Telenutrition—A New Frontier
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Starting Our Telenutrition Journey
- Who’s idea is this anyway?
- When do we leave?
- Where are we going?
- Why this direction?
- What equipment will we need?
- Who’s picking up the tab?
- Why haven’t we left yet?
- How are we getting there?
- Are we there yet?

Who’s idea?

When do we leave?

Presented in 2012
Called for:
- more research
- more publications

Mary Ann Hodorowicz, MBA, RD, LDN, CDE
Joanne Shears, MS, RD, LN

The Dollars and Sense of Telehealth: Designing Programs to Maximize Effectiveness
Published Research on Telenutrition
Peer Reviewed Journals & Academic Journals (EBSCO)

2012
- Tele-medicine = 5,167
- Tele-pharmacy = 24
- Tele-nutrition = 0

2015
- Tele-medicine = 7,423
- Tele-pharmacy = 36
- Tele-nutrition = 1

The Direction? Telehealth
The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Telehealth will include both the use of interactive, specialized equipment, for such purposes as:

- health promotion
- disease prevention
- diagnosis, consultation therapy
- nutrition intervention/plan of care
- non-interactive (or passive) communications
- over the Internet, video-conferencing, email or fax lines, and other methods of distance communication for broad-based nutrition information.

Our Direction? Telenutrition
The interactive use, by a RD or RDN, of electronic information and telecommunications technologies to implement the Nutrition Care Process:

- Nutrition assessment
- Nutrition diagnosis
- Nutrition intervention/plan of care
- Nutrition monitoring and evaluation
- with patients or clients at a remote location, within the provision of their state licensure as applicable.

A Direction of Progress

Improved

Reduced

Cost
Potential Revenue & Documented Productivity

Based on 10 outpatient dietitians in pediatric clinics.

Each RDN spends ~2 hours per week communicating with patients via phone or email.

\[
\begin{align*}
20 \text{ hrs/wk} & \quad 80 \text{ hr/m} \\
\times 4 \text{ wks/m} & \quad \times 4 - 15 \text{ min.} & = 320 - 15 \text{ min. increments} \\
80 \text{ hrs/m} & \quad \times 80 \text{ - 15 min.} & \quad \times 25.00 \\
\text{Transition “No show” and “Cancellation” appointment time.} & \quad \text{80 hrs/m} & \quad = 3200 \text{ per month} \\
5 \text{ app/wk} & \quad 20 \text{ app/m} & \quad 80 - 15 \text{ min. increments} \\
\times 4 \text{ wk/m} & \quad \times 4 - 15 \text{ min.} & = 200 - 15 \text{ min} \\
20 \text{ app/m} & \quad 200 \text{ -15 min} & \quad \times 25.00 \\
100 \text{ hrs/m in documented productivity.} & \quad \text{~$120,000 per year in potential revenue.} \\
\end{align*}
\]

How are we getting there?

Telenutrition Services

- Face to Face audio visual medium
- Phone calls
- E-mail
- Video learning modules
- Tele-buddy monitoring systems
- Mobile applications

Methods of Telenutrition I

Real-time communication = Synchronous

- The primary method of Telenutrition
- Consists of practitioner and patient present at the same time, but in different locations.
- Requires two sites:
  - “originating site”: location of the patient
  - “distance site”: location of practitioner
- Live interaction video conferencing requires high quality, reliable, and secure telecommunications.

Controlled Environment

- Whenever possible utilize a designated Telehealth space.
- Ensure adequate lighting and sound.
- Remove all clutter.
- Check in your rearview mirror.
Technology For Telenutrition

- Broadband Internet: reliable rate of data transmission
- Encrypted Internet connection to prevent interception
- Business grade videoconferencing

HIPAA Security:
Sets national standards for the security of electronic protected health information

Compliant Software
- Vsee
- Secure Video
- Vidyo
- Hipachat
- Talk to an Expert

Non-Compliant Software
- Skype
- FaceTime

HIPAA Considerations

- Encryption: for securing the chat sessions and the voice and video phone calls for the safe transmission of ePHI.
- Wire Tap: the need for a platform that can prevent wire tapping.
- Business Associate Agreement (BAA): an agreement with providers that you used for your ePHI is a requirement of HIPAA.

