Deploying Chiropractic Care through Telehealth

PREPARED BY
Dr. Scott Munsterman

The Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) defines Telehealth as the use of electronic information and telecommunications technologies to support and promote long distance clinical health care, patient and professional health-related education, and public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and landline and wireless communications.

Telehealth is delivered in a secure, private location within the scope of practice and licensure complying with the requirements outlined by state statute. Individual Telehealth services are initiated by the patient, however, you may educate patients on the availability of the service prior to patient initiation and obtain informed consent. When we typically think about Telehealth we may have a distinct picture in our mind of a two-way, real-time interaction over audio and video. However, there are other means of Telehealth that also may apply within the practice.

To begin the process of incorporating Telehealth into the practice, it is important to gain an understanding of state law requirements and consist of defining the following parameters for Telehealth care delivery:

- Understand your state's rules and regulations
- Parity: Coverage and payment provisions
- Originating Site requirementsCost-Shifting Protections
- Provider Limitations (Narrow/Exclusive/In-Network Provisions)
- Remote PatientMonitoring
- Store & Forward Rules

Telehealth Application

Established Patient under Active Treatment, Maintenance, Wellness, or Supportive Care

Medical necessity is defined as requiring the patient to have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment and services rendered and must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function. To help identify the patient with a neuromusculoskeletal complaint who is currently under active treatment, the chiropractic clinician will need to make a clinical judgement to determine, on a case-by-case basis, the necessary frequency of services required to avoid a negative impact or regression of a patient's condition and continued progress towards the goals of care

For established patients under active treatment or supportive care, the key question to ask, "Does the patient have a need for a Telehealth visit and, if so, what services does the patient need that can be provided through a Telehealth visit?"

Evaluation/management services, therapeutic activities, patient education, & other services amenable to Telehealth delivery may be considered within an active treatment plan, maintenance, wellness, or supportive care for the patient.

If the patient has a need for services and these services can be delivered through Telehealth, then proceed as follows:

Step #1: Obtain informed consent and schedule for a secure synchronous interactive audio and video Telehealth visit with the clinician for evaluation.
Step #2: Proceed with the Telehealth visit per usual in-office procedures amenable to Telehealth delivery.
Step #3: Document Telehealth visit per usual CPT coding and documentation guidelines.

A clinician providing in-office health care services through Telehealth (synchronous, real-time two-way interactive audio and visual communications) are held to the same standards of practice and conduct as in-person health care services. In other words, ALL current CPT coding rules apply the same – whether the care is delivered in-office or through Telehealth consisting of real-time two-way interactive audio and visual communications with the patient.

Regarding E/M coding, use time spent face to face with the patient for coding the evaluation and management of an established patient. Since time is the controlling factor in a patient's visit, be sure to capture the appropriate time- based service code. Refer to the AMA guidelines for more details regarding changes to E/M coding in 2021.

Established Patient E/M Code	Total Time
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-54 minutes

Audio and Video (synchronous) Telehealth Coding Rules

- Health care services performed through Telehealth (synchronous, real-time two-way interactive audio and visual communications) are held to the same standards of practice and conduct as in-person health care services. In other words, ALL current CPT coding rules apply.
- Add the appropriate -95 modifier following each E/M or procedure delivered through Telehealth
- Place of Service: Place of Service Codes are two-digit codes placed on health care professional claims to indicate the setting in which a service was provided. Use Code 02 (Telehealth: The location where health services and health related services are provided or received, through telecommunication technology) in CMS1500 box 24b for place of service.

Established Patient Telehealth Services

A patient may initiate contact with the office regarding a new concern or episode of care which could be communicated via telephone, through the patient portal, or by secure email or text messaging.

Key Question: "Does the established patient have a concern that requires active treatment and clinical follow-up?"

The answer to this question, if yes, directs the concern to three scheduling options for the patient:

In-Office Care: Schedule the patient for an in-office visit with the clinician and follow the usual process for scheduling the patient.

Telehealth eVisit: If the concern was communicated through the patient portal, proceed with an eVisit by either the clinician or qualified staff replying to the patient via the patient portal. An eVisit is considered a billable online digital evaluation and management service that may be reported by either the clinician or by qualified non-clinical staff.

eVisit Coding Rules

Determine the cumulative time spent interacting with the patient through the portal over a 7-day time period. Bill after the 7-day time period based on time.

