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On the topic:
Essentials of Telehealth Reimbursement

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ESSENTIALS OF TELEHEALTH REIMBURSEMENT

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TELEHEALTH IN 2019 AND BEYOND

• Telehealth facts:
  – An exciting, growing, evolving industry.
  – Expected to reach “$ 3.5 billion in revenue by 2022”.
  – Only a matter of time that most healthcare networks adopt some form of telehealth.
  – “More healthcare providers and patients now use and depend on digital health-related services.”
  – Major holdup to expansion is lack of digital infrastructure. Providers and patients now must use their own digital devices to access telemedicine apps such as virtual doctors’ visits, etc.
  – “Global smartphone usage is expected to rise to 40% by the year 2021.”

2018 EVENTS THAT SPURRED ADVANCES IN TELEMEDICINE

• Changes in state and Federal Policies:
  – Increased growth for commercial and government reimbursement for telehealth.
    • The Affordable Care Act (ACA) - the federal government announced intentions to move toward including telehealth services in health care coverage;
    • States introduced telemedicine parity reimbursement laws;
    • Congressional legislation passage of the Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2018 - which enables elderly Americans to receive the benefit of telehealth in their homes.

• Growth and improvements in Technology:
  – “Consumer electronic giants like Apple and Samsung pioneered new ways to change the world with telehealth.”
    • Expansion of wearable healthcare devices enabled with sensors that recognize abnormalities and alert healthcare providers.
  – Physicians and patients increasing use of digital technology for more healthcare purposes.
  – Transition of telehealth from use in Emergent care to use in treatment of Chronic care.
  – Acceptance of the future of technology in all facets of our lives.
WHAT DO PATIENTS THINK?

• 2017 Patient survey by Forbes:
  – Two-thirds of patients would prefer Doctor’s treatment via “virtual visits”.
  – Why? According to Kate Ashford’s summary of the Forbes survey, “Video visits are more convenient and sometimes even require a lower co-pay than an in-person appointment”.
    • “Consider that the average in-office visit takes 121 minutes, including 101 minutes of commute and waiting room time – only 20 minutes with the doctor”, compared to an average wait time of five minutes for virtual visits.”
    • Survey also indicated that 20% of patients “would be willing to switch providers for the option for virtual visits”.


HOW DO YOU USE YOUR SMARTPHONE TODAY?

• Smartphones can have sensors built in:
  – Can aid in diagnosing - such as a “heart rate monitor and an oximeter”;
  – Almost have a camera and microphone that “can be used to analyze images and sounds like a person’s breathing”.

• “In addition, simple testing technologies are being developed that can be linked into a phone, via a USB stick or wirelessly. In theory, a person could test themselves using an easy to collect sample, such as a pinprick of blood, and the results would be scanned onto mobile apps.”

• “The apps would send the results to local clinics before being uploaded to a central online database—instead of patients having to attend in person.”

• Can you think of other ways smart phones could aid in detecting disease and provide quick communication? The possibilities are exciting.

FOR YOUR PRACTICE - QUESTIONS TO ASK UP FRONT

• Are your Providers interested in providing “virtual health” services?
• Are your providers eligible and meet the requirements to report telehealth services in your state?
• Do the reimbursable telehealth services currently available fit into your specialty or practice environment?
• If so, what types of telemedicine is covered that you may provide, and by which payers?
• Are you aware of the most current CPT and HCPCS codes and modifiers that are utilized to report Telehealth services?
• Do you obtain and appropriately document patients’ informed consent for all services, including telehealth?
• Have you evaluated any potential risk of providing such services?
• Have you implemented Telemedicine policies and procedures in your practice?

CMS’ TELEHEALTH RESTRICTIONS

• Prior to 2019:
  – CMS had limited payments for telehealth mostly to rural providers, but recently decided that access to care is not just a rural issue.
  – This historic change in position has opened up additional opportunities for providers to be reimbursed for additional telemedicine services provided to Medicare beneficiaries.
• Other insurance payers are following suit.
• If you are not already providing these services, you may want to look into the opportunities for services for your practice.
Reimbursement for Telehealth

• Can be complicated with state-specific laws to observe and reimbursement policies varying per payer.
• Practices that are interested in providing telehealth services will have to be up-to-date on the rules and limitations for reimbursement in their area.

