



HNS Guidance/Requirements - Telehealth Visits

Revised 12/02/20

All new or revised information is highlighted in yellow.

HNS is pleased to announce that we have obtained approval for telehealth visits by HNS providers to provide telehealth visits (both audio and video) from the following health care plans:

- **CIGNA NC**
- **CIGNA SC**
- **BCBSNC**
(BCBS has extended telehealth visits to include members with Federal Employees Health Plan (FEP), subject to all requirements outlined herein.)

Only specific services may be provided and reported for telehealth visits, and those are clearly identified in this document, and only those services which are otherwise considered “covered” services may be provided via telehealth visits.

Providing Telehealth to Other Patients

While other healthcare plans, adjusters, or third-party payors may cover telehealth services, HNS has no knowledge if this is true, and/or which entities might cover telehealth.

Regarding “**Cash**” patients, provided telehealth is allowed by the applicable licensing board, and provided the patient agrees to a telehealth visit, HNS is not aware of any reason telehealth visits could not be provided to cash patients.

Licensing Boards Position on Telehealth:

- The **NC BOCE** has a Position Statement for Telehealth, and it must be carefully reviewed prior to providing telehealth visits to any patient. The Position Statement is posted on the new COVID-19 section (under News/Events) on the HNS Website.
- The **SC BOCE** has issued a statement for telehealth and it must be carefully reviewed prior to providing telehealth visits to any patient. This statement is posted on the new COVID-19 section (under News/Events) on the HNS Website, under CIGNA SC Telehealth.

*All HNS practices using telehealth
are held to the same standards of care
as for in-person care.*

As a best practice, HNS recommends telehealth services be limited to established patients. With that said, however, HNS has no policy which would prevent chiropractors from providing telehealth services to new patients.

Telehealth services may not be provided unless an appropriate evaluation has occurred (which may be conducted via telehealth), and a determination has been made that the services are appropriate and medically necessary.

Only services which are otherwise considered “covered” services may be provided via telehealth visits.

1. Introducing Telehealth in your Practice

Update your Facebook page, website and if possible, email your CIGNA/BCBSNC patients about this new service. Consider posting notices in waiting rooms and other common areas, Facebook page, etc. that telehealth visits are now available for some patients. Consider preparing a hand-out which can be given to your active CIGNA/BCBSNC patients. On all such communications, be sure to make clear this is limited to CIGNA/BCBSNC members. **See example:**

Let's all do our part to help protect each other
and stop the further spread of COVID-19.
**For patients with CIGNA health insurance,
ABC Chiropractic is now offering telehealth visits.**
For information, inquire at the front desk.

For scheduling purposes, determine approximate length of time to allow for telehealth visits and advise your CA.

CA Role/Responsibility

Ensure your CAs carefully review the **HNS CA Checklist for Telehealth** and all information in the **HNS Telehealth FAQs**.

Review the following with your CA. While on the phone with a patient interested in telehealth visit, have your CA:

- Determine whether the patient is eligible for telehealth services.
- Determine when patient last seen in the office.
- Does the patient think this issue is the same or similar as last visit?
- Confirm injury/condition is neither work-related nor PI.

- Determine if the telehealth visit will be audio or virtual.
- If virtual, determine which communication platform they can access and ensure it is acceptable.)
- Review insurance information on file for the patient to ensure it is current and correct. If not obtain/document new information, and update practice billing software.
- Review with patient that copay/coinsurance will apply and that they can charge this to credit card (or they can be billed for the amount due).
- Remind your CA to frequently check the new Telehealth section of the HNS website for important notices from HNS (Under heading **New/Events**).

2. HIPAA

- A. For all telehealth visits, protecting the privacy and confidentiality of PHI should be given paramount importance.
- B. All telehealth visits should be held only where the physician is in a private environment, where others cannot see/hear communications with the patient. (Exception: As applicable, staff members needed to conduct the visit.)
- C. Patients must be advised that there are potential privacy risks with any telehealth visits. HNS has developed a specific **Telehealth Informed Consent Form** which addresses these risks, and **this specific form must be used for telehealth visits by HNS providers**. The form is available on the new section of the HNS Website, under the new Telehealth section, under the **News/Events tab**.
- D. While contracted payors previously required that all video telehealth visits only be conducted via a secure, encrypted communication platform, because of this national crisis, the OIG has recently announced the following:

*“A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency **can use any nonpublic facing remote communication product that is available to communicate with patients. Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.**”*

Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers.”