Key Question: "If the patient has an in-office E/M visit do we still bill for the Telehealth eVisit?

Answer: DO NOT bill for the Telehealth eVisit IF the patient eitherhas had an E/M visit within 7 days of initiating the Telehealth eVisit OR within 7 days of a previous in-office E/M visit for the same or related problem."

- **By Clinician Report:**
- 99421 for 5 to 10 min
- 99422 for 11 to 20 min

  99423 for 21 min or more

By Qualified Non-Clinician Report:

- 98970 for 5 to 10
- 98971 for 11 to 20 min

  98972 for 21 min or more

Telehealth Virtual Check-in: Obtain verbal informed consent to proceed with a Virtual Check-in (call-back) by the clinician. A Virtual Check-in refers to a brief communication technology-based service for patients to communicate to their doctors. Doctors and certain practitioners may bill for these virtual check- in services furnished through several communication technology modalities, such as telephone. The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Separately coded and billed from these virtual check- in services may be the captured video or images sent to the clinician by the patient for review, which is reported as a distinct service.

Virtual Check-in Coding Rules

The "call back" from the clinician to the patient, which is defined as a brief communication technology-based service (e.g. virtual check-in, by a clinician 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).

By either Clinician or Qualified Non-Clinician

Report: HCPCS code G2012

The patient sends an image to the clinician for review which is defined as a remote evaluation of recorded video and/or images submitted by an established patient (e.g., classified as a store and forward communication, 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).

By either Clinician or Qualified Non-Clinician

Report: HCPCS code G2010

Virtual Check-in communication is NOT BILLABLE if there is an evaluation/management visit within the previous 7 days or leads to an evaluation/management visit or procedure within the following 24 hours.

Key question: "Does the patient need to be evaluated in-person at the office by the clinician within the next 24 hours following a Virtual Check-in?"
Answer: If yes, do not bill for the Virtual Check-in and proceed to scheduling the patient for an in-office or Telehealth visit.

Scheduling the Telehealth Visit

Implement the following procedure when scheduling a Telehealth visit for an established patient:

Screen for COVID symptoms prior to scheduling the Telehealth visit:

- Are you COVID–19 positive or been told by a licensed healthcare provider that they are suspected to have COVID–19?
- Are you experiencing recent loss of taste and/or smell with no other explanation?
- Are you experiencing both fever (≥100.4 °F) and new unexplained cough associated with shortness of breath?

Then:

1. Identify the patient's request and clinical purpose of the Telehealth visit.
2. Obtain verbal Informed Consent (i.e., Informed Telehealth Consent form) for the service so that the patient is aware of any applicable cost sharing (i.e., expense to the patient).
3. Communicate instructions to the patient of the Telehealth process and technology platform utilized.
4. Complete the following checklist to properly prepare the patient for the Telehealth visit (check mark indicates yes):