TERMS AND ITEMS TO BECOME FAMILIAR WITH AS THEY APPLY TO HEALTHCARE

• Artificial Intelligence
• Asynchronous Telecommunication
• Originating Site/Geographic limitations
• Telemedicine Modality Limitations
• Audio and Videoconferencing sessions
• Virtual check in
• Remote professional evaluation of patient-transmitted information
• Inter-professional Internet Consultation
• Remote Patient Monitoring and Chronic Care
"DR. BEAR BOTS"

“The telemedicine robot at Children’s National arrived in late August 2018 and recently completed a 90-day test period in the tele-cardiac intensive care unit (cardiac ICU) at Children’s National.”

“DR. BEAR BOTS”

• “The bot travels between rooms as a virtual liaison connecting patients and attending nurses and physicians with Ricardo Munoz, M.D., executive director of the telemedicine program and the division chief of critical cardiac care, and Alejandro Lopez-Magallon, M.D., a cardiologist and medical director of the telemedicine program.”

• “Drs. Munoz and Lopez-Magallon use a nine-screen virtual command center to remotely monitor patient vitals, especially for infants and children who are recovering from congenital heart surgery, flown in for an emergency diagnostic procedure, such as a catheterization,.....”

BENEFITS

• “The ongoing virtual connection program that Dr. Atabaki references launched in spring 2016 and has enabled 900 children to connect to a doctor from a computer, tablet or smart phone, which has saved families 1,600 driving hours and more than 41,000 miles over a two-year period.”

• “Through this program, virtual care is provided to children in our region by 20 subspecialists, including cardiologists, dermatologists, neurologists, urgent care doctors, geneticists, gastroenterologists and endocrinologists.”
TELEMEDICINE TERMINOLOGY

— “Asynchronous or “store and forward” distance applications are delayed communications:
  • Example: The transfer of diagnostic images or video from one site to another for a physician to view in preparation for a consult.”
  • “Both forms are commonly used in delivering Telemedicine services. Store and forward applications are commonly used, inexpensive, and easy to use and maintain.”


SYNCHRONOUS VS ASYNCHRONOUS COMMUNICATION

• Synchronous – Time-dependent; All parties must be present at the same time; respond immediately.
  – Pick up phone, call, answer, communicate.
  – Video conferencing
  – Walking over to a co-worker’s desk and talking
• Asynchronous – All parties not present at the same time; a lag time between response; respond later.
  – Email
  – Here’s a great description penned by Zach Holman of GitHub: “Asynchronous communication means I can take a step out for lunch and catch up on transcripts when I get back. Asynchronous communication means I can ask my coworker a question in-chat and not worry about bothering her since she’ll get back to me when she’s available. Asynchronous communication means I can go to rural Minnesota and feel like I’m working from the office like normal.”

REMOTE PATIENT MONITORING

• Provides the ability for the Physician to continue to monitor and track patient’s condition from a remote locations.
  – Such as after a hospital discharge, etc.
  – Can help prevent complications and readmissions.

CMS – A MAJOR FACTOR IN THE GROWTH OF TELEHEALTH

• Increased coverage and reimbursement by CMS:
  – Nation’s single largest payer of health care services covering around “90 million beneficiaries through Medicare, Medicaid and State Children’s Health Insurance Program (SCHIP) programs”.
  – In 2018 CMS introduced remote patient monitoring (RPM) with CPT© code 99091:
    • Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days.

UNBUNDLING OF CPT© 99091 IN 2018

– CMS’ Unbundling of 99091 allowed providers to bill and receive separate reimbursement for time spent on collection and interpretation of health data that is generated by a patient remotely, digitally stored and transmitted to the practitioner.

• National Non-Facility Medicare Allowable - $58.38; National Facility Medicare Allowable - $58.38.
• Prior to 2018 CMS rules stated that certain remote care services for the same patient during the same service period could not be billed together.
• CPT 99091 is not subject to restrictions based on originating sites or technology. This was a major step in CMS’ recognition of remote patient monitoring.

