

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:

Timeline:

- There are no changes to the current rate of reimbursement for the first 6 months, found on page 7.
- Relative Value Unit (RVU) pricing starts April 2021 and ends October 2021, found on page 7.
- The telehealth fee rate begins October 2021, found on page 7.

Pricing:

- There are no-copays on the telehealth fee rate.
- Non-direct patient services will be reflected in the pricing of telehealth.

Codes:

- Continue to use the Place of Service codes for telehealth (02) on all professional claims.
- The list of codes related to telehealth, found on page 8, is the most up-to-date list.

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 1st, 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.¹

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

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

¹ Health Insurance (Standard Health Benefit) Regulation 1971

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 options². Additionally, telehealth has been shown to provide an opportunity to collaborate among/across providers, provide more cooperation from clients³, and offer opportunity for new services or innovations to improve health in Bermuda. According to the *2019 Bermuda Digest of Statistics* report of health⁴, 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 treated⁵. For instance, telehealth has increased the rate of survival of those with heart failure⁶ and provides an effective way of monitoring of diabetes⁷. 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 devices⁸. 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.

² CDC 2020

³ Girordano 2011

⁴ Bermuda Digest of Statistics 2019

⁵ Glueckauf 2004

⁶ Harold 2006

⁷ Hebert 2006

⁸ 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.
- Delivery of telehealth is recommended to include synchronous/asynchronous virtual check-ins and e-visits.
- Telehealth services that do not require the clients to be present should not be eligible. For example, mobile health, store-and-forward, remote patient monitoring and telehealth conferences between registered health professionals without client present.
- Clients needing acute care whether for primary, specialty and/or behavioural 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).
- For insurance coverage, insured clients should be seen by a locally registered health professional.
- Unregulated health professionals should not be covered.
- Client should be present for all telehealth conferences.
- During telehealth conferences with multiple health professionals and the client, claims can be submitted by each health professional individually, similar to in-office appointments.
- 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. Those services are as follows:
 - Diabetic education and counseling (CPT: 98960)
 - Dietitian counseling (CPT: 98960)
 - Home medical services education and counseling (CPT: 98960)
- (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.

RECOMMENDED TELEHEALTH PROCEDURES

- Telehealth procedures are subject to the same regulations and standards of care as in-office visits.^{9,10}
- 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 sources¹¹.

⁹ Bermuda Allied Health Professions Act 2018

¹⁰ Bermuda Medical Practitioners Act 1950

¹¹ Board of Governors, Medical council of India 2020

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, **place of service code should be 02** (Place of Service Codes for Professional Claims for telehealth¹²). Currently, some CPT codes can be used as in-office and telehealth. By using the place of service code (02), insurers will be able to distinguish what rate the services should be reimbursed at (i.e. in-office price or recommended telehealth price).
- 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 platforms¹³ 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/>
- 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.

¹² Centers for Medicare & Medicaid Services

¹³ U.S Department of Health & Human Services 2020

- 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^{14,15,16} 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 sites¹⁷, 80% for registered sites¹⁸) 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 current in-person fees as "transitional rates", the Health Council's fee schedule rates as "In person recommended RVU price", and the guidance telehealth fee rate as "Telehealth fee". As businesses are slowly reopening, the Health Council suggests a 1 year phase to change the reimbursement of telehealth services (listed above) from the "transitional rate" to the recommended "telehealth fee".

REIMBURSEMENT TIMELINE

CURRENT DATE – 6 MONTHS	100% reimbursement at " transitional rate ". If providers charge more than the "in person RVU price", we suggest a 6 month period to reduce prices to the "in person RVU price". If a provider charges less than the "in person RVU price" they may continue to charge at their current rate until the end of the 6 month period.
6 MONTHS- 1 YEAR	100% reimbursement at " in person RVU price ". We suggest a 6 month period to reduce the price from the "in person RVU price" to 70% of that rate, which will be the "telehealth fee".
AFTER 1 YEAR	Charge at the " telehealth fee " rate (70% of the "in person RVU price").