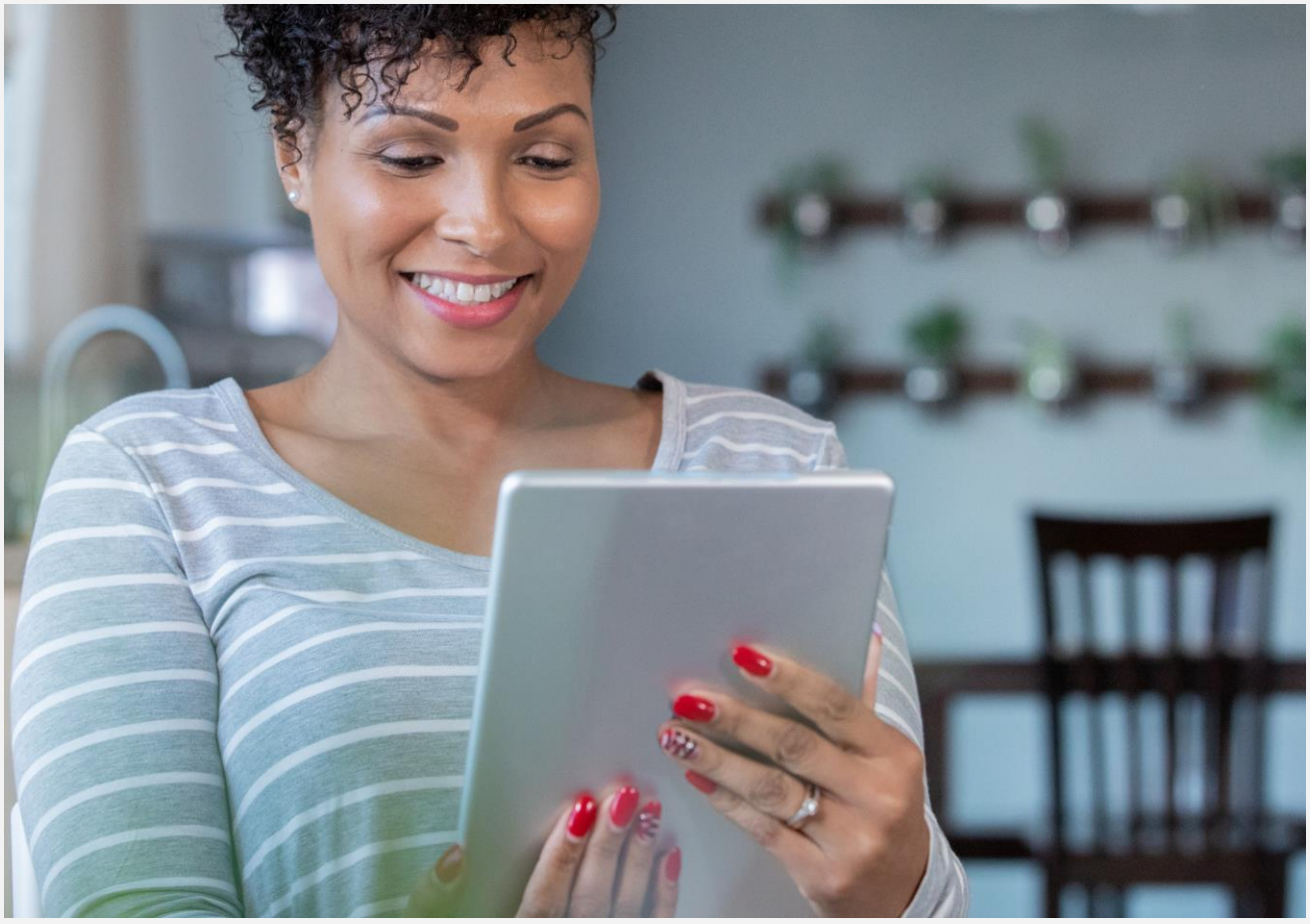
- Does the home/apartment have a private room?
- Does the patient have internet access, hotspot, etc.?
- Does patient have a computer?
- Does patient have a webcam?
- Does patient have a printer?
- Does patient have a scanner?
- Does patient have a smartphone?
- Does patient have access to a video app such as Facetime/Skype?
- Does patient know how to use video communication on their computer or smartphone?
- Is there a preferred method technology?
- Does patient have access to their Patient Portal?
- Does patient know how to use their Patient Portal?
- Does patient authorize accepting non-secure email or text communication?
- Does patient have access to any exercise equipment (provided by you) at their home?

Confirm Insurance/Payment Verification

In addition to the current process of insurance/payment verification, confirm the status of coverage and method of payment for Telehealth services provided by the specific provider (following state law coverage and payment provisions); in addition to complying with obtaining consent of a Good Faith Estimate.

COVID-19 Related Questions:

