Adapting to Virtual Care for Traumatic Brain Injury

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Disclosures

- Employed by Veterans Affairs and receive a salary
- These opinions expressed are that of my own and do not represent the interests of the VA, government, or any other hospital body.
- Information herein is intended to be informational and does not constitute legal advice nor counseling under any circumstance. Furthermore, information contained may not reflect the most current developments; thus you should not rely on this information without consulting the appropriate resources.

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Introduction

- Outpatient Polytrauma System of Care
- Veterans screen for deployment-related TBI for wartime events post 9/11
- Services are also available for patients with TBI outside of deployment,

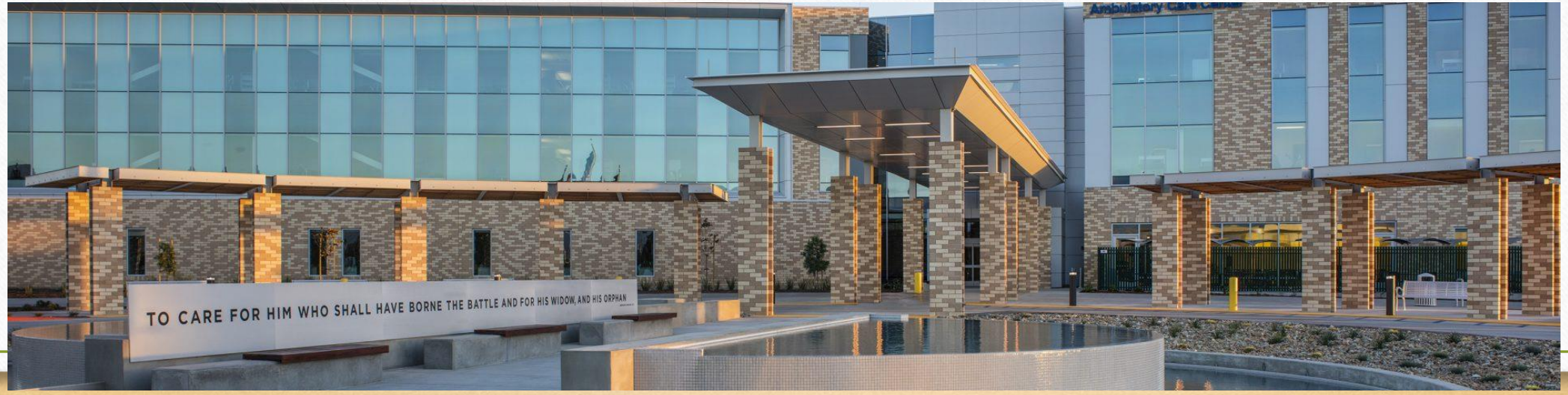


Photo credit: Degenkolb.com

Facility's Response

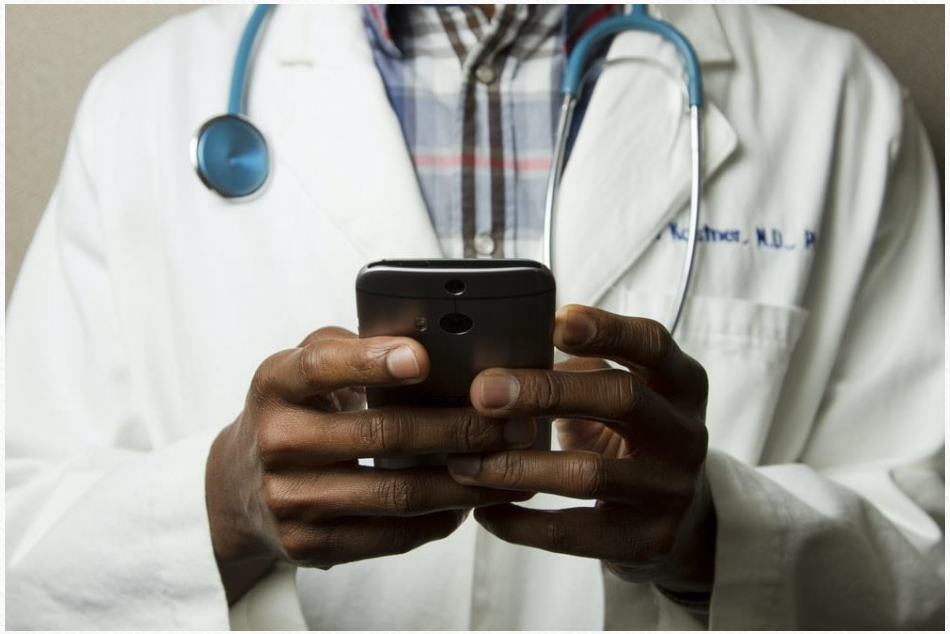
- Conversion to telephone clinic unless urgent
- Gradual addition of video telehealth
  - Education in providing virtual care
  - Appropriate billing codes to utilize
  - Facility approval to become a TeleProvider
  - Obtain equipment including webcams for use

