

COVID-19

# Telehealth Resources



# COVID-19



Dear Friends and Colleagues of Children's Mercy,

COVID-19's impact to our community has been far-reaching. We are all facing challenges in this new climate. We know that as pediatricians and family practice providers, you are facing unique challenges to deliver services to your patients. Children's Mercy has heard your questions regarding telemedicine, reimbursement for services, staffing and PPE, to name a few. As Kansas City's leading independent health care organization in pediatrics, we would like to continue to extend our support, knowledge, and resources to our community partners during this unprecedented time.

We are aware that many providers and practices have been considering telemedicine as an option for patient care. Children's Mercy has been at the forefront of telemedicine by providing services for regional areas throughout Kansas and Missouri for more than eight years; and we are expanding the telemedicine services we offer in light of this pandemic. Telemedicine is an effective way to provide patients with high-quality and accessible care, especially in an environment where it is important to limit community spread and exposure. We believe this option will help you bridge the access between your patients and you.

In the spirit of collaboration and to answer some of your questions, we have compiled information to help you navigate the uncharted territory of telemedicine. In this packet you will find:

- General definitions pertinent to telemedicine
- A brief overview of key operational considerations
- Suggested practice guidelines for telemedicine visits
- A list of links to other helpful resources

Should questions arise, please refer to the list of resources we have provided at the end of this document or feel free to reach out to us at [telemedicinerequests@cmh.edu](mailto:telemedicinerequests@cmh.edu). Children's Mercy is not able to provide legal or regulatory advice in response to questions.

Looking forward,

A handwritten signature in black ink that reads "Morgan Waller".

Morgan Waller, MBA, BSN, RN  
Director of Telemedicine  
Children's Mercy Kansas City

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## DEFINITIONS

**Distant Site:** Site at which the physician or other licensed practitioner delivering the service is located at the time the service is provided via telecommunications system.

**Originating Site:** Location of the patient at the time the service being furnished via a telecommunications system occurs.

**Health Care Providers:** Medical providers such as MDs, DOs, APPs, (PA, APRN), among others, who can deliver health care services via telemedicine.

**Telemedicine:** Two-way, real-time interactive communication between the patient and the physician or practitioner at the distant site. This electronic communication means the use of interactive telecommunications equipment that includes, at a minimum, audio **and** video equipment.

*\*Definitions adapted from [CMS](#)*

## LEGAL & REGULATORY CONSIDERATIONS

### Licensure

During the COVID-19 pandemic, CMS has temporarily waived federal (Medicaid/Medicare) licensure requirements for telemedicine under certain conditions in order to meet the needs of the pandemic and allow more patients to receive medical care within the safety of their homes. However, CMS has indicated this blanket waiver does not have the effect of waiving state and local licensure requirements. Most states require that providers engaging in telemedicine are licensed in the state in which the patient is located at the time of the telemedicine encounter. Some states also require providers to register if they wish to practice across state lines. However, in response to CMS's waiver and in light of COVID-19, some states (or licensing boards within states) are temporarily relaxing or waiving licensure requirements for health care providers. The governors and licensing boards within each state are autonomous and are adopting varying approaches.

Thus, to ensure you are practicing within the parameters of your license, you may wish to consider checking for Executive Orders from the governor and/or with your licensure board on this topic and the same sources in the state(s) in which your patients are located to ensure you are not required to have a license or to register. It's a good idea to continue to monitor for updates as guidance remains fluid and subject to change in the current pandemic environment. The resources section at the back of this document contains links to the current Missouri and Kansas Executive Orders and other guidance on this subject.

