

FAQ FOR TELEHEALTH SERVICES

WPSI encourages health care professionals to continue to offer preventive services for their patients through telehealth platforms whenever possible. Health care professionals should consider telehealth modalities as an alternative to in-person preventive visits and services. Each practice (large or small), hospital, or other health care setting should evaluate their local or regional situation to determine the best strategy for preserving resources to care for patients with COVID-19 infection, while continuing to manage care for patients who are not infected with the COVID-19 virus. In making these decisions, health care professionals should consider factors such as the patient population; availability of local and regional resources, including staffing and personal protective equipment; prevalence of COVID-19 in the regional area; and type of practice (eg, solo or small group practice, multispecialty group practice, hospital-based clinics). Currently, there is no single solution applicable to all situations.

WPSI has worked alongside our partners to identify telehealth resources that can help clinicians to continue to provide health care to their patients. Please see below for additional resources as well as Frequently Asked Questions. Find [COVID-19 resources here](#).

General Telehealth Questions

WHAT IS TELEHEALTH?

The term telehealth typically refers to using technology such as computers or phones to remotely provide health care to patients. However, definitions of telehealth and telemedicine vary by insurer, which influences which telehealth services are covered and reimbursed.

WHAT IS THE DIFFERENCE BETWEEN SYNCHRONOUS AND ASYNCHRONOUS TELEHEALTH VISITS?

Synchronous telehealth is real-time, two-way communication between a patient and a health care professional.

Asynchronous telehealth is sometimes known as “store-and-forward” telehealth. This is the method of acquiring medical data such as a patient transmission, upload, or communication through secure software or a secure server to a health care professional. The professional then reviews, interprets, or monitors the data and communicates back to the patient at a separate time.

WHAT ARE THE DIFFERENT TYPES OF TELEHEALTH AND VIRTUAL SERVICES?

Here are some examples of different terms associated with telehealth services:

Telehealth visit/virtual visit: A real-time two-way audio and video communication visit between a clinician and patient using a smartphone, webcam, or online chat. Also can be called Online Doctors Visits or video visits.

Telephone visit: Synchronous telephone conversation, telephone evaluation, and management of services. Note: Audio-only telephone encounters are only covered by certain states and insurers for the duration of the pandemic. Some state Medicaid programs are expanding their coverage of telehealth to include audio-only phone visits (see [CCHP tracker](#)), but this is on a state-by-state basis. Private health care plans make their own determinations (see [AHIP tracker](#)),

but many are now allowing coverage of phone telehealth visits for a limited duration until the end of the emergency.

Virtual Check-ins/Digital Visits: A brief (5–10 minute) check-in with a health care professional via telephone or other telecommunication device, or a remote evaluation of recorded video or images submitted by an established patient.

E-visits: A communication between a patient and their health care professional through an online patient portal.

Remote Patient Monitoring: Collecting of vitals and physiologic information by the patient that is then sent to the health care professional for interpretation and monitoring of the data.

WHO IS ELIGIBLE TO PERFORM AND BILL FOR TELEHEALTH SERVICES?

Most plans follow CMS rules and reimburse for telehealth services performed by a qualified health care professional such as a: physician, nurse practitioner, physician's assistant, nurse-midwife, clinical nurse specialist, certified registered nurse anesthetists, registered dietician or nutritional professional, clinical psychologist, or clinical social worker. Individual states and insurers may define health care professionals eligible for reimbursement of telehealth services differently.

HOW DO HEALTH CARE PROFESSIONALS GET REIMBURSED?

Reimbursement for telehealth services depends both on the state and the insurer. Federal [Medicare telehealth policies](#) do not apply to Medicaid patients, and states may have separate legislation that address Medicaid coverage. Some states mandate payment parity for telehealth in their Medicaid or private health care plans, meaning that telehealth services are reimbursed at the same rate as the equivalent in-person service. In states without these mandates, telehealth is typically reimbursed at a lower rate than in-person care. Furthermore, state-level requirements only apply to fully-insured plans. They do not apply to self-insured plans.

Both public and private health insurers have taken steps to increase access to telehealth services because of concern over the spread of COVID-19. Below is a list of coding resources related to managing patient care remotely.

- » [ACOG: Managing Patients Remotely: Billing for Digital and Telehealth Services](#)
- » [Telehealth Services Fact Sheet](#) (see page 11)
- » [Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth](#)
- » [Medicare Telehealth Frequently Asked Questions \(FAQs\)](#)

WHAT ARE HIPAA REGULATIONS SURROUNDING TELEHEALTH VISITS?