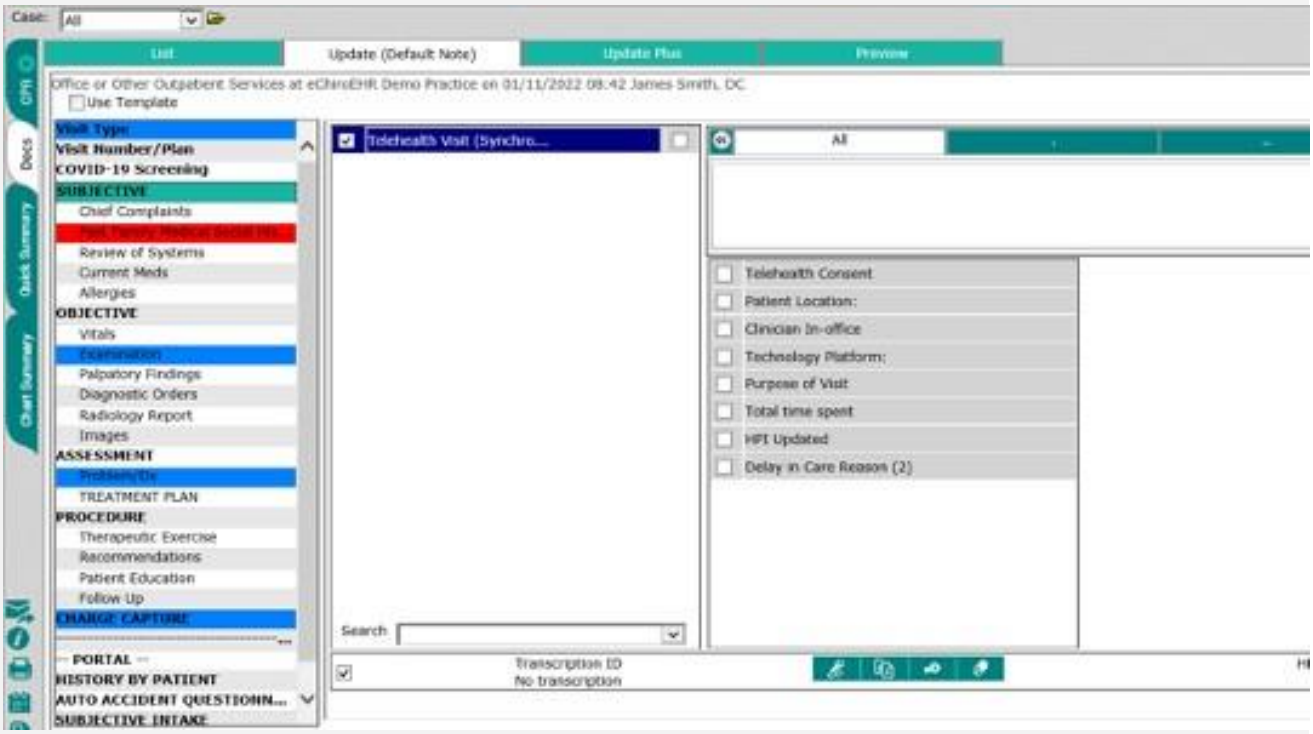
1. Does the health plan follow COVID-19 CMS 1135 waiver rules for expansion of Telehealth services?
2. Has the health plan made any special provisions to the policy regarding coverage, payment, or patient cost-sharing?
3. Does the health plan have out of network benefits for Telehealth services?



Documentation Guidelines for the Telehealth Visit

The following criteria has been established as the proper documentation for the patient's record:

- Date of Service and Time Call started
- Location of the patient (i.e., private room?)
- Location of the clinician
- Names of all participants on the call and the roles they serve
- Purpose for the Telehealth visit
- Why this is an effective means of delivery and appropriate for this patient?
- Technology Platform utilized



(www.eChiroEHR.com)

Telehealth Visit Requirements (Established Patient)

Document the screening result for COVID-19 symptoms.

- Obtain verbal Informed Consent for Telehealth visit:
  - Verbal Informed Consent is required prior to providing treatment or recommendations to your Telehealth patients. Verbal Informed Consent must be obtained for each Telehealth service furnished and the patient is aware of any applicable cost sharing (i.e., expense to the patient).
  - Review the Informed Consent with the patient and provide an opportunity for questions. Address those questions, then ask for verbal confirmation of Informed Consent.
  - If available, patient can provide their e-signature to the informed consent form.
  - Document in the health record it has been completed.

