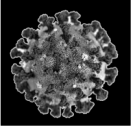


PainWeek

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

Theresa Mallick-Searle, NP



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Title & Affiliation

Theresa Mallick-Searle, MS, RN-BC, ANP-BC
 Adult Nurse Practitioner
 Stanford Health Care, Division Pain Medicine
 Redwood City, California

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Disclosure

Speakers Bureau: Allergan, Amgen, Lilly, Salix

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Learning Objectives

1. Identify challenges to a successful telehealth encounter.
2. Review internet resources available for behavioral and physiological pain management.
3. Discuss how to safely manage medications remotely.

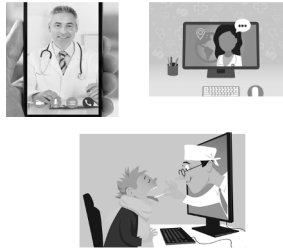


4

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

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



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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 & 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.

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Perfecting the virtual visit 

What they tell you:

"It's just 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?

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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

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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 who case.
- Be polite
- Video visit may not be a time to present with a new complaint to a clinician that 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.

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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.
-  New patients can get telehealth visits. HHS will not audit to confirm existing relationship between patient and provider.
-  Providers can reduce or waive cost-sharing. No penalty for limiting or eliminating copays or deductibles.
-  All providers are eligible to use telehealth.
-  CMS added behavioral and patient education services and some E&M services to the list eligible for audio-only visits.
-  All healthcare professionals eligible to bill Medicare for their professional services, can now use telehealth.

painWEEK 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>

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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/health care 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."

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Establish a Patient-Centered Approach

A patient-centered approach starts with effective communication, enabling patients to fully participate with health care 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.

painWEEK 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.

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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>.



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Promoting Self-care

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

Shared-decision making:

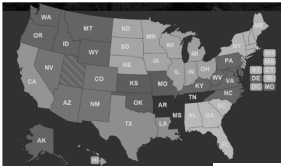
- Lifestyle changes
- Discuss barriers (provide examples of ways to overcome barriers)
- Setting realistic expectations (achievable goals)



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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 health care at a distance.



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



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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 COVID19 National Emergency → changed professional practice requirements for NP/PA.
- Alaska, Arkansas & Kentucky did not suspend or change PA Practice Requirements.
- Utah, Illinois, Mississippi, Georgia, Florida, Ohio, Delaware did not suspend or change NP Practice Requirements.



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Why Suspend/Modify Existing Practice Acts for PAs/NPs

- | | |
|--|---|
| <ul style="list-style-type: none"> • Eliminate barriers to care and improve patient access • Enable flexibility • Ease liability • Empower to practice to education & experience | <p>Some areas of focus:</p> <ul style="list-style-type: none"> -Supervision and liability -Written agreements -Co-signatures -Record reviews -Ratios of providers -Prescribing limitations |
|--|---|



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AAPA Survey of PAs on COVID19 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 PA did not have necessary PPE (39% of those treating COVID19)
- 50% reported treating COVID19 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

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AANP Survey of NPs on COVID-19 Crisis

- 61% report treating COVID19
- 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



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Full Practice Authority States for NPs – No Changes

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

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



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NP Practice by Governor Executive Order

Waives some or all practice agreement requirements

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

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



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Disaster NP Statutory Changes

- Texas (Waives Documentation of Supervision)
- North Carolina

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



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Disaster PA Statutory Changes

PA Supervision was all or partially suspended or waived in:

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

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



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PA Practice by Governor Executive Order

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



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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



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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. § 957(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.



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Examples of Executive Order PAs

- **New York – Governor Cuomo**
 –... 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 ...
 –PAs shall be immune from civil liability for any injury or death ... 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**
 –Waives the 4-to-1 ratio for supervision
 –Waives requirement for practice agreement in COVID19

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/licenses/physician_assistant_supervision_guidance.pdf (Accessed 7/11/2020)



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Examples of EO/Public Health Order

- New York
 - 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.painweek.com/2020/03/31/covid-19-public-health-orders/EO_202-10.pdf (Accessed 7/11/2020)
https://www.compassion.com/2020/03/31/covid-19-public-health-orders/EO_202-10.pdf

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Ryan Haight Act – Modified For CV-19

Ryan Haight Online Pharmacy Consumer Protection Act of 2008 amended the federal Controlled Substances Act & imposed a federal prohibition on form-only online prescribing for controlled substances.

Under the Ryan Haight Act, a practitioner cannot issue a "valid prescription" for a controlled substance by means of the Internet (which, for all practical purposes, includes telemedicine technologies) without having first conducted at least one in-person medical evaluation, except in certain specified circumstances.