REQUIREMENTS FOR CPT© 99091

• Healthcare provider must:
  – Have a face-to-face visit with new patients (or patients not seen within one year of the remote care service);
  – Obtain an advanced beneficiary consent prior to the remote care services and documentation of such must be included in the EHR.

ADDITIONAL REQUIREMENTS OF CPT® 99091

• Health care professional must also:
  – Document time spent assessing, reviewing and/or interpreting data;
  – Include time spent communicating with patient and/or family, caregiver;
  – Record details of conversations/communication;
  – Use digital tools that allow them “to provide ongoing guidance and assessments for the patient outside of the in-office visit”, which includes “collection and use of” patient generated data;
  – Use platforms and devices that provide an “active feedback loop” that “provides data in real time (or near-real time) to the care team as well as offering patients automatic and ongoing one-way guidance”. However, if the technology used is a “passive platform or device that only collects but does not transmit patient-generated health data, CMS would not reimburse for the service.

MODERNIZING MEDICARE PHYSICIAN PAYMENT

- CMS is finalizing its proposals to pay separately for two newly defined physicians’ services furnished using communication technology:
  - Brief communication technology-based service:
    - Example – virtual check-in (HCPCS code G2012)
    - Remote evaluation of recorded video and/or images submitted by an established patient (HCPCS code G2010).
- CMS is also finalizing policies to pay separately for new coding describing chronic care remote physiologic monitoring:
  - CPT codes 99453, 99454, and 99457; and
- Interprofessional internet consultation
  - CPT codes 99451, 99452, 99446, 99447, 99448, and 99499.
2019 TECHNOLOGY NOT CONSIDERED UNDER STATUTORY RESTRICTIONS

• Certain other services that are furnished remotely using communications technology are not considered “Medicare telehealth services” and are not subject to the previous restrictions.
  • This includes interactions between a medical professional with a patient via remote communication technology.
  • Thus, CMS has finalized reimbursement for virtual-check ins, remote evaluation of pre-recorded patient information and interprofessional internet consultation, which CMS believes fall outside the scope of Medicare telehealth services.

MEDICARE VIRTUAL CHECK-INS – HCPCS CODE G2012

• Defined as:
  • “Brief communication technology-based service, e.g. virtual check-in;
    – By a physician or other qualified health care professional who can report evaluation and management (E/M) services;
    – Provided to an established patient;
    – Not originating from a related E/M service provided within the previous 7 days;
    – Nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment;
    – 5-10 minutes of medical discussion.”
  • Code allows “audio-only real-time telephone interactions in addition to synchronous, two-way audio interactions that are enhanced with video or other kinds of data transmission.”
HCPCS CODE G2012

– Note:
  • Telephone calls that involve only clinical staff cannot be billed using HCPCS code G2012 since the code explicitly describes (and requires) direct interaction between the patient and the billing practitioner.
  – Unfortunately, CMS did not state that pure asynchronous modalities would qualify for this code.

OTHER 2019 CHANGES FOR MEDICARE PHYSICIAN FEE SCHEDULE

• Remote evaluation of pre-recorded patient information:
  – HCPCS code G2010 – “a specific new code that describes remote professional evaluation of patient-transmitted information conducted via pre-recorded “store-and-forward” video or image technology”.
  – Not subject to Medicare telehealth restrictions as they could not substitute for an in-person service.
  – Separately payable under the PFS.

HCPCS CODE G2010

– Code Description –
• Remote evaluation of recorded video and/or images;
• Submitted by an established patient (e.g., store and forward);
• Includes professional interpretation;
• With follow-up with the patient within 24 business hours;
• Not originating from a related e/m service provided within the previous 7 days nor;
• Leading to an e/m service or procedure within the next 24 hours or soonest available appointment.

– Reimbursement – Medicare:
• National Non-Facility Allowable - $12.61
• National Facility Allowable - $9.37

OTHER 2019 CHANGES FOR MEDICARE PHYSICIAN FEE SCHEDULE

• Interprofessional internet consultation (supporting a team-based approach to care facilitated by electronic medical record technology):
  – CPT© codes:
    – 99452 - Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes (National Non-Facility and Facility Allowable - $37.48)
    – 99451 - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient’s treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time. National Non-Facility & Facility Allowable - $37.48.
INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC ASSESSMENT AND MANAGEMENT SERVICE

- 99446 - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review. (National Non-Facility and Facility Allowable - $18.38.

