Virtual Dermatology: A COVID-19 Update

Moshe Y. Bressler, BS; Daniel M. Siegel, MD, MS; Orit Markowitz, MD

The growing threat of novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), now commonly known as coronavirus disease 2019 (COVID-19), has forced Americans to stay home due to quarantine, especially older individuals and those who are immunocompromised or have an underlying health problem such as pulmonary or cardiac disease. The federal government's estimated $2 trillion CARES Act (Coronavirus Aid, Relief, and Economic Security Act)[1] will provide a much-needed boost to health care and the economy; prior recent legislation approved an $8.6 billion emergency relief bill,[2] HR 6074 (Coronavirus Preparedness and Response Supplemental Appropriations Act of 2020), which expands Medicare coverage of telehealth to patients in their home rather than having them travel to a designated site, covers both established and new patients, allows physicians to waive or reduce co-payments and cost-sharing requirements, and reimburses the same as an in-person visit.

Federal emergency legislation temporarily relaxed the Health Insurance Portability and Accountability Act (HIPAA),[3,4] allowing physicians to use Facetime and Skype for Medicare patients. In addition, Medicare will reimburse telehealth services for out-of-state-providers; however, cross-state licensure is governed by the patient's home state.[5] As of March 25, 2020, emergency legislation to temporarily allow out-of-state physicians to provide care, whether or not it relates to COVID-19, was enacted in 13 states: California, Colorado, Connecticut, Delaware, Hawaii, Idaho, Indiana, Iowa, Maryland, Minnesota, New York, North Carolina, and North Dakota.[6] Ongoing legislation is rapidly changing; for daily updates on licensing laws, refer to the Federation of State Medical Boards website (http://www.fsmb.org/advocacy/news-releases/). Check your own institutional policies and malpractice provider prior to offering telehealth, as local laws and regulations may vary. Herein, we offer suggestions for using teledermatology.

Reimbursement

Prior to the COVID-19 pandemic, 16 states—Arkansas, Colorado, Delaware, Hawaii, Kentucky, Maine, Minnesota, Mississippi, Missouri, Montana, Nevada, New Jersey, New Mexico, Tennessee, Utah, and Virginia—had true payment parity laws,[7] which reimbursed telehealth as a regular office visit using modifier -95. Several states have enacted emergency telehealth expansion laws to discourage COVID-19 spread[8]; some states such as New Jersey now prohibit co-payments or out-of-pocket deductibles from all in-network insurance plans (commercial Medicare and Medicaid).[9,10] Updated legislation about COVID-19 and telemedicine can be found on the Center for Connected Health Policy website (https://www.cchpca.org/resources/covid-19-related-state-actions). An interactive map of laws and reimbursement policies also is available on the websites of the American Telehealth Association (http://legacy.americantelemed.org/main/policy-page/state-policy-resource-center) and the American Academy of Dermatology (https://www.aad.org/member/practice/telederm/toolkit). The ability to charge a patient directly for telehealth services depends on the insurance provider agreement. If telehealth is a covered service, you cannot charge these patients out-of-pocket.

Teledermatology Options

For many conditions, the effectiveness and quality of teledermatology is comparable to a conventional face-to-face visit.[11] There are 3 types of telehealth visits:

- Store and forward: The clinician reviews images or videos and responds asynchronously,[12] similar to an email chain.
- Live interactive: The clinician uses 2-way video synchronously.[12] In states with parity laws, this method is reimbursed equally to an in-person visit.
- Remote patient monitoring: Health-related data are collected and transmitted to a remote clinician, similar to remote intensive care unit management.[12] Dermatologists are unlikely to utilize this modality.

Mr. Bressler and Dr. Markowitz are from the Department of Dermatology, Mount Sinai Medical Center, New York, New York. Mr. Bressler also is from New York Institute of Technology College of Osteopathic Medicine, Old Westbury. Drs. Siegel and Markowitz are from the Department of Dermatology, SUNY Downstate, Brooklyn, New York, and the Department of Dermatology, New York Harbor Healthcare System, Brooklyn

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The eTable is available in the Appendix online at www.mdedge.com/dermatology.

