



May I practice telemedicine with patients who are out-of-state?

Check with your malpractice coverage provider to ensure your policy covers providing care via telemedicine. Telemedicine coverage is included for members of the Cooperative of American Physicians, Inc. (CAP) at no additional charge through the Mutual Protection Trust (MPT), but is conditioned on services being performed within the state of California. There are a few exceptions; for example, in the interest of patient safety and continuity of care, telemedicine coverage will be extended upon request when it is related to patients who temporarily travel outside of California.

What platform/vendor should I use for a telemedicine visit?

Check with your existing Electronic Health Record (EHR) vendor to see if there is telehealth functionality that can be implemented. During the pandemic, HIPAA regulations are relaxed, and providers may use whatever non-public facing communication tool they are comfortable with (Skype, FaceTime, Zoom, etc.), even if it's not HIPAA-compliant.

However, if you wish to continue practicing telehealth after the state of emergency is lifted, you may want to consider investing in a HIPAA-compliant platform now. When standard HIPAA restrictions are put back into place, your practice's telehealth platform will need to be HIPAA-compliant. Using a HIPAA-compliant platform now eliminates the need to transition patients to another platform in the future.

Do I have to be physically in the office to conduct a telemedicine visit?

No, though providers should take care to ensure that their surroundings are professional to the extent possible.

May my [PA, NP, RN] conduct a telehealth visit?

Physicians, nurse practitioners, physician assistants, and other licensed providers are able to offer telehealth to patients.

May I see new patients via telehealth?

Medicare has relaxed the restrictions related to providing telehealth and virtual services to new patients. For the duration of the public health emergency, telehealth and virtual services can be provided to new and established patients. Patients must consent, which may be obtained before or at the time of service. Ensure that consent is documented in the patient's medical record.

How do I obtain a signed consent form?

It's advisable to see if your technology vendor can support an electronic consent form. If not, consider other solutions, such as getting the form signed via email or physical mail, or having the patient take a photo of their signed consent form and sending it to the practice to upload into the chart. During the pandemic, a signed consent form is not a requirement, and verbal consent is adequate. You may verbally state at the beginning of the visit that the patient initiated the visit, is aware that his or her insurance will be billed for the visit, and agrees to have the physician conduct the visit in this manner. When the patient comes to the office for a face-to-face visit, you can have him/her fill out a form at that time.

How should I document the visit?

Ensure you are still properly documenting these visits—preferably in your existing EHR as you normally would with an in-person visit. This will keep the patient's medical record together, allow for consistent procedures for ordering testing, medications, etc. and support billing for telehealth visits. The first sentence of your documentation should state: "This visit was conducted remotely using (FaceTime, Skype, etc.)." Note that there was audio and video used on the part of patient and physician. For billing purposes, the last sentence of your documentation should state the total number of minutes the visit took.

How do I let patients know that my practice is offering this service?

The Centers for Medicare and Medicaid Services (CMS) wants practices to let patients know that telemedicine is available to allow more patients to participate. Let your patients know the practice is now offering telehealth services when they call the office. Have your office staff help support proactive patient outreach. Additionally, post announcements on your website, patient portals, and other patient-facing communications.

How do I ensure an optimal patient experience?

The list below is not exhaustive, but includes some key considerations:

- Ensure your environment has minimal background noise and adequate lighting for clinical assessment
- Make sure you have a strong internet connection and the appropriate equipment (webcam, microphone, headphones)
- Dress in the same level of professional attire as in-person care
- Turn off other web applications and notifications
- Review patient complaints and records before beginning call
- Speak clearly and deliberately, and pause to allow for transmission delay
- Narrate actions with patient (if you need to turn away, look down to take notes, etc.)
- Verbalize and clarify next steps, such as follow-up appointments, care plan, and prescription orders

How will I be reimbursed?

In the face of COVID-19, laws and commercial payor policies are quickly being amended, waived, or not enforced on both the federal and state levels to make reimbursement easier and on par with face-to-face visits. However, practices must still ensure that the documentation matches the code in which they are billing.

Reimbursement will be allowed for any telehealth covered Current Procedural Terminology (CPT) code even if unrelated to treatment of COVID-19 diagnosis, screening, or treatment.

Must I use video or is audio (telephone) sufficient?

For patients without video capability, telephone-only visits can occur; however, billing will be limited to certain codes for telephone evaluation and management (E/M) service by a physician or other qualified healthcare professional, based on time spent. Retroactive to March 1, 2020, Centers for Medicare & Medicaid Services (CMS) is increasing payments for telephone visits to match payments for similar office and outpatient visits. According to the CMS, when a clinician provides an E/M service using audio-only technology, the clinician should bill using the telephone services E/M code (99441-99443), provided that the required elements in the applicable code description are met.

Documentation should note that the visit was conducted via telephone (audio) services only. This will be important for billing, and possibly for litigation defense.

Is texting allowed?

For several reasons, texting has never been a recommended way of communicating with patients. It is recommended that physicians use telehealth or secure patient portal email communication.

For more than 40 years, CAP has protected our physician members with trustworthy medical malpractice coverage bolstered by thoughtful, personalized guidance on risk management and practice management issues.

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