



# AAP COVID-19 ECHO: Pediatric Emergency Readiness & Response



## ACKNOWLEDGEMENTS

This project is supported by cooperative agreement #5NU38OT000282-02-00, funded by the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the US Department of Health and Human Services.



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## TODAY'S LECTURE

# Telehealth Strategies in the Age of COVID-19: Providing Preventive Care via Telehealth

Presented April 17, 2020



# OUTLINE

- Providing Preventive Care via Telehealth: **why?**
- What **care can be provided** virtually?
- Acknowledging **limitations**
- Arranging **follow-up**
- Innovative **workflows**
- Getting your **patients/families** on board
- Documentation, coding and payment



# WHY PREVENTIVE CARE VIA TELEHEALTH

- All of us have been impacted by the COVID-19 pandemic and pediatric care providers are facing unique challenges during these uncertain times
- With the outbreak of COVID-19 in the U.S. the use of telehealth is being implemented more broadly than ever before
- Practicing good medicine is key to good outcomes, whether it's telemedicine or in-person visits
- No safe way to provide in person care for some practices
- Crisis is adding significant stress to patients/families
- Meet your patients/families where they are to provide the care they need



# WHY PREVENTIVE CARE VIA TELEHEALTH: LEGAL AND REGULATORY CONSIDERATIONS

- Due to the national health emergency caused by COVID-19 spread, current HIPAA regulations are being loosened by HHS and OCR so providers can use non-public facing third-party video and streaming products to contact patients in order to reduce physical contact and maintain continuity of care
  - Variety of platforms permissible products for the foreseeable future
  - Providers should be aware these are only temporary regulation changes, and if practices and providers wish to be involved in long-term telehealth services; these non-HIPAA compliant platforms are not in their best interest. See quote from HHS and OCR:
    - “ A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.” -- HHS Website



## WHAT CARE CAN BE PROVIDED VIRTUALLY

- Thorough interval history including current functioning and management of health conditions
- Reconciliation of care
  - Specialists: past and upcoming visits
  - Medications
  - Emergency room/urgent care visits
  - Other services (PT/OT/speech, Early Intervention)





# SCREENINGS CAN BE PROVIDED VIRTUALLY

- Depression (postpartum, adolescent)
- Development/Autism
- Adolescent Risk Assessment
- Social Determinants of Health
- ACES (including impact of COVID-19 pandemic)



# ANTICIPATORY GUIDANCE CAN BE PROVIDED VIRTUALLY

- Family support
- Age appropriate safety education
- Education and guidance related to development, behavior, school, oral health, screen time, nutrition, physical activity



# MAKING CONNECTIONS FOR NEEDED SERVICES CAN BE PROVIDED VIRTUALLY

- Connecting families to adequate food
- Connecting families to community support services
- Connecting patients/families to needed mental and behavioral health
- Connecting patients/families to appropriate specialty care



## ADDITIONAL INSIGHT CAN BE GAINED VIRTUALLY

- Getting an inside glimpse of the family in ***their*** environment can be enlightening
- Some patients/families may be more relaxed in their home environment
- Some patients/families may be more open with responses feeling less vulnerable in virtual environment



## A LIMITED EXAM CAN BE OBTAINED VIRTUALLY

- Some parents may be able to get growth measurements ([CDC guidance](#))
- Can do the visual inspection portion of an exam
- Can assess need, and urgency for in-person acute care
- Can witness developmental skills and assess age-appropriate interaction
- Can involve caregivers in exam (and teach them in the process!)



# A COMPREHENSIVE EXAM CANNOT BE OBTAINED VIRTUALLY

- Unlikely to get accurate vital signs including blood pressure
- Difficult to assess eyes (including red reflexes, cover/uncover, fundoscopic exam)
- Cannot auscultate to get full heart/lung exams
- Genitalia exam may not be appropriate/complete due to privacy constraints
- Palpation not possible



# A COMPREHENSIVE EXAM CANNOT BE OBTAINED VIRTUALLY

- Must acknowledge that these are extraordinary times
- Even in the best of times, there may be extenuating circumstances that prevent a comprehensive physical exam:
  - Physical limitations (body casts, wheelchair-bound)
  - Developmental limitations (unable or too frightened to fully cooperate)
  - Emotional limitations
- During those times: we identify and document gaps



## ACKNOWLEDGING OTHER LIMITATIONS

- Vaccines
- Office testing:
  - Hearing/vision
  - Labs (hemoglobin, lead, cholesterol)
- Office procedures:
  - Fluoride varnish





## ARRANGING FOLLOW-UP

Items that are part of a comprehensive preventive medicine service that could not be performed at the time of the telehealth visit should be:

- Identified and discussed with the patient/caregiver
- Documented
- Follow-up arranged to close the gaps whenever/wherever safe to provide appropriate care