Video Group: Moderate-Severe TBI

- Different VA site
- Patients with limited access
  - Diagnosis
  - Ability to plan and organize
  - Geographical location
- Provide support, education, skill building, and social outlet
- Best attendance in over a decade

Definition

- Telehealth
- Synchronous telehealth
  - Real time interaction
  - Video visits
  - Phone calls
- Asynchronous telehealth
  - Email or text messages
  - Images
  - Lab results
  - Remote patient monitoring



Recent History

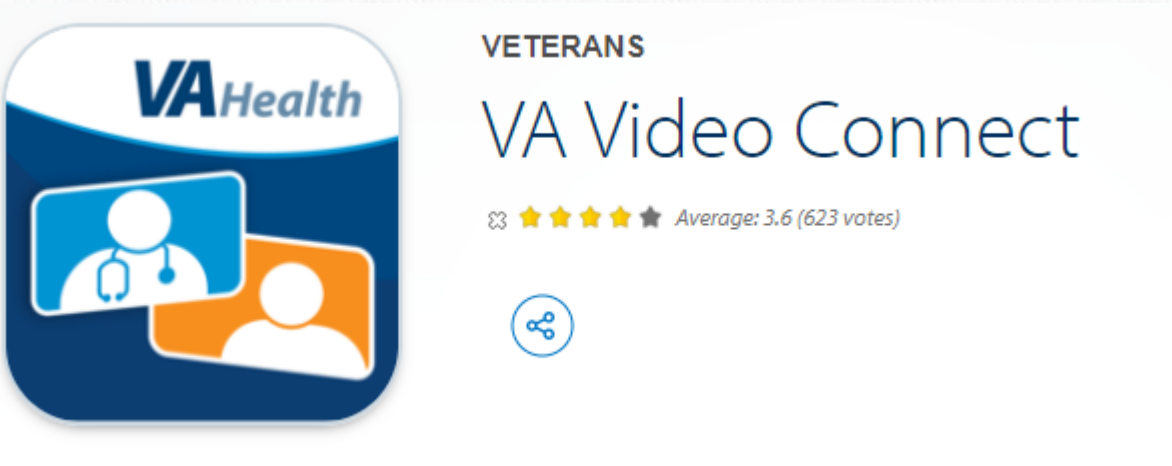
- 2019 Medicare began paying for virtual check-ins
- Response to COVID-19 pandemic
  - CMS expanded payment for telehealth services and implemented other flexibilities including for telephone and telehealth
  - AMA also outlined relaxed requirements- included ability to apply certain codes for both new and established patients
- CMS List of Telehealth Services

Federal Announcements

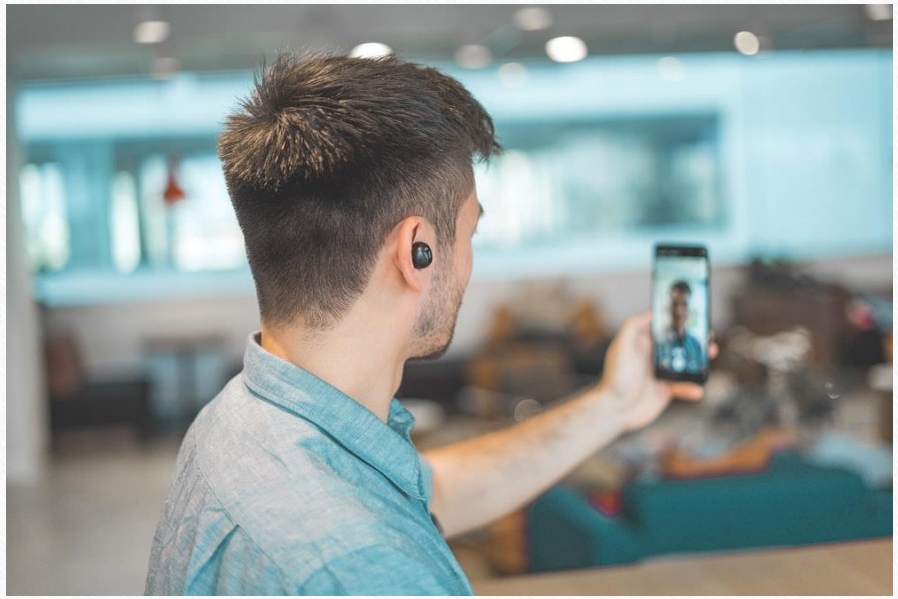
- COVID-19 Public Health Emergency (PHE)
  - Renewed on July 19, 2021
- May use any non-public facing application to communicate with patients without risking any federal penalties
  - Even if the application is not in compliance with HIPAA
- Some providers can deliver telehealth services across state lines
  - California is not a participant in the Interstate Medical Licensure Compact

Platforms: VA

- Clinical Video Telehealth (CVT)- video call to a clinic center
- VA Video Connect (VVC)
- Telephone
- My HealtheVet Secure Messaging (Asynchronous)