- 99447 - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review. (National Non-Facility and Facility Allowable - $36.40.

- 99448 - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review. (National Non-Facility and Facility Allowable - $54.78.

- 99449 - Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient’s treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review. (National Non-Facility and Facility Allowable - $72.80.)
VIRTUAL CHECK-IN AND REMOTE EVALUATION FOR PRE-RECORDED PATIENT INFORMATION

• CMS rules:
  – Codes only available to providers who can furnish and bill Evaluation and Management services;
    • Excludes clinical staff such as RNs, PTs.
  – Patient co-pays still apply.

TWO NEW TELEHEALTH CPT CODES FOR PROLONGED PREVENTIVE SERVICES

• These qualify as “Medicare telehealth services” and must use the telehealth place of service (POS) code “02”.
  – G0513 - Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service). RVU – Facility - $ 1.68; Non-Facility - $ 1.78.
  – G0514 - Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service). RVU – Facility – 1.68; Non-Facility - $ 1.78.
CMS finalizes policies to bring innovative telehealth benefit to Medicare Advantage

- **Apr 05, 2019** - Today, the Centers for Medicare & Medicaid Services (CMS) finalized policies that will increase plan choices and benefits, including allowing Medicare Advantage plans to include additional telehealth benefits.
- CMS is finalizing changes that would allow Medicare Advantage beneficiaries to access additional telehealth benefits, **starting in plan year 2020**.
- These additional telehealth benefits offer patients the option to receive health care services from places like their homes, rather than requiring them to go to a healthcare facility.
- “Today’s policies represent a historic step in bringing innovative technology to Medicare beneficiaries,” said CMS Administrator Seema Verma.
- “With these new telehealth benefits, Medicare Advantage enrollees will be able to access the latest technology and have greater access to telehealth. By providing greater flexibility to Medicare Advantage plans, beneficiaries can receive more benefits, at lower costs and better quality.”

Source: [https://www.cms.gov/newsroom/press‐releases/cms‐finalizes‐policies‐bring‐innovative‐telehealth‐benefit‐medicare‐advantage](https://www.cms.gov/newsroom/press‐releases/cms‐finalizes‐policies‐bring‐innovative‐telehealth‐benefit‐medicare‐advantage)

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ACCOUNTABLE CARE ORGANIZATION, BUNDLED CARE AND TELEHEALTH

Beginning January 1, 2020 all Accountable Care Organizations (ACOs) tested or expanded under the Center for Medicare and Medicaid Innovation with a two-sided model with Medicare fee-for-service beneficiaries will have the ability to expand telehealth services to include the home as an eligible originating site and would not be subject to Medicare’s current telehealth originating site geographic requirements.

Some ACOs, designed to reduce fragmentation of care, have already been given additional flexibility in their use of telehealth to treat eligible beneficiaries.

In Medicare specifically, some of the current telehealth requirements in the Social Security Act are waived in both the Next Generation ACO model as well as the Comprehensive Care for Joint Replacement model, which tests bundled payment and quality measurement for an episode of care associated with hip and knee replacements.
PRIVATE PAYERS AND TELEHEALTH

- No current set of standards for Telehealth in the U.S.
- As of October 2018, 40 jurisdictions (including DC) have enacted (or will enact at a later date) laws that govern private payer telehealth reimbursement.
- In most cases, these laws include coverage parity, requiring insurers to cover the same services delivered through telehealth, as are covered in-person, as long as it meets the same standard of care.
  - For example, the state of New York’s parity law forbids private payers to “exclude from coverage a service that is otherwise covered under a policy that provides comprehensive coverage … because the service is delivered via telehealth [...].”
  - But, it does not state that private payers must reimburse telehealth services equally as in-person services, prompting one insurer in New York to reimburse telehealth delivered services at a 50% reduced rate.
- Many states also make their telehealth parity laws “subject to the terms and conditions of the contract.” is phrasing may set up certain conditions where an insurer has the flexibility to restrict telehealth reimbursement within their contract.
- See CCHP’s 50 State Telehealth Laws and Reimbursement Report for additional information on each state’s policies. (Center for Connected Health Policy)