- HIPAA Requirements:
  - Provide archives of chats.
  - Provide audit trails of usage.
  - Provide notifications in case of a breach.
  - Provide administrative emergency access to previous chat histories.

Methods of Telenutrition II

- Store and Forward = Asynchronous
- Transmission of digital images for diagnosis or assessment, commonly used in radiology and dermatology.
- Forms of education
  - Prepared learning modules
  - Interactive education modules
  - Prerecorded teaching videos
Who are my travel buddies?

**Stakeholder**

- **System wide**
  - Current Telehealth administrators
  - Compliance
  - Coders & Finance
  - Schedulers
  - Information Technology Services
  - Patient Education Services
  - Communications/Marketing

- **Project team**
  - Project Sponsor
  - Project Owner
  - MD Champion
  - Facility ITS

Travel Equipment & Supplies?

- **Gap Analysis**
- **Strategic Plan**
- **Complexity Analysis**
- **Business Case**

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**Rules of the Road - New CMS Provisions**

- Permit hospitals and CAHs to implement new credentialing and privileging process for physicians and practitioners providing telehealth services.
- **Removal of unnecessary barriers** to telehealth may enable patients to receive medically necessary interventions in a more timely manner.
- **Enhanced patient follow-up in the management of chronic disease conditions.**
- Provide more flexibility to small hospitals and CAHs in rural areas and regions with limited supply of primary care and specialized providers.

**Licensure Provision**

- RDs or RDNs in states without licensure laws must be credentialed and privileged by the traditional route, by each hospital in which they practice.
- Practitioners providing patient care services in other states must be licensed and/or meet other applicable standards that are required by state or local law in both the state where the practitioner is located and the state where the patient is located.
Authorized Distant Site Practitioners

- Physicians
- Physician assistants
- Nurse practitioners
- Nurse midwives
- Clinical nurse specialist
- Clinical nurse anesthetists
- Clinical psychologist
- Clinical social workers
- Registered dietitians or nutrition professionals

Authorized Originating Sites

- Physician or practitioner offices
- Hospitals
- Critical Access Hospitals
- Rural Health Clinics
- Federally Qualified Health Centers
- Renal Dialysis Centers (Hospital or CAH-based)
- Skilled Nursing Facilities
- Community Mental Health Center
- Check with commercial payers

Verify Locations?

- Medicare reimburses for Telehealth services when the originating site (where the patient is) is in a Health Professional Shortage Area (HPSA) or in a county that is outside of any Metropolitan Statistical Area (MSA).

- Patient location matters
  - It’s not the distance from the provider
  - Healthcare provider shortage area
  - Population of an area

- Location Finder

Who’s picking up the tab?

- FIFTY SHADES OF GREY
CPT Codes
- CMS uses CPT codes & creates their own codes
- G codes
  - Modifiers
  - Restrictions
  - Clarifiers
- New codes are approved by
  - Demonstrated improved outcomes
  - Lobbying
  - Government mandate

Medical Nutrition Therapy Codes

<table>
<thead>
<tr>
<th>Face to Face Interaction</th>
<th>Telephone Interaction</th>
<th>Email only</th>
<th>Super bill</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>97802</strong> - Nutrition Assessment</td>
<td><strong>98946</strong> - (5 - minutes)</td>
<td><strong>98949</strong> - Online assessment and management service provided by a qualified non-physician health care professional, internet or electronic communications.</td>
<td><strong>99372</strong> - Provider does not submit the bill; client can submit for reimbursement</td>
</tr>
<tr>
<td><strong>97803</strong> - Nutrition Follow-up</td>
<td><strong>98947</strong> - (11 - 20 minutes)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>97804</strong> - Group Medical Nutrition Therapy</td>
<td><strong>98948</strong> - (21 - 30 minutes)</td>
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</tbody>
</table>

CPT Code Modifiers
- Telehealth Modifiers - valid when billed with HCPCS codes
  - GT – synchronous interactive audio and video CPT
  - GQ – asynchronous telecommunication system – transmission of data
    - Alaska and Hawaii are the only two states approved for asynchronous telecommunication reimbursement.
  - Q3014 - code filed by originating site.

