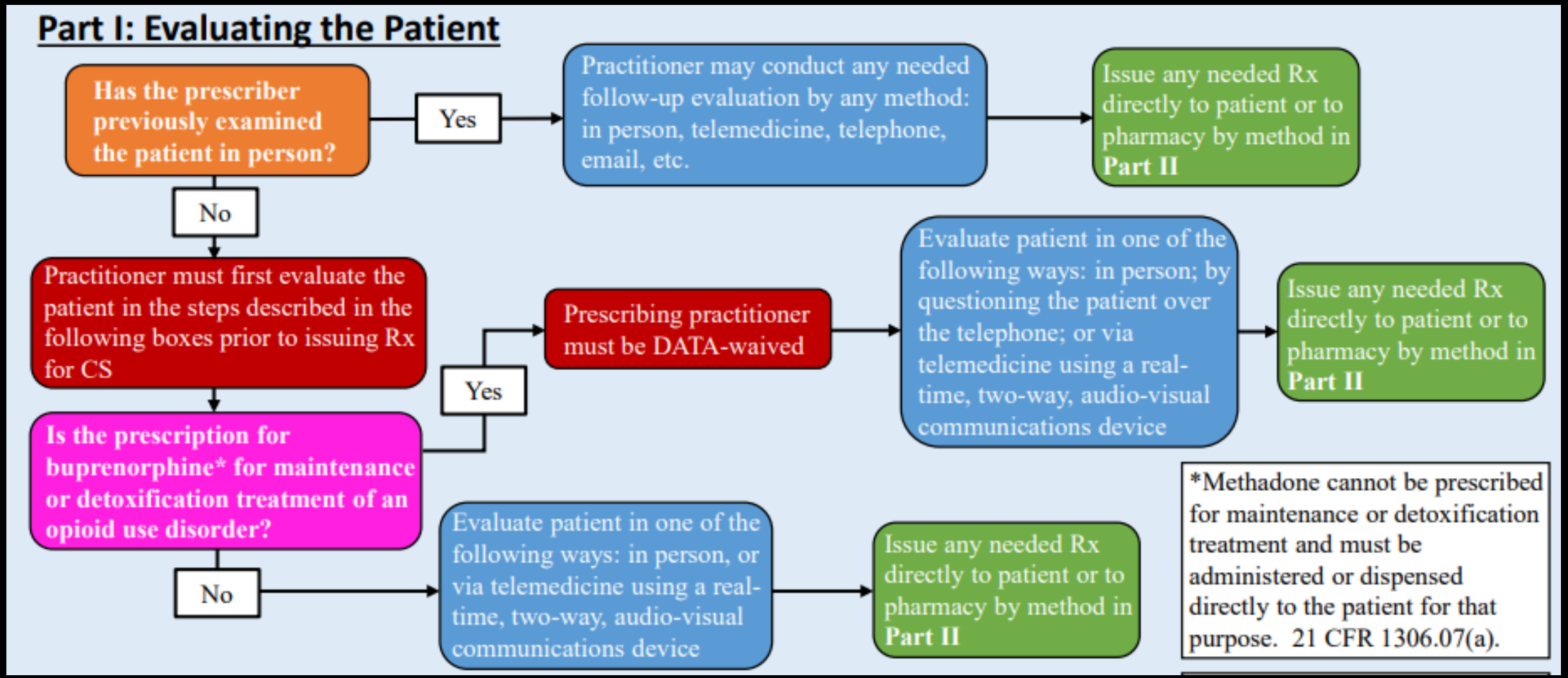
Buprenorphine

From January 31, 2020 Secretary Azar Declaration

- DEA and SAMHSA partnership to ensure authorized practitioners may admit and treat new patients with opioid use disorder
- DEA already waived in-person exam requirements
- As of March 31, 2020, may prescribe buprenorphine without in person or telemedicine exam, rather via telephone
- Applies to new and existing patients
- Must comply with all applicable standards of care and "[t]his may only be done, however, if the evaluating practitioner determines that an adequate evaluation of the patient can be accomplished via the use of a telephone."
- Also, prescription must be for a legitimate medical purpose while acting in the usual course of professional practice