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



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Ryan Haight Act – Modified For CV-19

Declaration of Public Health Emergency by Secretary of Health & Human Services:

- March 16, 2020 – Secretary Azar, with concurrence of Acting DEA Administrator (for as long as the public health emergency remains in effect)
- Telemedicine allowance applies to Schedule II-V controlled substances applies to all areas of the United States provided that meet the following criteria:

- 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.
- The practitioner is acting in accordance with applicable Federal & State laws.

 https://www.painweek.com/2020/03/31/covid-19-public-health-orders/EO_202-10.pdf
https://www.compassion.com/2020/03/31/covid-19-public-health-orders/EO_202-10.pdf

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Prescribing during COVID-19

- Controlled Substance Prescribing
 - DEA COVID19 Information Web Page: <https://www.dea/diversion.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"



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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 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.dea/diversion.usdoj.gov/CFR/DEA-DC-017/DEA065/20/Env/190100/20/01in/20/3000/EP/20120120/202202/200441/20/record.pdf>

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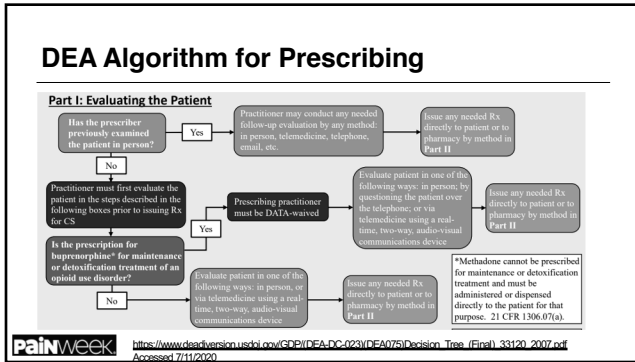
Opioid Management

- 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

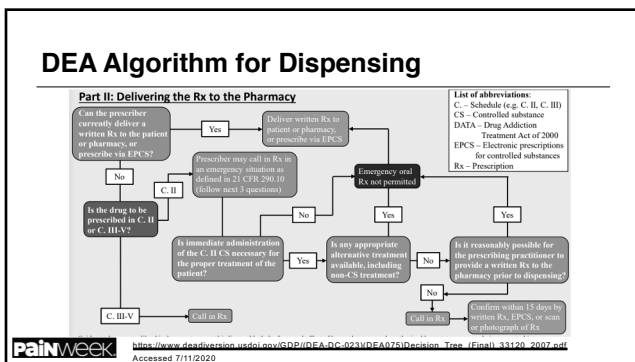


Cohen SP, Baber ZB, Buvanendran A, et al. Pain Management Best Practices from Multispecialty Organizations During the COVID-19 Pandemic and Public Health Crises. Pain Med. 2020 Nov 7;21(7):1331-1346.

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Buprenorphine

From January 31, 2020 Secretary Azar Declaration

- DEA /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

Source: <https://www.deadiversion.usdoj.gov/GDP/DEA-DC-022V/DEA068/2007/DEA020SAMHSA020buprenorphine2020intermediate2002007Final%20Exam.pdf>
 Accessed 7/11/2020

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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.



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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:
 - Academic medical center
 - 20 providers
 - Approximately 70 patients with IT pumps (cancer, spasticity, other)
 - Know what can be delegated, and what cannot
 - Know what can be "outsourced," and what cannot



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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.

- Opioids
- Clonidine
- Baclofen
- Ziconotide
- Local anesthetic



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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



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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/q28328533/best-nutrition-apps/>



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3 Self-Care Tips to Help Maintain Mental Health

Establish a schedule

-Our minds & bodies like a schedule/routine.

Start small

-Starting small and just 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



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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_o0hKYs7c

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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 with (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/orprescription-savings>



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Resources: Billing/Coding

Virtual activity	CPT codes	Encounter type	Documentation	Use case
Video Visit evaluation & management (E/M)	New consults 92044 by complexity, 2 of HP, 2 point 9 system PE, High decision by attending face to face time • 40 min: 92045 ... by complexity • 15 min: 92046 + 99394 + 99395 ... by complexity 92044 by complexity, 2 of HP, 2 point 8 system PE, Med decision by attending face to face time • 40 min: 92045 ... by complexity • 15 min: 92046 + 99394 + 99395 ... by complexity Return 92019 by complexity, 2 of HP, 2 point 9 system PE, High decision by attending face to face time • 40 min: 92020 ... by complexity • 15 min: 92021 + 99394 + 99395 ... by complexity 92019 by complexity, 2 of HP, 2 point 8 system PE, Med decision by attending face to face time • 40 min: 92020 ... by complexity • 15 min: 92021 + 99394 + 99395 ... by complexity	HPV NPV Video Visit RPV RPV Video Visit	Med attention & MDT Can bill by complexity or face-to-face time Med Follows Bill by complexity Psychologist CANNOT use 99394 or 99395	Video visit consults bill with patient but then broken off in CR
Prolonged service non-face-to-face i.e., "chart review"	31-74 minutes: 99358 ... (MD, AP, APF) 75-104 minutes: 99359 + 99359 ... (MD, AP, APF)	Telemedicine Visit - Phone	• Chart review, coordination of care, consultation or other procedures, across 30 days Med & Psych attending Document topics reviewed, date(s) performed, total time Med & Psych follow Attending bills for guidance time	1. All referral review (A) documents, NPV generation bills 99358 + 99359 ... 2. Attending & Follow, attending bills for chart review with follow work pt. 3. Preparing for case to case 4. Preparing for case 99358 + 99359 ... 5. Preparing for Team Conference (MO, Path, PT, etc) each bill 99358
MyHealth, text, email patient Q&A	5-30 minutes: 99431 ... (MD, AP, APF, G2061) (Other) 11-20 minutes: 99432 ... (MD, AP, APF, G2062) (Other) 21-30 minutes: 99433 ... (MD, AP, APF, G2063) (Other)	Telemedicine Visit - Phone	Med & Psych attending Document time & topics covered Med & Psych follow Attending bills for guidance time	1. MyHealth message Q&A 2. Text or email Q&A 3. CR to coordinate with chart review 99432 + 99358 ...
Phone E/M	5-30 minutes: 99441 ... (MD, AP, APF, 99966) (Other) 11-20 minutes: 99442 ... (MD, AP, APF, 99967) (Other) 21-30 minutes: 99443 ... (MD, AP, APF, 99968) (Other)	HPV Video Visit Telemedicine Visit - Phone	Attention, AP, Follow Document time & topics covered • Not for issues addressed in visit 1 week earlier or 24 hours after Med & Psych attending Document who consulted, time spent, topic discussed, & recs Med & Psych follow Attending bills for guidance time	1. Video Visit when bills to connect AT ALL 2. Bills by patient to answer IV or Q&A
Interprofessional consult	5-30 minutes: 99446 ... 11-20 minutes: 99447 ... 21-30 minutes: 99448 ... 31 minutes: 99449 ...	Telemedicine Visit - Phone	Med & Psych attending Document who consulted, time spent, topic discussed, & recs Med & Psych follow Attending bills for guidance time	1. Answering staff messages & clinician-to-clinician calls • If an established or upcoming wrap up, combine with 99358 Document time spent separately