## INNOVATIVE WORKFLOWS

- Perform Telehealth well visit- guidance forthcoming
- Vaccines in office, parking lot, home?
- ***Schedule follow-up visit*** at time of virtual visit
  - Stresses importance with family
  - Anticipates practice need during recovery
- Follow-up visits:
  - Health fair over summer?
  - One provider performing “close the gap” visits



## GETTING PATIENTS/FAMILIES ON BOARD

- They are already asking for it!
- Optimal time to think about chronic patients (epilepsy, diabetes, etc.)
- Create patient/family tips for a successful virtual check-up
  - Find a private, safe place with good lighting
  - Complete screenings prior to the visit
  - Obtain any possible measurements/vital signs
  - Make a list of all of specialists/other providers your child sees
  - Assemble your medications and have them available (but safely out of reach!)
  - Make a list of questions/concerns you would like to discuss
  - Have your calendar available to schedule the follow-up visit



# DOCUMENTATION, CODING AND PAYMENT

## **Encounter #1: Initial Preventive Medicine Service (PMS) via Telemedicine**

CPT 99381-99385 or 99391-99395

plus

Screening(s)/assessment(s) performed via telemedicine (eg, 96110, 96137, 96160, 96161)

linked to the appropriate ICD-10-CM code:

Z00.110

Z00.111

Z00.121

Z00.129

Z00.00

Z00.01

Report the Place of Service (POS) Code (eg, 02, 11) and append the Telemedicine Modifier (eg, 95, GT) as required by the payer, which should be consistent with current policies required by the payer for Office or Other Outpatient Services (99201-99215) telemedicine visits.



# DOCUMENTATION, CODING AND PAYMENT

## Encounter #2: Reporting an In-Person Visit to Complete Preventive Medicine Service Performed via Telemedicine

CPT 99024

plus

Each screening/vaccines service(s) performed on the same date of service (eg, 99177)

linked to the appropriate ICD-10-CM code:

Z00.110

Z00.111

Z00.121

Z00.129

Z00.00

Z00.01

Or an alternate:

Z00.8

Report the CR (*Catastrophe/Disaster-Related*) modifier for the second encounter



# DOCUMENTATION, CODING AND PAYMENT

CPT	CPT_DESC
99381	E/M PREVENT MED SERV NEW PT <1YR
99382	E/M PREVENT MED SERV NEW PT 1-4YRS
99383	E/M PREVENT MED SERV NEW PT 5-11 YRS
99384	E/M PREVENT MED SVC/NEW PATIENT 12-17YRS
99385	E/M PREVENT MED SVC/NEW PATIENT 18-39YRS
99391	E/M PREVENT MED SERV EST PT < 1 YR
99392	E/M PREVENT MED SERV EST PT 1- 4 YRS
99393	E/M PREVENT MED SERV EST PT 5-11 YRS
99394	E/M PREVENT MED SVC EST PATIENT 12-17YR
99395	E/M PREVENT MED SERV EST PATIENT 18-39YR
99024	POSTOP F/U VISIT E/M RELATED TO ORIGINAL PROC



# DOCUMENTATION, CODING AND PAYMENT

ICD10	ICD10_DESC
Z00.110	Health examination for newborn under 8 days old
Z00.111	Health examination for newborn 8 to 28 days old
Z00.121	Encounter for routine child health examination with abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.8	Encounter for other general examination
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.01	Encounter for general adult medical examination with abnormal findings



# RESOURCES

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Telehealth Care & After Hours Care

Telehealth Advocacy and Policy

Implementing Telephone Care

Implementing Video Visits and Telemedicine

Using Email to Communicate with Patients and Family

Getting Paid for Telehealth Care

## Telehealth Care and After Hours Care



### Getting Paid for Telehealth Care

Information on getting paid for telemedical services.



Pediatricians and members of their health care team can use technology to connect with patients and families, from providing telephone care when the office is closed to providing video-enabled visits. These resources provide guidance on implementing these technologies in a pediatric office.



#### Telehealth Advocacy and Policy

A compilation of AAP policy and advocacy resources related to pediatric telehealth care.



#### Implementing Telephone Care

Resources for implementing telephone care during business hours and for providing after hours telephone coverage.



#### Implementing Video Visits and Telemedicine

A compendium of resources around telehealth implementation.



#### Using E-mail to Communicate with Patients and Families

This HIPAA Frequently Asked Question provides some basic guidance on using email to communicate with patients and families.



#### Getting Paid for Telehealth Care

Resources to guide pediatricians to appropriately code and get paid for non-face-to-face care.

## AAP Telehealth Care and After Hours Care

American Academy of Pediatrics

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# QUESTIONS

- Please email [COVID-19@aap.org](mailto:COVID-19@aap.org)