Texas Telemedicine Policy

- Texas recognizes the potential of telemedicine to treat many more patients at less cost.
- With a shortage of healthcare providers in Texas, telemedicine is expanding rapidly.
- Texas has a telehealth parity law:
  - Texas enacted its telehealth parity law in 1997.
  - Requires private payers, state employee health plans and Medicaid to reimburse telemedicine services in the same way as in-person services.
  - Effective 06/15/2001: Texas Insurance Code Chapter 1455 prohibits policy from requiring face-to-face contact between a health care provider and patient for delivery of care

GEORGIA

• Georgia has a telemedicine parity law in place, which requires private payers to cover telemedicine services.
• Georgia’s Medicaid program also covers a wide range of medical services delivered via live-video.
• Similar to Medicare’s telemedicine regulations, Georgia Medicaid places some restrictions on the location of patient and provider at the time of the telemedicine visit.
• Georgia also does not cover other forms of telemedicine, like store-and-forward or remote patient monitoring solutions.
• Live video is a go! Private payers and state Medicaid will both reimburse for telemedicine visits done over video.
• However, there’s currently no coverage for store-and-forward, remote patient monitoring, or other electronic communication (like email, phone or fax).


NORTH CAROLINA

• Telemedicine remains an important resource that is still underutilized in North Carolina.
• Although there is no parity law in place, the Tar Heel state did implement an innovative telepsychiatry program that will hopefully pave the way for more telehealth initiatives.
• North Carolina introduced a telemedicine parity law in April 2015, but it did not pass. Stay tuned and check this page for updates!
• And remember, many private payers still cover telemedicine even though there’s no legal requirement.

AETNA TELEMEDICINE

• “If you’re sick and need to see a physician, Teladoc may be an option for you.”
• “… Telemedicine service isn’t meant to replace the relationship you have with your regular doctor.”
• “… Health benefits and health insurance plans contain exclusions and limitations.”

Source: “Easy-to-access care just got easier.”; https://www.aetna.com/individuals-families/health-insurance-through-work/health-insurance-information/telemedicine.html

AETNA AND TELEMEDICINE

• “Unlike Blue Cross Blue Shield and several other large payers that have fully embraced telemedicine, Aetna takes a more conservative approach”
• “They have partnered with TeleDoc to provide telephone consultations for non-urgent conditions for patients with certain plans.”
• “For other providers, coverage for video visits is determined by the patient’s state and plan details.”
• “If you are in a state with a parity law, there’s a good chance, but not a guarantee that you can get reimbursement for a telemedicine encounter. If your state does not have a reimbursement requirement, such a claim might be denied.”

Source: Chiron Health; https://chironhealth.com/telemedicine/reimbursement/aetna-telemedicine-reimbursement/
AETNA

• **Telemedicine and Telehealth Services Texas Reimbursement Policy:**
  
  – **Applies To:** In-network Texas providers rendering telemedicine or telehealth services to members of fully-insured commercial medical plans subject to Texas Insurance Code (TIC) Chapter 1455.
  
  – **Effective Date:** January 1, 2018
  
  – This policy addresses Texas Health + Aetna Life Insurance Company and Texas Health + Aetna Health Inc.’s guidelines regarding payment for telehealth and telemedicine services in Texas.

Source: [https://www.aetna.com/individuals-families/health-insurance-through-work/health-insurance-information/telemedicine.html](https://www.aetna.com/individuals-families/health-insurance-through-work/health-insurance-information/telemedicine.html)

AETNA - CONTINUED

• Services provided through telemedicine are considered as if they were provided face-to-face if the relevant standard of care requirements are met.

• Services are considered eligible if they are otherwise eligible under the plan.

• **There are no CPT codes specific to telemedicine services.**

• Providers must bill with Place of Service 02 (Telehealth services) and/or modifier GT (via an asynchronous telecommunications system) or 95 (via a synchronous interactive audio and video telecommunications system) with an eligible CPT/HCPCS code.

• When physicians or healthcare professionals report modifier GT, they certify that they rendered services to a patient via an interactive audio and visual telecommunications system.

