

Limited Telemedicine Services FAQ

The Q&A below is meant to assist programs and professionals in developing telemedicine services using only a camera. Sponsoring organizations have the responsibility of deciding if and how they implement these services.

Do I need a separate patient consent?

- The patient must have a signed parent or minor consent for services to be provided. If you have already obtained consent that doesn't include a statement regarding what services may be provided via technology, best practice is to obtain an additional signature from the parent or patient (if minor consented visit) acknowledging their agreement to telemedicine services. If a signature can't be obtained, verbal agreement should be documented.
- Telemedicine consent should include:
 - Parent (if applicable) and patient assent to using technology to facilitate the visit.
 - Acknowledgment that there is an adult caregiver that will be available in the home for safety purposes during each visit (if applicable).
 - Acknowledgment that it is the responsibility of the patient to have access to a device and internet to facilitate the visit.
 - Acknowledgment that the technology may fail or there may be an interruption during the visit and that the visit may need to continue by phone only or rescheduled.
 - Acknowledgment that there is a private place in their home to have visits.

What about security and HIPAA?

- Sufficient privacy and security measures must be in place and documented to ensure confidentiality and integrity of patient identifiable information.
- US Department of Health and Human Services – Notification of Enforcement Discretion for Telehealth Remote Communications during the COVID19 Nationwide Public Health Emergency <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- A secured, audio and visual platform must be used to facilitate the visit. **Exception to this during the COVID-19 emergency: phone (telephonic) without audio may be used during the emergency and for up to 30 days after discontinuation of the emergency, or

the 1st of the following month. **[MSA-20-12 COVID19 Response: Relaxing Face to Face Requirement](#)

- If using text messaging, security and confidentiality must be maintained. Health Information Technology Education and Quality (HITEC)Center has provided some guidance: <https://hiteqcenter.org/Resources/Electronic-Patient-Engagement/Social-Media-Management/the-health-center-cios-guide-to-hipaa-compliant-text-messaging>

How do I prepare my patients?

- Instruct patient how to reach out to the clinician
 - Patient portal
 - Call or text to health center
- Instruct them to
 - Find a private place in their home, preferably a room with a door that they can lock or a place around the home, like a car or in the yard
 - Use headphones/earbuds during the visit
 - Sit up in a chair or at a desk, not in bed or lying down
 - Check to be sure their device (computer, tablet, phone) is working properly
- Provide information on how to join the visit (e.g. sending link via email)
- Ask them to use their phone versus a computer.
 - Allows for easier visualization (e.g. skin, throat) by moving phone around to specific areas of the body
- Provide information on your location (e.g. *“I’m in a room with the door locked, using headphones/earbuds so that no one else can see or hear our visit. It is completely private between you and me”*).
- Let patients know that the visit will not be recorded.

How do I prepare myself?

- Obtain remote access to your EHR
- Ensure access to a secure videoconferencing platform
- Send screening tools via remote link just prior to the visit or at the beginning of the visit
- Ensure sessions take place in a private location
 - Use a room with a door, preferable a home office. Never see a patient from your bedroom.
- Consider a noise reduction/white noise machine to position outside the door.
- Pay attention to what can be seen by the camera
 - Ensure a neutral background appears behind you on camera.
 - To create this space, consider using an adjustable screen or a divider behind your chair.

- Remove distractions from room
 - Turn off television, mute phones, move children and pets to a different part of the house
- Use headphones with a microphone
 - This allows clear audio, as well as protecting the privacy of patients
- Dress appropriately for session
 - Business casual attire to maintain professionalism
- Ensure you have a phone number for the in home adult caregiver in case of emergency

What are the limitations of telemedicine when only using a camera?

- Unable to perform point of care (POC) tests virtually such as a urinalysis, rapid strep, rapid flu
- Unable to listen to heart and lungs or look inside ears. Example PE documentation for limited telemedicine visit can be found [here](#)

How do I bill for services provided via telehealth?

- The originating site (where the patient is located) and the distant site (where the licensed professional is located) may be any site considered appropriate by the professional, including the home, so long as the privacy of the patient and security of the information shared during the visit are maintained.
- Standard billing codes apply to tele-mental health visits. Additionally, tele-mental health services must be reported with Place of Service 02-Telehealth and the GT modifier. [See Telemedicine Services Database](#) within MSA 20-13 bulletin for codes, modifiers, descriptions and fees.
- If “home” is the originating site, tele-mental health services are not eligible to bill the additional facility fee (Q3014).
- References: Michigan Medicaid Policy Bulletins
 - [MSA 20-09 General Telemedicine Policy Changes](#)
 - [MSA 20-13 COVID-19 Response: Telemedicine Policy Expansion](#)

What policies or protocols do I need?

- Policies outlining the types of visits that can be provided via telemedicine with only video. MDHHS has created a [list](#) of possible telemedicine activities as they relate to the minimum program requirements (MPRs).
 - The policy should include obtaining a phone number for the in home adult caregiver in case of referral for in person care or emergency.
- Protocols for workflow

- MA may still perform “rooming” tasks – risk screening, vitals (e.g. ask patient to use home scale)
- Use of parent to perform some part of the examination – vitals (temp, weight) or palpation to observe for tenderness
- Drive through for immunizations or POC testing
- Guidelines for prescribing (e.g. ear pain)
- There may be additional policies required by your sponsoring agency. Check with your administrator to better understand your agency telehealth policies.