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

$$\frac{\text{sum of claims amount paid}^{19}}{\text{sum of relative value units (RVU)}^{21}} \times \text{CPT-code corresponding RVU (including facility)} \times 70\% = \text{Recommended fee schedule for telehealth}^{20}$$

¹⁴ Doctors Nova Scotia 2020

¹⁵ The Official U.S. Government Site for Medicare 2020

¹⁶ Pong & Hogenbirk 2000

¹⁷ Wilson 2017

¹⁸ CMS Telehealth services MLN booklet 2020

¹⁹ Total amount of claims from all insurers in Bermuda for the FY2019

²⁰ Bermuda Health Council recommends taking this fee and reimbursing claims associated at 70%. see Telehealth Price (No Copay) for the fee at 70%

²¹ Total RVU from <https://www.optum360coding.com>



CPT CODES AND RECOMMENDED RATES

(Note: It is recommended that telehealth visits are reimbursed without addition of copay)

GENERAL			
CODE	Description	In Person Recommended RVU Price	Health Council Recommended Telehealth Price (No Copay)
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient	\$ 64.45	\$ 45.11
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients	\$ 30.97	\$ 21.68
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients	\$ 22.60	\$ 15.82
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	\$ 107.97	\$ 75.58
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.	\$ 179.12	\$ 125.38
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$ 253.61	\$ 177.53

99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.	\$ 387.53	\$ 271.27
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	\$ 489.65	\$ 342.75
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.	\$ 107.14	\$ 75.00
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient and/or family.	\$ 176.61	\$ 123.62
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.	\$ 256.12	\$ 179.29
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually,	\$ 344.01	\$ 240.80

	the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.		
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 92.91	\$ 65.03
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 170.75	\$ 119.52
99233	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 246.08	\$ 172.25
99241	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	\$ 113.00	\$ 79.10
99242	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.	\$ 213.44	\$ 149.40
99243	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care	\$ 292.11	\$ 204.48

	professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.		
99244	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.	\$ 437.75	\$ 306.43
99245	Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family.	\$ 533.17	\$ 373.22
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 118.02	\$ 82.61
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 178.28	\$ 124.80
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 275.37	\$ 192.76
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of	\$ 400.92	\$ 280.65

	<p>moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>		
99255	<p>Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.</p>	\$ 482.11	\$ 337.48
99307	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	\$ 103.79	\$ 72.65
99308	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	\$ 163.22	\$ 114.25
99309	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	\$ 215.11	\$ 150.58
99310	<p>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit.</p>	\$ 317.22	\$ 222.06

99354	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)	\$ 306.34	\$ 214.44
99355	Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service)	\$ 232.69	\$ 162.88
99406	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge	\$ 435.24	\$ 304.67
99407	Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge	\$ 575.02	\$ 402.51
G0425	TELEHEALTH CONSULT ED/IP 30 MIN PT	\$ 236.03	\$ 165.22
G0426	TELEHEALTH CONSULT ED/IP 50 MIN PT	\$ 320.57	\$ 224.40
G0427	TELEHEALTH CONSULT ED/IP 70 MIN/>PT	\$ 475.42	\$ 332.79
G2012	Brief check in by MD/QHP	\$ 34.32	\$ 24.02
G2061	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	\$ 28.46	\$ 19.92
G2062	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	\$ 50.22	\$ 35.15
G2063	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	\$ 78.68	\$ 55.07
99421	Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family.	\$ 35.99	\$ 25.19
99422	Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting	\$ 71.98	\$ 50.39

	problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.		
99423	Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family.	\$ 116.34	\$ 81.44
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	\$ 236.03	\$ 165.22
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	\$ 320.57	\$ 224.40
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	\$ 475.42	\$ 332.79
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	\$ 34.32	\$ 24.02
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	\$ 28.46	\$ 19.92
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	\$ 50.22	\$ 35.15
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	\$ 78.68	\$ 55.07
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.	\$ 35.99	\$ 25.19
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more	\$ 71.98	\$ 50.39

technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.