• **HCPCS also eligible for coverage:** 0188T, G0406, G0425, G0459, G0508, Q3014, S9110 and T1014.

Source: Chiron Health; [https://chironhealth.com/telemedicine/reimbursement/aetna-telemedicine-reimbursement](https://chironhealth.com/telemedicine/reimbursement/aetna-telemedicine-reimbursement)
AETNA - CONTINUED

• “We are not required to cover telehealth by only synchronous audio or asynchronous telecommunication interaction, including:
  – An audio-only telephone consultation;
  – A text only email message; or
  – A fax.”

Cigna Telehealth Connection Program

• “Cigna has been a frontrunner in offering reimbursable "virtual house calls" nationally since 2007."
• Cigna’s initial telehealth offering was through RelayHealth, which offers webVisit® consultations using an online, structured interview format to communicate eligible health plan customers non-urgent, routine health issues to their Cigna-contracted physician.
• MDLIVE will add the new dimension to Cigna’s portfolio of convenience care and telehealth options, making access to care more convenient, affordable for customers and appropriately compensating health care professionals for their services while continuing to support the existing patient-doctor relationship.
• To watch a short video on MDLIVE services please view here: www.mdlive.com/cignavideo
Cigna Telehealth Connection Program

• “Access the care you need - when, where, and how you need it.”
  – “Say it's the middle of the night and your child is sick.”
  – “Or you’re at work and not feeling well.”
  – “Depending on your plan, as a Cigna customer you may have access to one or both of Cigna's contracted telehealth providers, American Well® and MDLIVE®.”
  – “Through these services, you can speak with a doctor for help with minor acute conditions such as:

  - Sore throat
  - Headache
  - Stomachache
  - Fever
  - Cold and flu
  - Allergies
  - Rash
  - Acne
  - UTI

Source: [www.mdlive.com/cignavideo](http://www.mdlive.com/cignavideo)
How does the Cigna Telehealth Connection program work?

• “The program lets you get the care you need – including most prescriptions (when appropriate) – for a wide range of minor acute conditions.”
• “Eligible Cigna customers have access to board-certified doctors through online video chat or through phone.”
• “This program can help you get the care you need without leaving your home or office; when, where and how it works best for you.”

Source: Cigna Telehealth Connection Program; https://www.cigna.com/individuals-families/member-resources/telehealth-connection-program

How does the Cigna Telehealth Connection program work?

• “Choose when: Day or night, weekdays, weekends, and holidays.
• Choose where: Home, work, on the go or when you are traveling.
• Choose how: Phone or online video chat.
• Choose who: American Well or MDLIVE doctors.”

Source: https://www.cigna.com/individuals-families/member-resources/telehealth-connection-program
How does the Cigna Telehealth Connection program work?

- “Why use telehealth?”
- “Televisits with American Well and MDLIVE usually cost less” than going to a convenience care or urgent care clinic, and significantly less than going to an emergency room.”
- “And your out-of-pocket cost is the same or less” than a visit with your primary care provider.
- “Remember, you should only use telehealth services for non-life-threatening conditions.”
- “American Well and MDLIVE are both quality national telehealth providers, so you can choose your care confidently.”
- “When you can’t get to your doctor, Cigna Telehealth Connection is here for you.”

Source: https://www.cigna.com/individuals-families/member-resources/telehealth-connection-program

MDLIVE©

- “Their cloud-based Virtual Medicine Office software platform makes it possible for patients, medical professionals and plan administrators to collaborate seamlessly and securely via voice, video, email and mobile devices.”
- “Payers and providers can also utilize the HIPAA and PHI-compliant system to collect and share clinical data from patient medical records, lab results and in-home biometric devices for real-time risk assessments, wellness advice, diagnosis and treatment.”
- “MDLIVE physicians can diagnose, treat and, if needed, write prescriptions (non-controlled substances only) for routine medical conditions 24/7/365 Anytime, Anywhere.”
- “Learn more at mdlive.com and connect with us on facebook.com/mdlivetelehealth to join the telehealth conversation.”
How does the Cigna Telehealth Connection program work?