Document History of Present Illness/Chief Complaints:

Review of chief complaint and updated status:

1. What is the area of complaint?
2. Severity, quality, frequency of symptoms? (0-no pain and 10 severe pain)
3. Palliative, provocative factors?
4. What functional activities cause pain with measurement
5. What has changed since the last visit (pain, function, exam findings)?
6. Is it improving or not? How much improved?
7. Where is the patient progress in relation to the projected duration and frequency of care outlined within the treatment plan?
8. Measure the change (i.e., the VAS rating went from nine to three for sitting) for it is a predictor of treatment effectiveness. Capturing specific limitations of functional activities that represent the treatment goal(s) confirms if the treatment plan is working towards achieving the goals – all of which should be documented in the subjective section of the patient record. It is important to always document changes since lastvisit and subsequent visit notes should correlate with the initial visit. Document the change in symptoms and/or function since the last visit, in a measurable format.

.

Choose to quantify patient progress by using a number or metric that can show the changes since the last visit easily.

Examples:

Today Tim's neck pain is 4/10, compared to 6/10 since the last visit. The quality is sharp and sore but not as constant as last visit.

If you want to further paint a good picture of where the patient needs to go, add the goal:

Today Tim's neck pain is 4/10. The quality is sharp and sore. The patient specific goal is the pre-incident status of 1/10.

Document Physical Examination Findings:

Evaluate the area of complaint involved in the diagnosis.

1. The physical evaluation findings may include observation of the range of motion with a comparison to demonstrate the change since the last visit.
2. Does the chief complaint match the physical exam findings on previous evaluations?
3. Does it align with the mechanism of trauma?
4. In addition, goals can be inserted to help demonstrate the progress being achieved.
5. Does your documentation in this section answer the question, "Is the patient making progress? Are we getting movement towards our goals and is the treatment effective"?
6. Assess change in patient condition since last visit.

   Quantify your objective findings as it relates to what you discovered on the initial visit, by monitoring these objective findings and rating them numerically to demonstrate the changes since the last visit and progress of the patient.

Example:

Today Tim's cervical flexion is restricted but without pain compared to moderate restriction with pain since the last visit

Example:
Today Tim's Bechterew's Test is negative on the right. Last visit it was positive with pain in the right lumbosacral region.

Documentation of treatment effectiveness.
This can be easily related back to the areas of quantification relating to the patient's limitation of functional activities in the initial visit note. This doesn't have to be in every subsequent visit however it should be done frequently to demonstrate how you are monitoring the patient's progress towards the treatment plan goal(s).

Example:
Sitting: Today she can sit for 15 minutes without pain. The patient specific goal is to return her to her pre-incident status of sitting for 3 hours without pain.

Dressing Self: Today she rated the pain at 7/10. Last visit her pain was 8/10. The patient specific goal is her pre-incident status of 1/10.

Walking: Today she can walk about 2500 steps without pain. The patient specific goal is return her to her preinjury status of 10,000 steps per day without pain.

Documentation of E/M or Treatment Provided
All E/M services and/or therapeutic procedures and recommendations provided on the date of the encounter must be documented. It is important to document the actual time for time-based procedures provided and supervised per CPT guidelines.

In addition, documentation of the visit and the treatment plan is important.
Example of Treatment Plan:
Joe's goal is to be able to walk five blocks. The treatment plan is for 8 weeks, and we project it will take 15 visits over that time frame.

Then within the subsequent visit note of the patient for that day, the visit number within the proposed total visits should be identified, i.e., visit 7 out of 15.

In the event the patient has presented with a new complaint or injury, then document your findings and history to tell the story of what happened, and why you are abandoning your first treatment plan and the need to start a revised second treatment plan.

Document what will change in the treatment plan:

- Review and update the patient-specific goals of care, with the understanding that the mode of treatment has changed and therefore the frequency of both Telehealth and in-office visits along with therapeutic activities, etc. may impact the frequency and duration of care required.
- Determine the appropriate delivery for clinical follow-up for the next patient encounter, based upon the patient's response to care and clinical assessment; should it be face-to-face or Telehealth?
- Ask the patient if they have any questions regarding the self-management previously provided to them. Review their home recommendations/self-care you have previously provided:
    - ice/heat
    - stretching
    - range of motion activities
    - limiting sitting
    - active rest
    - walking
    - strengthening exercises
    - balance training
    - coordination activities, etc.