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Resources: RVUs

Billing options by time (non-exhaustive)			Time			Time			Time		
Time	Consult Codes	wRVU/hr	Time	News Codes	wRVU/hr	Time	Follow-up Codes	wRVU/hr	Time	Follow-up Codes	wRVU/hr
40	92044 ... by complexity 92045 ... by complexity	3.02 to 3.77	45	92020 ... by complexity 92021 ... by complexity	3.24 to 4.23	45	99318 ... by complexity 99319 ... by complexity	3.03 to 3.56	45	99318 ... by complexity 99319 ... by complexity	2.35 to 3.56
60-80	92046 ... by complexity 92047 ... by complexity	2.27 to 3.77	60-80	92025 ... by time 92026 ... by time	2.43 to 3.27	45-60	99319 ... by time 99320 ... by time	2.38 to 3.17	45-60	99319 ... by time 99320 ... by time	2.38 to 3.17
90-120	92048 + 99394 ... 92049 + 99394 ...	2.92 to 3.57	90-120	92034 + 99394 ... 92035 + 99394 ...	3.17 to 3.81	75-90	99321 + 99394 ... 99322 + 99394 ...	2.89 to 4.81	75-90	99321 + 99394 ... 99322 + 99394 ...	2.89 to 4.18
135-155	92049 + 99394 + 99395 ... 92050 + 99394 + 99395 ...	2.26 to 3.16	135-155	92045 + 99394 + 99395 ... 92046 + 99394 + 99395 ...	2.96 to 3.27	135-155	99323 + 99394 + 99395 ... 99324 + 99394 + 99395 ...	2.34 to 3.32	135-155	99323 + 99394 + 99395 ... 99324 + 99394 + 99395 ...	2.34 to 3.32
155-200	92051 + 99394 + 99395 ...	2.36 to 3.05	155-200	92049 + 99394 + 99395 ...	2.36 to 3.05	155-200	99325 + 99394 + 99395 ...	1.56 to 2.40			

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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 providers that focus on mental and emotional health should be more accessible to the general population of COVID-19, such as other health care workers, family members, and friends. Digital care alternatives, such as telemedicine, may be an option for you to communicate with your patients using a variety of common telemedicine solutions, such as text, video, or phone. This guide provides information about the various telemedicine solutions and 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**

- Telephone
- Video calls (e.g., FaceTime, Skype)
- Text messaging
- Secure email
- Secure text messaging
- Social media and secure communications like Facebook Messenger, iMessage, WhatsApp
- Secure patient portal

Technology**

- Mobile device (smartphone or tablet) or laptop with camera
- Video conferencing software like Zoom, Microsoft Teams, GoTo Meeting
- High-speed broadband internet connection (cable, wireless, or fiber)
- Video conferencing software like Zoom, Microsoft Teams, GoTo Meeting
- Telemedicine and communication**

The following links are examples of telemedicine and communication platforms:

Telemedicine Platform**	Communication Platform**
Amwell	Facebook Messenger
Doximity	GoTo Meeting
MDLIVE	Zoom

*This Simple Guide to Navigating Telemedicine is for general informational purposes only and is not intended to be used as a substitute for professional medical advice. It does not constitute an offer of any medical services. The information provided is for informational purposes only. It is not intended to be used as a substitute for professional medical advice. It does not constitute an offer of any medical services. The information provided is for informational purposes only. It is not intended to be used as a substitute for professional medical advice. It does not constitute an offer of any medical services.

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