

## TELEHEALTH RECOMMENDED GUIDELINES

### SUMMARY

Telehealth has been an important part of the response to COVID and the Health Council is ensuring that telehealth has its place within Bermuda's health system. With telehealth care becoming more prevalent, the Health Council wants to make certain providers and insurers are issued essential telehealth information during a critical period of COVID-19. The following are key points insurers and providers should keep in mind:

#### Pricing:

- Health Council's guidance includes no additional copayments on top of the presented fee schedule for telehealth services
- Non-direct patient services will be reflected in the pricing of telehealth.

#### Codes:

- Continue to use the Place of Service codes for telehealth (02) and/or modifiers on all professional claims.
- The list of codes related to telehealth can be found at the following link (See <https://bhec.bm/telehealth-guide/> for additional background):

[\*Telehealth Fee Schedule\*](#)

## PURPOSE

Throughout the global pandemic of COVID-19, many health services have been relying on telehealth to provide quality care to clients. During these times, telehealth has proven to be a useful tool in the health system. Due to this, the Health Council is seeking to create an opportunity to expand telehealth services to a more permanent option with set recommended criteria and work towards formal legislation. The precedent of such being the Medical and Dental Charges Order.

As a result of greater coverage during the COVID-19 pandemic, providers in Bermuda and internationally have also expanded their use of telehealth modalities. In Bermuda, we have seen the following utilization statistics. Based on 146 responses to the Health Councils survey, there were more than 700 reported instances of telehealth sessions since March 1<sup>st</sup>, 2020. In the face of greater demand and recent utilization, the Bermuda Health Council has adapted international policies and reimbursement for telehealth services and has complied the following standards guidance for telehealth reimbursement.

## DEFINED CONCEPTS

**Asynchronous:** (not synchronous) Transmitting information and/or data over a period of time.

**Client:** the individual themselves and/or their guardian, and/or those who have been deemed responsible for making decisions regarding care (e.g., for those with cognitive/mental disabilities).

**E-visits:** Online appointment with a health professional.

**Guidance:** Recommendation for telehealth coverage/reimbursement based on international research and local data collection. At this time, these are not legislated requirements.

**Mobile health:** The use of a mobile device to provide health care and education through text and notifications or through the use of a mobile application.

**Remote patient monitoring:** Electronic tools that record health and medical data in one location and can be reviewed by a health professional in another location.

**SHB:** Standard health benefit.<sup>1</sup>

**Store-and-forward:** Collecting images and/or reports and sending them to specialists and/or general health professionals. Specifically, Telehealth that is asynchronous refers to the “store-and-forward” technique, where a patient or physician collects medical history, images, and pathology reports and then sends it to a specialist physician for diagnostic and treatment expertise.

**Synchronous:** Real-time delivery of health care.

**Telehealth:** Patient centered care where professionals consult via supporting technologies. Telehealth refers broadly to electronic and telecommunications technologies and services used to provide care and services at-a-distance.

**Telemedicine:** The practice of medicine using technology to deliver care at a distance. A physician in one location uses a telecommunications infrastructure to deliver care to a patient at a distant site.

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<sup>1</sup> Health Insurance (Standard Health Benefit) Regulation 1971



**Virtual check-ins:** Briefly talking with health professionals using audio calls on phone, computers or video system.

## BACKGROUND

Telehealth has shown to have many benefits to improving the population's health. Some of these benefits include more access to primary care, better management of chronic conditions, case management and more education options<sup>2</sup>. Additionally, telehealth has been shown to provide an opportunity to collaborate among/across providers, provide more cooperation from clients<sup>3</sup>, and offer opportunity for new services or innovations to improve health in Bermuda. According to the *2019 Bermuda Digest of Statistics* report of health<sup>4</sup>, Bermuda's leading causes of death are circulatory illnesses (heart failure), neoplasms (cancer), and respiratory disorders (asthma). To date, telehealth has been shown to improve the way chronic illness are treated<sup>5</sup>. For instance, telehealth has increased the rate of survival of those with heart failure<sup>6</sup> and provides an effective way of monitoring of diabetes<sup>7</sup>. Given the known benefits and uptake of telehealth in recent months, there is an opportunity for telehealth to further benefit Bermudians and provide an additional avenue for care. However, there are some apprehensions with the use of telehealth. Although internationally, the majority of the public are in favor of telehealth, older adults are less comfortable with it possibly due to lack of knowledge of electronic devices<sup>8</sup>. Additionally, telehealth is currently not always appropriate for certain types and levels of care such as, certain physical examinations, procedures, and laboratory tests, and in cases where clients are unable to access appropriate digital equipment.

## EXPERIENCE OF TELEHEALTH UTILIZATION IN BERMUDA

In total, 152 responses were received by the deadline. Six surveys had to be excluded due to incompleteness). The following analysis was conducted on the 146 completed surveys received from local patients.

