

COVID-19 FAQ

5. Do the new telemedicine options require special documentation practices for EMS?

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Answer: CMS has relaxed the standard on from where telemedicine calls may originate. Before the national health emergency designation, a patient had to travel from their residence to a clinic or other approved telemedicine origination site, however now telemedicine calls may originate from a patient's residence. This fact does require new considerations for EMS providers.

We think this question may come up in two different contexts, one when you transport a patient, and the other when you do not:

1. If a patient exhibits symptoms consistent with COVID-19, they may or may not qualify for screening by telemedicine. We have seen the opinion of at least one MAC that indicates that the availability of telemedicine may mean that ambulance transport is not *reasonable*; that is to say that it is not reasonable to move the patient from their residence if telemedicine is an option. If you are in an area where telemedicine screenings are being offered, we recommend you document specifically why you are transporting the patient. Transport may be reasonable if the patient does not have access to telemedicine, has symptoms that require treatment regardless of the screening option, or where no healthcare provider is available to "see" the patient on the other end of the telemedicine call. Any of these facts should be clearly and thoroughly documented to support the reasonableness of the transport. Keep in mind that medical necessity requirements also apply to these transports and should be thoroughly documented as well.
2. In the event that telemedicine is an option in your service area, and you determine that the patient can be seen by telemedicine, you may qualify for some payment for either treatment-without-transport and/or as a telemedicine origination site. We suggest that you document specifically the nature of the call, the assessment of the patient, what options were offered to the patient, and what services (other than transport) were provided to the patient (including specifically documenting what telemedicine technology* and equipment was used).

*NOTE on HIPAA and Telemedicine: The OCR has relaxed HIPAA enforcement for telehealth platforms during the health emergency. During the emergency, providers can use apps that do not "fully comply with the requirements of the HIPAA Rules." This may include a ***non-public facing*** remote communication product that is available to communicate with patients, such as:

- Apple FaceTime
- Facebook Messenger video chat
- Google Hangouts video
- Skype

OCR also says that the following list includes “some vendors that represent that they provide HIPAA-compliant video communication products and that they will enter into a HIPAA BAA”:

- Skype for business
- Updox
- VSee
- Zoom for Healthcare
- [Doxy.me](https://www.doxy.me/)
- Google G Suite Hangouts Meet