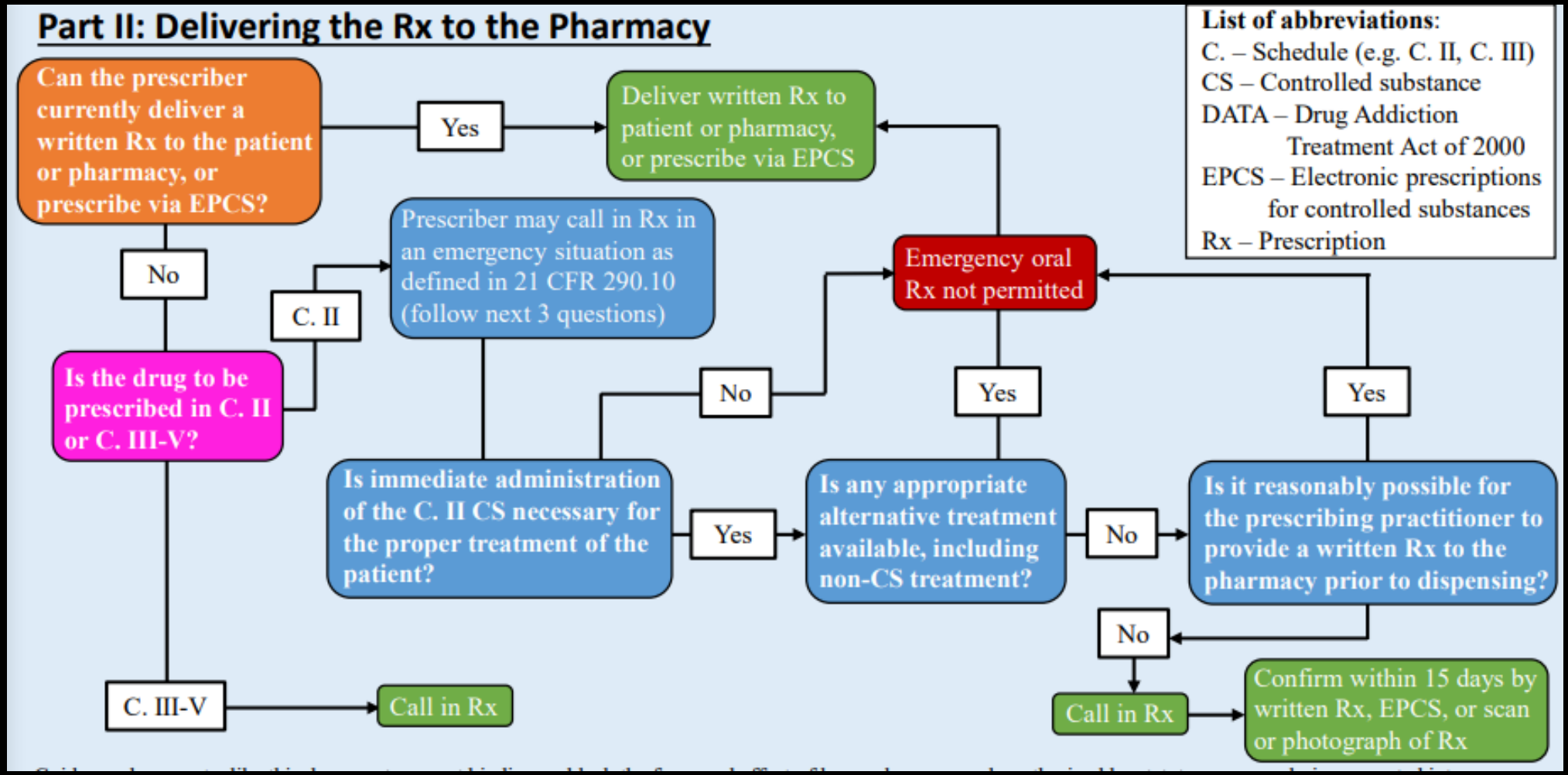
https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf
Accessed 7/11/2020

DEA Algorithm for Prescribing



https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf
Accessed 7/11/2020

DEA Algorithm for Dispensing



https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-023)(DEA075)Decision_Tree_(Final)_33120_2007.pdf
Accessed 7/11/2020

