Top Tips for Telehealth in 2021

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Polling Question

1. Please note your current professional setting(s):
   - Private practice
   - Hospital inpatient services
   - Hospital outpatient services
   - Public health nutrition/cooperative extension
   - Education/research
   - Student/intern
   - Retired
   - Other

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Top Tips for Telehealth in 2021

This workshop will provide:

- An overview of telehealth best practices for RDNS
- Practical steps to prepare for telehealth practice
- Tips for billing, reimbursement, and awareness of state laws

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Learning Objectives and Disclosures

- Understand how to provide and utilize telehealth as an RDN
- Understand keys to delivering quality telehealth, including appropriate platforms and delivery modes
- Understand HIPAA considerations as well as billing and reimbursement practices

Note: examples from a specific EMR are included. We are not recommending a certain EMR/platform/product or endorsing one over another.

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Learning Needs Codes

1000 Professional Skills
- 1020 Computer, electronic technology

6000 Education, Training & Counseling
- 6070 Interviewing & listening skills

7000 Business & Management
- 7040 Consultation
- 7070 Entrepreneurship, private practice
- 7110 Legal, malpractice
- 7170 Reimbursement, coverage

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Abbreviations and Terminology Guide

- Audio-visual coverage = video
- Audio only coverage = phone
- BAA = Business Associates Agreement
- CAQH = Council for Affordable Quality Healthcare
- CMS = Centers for Medicare and Medicaid
- CPT (code) = Current Procedure and Terminology (97802/97803)
- DSMT = Diabetes Self-Management Training
- EHR = Electronic Health Record
- EIN = Employer Identification Number (for your business)
- EMR = Electronic Medical Record
- HIPAA = Health Insurance Portability and Accountability Act (1996)
- IBT = Intensive Behavioral Therapy
- ICD-10 (code)= International Classification of Diseases, 10th Edition
- NPI = National Provider Identifier
- Originating Site = location of patient
- PHI = Protected Health Information
- PHE = Public Health Emergency
- TIN = Tax Identification Number
- TJC = The Joint Commission

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What is Telemedicine?

"Telemedicine is the delivery of health care (or behavioral health) services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. For purposes of this section only, 'telemedicine' does not include the use of audio-only telephone, facsimile, or email."*

*Source: VA Code Annotated Sec. 38.2-3418.16 & Sec. 54.1-3303.

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What is Telehealth?

- "Telehealth is providing care at a distance utilizing medical and related data transferred via audio, video, and/or other types of tele-communications technology to provide or support clinical and non-clinical services (e.g., education, administration, public health)"*

*https://telehealthresourcecenter.org/resources/what-is-telemedicine/

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Polling Question

2. Have you ever had a telehealth appointment?
   - yes
   - no

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Polling Question

2. Are you currently providing telehealth appointments to your clients or patients?
   - yes
   - no
   - n/a

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History of Telehealth

- In the early 1900s, radio = communication revolution
- "The Radio Doctor" 1924
- 1967 - telemedicine started in emergency medicine
- The University of Miami School of Medicine partnered with the local fire department in 1967 to transmit electrocardiographic rhythms over radio to Jackson Memorial Hospital in rescue situations.

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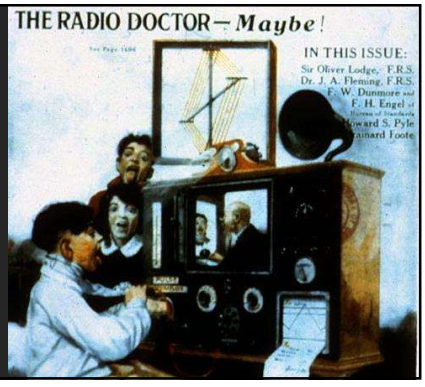
History: The Radio Doctor- April 1924



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History of Telemedicine

- 1959 University of Nebraska – First clinician to pioneer use of video for medical purposes
- 1964 – Performed first video consultation
- Hospital based telemedicine via closed circuit television link between Nebraska Psychiatric Institute and Norfolk State hospital for psychiatric consultations
- Mainly used in rural areas without access to local physicians

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2011 – CMS rule to make telehealth available for certain populations, limited