PSYCHOLOGY/PSYCHIATRIC

CODE	Description	In Person RVU Price	Health Council Recommended Telehealth Price (No Copay)
90791	Psychiatric diagnostic evaluation	\$ 337.31	\$ 236.12
90792	Psychiatric diagnostic evaluation with medical services	\$ 373.30	\$ 261.31
90832	Psychotherapy, 30 minutes with patient	\$ 164.89	\$ 115.42
90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ 169.07	\$ 118.35
90834	Psychotherapy, 45 minutes with patient	\$ 219.29	\$ 153.51
90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ 214.27	\$ 149.99
90837	Psychotherapy, 60 minutes with patient	\$ 328.10	\$ 229.67
90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)	\$ 281.23	\$ 196.86
90845	Psychoanalysis	\$ 232.69	\$ 162.88
90846	Family psychotherapy (without the patient present), 50 minutes	\$ 240.22	\$ 168.15
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	\$ 248.59	\$ 174.01
90863	Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)	\$ 63.61	\$ 44.53

RENAL DISEASE

CODE	Description	In Person RVU Price	Health Council Recommended Telehealth Price (No Copay)
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$ 2,226.42	\$ 1,558.49
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$ 1,737.61	\$ 1,216.33



90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$ 1,930.96	\$ 1,351.67
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$ 1,088.10	\$ 761.67
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$ 1,531.71	\$ 1,072.20
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$ 1,040.39	\$ 728.27
90960	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month	\$ 675.46	\$ 472.82
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month	\$ 567.49	\$ 397.24
92227	Remote imaging for detection of retinal disease (e.g., retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	\$ 31.81	\$ 22.26
92228	Remote imaging for monitoring and management of active retinal disease (e.g., diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	\$ 80.35	\$ 56.25
CARDIOVASCULAR			
CODE	Description	In Person RVU Price	Telehealth Price (Health Council Recommended Telehealth Price (No Copay))
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional	\$ 63.61	\$ 44.53
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote	\$ 1,659.77	\$ 1,161.84

	attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional		
93268	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional	\$ 472.07	\$ 330.45
93270	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)	\$ 20.93	\$ 14.65
93271	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis	\$ 390.88	\$ 273.62
93272	External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional	\$ 60.26	\$ 42.18
GENETICS			
CODE	Description	In Person RVU Price	Health Council Recommended Telehealth Price (No Copay)
96040	Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family	\$ 107.97	\$ 75.58
NEUROBEHAVIOURAL			
CODE	Description	In Person RVU Price	Health Council Recommended Telehealth Price (No Copay)
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour	\$ 231.01	\$ 161.71
NUTRITION			

CODE	Description	In Person RVU Price	Health Council Recommended Telehealth Price (No Copay)
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$ 88.72	\$ 62.11
97803	Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	\$ 77.00	\$ 53.90
97804	Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes	\$ 40.18	\$ 28.12
ALCOHOL/SUBSTANCE ABUSE			
CODE	Description	In Person RVU Price	Health Council Recommended Telehealth Price (No Copay)
99406	Smoking and tobacco use counseling visit (3 to 10 minutes)	\$ 35.99	\$ 25.19
99407	Smoking and tobacco use cessation counseling visit (More than 10 minutes)	\$ 68.63	\$ 48.04
99408	Alcohol and/or substance (other than tobacco) abuse structured screening (15 to 30 minutes)	\$ 85.37	\$ 59.76
99409	Alcohol and/or substance (other than tobacco) abuse structured screening (more than 30 minutes)	\$ 165.73	\$ 116.01
ALLIED HEALTH			
CODE	Description	In Person RVU Price	Health Council Recommended Telehealth Price (No Copay)
G2061	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	\$ 28.46	\$ 19.92
G2062	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	\$ 50.22	\$ 35.15
G2063	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	\$ 78.68	\$ 55.07

RECOMMENDED FUTURE DIRECTION OF TELEHEALTH

Many countries are providing telehealth services at registered sites^{22,23} (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 professionals²⁴, mobile apps to monitor diabetes²⁵ and remote monitoring and tracking systems that supply family and health professionals with vital signs and GPS location of an individual²⁶.

²² Newfoundland & Labrador Centre for Health Information 2017

²³ Centre for Connected Health Policy, The National Telehealth Policy Resource Centre 2019

²⁴ Evans 2016

²⁵ Glooko People with Diabetes 2020

²⁶ Nasor 2016

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