

Telehealth Implementation CHECKLIST

for Organizations/Practices Providing
Hand and Upper Extremity Therapy Services



Introduction

Telehealth, telemedicine and related terms generally refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health.¹ For the purposes of this checklist, ASHT will refer to this form of care as telehealth. Innovative uses of this kind of technology, in the provision of healthcare, is increasing.

In response to the COVID-19 national public health emergency, the Centers for Medicare and Medicaid Services (CMS) broadened* access to Medicare telehealth services, so beneficiaries can receive a wider range of services without traveling to a healthcare facility.² Telehealth care supports physical distancing efforts and helps ensure that care continues to be provided to those who need it most by triaging low-risk urgent care and follow-up appointments while maintaining continuity of care.³

Hand and upper extremity therapists play a critical role in helping patients maximize function after upper limb injuries and surgeries. The expansion of telehealth services will help ensure patients can access these important services, have skilled oversight for their plan of care and ultimately live their most productive lives.

**ASHT is advocating for making this policy change permanent beyond the COVID-19 public health emergency*

ASHT has compiled this checklist to help guide the implementation of telehealth into your organization or practice. Before you begin providing services via telehealth or using telecommunications modalities, we encourage you to consider federal and state legislation and regulations that govern practice, billing and coding issues, as well as hardware and software requirements.

Eligibility

- ✓ Does my state allow telehealth occupational and/or physical therapy?
[State Telehealth Laws – AOTA](#)
[State Telehealth Laws – APTA](#)
- ✓ Review insurance carrier telehealth coverage requirements, restrictions and/or limitations[†]
[Commercial Payer Telehealth Coverage – AOTA](#)
[Commercial Payer Telehealth Coverage – APTA](#)
 - » Does telehealth need to be specified on the prescription?
 - » Is a separate authorization for telehealth required?
 - » Is there an end date for telehealth coverage?
 - » Can patients do a combination/hybrid of telehealth/in-clinic?
 - » Is there a maximum number of visits allotted for telehealth?
 - » Is there a time limit on length of a telehealth visit?

- ✓ Confirm patient responsibility for telehealth (copay, coinsurance)
 - » Are copays waived during the COVID-19 national public health emergency?
- ✓ Is there an insurance requirement that the therapist be in the clinic to perform telehealth services, or can they perform the service from home?

It is important you check back frequently with each individual carrier for changes in telehealth policies

Compliance

- ✓ Use secure technology for your telehealth services
 - [HHS HIPAA Compliant Platforms](#)
 - [Health IT Playbook – Learn More About Telehealth](#)
 - [National Telehealth Technology Assessment Resource Center](#)
 - » Some regulations, penalties and restrictions have been relaxed during the COVID-19 national public health emergency
 - » Ensure you are practicing within clinic/organization guidelines for patient privacy
- ✓ Add telehealth privacy and security statements to patient intake forms
 - » Consider a form for patient rights and responsibilities for telehealth services
- ✓ Obtain and document patient consent prior to the delivery of telehealth services
 - [Consent Requirements](#)
- ✓ Review HIPAA compliance [during the coronavirus \(COVID-19\) pandemic](#) and [enforcement discretion](#)
- ✓ Consider [FERPA](#) compliance (for educational environments)
- ✓ Confirm coverage for telehealth services with professional liability carrier
 - » Does the carrier restrict the provision of telehealth services from the clinic/organization or your home?

Billing and Coding

- ✓ Consider billing codes, modifiers and place of service required by payers
 - » Ask for specific CPT codes that will (or will not) be covered for telehealth
 - » Does payer require continuance with an in-office visit?
 - » Does your electronic medical records platform have the ability to add modifiers?

- » Manual therapy, modalities and custom orthotic fabrication codes are not appropriate for telehealth and not typically covered
- » For Medicare
 - [Billing Telehealth Services to Medicare](#)

Patient Care

- ✓ Determine with your employer if assessments will be performed remotely via telehealth for your clinical population
 - » Some clinics may opt to perform the initial evaluation in person and then transition follow-up care via telehealth
- ✓ Prior to the first telehealth assessment session, it is helpful to plan with the patient to have household items available

Telehealth Upper Extremity Evaluation Considerations

Pain/Edema

- ✓ Pain can be assessed subjectively and edema by visual observation compared to the unaffected side

Range of Motion (ROM)

- ✓ Clinical evidence supports the use of a goniometer directly on the computer screen during the videoconference and with still photos⁴
- ✓ Download electronic ‘onscreen protractors’ that can easily be used to take ROM measurements with consistency and accuracy. These tools also offer a screen capture option to save the ROM measurement⁵

Strength

- ✓ Strength measurements can be assessed on an ability scale with comparisons throughout the plan of care
 - » Use functional tasks, such as opening containers with varying sized lids, wringing out wet washcloths, lifting pots/pans, squeezing shampoo bottles, etc.
- ✓ Using the same tasks with each follow-up assessment or progress note will provide information on the patient’s progress and improved ability to perform tasks that require increased strength

Coordination

- ✓ Fine motor coordination and in-hand manipulation can be assessed with household items, such as pennies, by picking them up and placing them down one at a time, then adding challenges

Sensation

- ✓ Sensation can be assessed by patient-subjective reports for temperature and descriptors of texture

- ✓ Stereognosis can be assessed with vision occluded for small object identification. The patient can be instructed to place several items in a bag, withdraw one at a time, and then identify them using only touch

Function

- ✓ Functional outcome measures can be utilized to assess patient's perception of function
- ✓ Outcome measures can be used to reassess function throughout the course of telehealth care
 - » *The Disabilities of the Arm, Shoulder and Hand* score (DASH), QuickDASH, *Patient-Rated Wrist Evaluation* (PRWE) and *Upper Extremity Functional Index* (UEFI) are a few examples of tools that can be used to assess functional limitations
- ✓ A key benefit of telehealth treatment is the ability for a therapist to observe the patient performing functional activities in their own environment, (e.g. home, workstation, car)