- Federal requirements now flexible for rural, small hospitals and critical access hospitals to provide telemedicine
- Medicare reimburses only specific telehealth services when origination site is in health professional shortage area county defined by Health Resources and Services Administration (HRSA) and Census Bureau
- Regulatory Agencies such as The Joint Commission (TJC) and Healthcare Facilities Accreditation Program have additional telehealth standards
- TJC standards - telemedicine provision and privileges based on recommendations by medical staff

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March 6, 2020: CMS *Telehealth: rapid dramatic innovation in health care!*

- Medical coverage and payment for virtual services/temporary & emergency basis from CMS, per PHE
- Providers paid at same rate as in person consultations*
- Geographic limitation for clients lifted
- No change in benefits and coverage, only *how* services are provided
- *Parity law in Virginia – if an in-person service is covered by patient's insurance plan, then same service performed virtually must be covered and paid the same

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COVID–19 health emergency/working from home have made the office visit a dinosaur!

- Technology platforms and video conferencing software – available and "ready for prime time"
- Use of EMRs – to fill out paperwork in advance/store health data in HIPAA compliant manner
- Smartphones – most people have their own/not sharing
- Access to internet and connections have made this form of providing services possible

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Advantages of Telehealth

- Connect w/ clients at home/ at home-work environment:
  - Meet family/pets
  - Pantry/Refrigerator/Kitchen access
  - Home Equipment/Environment
- Client Saves
  - Commute time eliminated
  - Check in/waiting time at practice ($43 lost income for waiting time in healthcare office & travel to appointment, 2015)*
- Fewer no shows: i.e. $100 per visit X 1 no show/week X 52 weeks $5200*
- *American Journal of Managed Care August 2015 & JAMA Internal Medicine October 2015

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Disadvantages of Telehealth

- Access to computer/phone/harder for some older clients
- Takes more energy from practitioner to prep, conduct, finish?
- Need to start/finish on time…less forgiving
- Boundaries reduced/eliminated—unlimited workdays for you?
- Lack of "real face time"

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Getting Started w/Telehealth

- Establish your practice (NPI, EIN, Malpractice/Liability Insurance, etc…)
- Become an insurance provider (CAQH, etc…)and/or self-pay practice
- How to receive faxes (e-fax, part of EMR, etc…)
- Choose payment options
  - Credit card platform (Square/Stripe/PayPal, etc…)
  - Save credit card on file with platform that has encrypted technology safeguard/PCI DSS
  - Other payment methods – Venmo, checks, etc…
  - Include in your practice policies
- Choose platforms to submit insurance claims
  - Office Ally
  - Availity
  - Medicare - intermediary/Novitas, etc…
  - Others

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Virtual Visits

Coverage

- Medicare will allow "audio only" sessions if participants do not have access/unable to use audio + visual based technology (MNT, DSMT, IBT for obesity)
- Check with private insurers – many cover audio + visual based technology, not audio - only

Choose virtual visit platform (and EMR)

- Best practice is to choose a HIPAA compliant platform
- Zoom, Microsoft Teams, WebEx, Skype, Doxy.me
- Healthie, KaiZenRD, Kalix, OfficeAlly/Practice Mate, SimplePractice, all have EHR and virtual options for consultations
- Varying levels of service and cost available within each platform
- Be sure to have a signed copy of your Business Associates Agreement (BAA) with your platform on file

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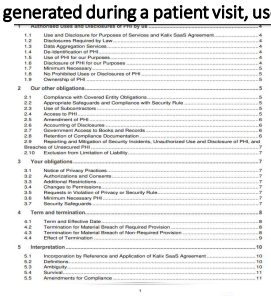
Sample BAA Agreement/Legal –

(who owns the data generated during a patient visit, uses of PHI, etc…)



kalix

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CMS – Telehealth Temp Technology Usage https://www.eatrightpro.org/practice/practice-resources/telehealth

Non-public Facing Communications Technology to Provide Services via Telehealth

Medicare is allowing temporary use of non-public facing communications technology to provide services via telehealth. The Department of Health and Human Services Office for Civil Rights will temporarily waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday non-public facing remote communications technologies during the emergency. Keep in mind you may still have state requirements to meet.

