



AMERICAN ACADEMY OF
NEUROLOGY®

Telemedicine and COVID-19

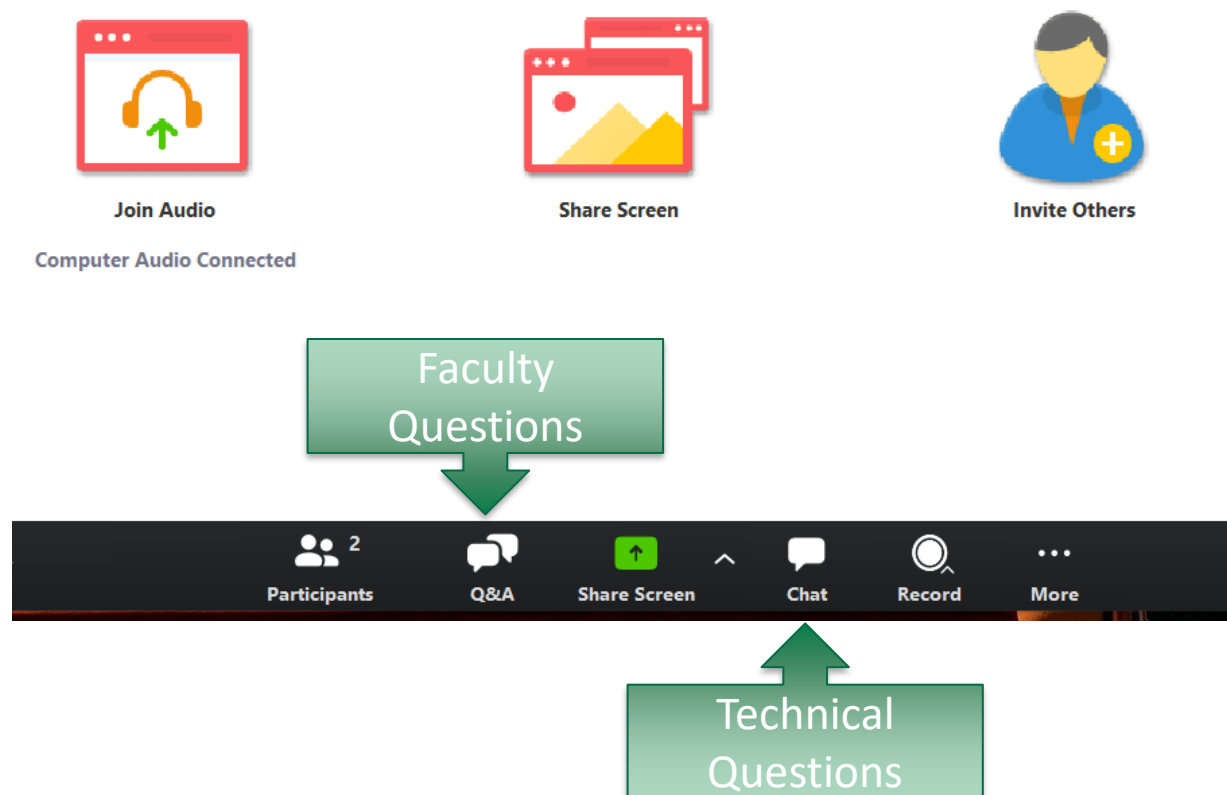
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Zoom

- Audio: Please use computer audio as all lines are muted
- Technical Questions: Please use the “Chat”
- Content Questions: Please submit questions for the faculty using the Q&A button
 - FAQ on AAN.com/telehealth



Webinar Faculty

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Overview

TELEMEDICINE AND COVID-19 IMPLEMENTATION GUIDE

The AAN developed this guidance for clinicians and practices looking to implement telemedicine during the COVID-19 crisis. Regulations discussed below have effective dates of March 6, 2020¹, for the duration of the national emergency as determined by the Department of Health and Human Services (HHS). Because of the unique circumstances of the COVID-19 Emergency, some guidance may not align with the AAN's overall Telemedicine Position, which is intended for non-emergency periods.

If your institution or practice has existing telemedicine programs, we encourage you to consult with your legal, coding, and IT teams to understand internal telemedicine policies and procedures.