This applies regardless of whether the telehealth service is related to the diagnosis and treatment of COVID-19 or not. The full HHS notice is available on the new section of the HNS Website and should be reviewed in its entirety. See **News/Events tab**.

3. Evaluation

Every telehealth visit should be reported using one of the applicable E/M codes.

For normal office visits you would only report an E/M code approximately every 30 days (or if a new condition warrants it). However, because E/M codes represent both evaluation and **management** of a condition, and telehealth visits are largely consultative (“**management**”) in nature, for each telehealth visit, you are either “evaluating” **and/or managing** the patient’s condition. As such, **report the applicable E/M code for every telehealth encounter.**

All initial E/M telehealth visits (audio and video) require, at a minimum, a problem-focused history and medical decision-making (and documentation of the visit which substantiates this).

4. History

As noted above, during the **initial** E/M visit, you must obtain *at least* a problem-focused history. (The level of history needed may change depending on when you last saw the patient or if the current condition is different from the previously treated condition.)

5. Assessment

To the extent possible (audio v. video visit), assess the patient:

- What are your symptoms (what is chief complaint)?
- When did problem start (date of onset)
- Mechanism of injury?
- Any comorbidities?
- Have you seen any other doctors for this issue?
- What have you done for this problem on your own? (meds, ointments, TENs etc.)
- Where is the pain, and does it radiate?
- Is it constant or intermittent?
- Is it sharp/dull/achy/burning?
- Does it hurt if you cough or sneeze?
- Is there any swelling?

- Do you notice any weakness?
- Rate the pain on a scale of 1-10
- What makes it feel better / worse?
- Are you able to get into a comfortable position?
- ADL assessment
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If video visit, in addition to above:

- Have the patient point to the area of pain
- Have the patient point to where the pain radiates
- To the extent possible, determine range of motion limitations
- If swelling, have the patient point to the area.

6. COVID-19 Symptoms

If, during the telehealth visit, the patient appears to have symptoms consistent with the coronavirus (or suggests they do), **strictly adhere to government and CDC recommendations.**

- Advise the patient to contact their PCP via telephone.
- Remind them NOT to go to their doctor's office or to an urgent care center, but *to call their PCP.*
- Recommend self-isolation *until otherwise instructed by their medical doctor.*
- Document any COVID-10 symptoms and all recommendations provided to the patient.

7. Services

BCBSNC has extended its expansion of telehealth services through 06/30/21.

CIGNA's expansion of telehealth services is through 12/31/20. CIGNA's new telehealth reimbursement policy will take effect on January 1, 2021, at which time HNS' telehealth guidance for CIGNA will be updated to reflect changes related to the new 2021 policy. In the interim, to find more detail related to those changes, you may review the [Cigna Virtual Care Reimbursement Policy](#) (effective 01/01/2021).

- A. Telehealth services can only be billed if the services provided would be covered services if the visit was a standard in-office visit.
- B. The only services which may be provided by HNS chiropractors through telehealth visits are specific E/M services and the 3 specific rehab codes shown below.

C. All services must be appropriate, medically necessary and consistent with chief complaint/clinical findings, diagnosis and, as applicable, treatment plan.

E/M Services:

For normal office visits you would only report an E/M code approximately every 30 days (or if a new condition warrants it). However, because E/M codes represent both evaluation and **management** of a condition, and telehealth visits are largely consultative (“**management**”) in nature, for each telehealth visit, you

are either “evaluating” **and/or managing** the patient’s condition. As such, **report the applicable E/M code for every telehealth encounter.**

The E/M code are NOT all-inclusive so if rehab services are also provided during the telehealth visit, you will ALSO report the applicable code for the rehab service.