- Identify and discuss recommendations:
  - iHome modalities for pain management
  - Exercise
  - Soft tissue management tools
  - Nutritional advice
  - Durable Medical Equipment
- Provide Nutritional Consultations, as appropriate:
  - General good diet considerations
  - Meal planning
  - Weight loss
  - Weight gain
  - Condition specific recommendations, etc.
  - Provide or recommend smoking cessation counseling, as appropriate.
- Provide suggestions on when to follow-up with a provider and the type(s)of provider they could follow-up with. Ordering the appropriate testing to assist in the efficiency of the PCP visits if necessary.

And… ALWAYS Document Physician Signature and Time Services Ended

Conclusion

Chiropractic care has an opportunity to play a significant role in in patient care, leveraging the use of Telehealth. There is an opportunity for chiropractic clinicians to integrate Telehealth as anothertool to reach patients in a new way, providing a much-needed clinical experience and conservative natural care delivery for the patient for years to come.

TELEHEALTH FREQUENTLY ASKED QUESTIONS

1. Why Telehealth for chiropractic?

There may be times when patients may need chiropractic services but are unable or unwilling to come to the clinic location to receive in-office treatment; due to treatment barriers and especially in light of our current COVID-19 Public Health Emergency. Telehealth can keep the doctor and patient connected to reduce human suffering by carrying out treatment procedures conducive to supervision through Telehealth (i.e. therapeutic activities, evaluation, etc.)

2. Who could benefit from chiropractic Telehealth?

During the COVID-19 pandemic there are many patients that have not been able to adhere to their treatment plans, due to shelter in place directives. Because of this, the next best option is to help our patients by reaching out to the patient and helping them manage their conditions with "non-hands-on" treatment options that may help the patients manage their condition through this public health emergency.

3. What specifically can be offered to patients in a chiropractic Telehealth visit?

- General recommendations: Protecting the area of pain, active rest, staying away from sharp pain, staying away from aggravating factors, removing objects from the back pocket, walking instructions, home stretching instructions, limit painful activities, etc. Instruct the use of home modalities: Ice, heat, contrast therapy, TENS, etc.
- Instruct the use of topical pain relievers: Biofreeze, ChinaGel, etc.
- Instruct and supervised therapeutic activities to improve range of motion, flexibility, strengthening, endurance, coordination, balance, kinesthetic sense, proprioception, to improve functional performance, micro-stretching and micro-breaks, etc.
- Instruct the patient on soft tissue management with therapy tools: a foam roller, tennis ball, lacrosse ball, trigger point cane, etc.
- Provide and instruct the use of Durable MedicalEquipment: over the door cervical spine traction, posture pump for neck or low back, PostureRight, Denneroll, Gym balls, BOSU balls, stability trainers, wobble boards, tubing for resistance, stretching straps, wrist/ankle weights, orthotics, etc.
- Provide and instruct the use of taping: kinesio-tape, therapeutic taping, etc.
- Teach the patient proper ergonomics for: computer use and monitor height, standing well, sitting well, getting up from a laying position, getting into and out of a vehicle, etc. Provide dietary or nutritional counseling: nutritional intake, water intake, vitamins, supplements, etc.
- Other home recommendations pertinent to the patient's condition.

4. How often could chiropractic Telehealth visits be performed?

For the patients that may have fallen out of active treatment or supportive care it may make sense for the chiropractic clinician to follow-up with the patient at least once weekly until the patient returns to maximum therapeutic benefit and is discharged OR with timely re-entry into in-office care as the COVID-19 pandemic crisis is contained and patient's health status allow.

5. How long do Telehealth visits last?

This is patient specific and dependent upon the type of Telehealth services provided. A clinician providing health care services by Telehealth is held to the same standards of practice and conduct as in the provision of in-office health care services. All current CPT coding rules apply when providing service through an interactive audio and visual communication platform.

6. Are there any special needs for performing a Telehealth visit as it relates to information technology, informed consent, HIPAA, etc.?

- The Telehealth visit must be delivered through a HIPAA compliant technology. The Office of Civil Rights (OCR) has issued guidance on what non-public facing technology can be used during the COVID-19 public health crisis. https://www.hhs.gov/hipaa/for- professionals/special-topics/emergency-preparedness/notification-enforcement-discretion- Telehealth/index.html
- Beware of attempts of heightened hacking and malicious access to personal health information during this time. Sign-up for alerts from the Office of Civil Rights: https://www.hhs.gov/hipaa/for-professionals/list-serve/index.html.
- Informed consent requirements are defined state by state. The patient must be informed that their Telehealth visit is a billable service to them or their third-party payer, along with the risks of security/privacy, treatment alternatives, and other elements as typically required within an informed consent process.
- The Telehealth information is part of the patient's healthcare record and will be documented as such.