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise [enforcement discretion](#) and waive penalties for HIPAA violations against health care professionals who serve patients in good faith through everyday communications technologies such as FaceTime or Skype during the COVID-19 nationwide public health emergency. States still may enforce their own patient privacy laws. It is important for health care professionals to maintain patient privacy during telehealth visits on both the practitioner end and the patient end. This may include the use of headphones for both patients and health care professionals, asking patients to go to a private room in their place of shelter when possible, and showing the patient that the health care professional is in a private room with a closed door.

Preventive Services and Telehealth

WHY IS IT IMPORTANT TO CONTINUE TO PROVIDE WELL-WOMAN PREVENTIVE SERVICES VIA TELEHEALTH?

Preventive services are critical to ensuring the health and well-being of women. During this time of social distancing and stay-at-home restrictions, women's health care professionals have an increased opportunity to use telehealth to promote a healthy lifestyle, screen for various conditions, and counsel patients on risk-reducing behaviors. Although some patients may face technology barriers to telehealth, the availability of virtual visits may increase accessibility for health care to many women who were previously unable to schedule routine preventive visits because of lack of transportation, child care, or paid leave.

WHEN SHOULD PATIENTS RECEIVE IN-PERSON PREVENTIVE SERVICE CARE?

In considering the need for an in-person visit, considerations include weighing the urgency of the intervention against the harms associated with COVID-19 exposure and morbidity. Although many components of Well-woman Care can be performed through telehealth, some preventive services require in-person evaluation, assessments, or collection of laboratory samples. Unless delaying such services would be harmful to a patient's health and safety, these in-person services may be potentially deferred until after the COVID-19 outbreak. Examples of Well-woman preventive services for average-risk women that may be deferred include: lipid screening, statin use to prevent CVD, osteoporosis screening, some infectious disease screenings (hepatitis B and C, tuberculosis, syphilis; gonorrhea and chlamydia screening can be done via urine testing but would require a specimen being brought to a laboratory), contraceptive device insertion and removal, immunizations, and screening for breast cancer, cervical cancer, colon cancer, and lung cancer.

WHAT PREVENTIVE SERVICES FOR WOMEN CAN OCCUR VIA TELEHEALTH MODALITIES IN THE FORM OF WELL-WOMAN PREVENTIVE VISITS?

Many preventive services on the [Well-Woman Chart](#) that involve screening, assessment, and counseling can be done via telehealth. It is important to note that in some situations, a physical examination may be indicated to address the particular preventive service being addressed. However, some aspects of the preventive visit, such as obtaining relevant medical history, family history, review of systems, counseling, education, and potential prescription could occur via telehealth, with the physical examination conducted at a later time during a subsequent in-person visit.

The following list contains preventive services that may be done via telehealth:

General Health

- » Alcohol screening and counseling regarding alcohol use
- » Anxiety Screening and referral*
- » Counseling regarding aspirin to prevent CVD and CRC
- » Blood pressure screening (if patient has appropriate resources available such as a blood pressure cuff)
- » Contraceptive counseling, discussion of methods, and prescribing contraceptives that do not require an in-person visit such as intrauterine devices or implants*
- » Depression screening and referral
- » Fall Prevention counseling
- » Counseling regarding folic acid supplementation
- » Healthy diet and activity counseling
- » Interpersonal and domestic violence screening and discussion of available resources*
- » Obesity screening (if patient has appropriate resources available such as a scale)
- » Substance use assessment (drug use)
- » Tobacco screening and cessation counseling
- » Urinary incontinence screening*

Infectious disease

- » HIV risk assessment*
- » Sexually Transmitted Infection prevention counseling*

Cancer

- » Counseling and possible prescribing of medications to reduce breast cancer risk
- » Risk assessment for BRCA testing
- » Skin cancer counseling

Pregnancy and postpartum

- » Breastfeeding services and supplies*
- » Postpartum contraceptive counseling, discussion of methods, and prescribing contraceptives that do not require an in-person visit such as intrauterine devices or implants
- » Depression screening and referral
- » Counseling regarding folic acid supplementation
- » Interpersonal and domestic violence screening and discussion of available resources*
- » Preeclampsia prevention with low-dose aspirin
- » Preeclampsia screening (if patient has appropriate resources available)
- » Tobacco screening and cessation counseling

**WPSI recommendation.* For more information about each recommendation, please see our [WPSI Recommendation page](#).

HOW DO I SELECT A TELEHEALTH PLATFORM FOR WELL-WOMAN PREVENTIVE CARE?