Under Medicare, RDNs may temporarily use popular applications that allow for video chats. RDNs should notify patients that these third-party applications potentially introduce privacy risks. Take all steps to use available encryption and privacy modes when using the following applications. These include:

- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video
- Whatsapp video chat
- Zoom
- Skype

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Thoughts Beyond PHE on Choosing Technology https://www.eatrightpro.org/practice/practice-resources/telehealth

- RDNs who wish to provide MNT via telehealth beyond the time frame of the public health crisis will want to identify a telehealth platform that meets standard HIPAA and payer requirements. The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA:
  - Skype for Business / Microsoft Teams
  - Updox
  - VSee
  - Zoom for Healthcare
  - Doxy.me
  - Google G Suite Hangouts Meet
  - Cisco Webex Meetings / Webex Teams
  - Amazon Chime
  - GoToMeeting
  - Spruce Health Care Messenger

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Liability Insurance

- Make sure your policy covers telehealth
- In scope of practice, may need to add
- Per Mercer/Liberty Mutual (AND's liability insurance preferred broker/carrier) - "does not exclude telehealth"
- Must follow state (pt is in and you are licensed in) for guidelines on telehealth
- Additional "Cyber Privacy Liability" policy – covers social media, website content, data breach coverage

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Advertise your Telehealth Services

- Website
- Voicemail
- Linked-In
- HealthProfs
- Social Media platforms

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HealthProfs

www.healthprofs.com

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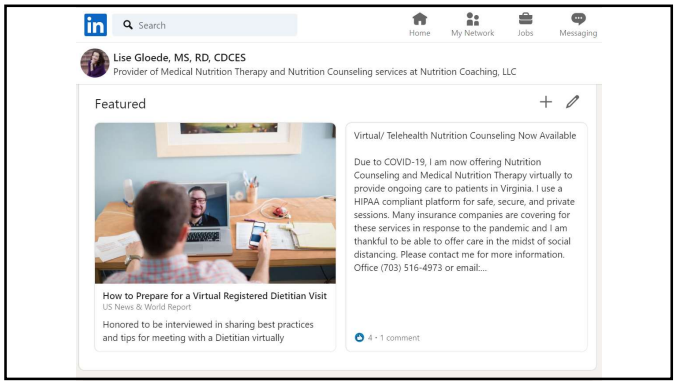

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Initial Client Inquiry

- Reason for visit/What is client interested in working on?
- How you work with clients
- Insurance, payment options
- Referral source
- Paperwork needed – (HIPAA, telehealth consent form, practice policies, food logs, labs, referral, insurance card, background health info, etc...)
- Schedule appointment, send info/refer to website
  or
  Refer to another provider

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Informed Consent for Telehealth

- Written preferred
- Verbal ok during COVID-19 Public Health Emergency
- Sample consent forms on AND site

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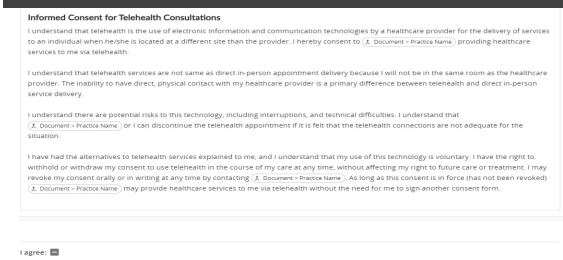
Telehealth Consent Form – Kalix sample



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Best Practices: Provider Prep

- Send Telehealth Tip Sheet/inform client of telehealth instructions
- Send and receive back all practice policies, HIPAA forms, insurance information
- Telehealth consent form - signed
- Make sure device is fully charged, camera and microphone are working
- Have supplements/food items/questions readily available to discuss
- Silence notifications on other devices (do not disturb option)
- Back up plan: RDN will contact via phone if technical difficulties

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Best Practices: Provider Prep & Insurance

RDN calls insurance or communicates to client "script" of what to ask insurance to verify coverage:

- Does my insurance plan cover the following codes and if so, how many visits in a calendar year, copay or deductible applies?
  - 97802 initial nutrition consultation/assessment
  - 97803 follow up consultation/reassessment
  - Diagnosis/ ICD-10 codes
    - Z71.3 dietary surveillance and nutrition counseling
    - I10 hypertension
    - E78.00 Hypercholesterolemia

Ask for a reference ID for the call in case of coverage concerns after the claim(s) are filed.

