

Teledermatology 101



George Han, MD, PhD | Icahn School of Medicine at Mount Sinai | New York, New York



WHAT YOU NEED

- Modality for documenting/charting (eg, electronic medical record, paper charts)
- Ability to e-prescribe (or call in a prescription if you have a waiver)
- Video platform/software and device to conduct video visits
- Method of billing patients



GET TECHY: CHOICE OF SOFTWARE PLATFORM

- Consider what device you are using and what patients will be required to use
- Telephone visits are now reimbursed at the level of established in-person visits; the 3 levels of telephone calls based on time map to levels 2, 3, and 4 established patient visits for reimbursement
- Use of non-Health Insurance Portability and Accountability Act (HIPAA)-compliant modalities is not restricted, per the Centers for Medicare & Medicaid Services recent waiver for coronavirus disease 2019 (COVID-19), but it is recommended to use a HIPAA-compliant telemedicine solution to protect your own privacy and your patients. Numerous free solutions exist, and a complete list is available on the American Academy of Dermatology website (<https://www.aad.org/member/practice/telederm/toolkit>)
- Look for these features^a:
 - Low technological barrier of entry: Android or Apple device, app based vs no download necessary, laptop needed?
 - Allows for secure, HIPAA-compliant chat/messaging prior to the video visit
 - Multiple video streams supported, allowing for medical assistants and scribes to join
 - Virtual waiting room
- When looking at software, consider your patient base and your own equipment. What will work best for you and your patients?



MONITOR WORKFLOW

- Let your schedulers know what kind of appointments are appropriate for telemedicine (eg, probably not routine total-body skin examinations)
- Schedulers must make appointments with patients and let them know how to log in for the visit. They also should either get the telephone number/email address to register the patient in your telemedicine system or provide the patient with the location of the virtual waiting room
- Office staff should contact patients beforehand to provide photographs of a rash or lesion, if possible, as the image quality tends to be better than the video. Co-pays also can be collected at this time, if applicable. Some of the telemedicine platforms allow for photographs to be sent in a HIPAA-compliant secure chat. Patients should be reminded to join the visit on a high-speed Wi-Fi connection
- Select the level of service based primarily on medical decision-making or total time spent
- Stay on top of your billers to apply the correct place of service (POS) and modifiers. During the current public health emergency, Medicare is allowing the POS to remain the same as your usual practice with the use of modifier -95. Commercial payors may have different policies, so it is best to check with them individually



ADDITIONAL RESOURCES

- **Alliance for Connected Care:** <http://connectwithcare.org/state-telehealth-and-licensure-expansion-covid-19-chart/>
- **American Academy of Dermatology Teledermatology Toolkit:** <https://www.aad.org/member/practice/telederm/toolkit>
- **Center for Connected Health Policy:** <https://www.cchpca.org/resources/covid-19-telehealth-coverage-policies>
- **Coding Intel:** <https://codingintel.com/telemedicine-and-covid-19-faq/>

^aExamples are Doxy.me, Medweb, and Doximity; Doximity recently rolled out a video visit feature that allows for direct access for patients to click a text message link to start a video visit from a smartphone without any downloads.

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For more information: <https://www.medge.com/dermatology/coronavirus-updates>