WPSI does not endorse any specific products or companies that provide the technology to deliver preventive services via telehealth. Products listed on this FAQ are meant to be examples and do not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products. When choosing a telehealth platform, take into consideration barriers that may exist for patients, such as access to internet and availability of webcams or phone cameras. Some patients may not be able to access technology appropriate for telehealth services; practices and facilities are encouraged to explore ways to ensure those patients still have equitable access to care.

General use communication platforms: Some health care professionals may find it convenient to use applications that are available for general virtual communication or applications that their patient population may already be familiar with, such as Skype, Facetime, Duo, Hangouts, Zoom, Gotomeeting, WhatsApp, and more. Typically, these platforms employ end-to-end encryption, which allows only an individual and the person with whom the individual is communicating to see what is transmitted. The platforms also support individual user accounts, logins, and passcodes to help limit access and verify participants. In addition, participants are able to assert some degree of control over particular capabilities, such as choosing to record or not record the communication or to mute or turn off the video or audio signal at any point. ([HHS HIPAA Fact Sheet](#))

Specific telehealth platforms: There are telehealth platforms that require a contract or subscription fee per visit or per month. These are typically HIPAA compliant. Examples of vendors available can be found at the following resources:

ADDITIONAL RESOURCES

ACOG

- » [Managing Patients Remotely: Billing for Digital and Telehealth Services](#)
- » [Evidence-based Telehealth FAQs](#)
- » [COVID-19 FAQs for Obstetrician-Gynecologists, Gynecology](#)
- » [COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics](#)

Federal Resources

CMS

- » [Details about telehealth visits and expansion of telehealth waivers](#)
- » [Medicare and telemedicine health care provider fact sheet](#)
- » [List of services payable under the Medicare physician fee schedule](#)

HealthIT.gov

- » [TELEHEALTH Start-Up and Resource Guide](#)

CDC

- » [All COVID related guidance](#)
- » [Interim CDC Guidance on Handling Non-COVID-19 Public Health Activities that Require Face-to-Face Interaction with Clients in the Clinic and Field in the Current COVID-19 Pandemic](#)

- » [Telehealth vendor fact sheet from the National Organization of State Offices of Rural Health](#)
- » [Using Telehealth to Care for Patients During the COVID-19 Pandemic – Examples of telehealth platform vendors from the AAFP](#)

General note for telehealth platforms: Health care professionals should consider signing [Business Associates Agreement](#) (BAA) with their chosen platform before providing telehealth services to ensure that Personal Health Information exchanged over the platform is safeguarded. However, according to HHS and the Office of Civil Rights (OCR), OCR will not impose penalties against covered health care professionals for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency ([Notice of Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)). Health care professionals initiating telehealth services in accordance with the good-faith provision of telehealth services during the COVID-19 nationwide public health emergency should prepare adjust telehealth services once the COVID-19 emergency subsidies and the “good faith” provisions expire.

ARE THERE ANY COMMUNICATION PLATFORMS I SHOULD NOT USE WHEN DELIVERING WELL WOMAN PREVENTIVE CARE SERVICES TO PATIENTS?

According to HHS and HIPAA, public-facing products such as TikTok, Facebook Live, Twitch, or chat rooms like Slack are not acceptable forms of remote communication for telehealth because they are designed to be open to the public or allow wide or indiscriminate access to the communication.

AAFP

- » [How-to resources for how to get started with virtual visits \(step-by-step guides\)](#)
- » [AAFP Guidance for Family Physicians on Preventive and Non-Urgent Care](#)

ACP

- » [Telehealth Resources](#)
- » [Telehealth Coding and Billing Information](#)
- » [ACP Practice Resources](#)
- » [ACP CME Course: Telemedicine: A Practical Guide for Incorporation into your Practice](#)

APA

- » [Telepsychiatry and COVID-19](#)

Kaiser Family Foundation

- » [Telemedicine and Pregnancy Care](#)
- » [Telemedicine in Sexual and Reproductive Health](#)

Other

- » [National Consortium of Telehealth Resource Centers: telehealth resources and regional telehealth resource centers provide free assistance for health care professionals seeking to implement telehealth](#)
- » [Center for Connected Health Policy: 50-state guide to existing telehealth laws and reimbursement for Medicaid and private insurance](#)

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