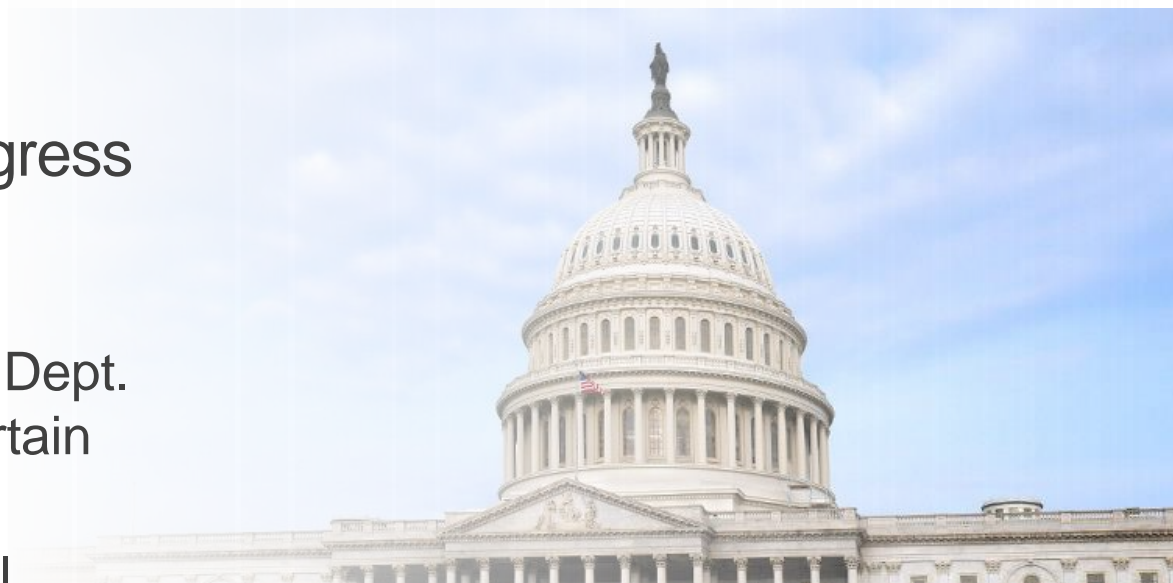
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- Coding the Visit

AAN Advocacy

- AAN sent letters to administration and Congress asking for further telehealth flexibility
 - **March 6** – Congress passed legislation to allow Dept. of Health & Human Services (HHS) to waive certain requirements for telehealth in Medicare
 - **March 13** – President Trump declared a national emergency
 - **March 17** – HHS lifted restrictions on telehealth
- State by state basis for other payers
 - Contact your governor to lift licensure requirements
aan.com/view/actnow



Read AAN letters and learn more about AAN Advocacy on COVID-19

aan.com/covid19

“Advocacy in Action” tab

Setting up Telemedicine

- Technology
 - AAN does not endorse any one vendor
 - AAN members have had success with Zoom, Doxy.me and Vidyo
- EHR integration

The Zoom logo is displayed in a bold, blue, lowercase sans-serif font.

Setting up Telemedicine

- HIPAA Compliance
 - HHS will waive potential HIPAA penalties for good faith use of telemedicine
- State Licensure and Regulations
 - While HHS waived the need for a provider to have a medical license in the state where the patient is located, individual states must approve the waiver
- Malpractice Insurance
 - Notify malpractice carrier as there may be additional forms to complete



Before the Exam

- Existing Patient Relationship
 - HHS will not conduct audits during the Public Emergency
- Patient's Originating Site
 - CMS is waiving originating site requirement
 - You may provide service to patients in their homes



Before the Exam

- Insurance and Co-pays
 - Medicare beneficiaries are liable for deductibles and copays
 - HHS/CMS is providing flexibility for providers to reduce or waive cost-sharing
 - You should always check with the specific payer to see if there are any limitations on telemedicine coverage



Utilizing Your Support Staff

- Send patient instructions on how to prepare for televisit
- Test connectivity and be available for technical issues
- Obtain Past Medical, Social, Surgical HX
- Reconcile medications
- Document ROS
- Alert clinician when patient is ready



Teleneurology Set Up

- Exam room
- Acoustics
- Lighting
- Interior surfaces
- Equipment



Neurologic Exam

- Initial Salutation
 - Use two-factor identifier before starting the visit
- Consent
 - Best practice obtain consent before every remote visit
- Tips on Performing the Neurologic Exam