Correspondence: Orit Markowitz, MD, 5 E 98th St, Floor 5, New York, NY 10029 (omarkowitz@gmail.com).

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The Virtual Visit

Follow these guidelines for practicing teledermatology: (1) ensure that the image or video is clear and that there is proper lighting, a monochromatic background, and a clear view of the anatomy necessary to evaluate; (2) dress in appropriate attire as if you were in clinic, such as scrubs, a white coat, or other professional attire; (3) begin the telehealth encounter by obtaining informed consent,[13] according to state[14] or Medicare guidelines; (4) document the location of the patient and provider; (5) for live virtual visits, document similarly to an in-person visit[5]; (6) for all other virtual care, document minutes spent on each task; and (7) select only 1 billing code per visit.

In some states, regulations for commercial and/or Medicaid plans require that other modifiers be added to billing codes, which vary plan-by-plan:

- Modifier GQ: For asynchronous care (store and forward).
- Modifier GT: For synchronous live telehealth visits.
- Modifier -95: In states where there are equal parity laws or if you are billing a commercial insurance payer (may vary by plan).

Medicare does not require any additional modifiers.[15] If the plan reimburses telemedicine equally to a face-to-face visit, use regular office visit codes. The eTable[16] lists billing codes and Medicare reimbursement rates.

Secure Software

Several electronic medical record systems already include secure patient communication. Other HIPAA-compliant communication options with a variety of features are available to clinicians:

- Klara (https://www.klara.com/) allows for HIPAA-secure texting, group messaging, photograph uploads, and telephone calls.
- Doximity (https://www.doximity.com/) offers free calling and faxes.
- G Suite for health care (https://gsuite.google.com/industries/healthcare/) offers HIPAA-compliant texting, emailing, and video calls through Google Voice (https://voice.google.com) and Google Hangouts Meet (https://gsuite.google.com/products/meet/).
- Secure video chat is available on Zoom for Healthcare (https://zoom.us/healthcare), VSee (http://vsee.com), Doxy.me (https://doxy.me/), and other platforms.
- Multiservice platforms such as DermEngine (https://www.dermengine.com/) include billing, payments, teledermatology, and teledermoscopy and allow for interprofessional consultation.

The Bottom Line

Telehealth readiness is playing a key role in containing the spread of COVID-19. In-person dermatology visits are now being limited to urgent conditions only, as per institutional guidelines.[4]

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APPENDIX

eTABLE. Summary of Medicare Telemedicine Services

Type of Service	What Is the Service?	HCPCS/CPT Code	Patient Relationship with Provider
Medicare telehealth visits	A visit with a provider that uses telecommunication systems between a provider and a patient	Common telehealth services include: 99201-99215 (office or outpatient visits); G0425-G0427 (telehealth consultations, emergency department or initial inpatient); G0406-G0408 (follow-up patient telehealth consultations furnished to beneficiaries in hospitals or SNFs)(for a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth-Codes)	For new[a] or established patients
Virtual check-in	A brief (5–10 min) check-in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed; a remote evaluation of recorded video and/or images submitted by an established patient	HCPCS code G2012, HCPCS code G2010	For established patients
E-visits	A communication between a patient and their provider through an online patient portal	CPT 99421, CPT 99422, CPT 99423, HCPCS G2061, HCPCS G2062, HCPCS G2023	For established patients

Abbreviations: HCPCS, Healthcare Common Procedure Coding System; CPT, Current Procedural Terminology; SNF, skilled nursing facility.
[a]To the extent the 1135 waiver requires an established relationship, US Department of Health & Human Services will not conduct audits to ensure that such prior relationship existed for claims submitted during this public health emergency.

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