Billing = Reimbursement
- Just because you have a CPT code doesn’t mean you’re going to get reimbursed.
- If you bill an insurance company or CMS and you are not reimbursed you must bill the patient.
  - Medicaid is the exception.
- Medicare will only pay for “face-to-face,” interactive video consultation services where the patient is present.
Example - Nutrition Assessment Bill

- Bill simultaneously
  - Q3014 – Local PCP office (originating site) generates a bill using this code.
  - 97802 GT (GT modifier) - Dietitian generates a bill using this code.

Medicare Codes – don’t use modifiers

- Billed by Dietitians
  - G0270 - Medicare - Individual Medical Nutrition Therapy
  - G0446, G0447, G0448 - Follow-up in-patient TeleHealth consultations
  - G0108 and G0109 - Individual and group diabetes self-management training (DSMT) services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training
  - G0420 and G0421 - Individual and group kidney disease education (KDE) services

- Billed by the Primary Care Provider
  - G0447 - Face-to-face behavioral counseling for obesity
  - G0446 - Annual, face-to-face intensive behavioral therapy for cardiovascular disease

Billing and Medical Record Documentation Requirements

Billing Requirements

- Time based codes must have documentation of time.
- Documentation must support the billing codes.
- Codes are not reported if the telephone/Internet discussion lasts less than 5 minutes.

Medical Record Documentation Requirements

- Patient name and identify
- Patient location
- Date of service
- Referring physician
- Consulting RD/RDN location
- Type of evaluation performed: Note that the consult was held via Teleservices.
- Informed consent, if appropriate
- Medical Nutrition Therapy note
- Recommendations for further treatment
- A consultative report should be routed to the referring physician in a timely manner
- All electronic communications in regards to the consult (faxes, digital pictures, etc.) should be added to the patient’s medical record.
A Journey of “NO”

We’re ready to begin the next phase of keeping things exactly the way they are!

Are we lost?

Dietitians don’t get lost, we discover alternative routes and destinations.

Outpatient MNT-Telenutrition Code

- Registered Dietitian/Nutritionist to provide Medical Nutrition Therapy (MNT) services per 15 minute increment. May include follow-up nutrition assessment consultations and nutrition education with patients remotely via phone or scheduled appointments from an Intermountain Telehealth Suite or an authorized Telehealth setting. Not to include initial nutrition assessment in cases where the patient has never physically been seen.
- Charge Code: ____________; iCentra #: ______________
- Note:
  - Initial nutrition assessments in cases where the patient has never been seen physically are excluded from this service.
  - This charge is cash only.
  - Does not need to be face to face time.
  - Clinical documentation must support this time-based charge.

Inpatient MNT-Telenutrition Code

- Registered Dietitian/Nutritionist to provide Medical Nutrition Therapy (MNT) services per 15 minute increment. May include initial nutrition assessment and follow-up consultation, as well as nutrition education to patient remotely via scheduled appointments from an Intermountain Telehealth Suite or an authorized Telehealth setting. Medical Staff must be present with the patient to assist with visual confirmation or physical assessment.
- Charge Code: ____________; iCentra #: ______________
- Note:
  - Completion of initial nutrition assessment must take place in a setting with face to face capabilities.
  - Clinical documentation must support this time-based charge.

This code does not have an associated CPT. There is no charge for this inpatient service.
Opportunities -

“Let’s try it without the parachute.”

Additional Resources

- http://www.eatright.org/search?keyword=telehealth
- http://ctel.org/

Questions?

“THE DOCTOR OF THE FUTURE WILL NO LONGER TREAT THE HUMAN FRAME WITH DRUGS, BUT RATHER WILL CURE AND PREVENT DISEASE WITH NUTRITION.” - THOMAS EDISON