Controlled Substance Refills and Renewals

- Schedule III-V
  - Authorized by Controlled Substance Act
  - Some states have issued orders allowing pharmacies to dispense early refills
- Schedule II
  - Refill prohibited
  - "an individual practitioner may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a schedule II-controlled substance, subject to if specific conditions are met. These conditions include, among other things, that the practitioner must sign and date the multiple prescriptions as of the date issued, (21 CFR 1306.05(a)); and, write on each separate prescription the earliest date on which the prescription can be filled (21 CFR 1306.12(b)(ii)).
  - No prohibition on issuing one prescription for a 90-day supply if allowed by state law and regulations

https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-017)(DEA065)%20Early%20RX%20Refill%20-%20OMB%203-20-20%202200%20DAA%20approved.pdf
Accessed 7/11/2020

Consensus Guidelines During COVID-19

- General guidance:
  - Screen patients (illness, temperature)
  - Limit unnecessary patient escorts
  - Patient and provider masks, hand hygiene, distancing, face shields
  - Change in/out scrubs before seeing patients and upon leaving
  - Wear gloves during patient care
  - Do not routinely reuse regular masks if possible
  - Disinfect surfaces between each patient encounter
- Personal actions
  - Avoid unnecessary contact and travel
  - Sleep, hydration, stop smoking, limit alcohol, diet, exercise
  - Manage stress and provider burnout

Cohen SP, Baber ZB, Buvanendran A, et al. Pain Management Best Practices from Multispecialty Organizations During the COVID-19 Pandemic and Public Health Crises. Pain Med. 2020 Nov 7;21(7):1331-1346.

Opioid Management

- Reasonable to provide interim, short-term opioids, for:
  - Acute or severe exacerbation of chronic pain
  - Following risk stratification, PDMP check
  - Agreed exit strategy
- If opioids continued beyond 1-2 weeks
  - Recommend in person visit within one month if at all feasible
  - Exam to access pathology, written consent, UDT
  - If not feasible:
    - Electronic signing of consent
    - Ideally in person visit within 2 months
- Intrathecal opioids are emergent interventional procedures

Cohen SP, Baber ZB, Buvanendran A, et al. Pain Management Best Practices from Multispecialty Organizations During the COVID-19 Pandemic and Public Health Crises. Pain Med. 2020 Nov 7;21(7):1331-1346.

Steroids

- Consensus that epidural and other steroid injections may be continued during COVID-19 pandemic
- Use lowest dose
- Inform patients of possibility of immunosuppression

Cohen SP, Baber ZB, Buvanendran A, et al. Pain Management Best Practices from Multispecialty Organizations During the COVID-19 Pandemic and Public Health Crises. Pain Med. 2020 Nov 7;21(7):1331-1346.

Intrathecal (IT) Management During COVID-19

- IT pump management is an emergent procedure which cannot be postponed
- Steps to enhance efficiency and safety culture
- Personal practice experience:
  - –Suburban San Diego
  - –6 providers
  - –Approximately 60 patients with IT pumps

IT Management: Logistics

Drug Ordering

- Submit order to pharmacy with ample time to account for shipping delays.
- Anticipate and plan for any drug shortages.

Scheduling Refills

- Optimize time between refills through adjustment of infusion concentrations.
- Raise alarm volume to allow for flexibility in refill date if patient factors or provider factors interfere with pump refill.
- Schedule pump block of time for sequential refills of patients.

Operations Interruption Plan

- Educate patients on withdrawal management strategies.
- Provide opioid withdrawal mitigation plan should patient unable to have pump refilled (lofexidine).