Platforms: Non-VA



- Any non-public facing application during the PHE
  - FaceTime
  - Zoom
  - Skype
  - Facebook Messenger video chat,
  - Google Hangouts video, if necessary.
- Public-facing applications may NOT be used for patient care
  - E.g. Facebook Live, Twitch, nor TikTok
- Consider a HIPAA-compliant product
  - Microsoft Teams, Updox, VSee, Zoom for Healthcare, Doxy.me, Google G Suite Hangouts Meet, Cisco Webex Meetings, Amazon Chime

Patients without Virtual Access

- “Digital Divide” Consult
- Lighthouse for Older Adults
  - CITRUS and University of California Initiative

Warning Signs During Telehealth Encounters

- Yellow Flags
  - Abnormal findings on exam that warrant in person physical
  - Patient leaves the visit visibly or verbally upset and cannot be contacted
- Red Flags
  - SI/HI
  - Needs urgent mental health care
  - Verbally or physically acting out
  - Imminently dangerous to their caregiver
  - Medical emergency

Examination

- Gen: alert, in NAD, appears documented age
- Appearance: Veteran was dressed and groomed appropriately for the interview
- Respiratory: unlabored, no audible cough or wheezing
- Musculoskeletal: full functional ROM of head and shoulder without gross deformities
- Orientation: Alert and appeared oriented.
- Behavior: Polite and cooperative, fully engaged,
- Motor activity: no visible psychomotor agitation, retardation, repetitive movements, tremors, or tics were noted
- Speech: Normal volume, rate, and tone
- Affect: Congruent to mood and the context of the discussion.
- Thought Process: Clear, logical, and goal-directed
- Thought Content: No apparent delusions, SI, HI, nor evidence of A/V hallucinations

Examination- Cranial Nerves

- CN I (olfactory) - not tested
- CN II (optic) – not tested
- CN III, IV, VI (oculomotor, trochlear, abducens) - EOMI, no ptosis
- CN V- not tested
- CN VII (facial) - no facial droop/asymmetry, smile symmetric, symmetric eyebrow raise
- CN VIII (vestibulocochlear) - hearing intact to normal voice
- CN IX and X (glossopharyngeal and vagus)- no hoarseness/nasal voice
- CN XI (accessory) - shoulder shrug and head turning symmetric
- CN XII (hypoglossal) - tongue midline

Examination- continued

- Cognition:
  - Memory: 3 or 5 word encoding and recall
  - Repetition
  - Attention: serial 7s or 3s
- Motor: No abnormal involuntary movements, no tremor/dystonia/bradykinesia
- Finger tapping: Intact
- Rapid alternating movements: Intact
- Pronator Drift: absent
- Gait: Normal reciprocal gait, rises from seated position independently.

Coding Telephone Encounters

- Telephone evaluation and management (E/M) service
  - Temporary Addition for PHE for Covid-10 Pandemic- Added 4/30/20
  - 99441: 5-10 min
  - 99442: 11-20 min
  - 99443: 21-30 min
- Requirements
  - CC
  - Mode of care within body of note
  - History with pertinent ROS
  - Medical decision making
  - Time: time spent interacting with the patient only

Coding Outpatient Video Encounters

- May utilize 99202-99205 or 99211-99215
- Note CPT E/M Office Revisions effective January 1, 2021, if utilizing MDM

1	LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2021-updated March 30, 2021				
2	Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements	Medicare Payment Limitations
147	99202	Office/outpatient visit new			
148	99203	Office/outpatient visit new			
149	99204	Office/outpatient visit new			
150	99205	Office/outpatient visit new			
151	99211	Office/outpatient visit est			
152	99212	Office/outpatient visit est			
153	99213	Office/outpatient visit est			
154	99214	Office/outpatient visit est			
155	99215	Office/outpatient visit est			

Coding Inpatient Encounters

1	LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2021-updated March 30, 2021				
2	Code	Short Descriptor	Status	Can Audio-only Interaction Meet the Requirements	Medicare Payment Limitations
159	99220	Initial observation care	Temporary Addition for the PHE for the COVID-19 Pandemic		
160	99221	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic		
161	99222	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic		
162	99223	Initial hospital care	Temporary Addition for the PHE for the COVID-19 Pandemic		
163	99224	Subsequent observation care	Available up Through the Year in Which the PHE Ends		
164	99225	Subsequent observation care	Available up Through the Year in Which the PHE Ends		
165	99226	Subsequent observation care	Available up Through the Year in Which the PHE Ends		
166	99231	Subsequent hospital care			
167	99232	Subsequent hospital care			
168	99233	Subsequent hospital care			

Barriers

- Access to devices
- Access to internet
- Patient ability to utilize a complex platform
- Can be time consuming
- Appropriate examination locations
- VA's platform – 2 separate appointments

Benefits of Telecare

- Maintain physical distancing
- Reduced exposure for staff and patients
- Preserved PPE supplies
- Expanded access
- Decreased time necessary for patient to attend appointments
- Possible decreased no-show rates
- Video visits allow us to code the same as for F2F encounter
- For triage or follow-up
- Intended to “complement and enhance” face to face care

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Thank you