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Best Practices Telehealth: Client Prep

- Review tip sheet ahead of time
- Download/print handouts ahead of time for easy access, if able
- Have ability to take notes
- Have food items/supplements available
- Self monitoring information: weight, blood sugar values/physical activity
- Encourage creating a list of questions ahead of time
- Makes sure all forms/paperwork sent back to provider and signed

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Best Practices: Before & During Session

- Verify internet/wireless connection/equipment works
- Quiet/private location
- Check lighting/pick custom (professional) background if virtual platform allows
- Standing vs sitting www.lampsusa.com Standing Desk (role modeling)
- Hair/makeup/attire: (waist up)
- At start of session: Ask and document what state client is in
- Document type of telehealth session: video/phone

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Best Practices: Communication Keys

- *"Webside" manner ☺ rapport, develop trust, feel relaxed
- Lower pitch of voice slightly
- Speak slowly and clearly, eye contact
- Wait for client to stop speaking
- Other: arrange for interpreter?
- Alert if expecting delivery/interruption
- Article: *Tips You May not Know to Improve Telehealth for Patients and Providers**
- *http://www.ihi.org/communities/blogs/tips-you-may-not-know-to-improve-telehealth-for-patients-and-providers

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Managing Boundaries

- Access to online food journals (e.g. MyFitnessPal: client can make RDN a "friend" be clear if you are going to review b/w appointments)
- Email questions between appointments?
- Encourage client to create list for next appointment
- Frequency of contact between appointments? Be clear

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Telehealth - Practical Matters

- Length of consultation
  - Private practice/self pay
    - RDN decides length of consultation
      - Initial 60, 75, 90, 120 minutes?
      - Follow up 15, 30, 45, 60 minutes?
    - Insurance plans cover a certain # of units or visits (not the same) e.g.
      - Medicare 12 units first year; 8 units subsequent years
      - Aetna 10-26 visits in a 12-month period
      - Cigna 3 visits or more
- Collecting copay at time of consultation vs waiting: pros/cons
- Scheduling a follow up
- Time to submit claim (about 2 minutes)
- Verifying what was covered?

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Billing and Coding

- CPT 97802 - initial nutrition consultation
- CPT 97803 - follow up consultation
- CPT 97804 - group consultation
- Place of Service: "02" or "11" – Check with insurers which one they prefer
- Modifier: "95" or "GT" – Check with insurer to see which one, if any, is needed
- Is your home office the place of service? Is this what is on file with the insurance company?

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Coding Guide for Telehealth Billing

- Place of Service in box 24B on CMS 1500 form
  - "11" = Office
  - "02"= Telehealth
  - Check with insurances which one they prefer
- Modifiers placed in box 24D on CMS 1500 form to indicate telehealth
  - "GT" – interactive audio and video telecommunication
  - "95" – synchronous telemedicine service via real-time interactive audio and video communication; can be applied to audio-only during PHE for CM

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Other CPT Codes:

- Intensive Behavioral Therapy for Obesity (billed by MD office)
  - (G0447) – can be done via telehealth, CMS allowing audio-only during PHE
- Diabetes Self-Management and Training
  - G0108 - initial
  - G0107 – follow up
  - Can be done via telehealth, CMS allowing audio-only during PHE

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Other CPT Codes:

- "May" be recognized by private insurers
  - Encounter must be at least 7 days following an MNT session
  - Must be patient initiated
- Not usually reimbursed by Medicare but temp permitted during PHE
  - 98966: 5-10 minutes
  - 98967: 11-20 minutes
  - 98968: 21-30 minutes
- *Telephone* assessment and management by non-physician healthcare professional for established patient, parent, or guardian

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Other CPT Codes:

- "May be reimbursed by private insurers, not by Medicare
- *Online* assessment and management by non-physician healthcare professional to established patient
- For electronic communications up to 7 days cumulative time
- Initiated by patient

- Examples: encounters/questions initiated using online digital platform/EMR/email/patient health portal, etc..
- 98970: 5-10 minutes
- 98971: 11-20 minutes
- 98972: 21 minutes or more

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Licensure and Telehealth

- Provider must be licensed in the state ***the client is in at the time of the appointment,*** check for waivers (during public health emergency)
- Virginia does not have licensure; DC, Maryland, West Virginia and North Carolina have licensure
- AND site link for licensure guidelines state-by-state and exemptions:
- https://www.eatrightpro.org/-/media/eatrightpro-files/advocacy/state-coronavirus-activity-042420.pdf?la=en&hash=A051F9A7E6AE880844ECDD096697A91063BFB5E1
- International client request – check with AND, International Dietetic Organizations – some have laws/regulations

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Troubleshooting with Telehealth

- What to do if power outage/ connection problems
- Client driving automobile – danger to self and others?
- Excessive/distracting noises from family/babies/pets/construction
- Client doesn't fill out your paperwork prior to start of appointment
- Client requests you send specific diet materials several days before appointment
- Client in a different state than one you are licensed in
- Would multiple monitors be helpful (client visibility on one while documenting on another)?