IT Management

- Patient assessment
  - –Reduce face-to-face in person care to extent possible using telehealth if available to evaluate patient and develop plan
  - –Develop clear action plan for in person care

- Refill procedure
  - –In person pump refill with procedure and neurologic exam only (full patient/provider PPE)
  - –Postpone additional treatment changes to telehealth

Making it (App)licable

- Mental health/stress reduction/relaxation
  - Headspace: https://www.headspace.com/headspace-meditation-app
  - Kardia—deep breathing relaxation: https://apps.apple.com/us/app/kardia-deep-breathing/id998569123
  - The best meditation apps of 2019: https://www.healthline.com/health/mental-health/top-meditation-iphone-android-apps
- Physical therapy/activity/exercise/movement
  - 8 best fitness apps for older adults: https://www.silversneakers.com/blog/8-best-fitness-apps-for-older-adults/
  - Top 15 best stretching apps for Android and iOS: https://www.easytechtrick.org/free-stretching-apps/
- Nutrition
  - The 10 best nutrition apps, according to registered dietitians: https://www.womenshealthmag.com/food/g28328533/best-nutrition-apps/

3 Self-Care Tips to Help Maintain Mental Health

Establish a schedule

- Our minds & bodies like a schedule/routine.

Start small

- Starting small and putting one foot in front of the other is more likely to ensure that you're going to be successful in really integrating that into your routine and your practice.
- Set achievable goals.

Follow through

- Just keep on moving forward.
- It's ok to adjust goals and reset your timeframe.
- Consider a "schedule" buddy.
  - Keeps you social
  - Holds you accountable
  - Provides moral support

Make Function a Priority

5 at-home strength exercises to help build muscle and maintain flexibility

1. Calf raises
2. Plank
3. Squat into chair
4. Elevated pushup
5. Wall angels

- Provide handouts
- Virtual physical therapy visits
- Videos/apps
- Problem solve barriers

https://www.youtube.com/watch?v=M_ooIhKYs7c

Thank You

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Resources: Medications

With the pandemic, many patients have reported reduced income or lost jobs. While most still have their insurance this calendar year, overall patients are increasingly price sensitive.

TIPS

- Generic is OK
- Drug sales reps can help (samples, patient assistance programs, prior authorization, education)
- Choose smart (pick the right drug for the right symptom; neuropathic v/s nociceptive pain)

- Specialty pharmacies:
  - NimbleRx: https://www.nimblerx.com
  - Alto: https://alto.com
- Medication discount programs:
  - GoodRx: https://www.goodrx.com/
  - PrescriptionHope: https://prescriptionhope.com/
  - Walmart: https://www.walmart.com/cp/4-prescriptions/1078664
  - Target/CVS: https://www.cvs.com/content/prescription-savings