Your initial telehealth visits (audio and video) require, at a minimum, a problem-focused history and medical decision-making (and documentation of the visit must substantiate this).

For every telehealth visit, providers should report the applicable E/M code.

Established patients:

For established patients, the only codes which may be reported for E/M services provided via telehealth visits are CPT codes 99212-99215.

New Patients:

For new patients, the only codes which may be reported for E/M services provided via telehealth visits are CPT codes 99202-99205. (Again, HNS does not recommend telehealth visits for new patients.)

Video E/M Visits:

For video E/M visits, the amount of actual face-to-face time will determine the appropriate E/M code to bill. Please refer to the **Coding Requirements included in this document.**

When E/M Visits are Not Covered:

E/M telehealth visits are not covered (and must not be billed) when the visit is for administrative matters, including but not limited to, scheduling, registration, updating billing information, reminders, or demographic intake forms completed by the patient.

Rehab Services: (video visits only)

Rehab services can only be billed if the telehealth visit is a video visit. **Rehab services must be billed together with the appropriate E/M service code.**

A. Certain rehab services may be provided and billed **ONLY** if the **1)** telehealth visit is a video visit, **2)** an appropriate evaluation has been done (and is properly documented) and **3)** which supports the need for the prescribed rehab services. Only the following services may be provided during a video telehealth encounter:

- **97110** (Therapeutic Exercise)
- **97530** (Therapeutic Activities)
- **97112** (Neuromuscular Reeducation)

B. The above noted rehab services may be provided as part of the initial or any subsequent E/M visit.

C. *Time-based Codes:* As a reminder, the 3 rehab codes are “Therapeutic Procedures”, which are time-based codes and require one-on-one contact by the provider. These codes are billed in 15-minute increments and **if provided for LESS than 8 minutes, cannot be billed.** (Documentation must include the actual time the service was provided.)

D. At this time, other than as noted above, HNS is not aware of any other services which may be provided to CIGNA/BCBSNC members via telehealth visits.

8. Report of Findings

Just as you would for non-virtual patient visits, as indicated, provide a brief clinical ROF.

9. Provide Care Recommendations

- As applicable, address ice vs. heat
(Where to apply, and for how long and at what intervals)
- As applicable, address exercise vs. rest
- Recommend activity of daily living modifications. Ex: Sleep positions, walking, sitting.)
- Home instructions/education (explain about inflammation, spasms, antalgia (help the patient understand what’s going on, etc.)
- As applicable, provide reassurance.
- Provide follow up care recommendations
- As applicable, schedule F/U telemed visit offer, or if possible and appropriate, schedule in-office appointment.
- Discuss what changes would warrant concern.
- As applicable, advise when to seek outside medical care and, as applicable, *the urgency of doing so.*

If video visit, in addition to above:

- Have the patient point to the area of pain

- Have the patient point to where the pain radiates
- To the extent possible, determine range of motion limitations
- If swelling, have the patient point to the area.
- If appropriate and medically necessary, prescribe rehab.

10. Informed Consent

- Written or documented verbal consent is required prior to providing treatment or recommendations to your telehealth patients.
- Just as you do in your office, you must provide the patient the opportunity for questions, address those questions, then obtain consent.
- You must utilize the new ***HNS Telehealth Informed Consent form*** to help manage this process and to substantiate verbal consent was obtained.

(HNS **requires** the use of this specific form for all telehealth visits.)
This can be found on the HNS Website under the applicable section under the **News/Service** tab.

- The ***HNS Telehealth Informed Consent form*** must be scanned and saved to the patient's permanent record.

11. Malpractice

NCMIC defends claims related to telehealth and HNS believes most carriers do as well, but if your coverage is through a different carrier, **please contact and confirm PRIOR to providing telehealth services.**

12. Copayment/deductibles/coinsurance for telehealth visits

Just like an in-office visit, all applicable copayments, coinsurance and deductibles, must be billed to, and collected from, members receiving telehealth visits. Discuss options with your staff. Consider taking credit card payments over the phone, or just billing the patient for their portion of the care.