Neurological Exam

- Vital signs
- Mental status
- Recent and remote memory
- MOCA
- Language

MONTREAL COGNITIVE ASSESSMENT / MoCA-BLIND
Version 7.1 Original Version

Name: _____
Education: _____
Sex: _____
Date of birth: _____
Date: _____

MEMORY		FACE	VELVET	CHURCH	DAISY	RED	POINTS
Read list of words, subject must repeat them. Do 2 trials even if 1st trial is successful. Do a recall after 5 minutes.	1st trial						No points
	2nd trial						
ATTENTION							
Read list of digits (1 digit/sec.) Subject has to repeat them in the forward order [] 2 1 8 5 4 Subject has to repeat them in the backward order [] 7 4 2							___/ 2
Read list of letters. The subject must tap with his hand at each letter A. No point if ≥ 2 errors [] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B							___/ 1
Serial 7 subtraction starting at 100 [] 93 [] 86 [] 79 [] 72 [] 65 4 or 5 correct subtractions: 3 pts, 2 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt							___/ 3
LANGUAGE							
Repeat: I only know that John is the one to help today. [] The cat always hid under the couch when dogs were in the room. []							___/ 2
Fluency / Name maximum number of words in one minute that begin with the letter F. [] _____ (N ≥ 11 words)							___/ 1
ABSTRACTION [] train - bicycle Similarity between e.g. banana - orange = fruit [] watch - ruler							___/ 2
DELAYED RECALL	Has to recall words	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUED recall only
	With no cue	[]	[]	[]	[]	[]	
Optional	Category cue						
	Multiple choice cue						___/ 5
ORIENTATION [] Date [] Month [] Year [] Day [] Place [] City							___/ 6
© Z. Nasreddine MD www.mocatest.org Normal $\geq 18 / 22$ Administered by: _____							TOTAL Add 1 point if ≤ 12 yr edu ___/ 22

Neurological Exam

- Cranial nerves
 - Fundoscopic exam
 - Pupillary reflex
 - EOM
 - Face sensation
 - Face symmetric, movement
 - Hearing, presence of nystagmus
 - Palate elevation
 - Shoulder shrug
 - Tongue

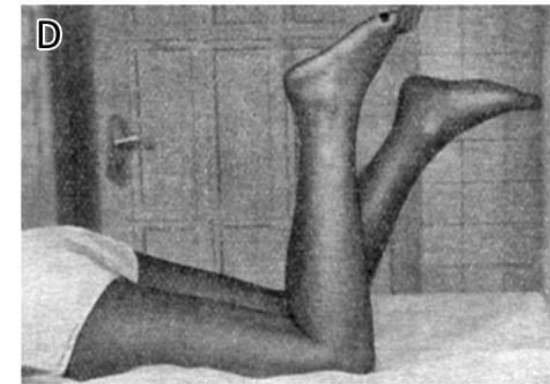
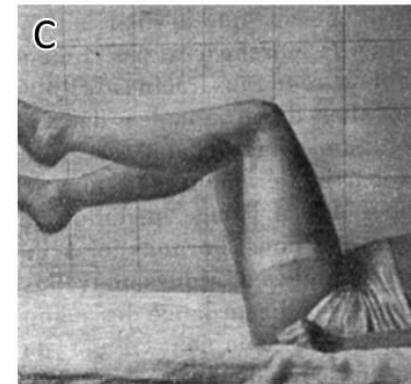
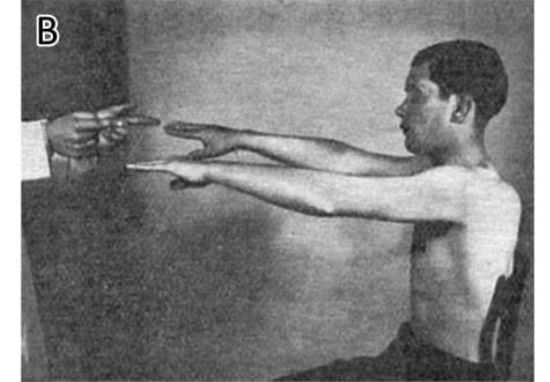
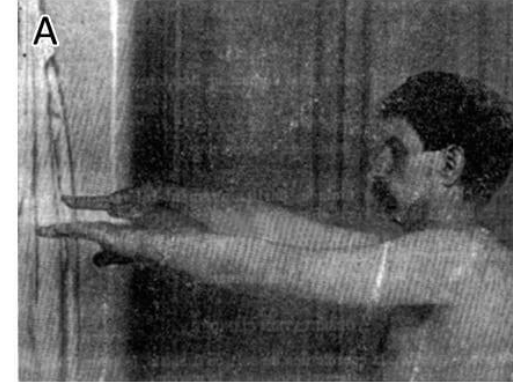
Table 2