Resources: Billing/Coding

Clinical activity	CPT codes	Encounter type	Documentation	Use cases
Video Visit evaluation & management (E&M)	**New consults** **99245** by complexity: 3 of HPI, 2-point 9-system PE, High decision **99245** by attending face-to-face time: • 80 min: **99245** 3.77 • 110 min: **99245 + 99354** ∑ 6.10 • 155 min: **99245 + 99354 + 99355** ∑ 7.87 **99244** by complexity: 3 of HPI, 2- point 9-system PE, Mod decision **99244** by attending face-to-face time: • 60 min: **99244** 3.02 • 90 min: **99244 + 99354** ∑ 5.35 • 135 min: **99244 + 99354 + 99355** ∑ 7.12 **Returns** **99215** by complexity: 2 of HPI, 2- point 9-system PE, High decision **99215** by attending face-to-face time: • 40 min: **99215** 2.11 • 70 min: **99215 + 99354** ∑ 4.44 • 155 min: **99215 + 99354 + 99355** ∑ 6.21 **99214** by complexity: 2 of HPI, 12- point PE, Mod decision **99214** by attending face-to-face time: • 25 min: **99214** 1.50 • 55 min: **99214 + 99354** ∑ 3.83 • 100 min: **99214 + 99354 + 99355** ∑ 5.53	**NPV** **NPV Video Visit** **RPV** **RPV Video Visit**	Med attendings & APPs Can bill by complexity or face-to-face time Med Fellows Bill by complexity .VIDCONSENT is required Psychologists CANNOT use 99354 or 99355	Video visit connects briefly with patient but then broken off is OK
Prolonged service non-face-to-face **a.k.a. "chart review"**	31-74 minutes: **99358** 2.10 (MD, APP) 75-104 minutes: **99358 + 99359** ∑ 3.10 (MD, APP)	**Telemedicine Visit – Phone**	• Chart review, coordination of care, consultation w/ other providers, across 1+ days Med & Psych attendings Document topics reviewed, date(s) performed, total time Med & Psych fellows Attending bills for guidance time	1. A1 referral review (A1 documents, NPV physician bills **9924x + 9935x** ∑ 5.12 to 5.87) 2. Attending + Fellow: attending bills for chart review while fellow sees pt 3. Prepping for peer-to-peer 4. Prepping for pt Qs (**9935x + 9942x** ∑ 2.35 to 3.90) 5. Prepping for Team Conference (MD, Psych, PT can each bills **9935x**)
MyHealth, text, email patient Q&A	5-10 minutes: **99421** 0.25 (MD, APP), **G2061** 0.25 (Others) 11-20 minutes: **99422** 0.50 (MD, APP), **G2062** 0.44 (Others) 21-30 minutes: **99423** 0.80 (MD, APP), **G2063** 0.63 (Others)	**Telemedicine Visit – Phone**	Med & Psych attendings Document time & topics covered Med & Psych fellows Attending bills for guidance time	1. MyHealth messages Q&A 2. Text and email Q&A 3. OK to combine with chart review (**9942x + 9935x** ∑ 2.35 to 3.90)
Phone E&M	5-10 minutes: **99441** 0.25 (MD, APP), **98966** 0.25 (Others) 11-20 minutes: **99442** 0.50 (MD, APP), **98967** 0.50 (Others) 21-30 minutes: **99443** 0.75 (MD, APP), **98968** 0.75 (Others)	**RPV Video Visit** **Telemedicine Visit – Phone**	Attendings, APPs, fellows: Document time & topics covered • Not for issues addressed in visit 1 week earlier or 24 hours after	1. Video Visit video fails to connect AT ALL 2. Calls to patient to answer FU or Q&A
Interprofessional consult	5-10 minutes: **99446** 0.35 11-20 minutes: **99447** 0.70 21-30 minutes: **99448** 1.05 31 minutes: **99449** 1.40	**Telemedicine Visit – Phone**	Med & Psych attendings: Document who consulted, time spent, topics discussed, & recs Med & Psych fellows: Attending bills for guidance time	1. Answering staff messages & clinician-to-clinician calls • If an established pt or upcoming new pt, can combine with **9935x** (document time spent separately)

Resources: RVUs

Billing options by time (non-exhaustive)

Time	Consult Codes	wRVU/hr
< 60	**99244** 3.02 by complexity **99245** 3.77 by complexity	3.02 to 3.77
60-80	**99244** 3.02 by time **99245** 3.77 by complexity	2.27 to 3.77
80-90	**99245** 3.77 by time	2.51 to 2.83
90-110	**99244 + 99354** ∑ 5.35	2.92 to 3.57
110-135	**99245 + 99354** ∑ 6.10	2.71 to 3.33
135-155	**99244 + 99354 + 99355** ∑ 7.12	2.76 to 3.16
155-200	**99245 + 99354 + 99355** ∑ 7.87	2.36 to 3.05

Time	News Codes	wRVU/hr
< 45	**99204** 2.43 by complexity **99205** 3.17 by complexity	3.24 to 4.23
45-60	**99204** 2.43 by time **99205** 3.17 by complexity	2.43 to 4.23
60-75	**99205** 3.17 by time	2.54 to 3.17
75-90	**99204 + 99354** ∑ 4.76	3.17 to 3.81
90-120	**99205 + 99354** ∑ 5.50	2.75 to 3.67
120-135	**99204 + 99354 + 99355** ∑ 6.53	2.90 to 3.27
155-200	**99245 + 99354 + 99355** ∑ 7.87	2.36 to 3.05

Time	Follow-up Codes	wRVU/hour
< 25	**99214** 1.50 by complexity **99215** 2.11 by complexity	3.60 to 5.06
25-40	**99214** 1.50 by time **99215** 2.11 by complexity	2.25 to 5.06
40-55	**99215** 2.11 by time	2.30 to 3.17
55-70	**99214 + 99354** ∑ 3.83	3.28 to 4.18
70-100	**99215 + 99354** ∑ 4.44	2.66 to 3.81
100-155	**99214 + 99354 + 99355** ∑ 5.53	2.14 to 3.32
155-200	**99215 + 99354 + 99355** ∑ 6.21	1.56 to 2.40