13. Payment for Telehealth Visits (Contracted Rates)

You will be paid per fees shown on the applicable HNS Fee schedule

CIGNA

You will be paid per fees shown on the HNS CIGNA Fee schedule
To see the contracted rate for the applicable E/M services, and for each of the three (3) rehab codes, please refer to the **CIGNA Fee Schedule**, which is posted on the HNS Website.

BCBSNC

You will be paid per the fees shown on the applicable HNS fee schedule.

- The NC State Health Plan (SHP) has its own fee schedule. To see the contracted rate for the applicable E/M services, and for each of the three (3) rehab codes, please refer to the **SHP Fee Schedule**, which is posted on the HNS Website.
- For all other “BCBS” patients (patients whose health care coverage is administered by BCBS), to see the contracted rates for the applicable E/M services, and for each of the three (3) rehab codes. please refer to the **BCBS Fee Schedule**, which is also posted on the HNS website.

14. HNS Documentation Requirements – Telehealth Visits

First, *HNS Clinical Quality & Documentation Standards* apply to ALL health care visits, whether the encounter is face-to-face or virtual.

Further, there are **additional documentation requirements for telehealth services** that must be complied with.

- A. All information regarding the visit, history, evaluation, review of systems, consultative notes or any information used to make a medical decision about the patient should be documented.
- B. A permanent record of telephone or video visits must be maintained as part of the patient’s permanent medical record.
- C. There must be evidence of at least a problem-focused history and straight forward medical decision making.)

Documentation for each telehealth visit MUST specifically include:

- The names of anyone participating on the call (include, for example, if the patient’s spouse is on the call)

- Location of provider (city/state)
- Location of patient (city/state)
- The time the call started, and the time the call ended
- Type of service (audio only or video visit)
- If video, mechanism used (Facetime/Zoom)
- If video, the specific amount of face-to-face time spent (*Refer to Billing/Coding Requirements*)
- Be sure to include any recommendations as to:
 - Whether the patient was advised to come to your office, and if so, the specific recommendations given.
 - Whether the patient was advised to seek medical care, and if so, the specific recommendations made.

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 D. **Documentation -COVID-19 Symptoms**

If the telehealth visit indicates actual or possible symptoms of corona virus, make certain to clearly document the symptoms and the directives given to the patient.

15. Modifiers/ and other billing requirements

Providers may only bill for the applicable E/M service using, as applicable, codes 99212-99215, or 99202-99205, and/or one or more of the identified 3 rehab codes noted above (97110, 97112, 97530).

A. BCBSNC

Regardless of the service provided during the telehealth visit, for BCBSNC telehealth visits each service line on the claim must be appended with modifier “**CR**” (Catastrophe/disaster related).

For all BCBSNC telehealth visits, you must use “**02**” as “Place of Service”.

B. CIGNA

Regardless of the service provided during the telehealth visit, for CIGNA telehealth visits each service line on the claim must be appended with modifier “**GQ**”.

For all CIGNA telehealth visits, you will continue to use “**11**” as “Place of Service

16. E/M Coding Requirements (Video)

Video visits: Face-to-Face Time

This type of visit may require the use of face-to-face time and counseling to determine the appropriate E/M Code, versus the use of the standard 3

components (***history/exam/medical decision making***). If a *time override* is indicated, documentation must support the level of E/M code billed.

“Counseling” is defined in the CPT book as discussion with the patient and/or family concerning one or more of the following areas:

- Diagnostic results, impressions and/or recommended diagnostic studies
- Prognosis
- Risks and benefits of management options
- Instructions for management and follow up
- Importance of compliance with chosen management options
- Risk factor reduction
- Patient and family education

These items would need to be documented in the encounter, as well as time. ***CPT rules tell us that to qualify for the time override at least 50 percent of the encounter time must be spent face to face. The*** counseling elements listed here are examples of what should be documented for that time, and helps to determine what code to bill

- 99212 – 10 minutes
- 99213 – 15 minutes
- 99214 – 25 minutes
- 99215 – 40 minutes

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are held to the same standards of care
as for in-person care.***