Telehealth and Palliative Care

Using telehealth offers many benefits to palliative care teams and their patients and families. There are 3 main "use cases" for telehealth: Provider-initiated visits; patient or caregiver call response; and provider-to-provider communications. This guide consolidates best practices on technology set-up, visit etiquette, and documentation/billing. For more detailed information, please see the individual resources on the CAPC website.

	Provider-initiated Visits	Patient/Caregiver Response	Provider-to-Provider Communications
Set-up and Process Basics	Invest in a high-quality webcam and microphone. Patients must be able to clearly hear you	Palliative care programs should have a 24/7 number to respond to patient calls. The call center should have procedures for routing the call to the appropriate clinician	Team members may collaborate on visits via telehealth
	Telehealth Platform during the COVID Emergency: CMS is authorizing the use of telephones with audio and visual capabilities, with HIPAA enforcement and penalties waived. Platforms can include: FaceTime, Skype, Updox, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts. Advice is to use the platform that will be easiest for the patient/family, such as one that is already included in their smartphone.		
	Designate staff to help patients/families set up the platform, give consent, and prepare ahead of the first visit	Patients or caregivers are encouraged to call with questions, concerns, as well as to report urgent issues/change of condition	Palliative care clinicians can consult with treating colleagues via telehealth
	Prepare patients/families - make sure they have a place in the home ready, are comfortable communicating via the platform, have their questions answered, etc.	Clinicians can respond to patient/caregiver needs via telephone or can initiate a telehealth visit if they need to see the patient	Home health providers can also collaborate with the palliative care team via telehealth
	Train all members of the care team in how to use the technology, follow required etiquette, and document	Systems should be in place to notify the clinician when the patients are ready to see them; many technologies provide a virtual waiting room, but a phone call or text will work too	Communication protocols should be established within the team and with collaborating home heatlh agencies and other collaborators
	Ensure all staff can assist with technology questions and glitches during the actual visit. Provide a checklist to test capabilities	Designated staff (or the responding clinician) should be ready to help patient/family get on the platform	Team members, treating clinicians, and/or home-based staff should contact the program for help with issues and decision-making
	Schedule the visit, and send reminders with detailed instructions on how to access, and whom to call if there's a problem	Clinician should instruct where to place the device's camera to see the area of concern, such as a wound, when warranted	Tele-consult services, such as Project Echo, may work with palliative care teams to extend consultation capabilities into smaller hospitals or rural areas
	Check with your malpractice insurance carrier to make sure that services provided via telehealth are covered		

Continued on page 2

	Provider-to-Patient Communications	Provider-to-Provider Communications
Virtual Visit Etiquette	Start the visit by confirming the screen is set up correctly and patient/family can see and hear. Then make a clear transition to the start of the clinical visit - "how are you doing?"	The palliative care team may need to triage provider consultations based on urgency
	Let patient/family know that it is ok to interrupt if they need to pause or make adjustments during the visit	Use the technology to provide immediate help for home visits
	Confirm that you will call them in the event that sound or video is lost during the visit	When feasible, include a supervisor or experienced staff person on new staff visits with patients/families to model communications and provide feedback after the visit
	If responding from home, clinician should find a quiet location with a neutral background	
	Always dress appropriately, and wear plain clothes (patterns can create nausea/discomfort)	
	Be mindful of the background- make sure to keep it as neutral as possible, and make sure to have good lighting	
	Speak slowly and clearly, and check every so often to ensure that you are being heard	
	Remember to look at the camera on your own device (not at the screen that has the patient's video). Match your 'head size' to theirs by positioning your distance to the camera	
	Call wrap-up: Let patient/family know when 5-10 minutes left and ask if there's anything they want to make sure to cover	
	End the visit by summarizing what you heard, what the plan is, reviewing prescripton refill needs and how they will be provided	
Medicare Document-ation/ Billing	Document and bill as you would face-to-face visits (who was present, what was discussed, what amount of time).	Medicare covers Interprofessional consultation, for time spent not in direct contact with patient
	Place of service should be 02-Telehealth. Applicable G-codes and modifiers can be included, but are not necessary during the COVID emergency	CPT 99446 - 99449
	Document patient consent (verbal is allowed; for example: discussed with patient risks and benefits of telehealth and patient consented to receipt of such telehealth"	See this item from the AAP for more information: https://www.aappublications.org/news/2019/01/04/coding010419
	Medicare E&M codes allowable, as are now many codes including emergency department visits. See list from CMS Fact Sheet on page 3; **more information on all Part B flexibility is available here: https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf**	
	Typical co-payments apply. (During the COVID emergency, Medicare is allowing practices to reduce or waive co-pays, but they will not cover the difference)	Non-face-to-face time related to E&M (codes 99358 and 99359) and care plan oversight for home health (G0181 and G0182) may be applicable as well
	Telephone assessments and E&M are now billable to Medicare (CPT codes 98966 -98968; 99441-99443). Brief virtual check-ins may also be billed (G-2010, G-2012) for both new and established patients can also be billed.	

Continued on Page 3

In addition to Evaluation and Management codes, the new Medicare flexibliity will cover the following visits if they are provided through telehealth:

- Emergency Department Visits, Levels 1-5 (CPT codes 99281-99285)
- Initial and Subsequent Observation and Observation Discharge Day Management (CPT codes 99217- 99220; CPT codes 99224- 99226; CPT codes 99234- 99236)
- Initial hospital care and hospital discharge day management (CPT codes 99221-99223; CPT codes 99238- 99239)
- Initial nursing facility visits, all levels (Low, Moderate, and High Complexity) and nursing facility discharge day management (CPT codes 99304-99306; CPT codes 99315-99316)
- Critical Care Services (CPT codes 99291-99292) • Domiciliary, Rest Home, or Custodial Care services, New and Established patients (CPT codes 99327- 99328; CPT codes 99334-99337)
- Home Visits, New and Established Patient, All levels (CPT codes 99341- 99345; CPT codes 99347- 99350)
- Inpatient Neonatal and Pediatric Critical Care, Initial and Subsequent (CPT codes 99468- 99473; CPT codes 99475- 99476)
- Initial and Continuing Intensive Care Services (CPT code 99477- 994780)
- Care Planning for Patients with Cognitive Impairment (CPT code 99483)
- Psychological and Neuropsychological Testing (CPT codes 96130- 96133; CPT codes 96136- 96139)
- Therapy Services, Physical and Occupational Therapy, All levels (CPT codes 97161- 97168; CPT codes 97110, 97112, 97116, 97535, 97750, 97755, 97760, 97761, 92521-92524, 92507)
- Radiation Treatment Management Services (CPT codes 77427)
- Licensed clinical social worker services, clinical psychologist services, physical therapy services, occupational therapist services, and speech language pathology services can be paid for as Medicare telehealth services.