Examples of smartphone-based retinal imaging systems

Fundus Imaging system	Description	App/solutions	Country of origin/reference
PaxosScope (DigiSight)	Lens attachment to smartphone (anterior/posterior images) FDA class II 510(k) exempt	Paxos Checkup Paxos Analytics	USA
Volk iNView	iPhone fundus camera	Volki Nview	USA [47]
DEYE posterior	Apple smartphone-based digital ophthalmoscope	D-EYE app	Italy/USA [48]
Peek Retina	Smartphone attachment CE-registered class I medical device	Peek Retina	UK [49]
iExaminer	Smartphone-based imaging adaptor system (iPhone 4 + Welch Allyn PanOptic Ophthalmoscope + iExaminer app FDA approved	iExaminer	USA [50]
oDocs visoScope	3D printed lens adapting imaging system	iPhone camera, FiLMiC Pro app	NZ [51]

Neurological Exam

- Motor exam: Bulk, tone, and strength
- Sensation
- Coordination
- Gait and station
- Deep tendon reflexes
- Plantar reflexes



Mingazzini G. Sur quelques "petits signes" des paretis organiques. Note clinique. Rev Neurol (Paris) 1913; 20: 469-473

Limitations of the Telemedicine Exam

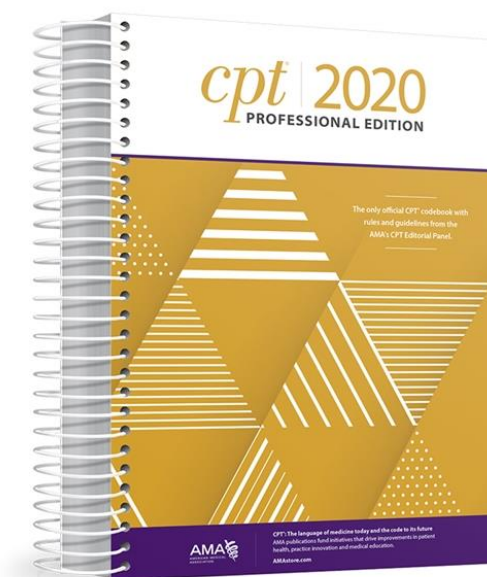
- Comprehensive eye exam
- Neuromuscular components
- Vestibular

Prescribing Medication

- Prescribe as you normally would
- DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom you have not conducted an in-person medical evaluation under the following conditions:
 - Legitimate medical purpose
 - Communication conducted via interactive communication system
 - Accordance Federal and State law
- Still comply with PMP statute in your state

Coding the Visit

- Understanding Current Procedural Terminology (CPT®) vs. G-Codes
- Questions to determine the correct code set for the patient encounter:
 - Are you using video?
 - Is the encounter real-time (synchronous) or not?
 - Is the patient new or established?
 - Outpatient or inpatient?
- Place of Service (POS) is patient location



Summary of Medicare Telemedicine Services

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

Medicaid

EXISTING TELEHEALTH POLICY PRE-COVID-19	POLICY CHANGE IN RESPONSE TO COVID-19	WHAT CAN BE COVERED
<p>Telehealth reimbursement policies vary from state to state. If the State Medicaid program has managed care, telehealth reimbursement can vary from plan-to-plan. For Medicaid fee-for-service policies, check CCHP's website.</p>	<p>A Medicaid FAQ was issued stating that state Medicaid programs have broad authority to utilize telehealth within their Medicaid programs including using telehealth or telephonic consultations in place of typical face-to-face requirements when certain conditions are met. States would have to use the Appendix K process for this.</p>	<p>Still developing. Some states have encouraged providers and health plans to utilize telehealth more broadly to provide services but for many states the policies continue to be developing as they navigate this situation.</p>