- Patients reported that telehealth was primarily used to communicate with their general practitioner (40%). Consultations (38%) were the primary nature of these sessions.
- Phone calls and video chats were the most common mode of communication and most sessions lasted 5-10 minutes and/or 15-30 minutes.
- It was reported that 89% of patients responding had health insurance. Of those with health insurance, 63% of claims submitted to insurance companies were covered in full.

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<sup>2</sup> CDC 2020

<sup>3</sup> Girordano 2011

<sup>4</sup> Bermuda Digest of Statistics 2019

<sup>5</sup> Glueckauf 2004

<sup>6</sup> Harold 2006

<sup>7</sup> Hebert 2006

<sup>8</sup> Terschuren 2012

## RECOMMENDATION FOR COVERAGE ELIGIBILITY:

- Clients should have an active health insurance policy with an insurance company licensed by the Bermuda Health Council. Should an uninsured client wish to receive care via telehealth services, payment of fees is to be resolved between the client and provider.
- Clients needing acute care whether for primary, specialty and/or behavioral care.
- Telehealth should be initiated by the client. The patient must initiate the service and give consent to be treated virtually, and the consent must be documented in the medical record before initiation of the service. If a service or visit has been prearranged, a patient may be given the option to have it conducted via telehealth or advised that telehealth is the best option (i.e., in respect of COVID-19 restrictions).
- During telehealth conferences with multiple health professionals and the client, claims can be submitted by each health professional individually, similar to in-office appointments.
- For insurance coverage, insured clients should be seen by a locally registered health professional.
- Unregulated health professionals should not be covered.
- (For overseas health professionals) if registered locally, insurers are recommended to reimburse overseas telehealth claims at the same rate as local claims. It is also suggested that insurers pre-approve telehealth services from a locally registered health professional who is overseas. Insurers are also recommended to providing the client with a quote of services prior to receiving the telehealth service.
- The following methods of delivery of telehealth are suggested to be:
  - Store and forward (Asynchronous)
  - Video calls (Synchronous: E-visits, Virtual check-ins)
  - Audio calls (Synchronous : Virtual check-ins)
  - Remote patient monitoring (Asynchronous)
  - Text or picture messaging (Asynchronous)
- Telehealth services that do not require the clients to be present or involve the client directly should not be eligible. Specifically, telehealth conferences between registered health professionals without client present.
- Telehealth services that do not require the clients to be present in real time (Synchronous) (i.e. Client sending picture or remote monitoring of diabetes) are recommended to be eligible.
- Providers submitting claim for telehealth services should indicate the service was rendered via telehealth by using the appropriate modifiers and/or place of service codes.
  - Place of service code (02) - Indicate the service “location” was telehealth
  - Modifier GT-Telehealth
  - Modifier 95-Telemedicine
  - Modifier GQ-Asynchronous telecommunication system
- Telehealth is not part of SHB, however, some services under SHB can be provided as telehealth for providers who are already approved to provide services under SHB. Reimbursement of SHB claims are to follow the legislated fee schedule regardless of how the service was rendered. No additional reimbursement or deductions to reimbursement will occur for SHB services provided through telehealth by approved SHB providers.

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#### RECOMMENDED TELEHEALTH PROCEDURES

- Telehealth procedures are subject to the same regulations and standards of care as in-office visits.<sup>9,10</sup>
- If a client does not wish to participate in telehealth they should have the option of an in-office appointment. At any point during the telehealth appointment the client has the right to terminate the appointment and request an in-office appointment.
- For international guidelines for telehealth procedures see sources<sup>11</sup>.

#### RECOMMENDED REIMBURSEMENT REQUIREMENTS:

- Telehealth claims must include one of the listed CPT codes for eligibility for identify the telehealth service that was provided. In addition to the CPT code, claims should including diagnostic codes (e.g., ICD-10).
- When providers are submitting claim forms for telehealth services, claims should indicate the service was rendered via telehealth by using the appropriate modifiers and/or place of service codes.
- Telehealth should be conducted using approved platforms for synchronous/asynchronous E-visits, audio calls and videos. It is recommended that health professionals use the Health Insurance Portability and Accountability Act (HIPAA) compliant platforms<sup>12</sup> to perform telehealth services, such as:
  - VTConnect- <https://vtconnect.net/>
  - Zoom- <https://zoom.us/>
  - Doxy.me- <https://doxy.me/en/>
  - VSEE.com- <https://vsee.com/>
  - Skype for Business- <https://www.skype.com/en/business/>
  - Google G Suite Hangout Meet- <https://gsuite.google.com/products/meet/>
  - Webex for Healthcare - <https://www.webex.com/industries/healthcare.html>
- If health professionals wish to use remote diagnostic tools, the Health Council recommends the following FDA approved tools:
  - MESI mTABLET- <https://www.mesimedical.com/mesi-mtablet/>
  - TEMPUS IC2- <https://www.rdtltd.com/products/tempus-ic2-telemedicine-monitor/>
  - ChroniSencse Medical- <http://chronisense.com/>
  - Vitls- <https://www.vitlsinc.com/>