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## HIPAA

Similarly, the Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS), which is responsible for enforcing HIPAA and HITECH, has exercised discretion to not impose penalties for HIPAA violations against health care providers in connection with their good faith provision of telehealth services during the COVID-19 national public health emergency. The stated goal of such flexibility is to empower providers to reach their patients at their home, where it is most convenient for them. Although the HIPAA rules typically require secure methods of communication for protected health information, the OCR has stated:

“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 non-public facing remote communication product that is available to communicate with patients.” – HHS.gov

For example, the OCR identified these third-party, non-public facing video streaming/conferencing services allowed at this time: Skype for Business, Microsoft Teams, Apple FaceTime, Google Hangouts, Facebook Messenger video chat, Zoom, etc. (View the complete list). The OCR encouraged providers to notify patients that these third-party applications potentially introduce privacy risks. The OCR warned that public-facing communication services such as Facebook Live, Twitch, TikTok, etc. should not be used for these visits. Again, this is a temporary decision by OCR to halt enforcement so it's a good idea to monitor for changes. HIPAA-compliant vendors would still be the most secure method of communicating with patients and the OCR provided a list of such vendors in its public notice.

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## **BILLING**

This packet is meant to be a general guideline. Please check specific payer policies and/or your individual payer contracts to determine if there are more specific guidelines. Telemedicine services normally only qualify for billing if there is a video component between provider and patient. However, due to COVID-19, telephone (audio only) encounters may be allowed to be billed.

Patients being seen via telemedicine may be assigned ICD-10 codes corresponding to their complaints, per routine and COVID documentation guidelines to the extent possible, as well as number of minutes on the phone or audio-video call with patient/family.

## CLINICAL TELEMEDICINE VISIT

For clinical visits, we have found the following actions to be beneficial in hosting a virtual patient visit:

- Clean, closed workspace
- Well-lit room
- No or minimal background noise
- Look directly into the camera while communicating

Documentation:

**TIP: If one of the non-public facing remote communication products is used to conduct the visit with the patient while the HIPAA enforcement waiver is in effect, it is a good idea to document the visit in the EMR.**

- Include the method of health care delivery. For example:
  - » “Patient seen via Microsoft Teams due to restrictions of COVID-19 pandemic.”
  - » “Patient seen via telemedicine. Provider site: home; Kansas City, KS. Patient site: home; Kansas City, MO.”
- Physical Exam (PE):
  - » Although a PE may not be feasible, you may consider documenting audible/visual examinations such as:
    - › Limited neuro exam: alert? oriented? in distress? visibly ill? speaking full sentences?
    - › Psych: mood and behavior
    - › HEENT: conjunctiva? audible congestion? visible tonsil enlargement?
    - › Resp: audible wheezing/coughing? difficulty breathing? work of breathing?
- Include whether a recommendation was made to come into clinic for in-person further testing.
- Document length of time spent with patient.
- Consider sending education to the family via a patient portal, if available for the practice.



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## RESOURCES

### Executive Orders and Licensure Board Instruction Regarding Telemedicine or Waivers

- [Kansas State Board of Healing Arts](#)
- [Missouri State Board of Healing Arts Provider COVID Waivers](#)
- Kansas Governor Kelly Executive Order [20-08](#)
- Missouri Governor Parson Executive Order [20-04](#)
- Missouri [Dept. of Comm. and Ins. Telehealth Bulletin 20-07](#)

### Pediatric Telemedicine

- [Children's Mercy Telemedicine](#)

### Billing/Reimbursement

- [AAP Coding Fact Sheet](#)
- [AAP Coding for COVID-19](#)
- [CMS Telehealth Codes](#)

### COVID-19 Resources

- [Children's Mercy COVID-19 Resource Page](#)
- [CMS Coronavirus Resource Page](#)
- [HHS \(OCR\) Notice of Enforcement Discretion](#)
- [CDC Guidance for Healthcare Professionals](#)
- [Kansas Department of Health and Environment COVID-19 Resource Page](#)
- [Missouri Department of Health COVID-19 Resource Page](#)

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## RESOURCES

### General Telemedicine Resources

- [American Telemedicine Association](#)
- [CMS Telemedicine Provider Toolkit](#) (part of the [CMS COVID-19 Partner Toolkit](#))

### Payer COVID-19 Resources

- [Medicare](#)
- [Aetna](#)
- [BCBS of Kansas City](#)
- [Cigna](#)
- [Humana](#)
- [UHC](#)
- [TriCare HNFS](#)