Telephone Consultation Codes (Medicaid)

99441 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an **established** patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

99442 11-20 minutes of medical discussion

99443 21-30 minutes of medical discussion

CODING TIP

- Initial call must be placed by patient
- Provider must personally return call; cannot be billed for calls placed by clinical staff conveying physician's recommendation

Virtual Check-in (Medicare and Commercial)

G2012 Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

- Analogous with 99441 (G-code equivalent for Medicare Patients)

Online Digital E/M

99421 Online digital evaluation and management service, for an **established** patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

99422 11-20 minutes

99423 21 or more minutes

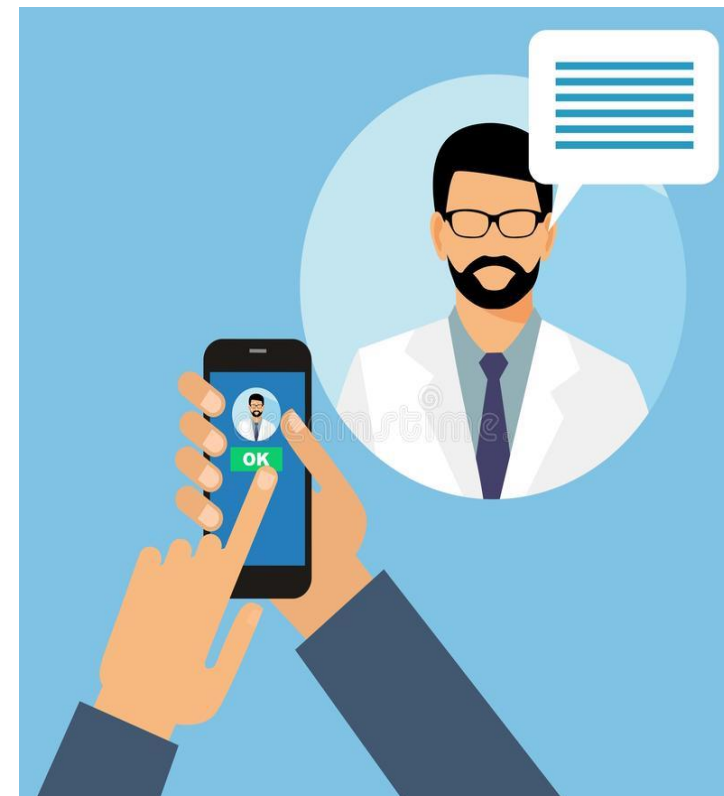
CODING TIP

- Does not require video
- Can be asynchronous; uses “store and forward” technology where a question or medical data (such as a photo or videoclip) is sent to the provider, who later responds with an opinion

Virtual Image or Recording Review

G2010 Remote evaluation of recorded video and/or images submitted by an **established** patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

- The practitioner looks at the image or video, and there is subsequent communication by the practitioner or staff member to the patient. Follow up is required. If the image is insufficient to make a determination, it can't be billed.



Inpatient E/M G-Codes



- Reported for consultations provided via telemedicine when the patient is in the inpatient setting
- Created by CMS for inpatient telemedicine using synchronous audio-video connection in lieu of the CPT codes for inpatient hospital care
- **G0425, G0426, G0427** – initial visit codes
- **G0406, G0407, G0408** – subsequent visit codes

Face-to-Face Codes That Can Be Delivered via Telemedicine

99201 – 99205, 99212 – 99215, 99231 – 99233

- Same documentation rules for teleneurology as for face-to-face services
 - Determine level by elements or time
 - Highest levels can't be achieved by elements since generally the fundi cannot be examined
- Use **modifier 95** for Medicare
 - Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system
- Use **modifier GT** for commercial insurers
 - Service was provided via interactive audio and video telecommunications systems
- Found in **Appendix P** of CPT manual

Resources

Telemedicine and Remote Care

AAN.com/telehealth

- Telemedicine and COVID-19 Implementation Guide
- Payer updates

COVID-19 Neurology Resource

Center **AAN.com/COVID19**

- Latest COVID-19 Articles and Publications
- Resources for Practice Implications
- Advocacy Updates

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Q&A session

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