7. What are some general ideas where chiropractic clinicians can assist patients through Telehealth?

First and foremost, keep in mind we are engaged in a public health crisis. Assist with Public Health Service outreach:

- Review the CDC website and gather information: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
- It is important we as providers know and understand the "WHY" behind public health initiatives, so we can explain to our patients, helping them to understand and embrace these initiatives.
- Screen patients on every point of contact. Help patients understand COVID-19 disease signs and symptoms.
- Have you traveled in the last 14 days?
    - Have you had contact with anyone with confirmed COVID-19 in the last14 days? Have you had any of these symptoms in the last 14 days?
    - Fever greater than 100.4F
    - Cough (Productive or Non-Productive Bronchitis or Respiratory Infection Sore Throat
    - Shortness of Breath
    - Digestive Complaints, including Vomiting or Diarrhea
    - Severe fatigue not associated with travel, myalgia and/or arthralgia
- If you said yes to any of the above questions or are currently experiencing any of these symptoms, please call your primary care provider and schedule an appointment for COVID-19 testing.
- If the responses to these questions are negative, then proceed with scheduling the
- appointment.
- Help patients to understand what to do if they develop symptoms or acquire COVID-19disease, what to expect, and when they should reach out to their primary care providers for evaluation. Let them know what precautions you have undertaken to create and maintain a clean safe clinical environment in the event they develop an emergent neuromusculoskeletal complaint/condition.
- Report positive screenings to your local and/or state public health authorities.
- Encouraging healthy lifestyle habits to maintain healthy immune system function:

  - general hygiene
  - hand washing/hygiene not touching your face social distancing eating well/drinking water
  - exercising
  - thinking about good things (mindfulness) sleeping well
  - regular bowel habits
- Providing general education and conservative healthcare options for in-home management of:
  - General Health Conditions
  - Neuromusculoskeletal conditions
  - Pediatric health conditions
  - Geriatric health conditions
  - Occupational health issues
  - Sports health and performance
- If the patient is in active treatment or supportive care, ask the patient if they have any questions regarding the self-management previously provided to them. Review their home recommendations/self-care you have previously provided:
  - ice/heat stretching
  - range of motion activities
  - limiting painful activities
  - active rest
  - walking
  - strengthening exercises
  - balance training
  - coordination activities
- Provide suggestions on when to follow-up with a provider and the type(s)of provider they could follow-up with.
- Provide Nutritional Consultations, as appropriate:
  - General dietary considerations
  - Meal planning
  - Weight loss
  - Weight gain
  - Condition specific recommendations, etc.
- Provide or recommend Smoking Cessation Counseling, as appropriate. General hygiene
- Ordering the appropriate testing to assist in the efficiency of the PCP visits if necessary.

RESOURCES

Center for Connected Health Policy (billing for Telehealth encounters): https://www.cchpca.org/sites/default/files/2020-01/Billing%20Guide%20for%20Telehealth%20Encounters_FINAL.pdf

State law requirements (Source: Foley& Lardner, LLP: https://www.foley.com/-/media/files/insights/health-care-law-today/19mc21487-50state- survey-of-telehealth-commercial.pdf) and https://www.cchpca.org/telehealth-policy/current-state-laws-and-reimbursement-policies#.

American College of Physicians: https://www.acponline.org/practice-resources/covid-19-practice- management-resources/covid-19-telehealth-coding-and-billing-information

CMS Approved List of Telehealth Services: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes

CMS Provider Fact Sheet: https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet

AMA Quick Guide to Telemedicine: https://www.ama-assn.org/practice-management/digital/ama- quick-guide-telemedicine-practice

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM): https://www.cdc.gov/nchs/icd/icd10cm.htm

Information for Healthcare Professionals (COVID-19 CDC): https://www.cdc.gov/coronavirus/2019- ncov/hcp/index.html