Simple Guide to Navigating Telemedicine

Communicating with your patients may be more challenging than ever in the wake of the novel coronavirus disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) recommends that people stay at home as much as possible—especially those that may be more susceptible to the severe symptoms of COVID-19, such as older adults or those with some types of chronic medical conditions.[1,2] Despite the current circumstances, virtual visits may be an option for you to communicate with your patients using a variety of common telemedicine websites/apps such as Teladoc Health, Doctor On Demand, MDLive, Doxy.me, and Amwell.[3-5] The following guide offers suggestions for how health care professionals may communicate with patients and their caregivers through telemedicine.

Depending on how you plan to conduct telemedicine virtual visits, you and your patient may need the following options:

Methods of Communication[3-5]:

- Telephone
- Video calls (eg, FaceTime, Skype)
- Social media private communications (eg, Facebook Messenger, Google Hangouts)
  - A virtual visit can only happen if it is private and not public facing (eg, NOT through using Facebook Live or Stories, or a post on a profile or news feed)
- Secure email
- Secure text messaging
- Patient portal

Technology[7-9]:

- Mobile device (smartphone or tablet) or laptop with: camera, microphone, and speaker
- High-speed broadband internet connection (cable, wireless, or mobile)
- Video conferencing software (see examples below for Telemedicine and Communication)

The following links are examples of telemedicine and communication platforms:

Telemedicine Platforms[3-5]

Amwell
Doxy.me
Teladoc Health
Doctor On Demand
MDLive

Communication Platforms[3,4,6-8]

Facebook Messenger
Skype
FaceTime
Zoom

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Additional resources

https://www.telehealthresourcecenter.org/resources/

MDS telemedicine guidelines: https://www.movementdisorders.org/MDS/About/Committees--Other-Groups/Telemedicine-in-Your-Movement-Disorders-Practice-A-Step-by-Step-Guide.htm

AAN Telemedicine and Remote Care: https://www.aan.com/tools-and-resources/practicing-neurologists-administrators/telemedicine-and-remote-care/

CMS Telemedicine Toolkit: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

1. Center for Disease Control and Prevention. Get your home ready. Updated March 25, 2020. Accessed April 2020. https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19_FAQ_HouseholdReady-H.pdf **2.** Center for Disease Control and Prevention. Coronavirus disease 2019 (COVID-19): older adults. Updated April 2020. Accessed April 2020. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html **3.** American Academy of Neurology. Telemedicine and COVID-19 implementation guide. Updated April 10, 2020. Accessed April 2020. https://www.aan.com/siteassets/home-page/tools-and-resources/practicing-neurologist--administrators/telemedicine-and-remote-care/20-telemedicine-and-covid19-v103.pdf **4.** Texas Medical Association. Telemedicine vendor options. Updated April 2020. Accessed April 2020. https://www.texmed.org/uploadedFiles/Current/2016_Practice_Help/Health_Information_Technology/Telemedicine/Telemedicine%20Vendor%20Options.pdf **5.** Consumer Technology Association and American Telemedicine Association. Digital health directory. Accessed April 27, 2020. https://www.techhealthdirectory.com/ **6.** Center for Medicare and Medicaid Services. Medicare telemedicine health care provider fact sheet. Updated March 17, 2020. Accessed April 2020. https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet **7.** U.S. Department of Health and Human Services. FAQs on telehealth and HIPAA during the COVID-19 nationwide public health emergency. Accessed April 27, 2020. https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf **8.** Center for Medicare and Medicaid Services. COVID-19 frequently asked questions (FAQs) on Medicare fee-for-service (FFS) billing. Updated March 9, 2020. Accessed April 17, 2020. https://www.cms.gov/files/document/03092020-covid-19-faqs-508.pdf **9.** Movement Disorder Society. Telemedicine in your movement disorder practice: a step-by-step guide. Accessed April 2020. https://www.movementdisorders.org/MDS/About/Committees--Other-Groups/Telemedicine-in-Your-Movement-Disorders-Practice-A-Step-by-Step-Guide/Step-1-Obtain-Necessary-Equipment-and-Software-Equipment.htm

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