<sup>9</sup> Bermuda Allied Health Professions Act 2018

<sup>10</sup> Bermuda Medical Practitioners Act 1950

<sup>11</sup> Board of Governors, Medical council of India 2020

<sup>12</sup> U.S Department of Health & Human Services 2020

- Clients should not be charged for normal queries that are not relating to their specific health concerns/issues or general quires from the public.
- When utilizing billing codes that include a face-to-face time component (including CPT range 99201-99215), providers should be especially wary of which code is used and should not generally utilize a code that provides a time period that exceeds the time actually spent. As most devices (on both the provider and patient side) have the ability to track the duration of a call or video session, this is another area where investigators would be able to determine with relatively minimal effort if the billing code utilized included a typical face-to-face time that exceeded the actual time spent.
- Reimbursement when claims volumes for telehealth are outside of the normal range and that cannot be justified, are subject to insurer discretion.
- If practicable, providers should document in detail the specifics of the services provided, including information such as how the service was initiated, what audio/video mechanisms were utilized, and (if applicable) the duration of the face-to-face portion of the service. While such documentation may not be required, maintenance of such records – as long as they are accurate – will go a long way in demonstrating knowledge of, and good faith efforts to comply with, the applicable requirements in the event there is ever an audit or other Bermuda Health Council scrutiny



## RECOMMENDED FEE SCHEDULE

Due to telehealth being a relatively new service being provided and enhanced due to COVID-19 there is little information on the international fee schedule for telehealth. During COVID-19 most countries<sup>13,14,15</sup> and Bermuda have recommended telehealth be reimbursed at the same rate as in-office visits, as a result of restricted access to in-office services. However, as countries re-open, telehealth has been suggested to become a more permanent service. Subsequently a new fee suggestion for telehealth has been created by taking the reimbursement rate (same as in-office) and removing the facility fees associated. This results in an average of 60% of the original fee. Although telehealth does not require the use of a facility, it is the understanding that there are still overhead costs involved to perform these services. In line with other countries (USA reimburses at 70% for non-registered sites<sup>16</sup>, 80% for registered sites<sup>17</sup>) it is recommended that telehealth is reimbursed at 70% of a Bermuda-based fair value in-office fee. This will allow some reimbursement for the level of overhead cost here in Bermuda.

We are aware that fees for the provision of community procedures are not regulated. Providers do charge more/less than the Health Council's listed recommended fee schedule. For the purpose of this guide, we have identified the Health Council's fee schedule rates as "BHeC telehealth maximum price". It is recommended that services rendered via telehealth should be priced lower than the rate as in-person. Additionally, the Health Council's guidance includes no additional copayments on top of the presented fee schedule for telehealth services. Although standardization is preferred and consistency in the system leads to a stronger system, insurance companies do have the right to set reimbursements.

Currently, the recommended local reimbursement rates are calculated as follows:

$$\frac{\text{sum of claims amount paid}^{18}}{\text{sum of relative value units (RVU)}^{20}} \times \text{CPT-code corresponding RVU (including facility)} \times 70\% = \text{Recommended BHeC Telehealth Maximum Price}^{19}$$

For recommended CPT coded for telehealth and the recommended fee schedule visit <https://bhec.bm/telehealth-guide/> or click the [Link](#)

<sup>13</sup> Doctors Nova Scotia 2020

<sup>14</sup> The Official U.S. Government Site for Medicare 2020

<sup>15</sup> Pong & Hogenbirk 2000

<sup>16</sup> Wilson 2017

<sup>17</sup> CMS Telehealth services MLN booklet 2020

<sup>18</sup> Total amount of claims from all insurers in Bermuda for the FY2019

<sup>19</sup> Bermuda Health Council recommends taking this fee and reimbursing claims associated at 70%. see Telehealth Price r the fee at 70%

<sup>20</sup> Total RVU from <https://www.optum360coding.com>

## RECOMMENDED FUTURE DIRECTION OF TELEHEALTH

Many countries are providing telehealth services at registered sites<sup>21,22</sup> (e.g. hospitals, doctor's offices, government facilities) that allow individuals the opportunity to receive telehealth care when technological devices are not available to them. These sites provide clients with privacy, technological devices (e.g. phone and computer) and platforms in a secure location. This option provides the benefit of health officials monitoring telehealth services and access for clients, while still maintaining privacy. Additionally, these registered sites can provide a location that can be isolated from others that is compliant with COVID-19 social distancing guidelines. As technologies continue to advance, telehealth is also expanding in the type of health monitoring that can occur remotely. To elaborate further, some of the telehealth advancements, for instance, are watch devices that provide data on heart conditions to health professionals<sup>23</sup>, mobile apps to monitor diabetes<sup>24</sup> and remote monitoring and tracking systems that supply family and health professionals with vital signs and GPS location of an individual<sup>25</sup>.

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<sup>21</sup> Newfoundland & Labrador Centre for Health Information 2017

<sup>22</sup> Centre for Connected Health Policy, The National Telehealth Policy Resource Centre 2019

<sup>23</sup> Evans 2016

<sup>24</sup> Glooko People with Diabetes 2020

<sup>25</sup> Nasor 2016

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