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Virtual Health - Ideas

- Grocery store: aisle by aisle: accompany, as environment becomes safer
- Mindful eating activity
- Meal prep/make a recipe together/cooking demos
- Groups
- Check to see if covered by health insurer

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Managing Your Workday

- Time between appointments
  - Back-to-back
  - Hybrid (in-person & virtual) – how to manage running over, sanitizing, etc..
  - Time to file claims
  - Communication w/other providers/MDs, therapists, lab request, update, referrals
  - Take phone calls or turn phone off
  - When will you record notes in EMR
  - Personal breaks/meals/snacks
  - Standing/sitting/screen time

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Telehealth - Anecdotes

- Emergency/Evacuate!
- Checking Insurance Benefits

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Case Study #1: Partnering with RDN pays off!

Client A:
June 2020 BMI 37.2
Feb. 2021 BMI 30.2
April 2021 BMI 28.7

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Case Example #2: Telehealth Advantages

- CM Referred by MD to RDN - March 2020 for Low-FODMAP elimination for IBS.
- Hesitancy using a video platform, agreed to try during the COVID -19 pandemic.
- Seen for 8 sessions
- Used food labels from kitchen and pantry to guide on usage of ingredients.
- Alleviated fears via video discussion, evident in her body and facial expressions
- Discovered which foods were not helpful for IBS symptoms
- Discussed boundaries for emailing questions and what we would discuss on follow up sessions as well as how to access handouts and food logs.
- Insurance was billed and paid per their telehealth policy.

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Resources

- AND site link for all things Telehealth:
  - Quick Guide
  - COVID Q&A for RDs, updated regularly
  - Telehealth articles
  - https://www.eatrightpro.org/practice/practice-resources/telehealth
  - MNT provider newsletter (Medicare) on AND site:
  - https://www.eatrightpro.org/news-center/in-practice/mnt-provider/2021-mnt-provider
  - AND's Payment and Reimbursement Online Community:

https://www.eatrightpro.org/payment/getting-started/becoming-a-provider/join-the-payment-reimbursement-online-community

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The Academy's Telehealth Policy Stance

1. Nutrition care services are critical to comprehensive health care delivery systems and should be covered when provided via telehealth under the same coverage and payment policies as in-person care.
2. Patients should have coverage for telehealth delivered via audio-only if they cannot effectively access or utilize audio-visual technologies.
3. In declared emergency situations when access to qualified providers is otherwise severely impacted, the modification of certain consumer protection policies such as licensure and HIPAA requirements may be appropriate.
4. Public funding and support for broadband internet, technology, digital literacy education and language services are necessary to address racial, economic and geographic health disparities and to address disabilities.
5. Publicly funded research on telehealth should be nationally representative and include a wide variety of services and providers, including nutrition care services provided by registered dietitian nutritionists and nutrition and dietetics technicians, registered.

https://www.eatrightpro.org/news-center/on-the-pulse-of-public-policy/from-the-hill/academy-unveils-telehealth-stance-for-use-in-policy-and-advocacy-initiatives?_zs=RHOFa&_zl=O0eW2

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Resources

- Updates on telehealth coverage for RDNs:
  - *Insurance* - Sign up to receive and read emails/communications from insurance providers - changes in coding/coverage ongoing
  - *VAND* site: Home page => Members => MNT Reimbursement
    http://eatrightvirginia.org/mnt-reimbursement/?event=login&no-redirect=1
  - *VAND Rep*. Nutrition Services Payment Systems - new for June 2021
- *NVAND Private Practice & Consulting Group*: www.northernvirginiadietitians.org
  - part of NVAND $30/year dues (if member of VAND)
  - participate in networking events and WebEx/Zoom meetings

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Resources

- Tip Sheet: How to prepare for a Telehealth Visit with an RD:
- https://health.usnews.com/conditions/articles/how-to-prepare-for-a-virtual-rd-visit

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Polling Question

4. After participating in this workshop, do you feel better prepared to provide telehealth services?

- Yes
- No
- N/A

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Questions?

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