Intervention Ideas for Telehealth Treatment Activities

- ✓ When scheduling or confirming telehealth appointments, provide your patient a list of items to have ready in advance of the session
- ✓ Patient-identified functional difficulties can easily be used for therapeutic intervention
- ✓ Examples of household items to use for treatment activities include
 - » *Strength*: water bottles, homemade slime for resistive putty, tennis balls
 - » *ROM/Coordination/Fine Motor Tasks*: paperclips, coins, cotton balls
 - » Pillows or rolled up towels can be used for positioning
- ✓ Consider online exercise worksheets
- ✓ Consider patients purchasing items online or obtaining from your clinic in advance
 - » Putty, grippers, squeeze balls
 - » Theraband
 - » Foam blocks
 - » Coban compression wrap

Documentation Specific to Telehealth Interventions

- ✓ Policies and procedures must cover telehealth documentation practices to ensure organizational information is not compromised as it touches various business units/departments. Telehealth records should be kept in the same manner as other health records.⁶

- ✓ At a minimum, ASHT recommends that each telehealth record contain the following:
 - » Patient name
 - » Identification number
 - » Date of service
 - » Referring and/or consulting physician
 - » Provider organization
 - » Provider location
 - » Patient location
 - » Telehealth order
 - » Patient informed consent (many telehealth platforms include a built-in consent process)
 - » Type of evaluation performed
 - » Other individuals present during the telehealth visit
 - » Current levels of function along with progress and future goals
 - » Technology platform host
 - » Technology failure (if applicable) causing the session to terminate prematurely
 - » Start and end time of the telehealth visit

Patient Access to Telehealth

- ✓ Determine the patient's ability to access telehealth services
- ✓ Determine the patient's ability to access telehealth services software
- ✓ Identify equipment/modality, including audio and visual capability
- ✓ Perform a quick check of connection and ability to access the telehealth platform prior to the scheduled appointment
- ✓ Create contingency plan in the event of technological failure (phone call, text, email)

Technology Resources for Telehealth

- ✓ The Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS) list the following vendors that represent they provide [HIPAA-compliant](#) video communication products and they will enter into HIPAA [business associate agreements](#):

» Skype for Business/ Microsoft Teams	» Google G Suite Hangouts Meet
» Updox	» Cisco Webex Meetings/ Webex Teams
» VSee	» Amazon Chime
» Zoom for Healthcare	» GoToMeeting
» Doxy.me	» Spruce Health Care Messenger
- ✓ Visit [HHS website](#) for guidance on obtaining business associate agreements

Consideration for Selecting Telehealth

Communication Platforms

- ✓ Providers are encouraged to notify patients that some third-party applications, such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom or Skype, potentially introduce privacy risks
- ✓ The Office for Civil Rights prohibits the use of Facebook Live, Twitch, TikTok or similar video communication that are public facing, and should not be used in the provision of telehealth by covered healthcare providers
- ✓ Other telehealth platforms referenced in online searches include, but are not limited to: Ther-LINK, TheraNest, SimplePractice, Medici, Mend, PatientPop, WebPT and Caregility UHE platform
- ✓ When selecting a telehealth platform for your clinical situation, consider:
 - » Ease of use for provider and for the patient
 - » Calendar and appointment features
 - » Compatibility with EMR and scheduling systems
 - » Direct access to home program information capability
 - » Patient-informed consent functionality
 - » Overall customization

Miscellaneous Telehealth Considerations

- ✓ Create step-by-step instructions on what to expect for scheduled telehealth sessions
- ✓ Develop organization/clinic internal standard operating procedures:
 - » Telehealth competency checklist for providers
 - » Method of formal education to patients
 - » Frequency and total number of visits
 - » Utilization of support staff
 - » HIPAA-compliant space where provider performs telehealth sessions
 - » Dress code
 - » Professional background and lighting

Following is a list of additional resources to assist occupational and physical therapists with implementing telehealth services. Resources include webinars, FAQs, coding and billing guidelines, position papers and reimbursement information.

[American Occupational Therapy Association](#)

[American Physical Therapy Association](#)

[American Telehealth Association](#)

[Centers for Medicare and Medicaid Services](#)

[FERPA and Virtual Learning](#)

[Telehealth Share](#)

Bibliography

¹Centers for Medicare and Medicaid Services (2020). General Provider Telehealth and Telemedicine Tool Kit. Retrieved from <https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf>

²Centers for Medicare and Medicaid Services (2020). Telemedicine Healthcare Provider Fact Sheet. Retrieved from <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

³American Medical Association (2020). Telehealth Implementation Playbook. Retrieved from <https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>

⁴Dent, PA., Wilke, B., Terkonda, S., Luther, I., & Shi, G. (2020). Validation of teleconference-based goniometry for measuring elbow joint range of motion. *Cureus*, 12(2): e6925. DOI 10.7759/cureus.6925

⁵Modest, J., Clair, B., DeMasi, R., Meulenaere, S., Howley, A., Aubin, M., & Jones, M. (2018). Self-measured wrist range of motion by wrist-injured and wrist-healthy study participants using a built in iPhone feature as compared with a universal goniometer. *Journal of Hand Therapy* 32: 507-514

⁶American Health Information Association (2017). Telemedicine toolkit. Retrieved from <https://healthsectorcouncil.org/wp-content/uploads/2018/08/AHIMA-Telemedicine-Toolkit.pdf>

This ASHT Telehealth Implementation Checklist

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