- “How do I register?”
- “Register for one or both today, so you’ll be ready to use a telehealth service when and where you need it.”
- American Well
  amwellforcigna.com
  1 (855) 667-9722
- MDLIVE
  mdliveforcigna.com
  1 (888) 726-3171

UHC VIRTUAL VISITS

- “With most UnitedHealthcare plans, you have benefit coverage for Virtual Visits when:
  - You use one of the provider groups in the Virtual Visits network.
  - You're getting care for certain non-emergency medical conditions like the flu, colds, pinkeye, rashes and fevers.”

Source: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medady-coverage-sum/telemedicine-telehealth-services.pdf
UHC DR. ON DEMAND

• “Start by registering with one of these providers.
• Dr. on Demand
• Get Started
• Or download the app.”

Virtual Visits

Virtual Visits are good for:
• Allergies
• Bladder/Urinary tract infection
• Bronchitis
• Cough/Cold
• Diarrhea
• Fever
• Migraine/Headaches
• Pinkeye
• Rash
• Seasonal flu
• Sinus problems
• Sore throat
• Stomachache
• Quick assessment of severity

Source: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-telemedicine-telehealth-services.pdf
ARE VIRTUAL VISITS COVERED UNDER MY HEALTH BENEFIT PLAN?

• “With most UnitedHealthcare plans, you have benefit coverage for Virtual Visits when:
  – You use one of the provider groups in the Virtual Visits network.
  – You’re getting care for certain non-emergency medical conditions like the flu, colds, pinkeye, rashes and fevers.
  – Some plans also include coverage for mental health Virtual Visits.”

Source: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/telemedicine-telehealth-services.pdf

HOW DO VIRTUAL VISITS WORK?

• “Here’s how Virtual Visits work and the steps you’ll need to take.
  – Register anytime, then request a visit when you are sick.
  – Get a diagnosis and prescription* (if needed) in 20 minutes or less.
  – Pay $50 or less with your UnitedHealthcare plan**.”

Source: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/telemedicine-telehealth-services.pdf
WHAT DO I NEED TO DO TO START A VIRTUAL VISIT?

• “You should have your health plan ID card and a credit card ready when you register and whenever you need a visit.
• It’s also helpful to have your pharmacy name and address available in case you need a prescription* medication.”

Source: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/telemedicine-telehealth-services.pdf

CAN I CHOOSE EITHER (OR BOTH) VIRTUAL VISIT PROVIDERS?

• “Yes.”
• You can register as a patient and use one or both of the network Virtual Visits providers anytime.
• Here are a few things to think about when you’re choosing a provider:
  – Ease of use
  Try out the website and/or mobile app of each provider group to see if it’s easy to use and understand.
  – Ratings
  See how other people have rated their satisfaction for the provider’s mobile app and overall patient experience.
  – Cost
  Compare how much you’ll pay for a Virtual Visit with each provider group.

Source: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/telemedicine-telehealth-services.pdf
**CAN I GET A PRESCRIPTION?**

- “Virtual Visits doctors can send prescriptions to the pharmacy of your choice.”
- “Costs for prescription drugs are based on your pharmacy benefit and are not covered as part of the Virtual Visit.”
- “You’ll only get a prescription if the doctor decides you need one.”
- “NOTE: *Prescription services may not be available in all states.”

Source: [https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/telemedicine-telehealth-services.pdf](https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/telemedicine-telehealth-services.pdf)

**UHC VIRTUAL VISITS**

- *Can I schedule an appointment instead of waiting? Can I see the same Dr. again?*
  - Yes.
  - You can schedule an appointment for a specific available time with a Virtual Visits doctor. You can also request to see the same doctor for another visit.
- *Can my child or underage dependent use Virtual Visits?*
  - Yes.
  - In general, a parent or legal guardian must be present during the Virtual Visit with a minor dependent who is covered under your plan.

Source: [https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/telemedicine-telehealth-services.pdf](https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/telemedicine-telehealth-services.pdf)
ARE BEHAVIORAL AND MENTAL HEALTH VIRTUAL VISITS COVERED UNDER MY HEALTH PLAN?

- “When you use one of the provider groups in our Virtual Visits network for a mental health visit, it may be covered if you have UnitedHealth mental health benefits.
- Check your plan documents for more information about your plan’s specific benefits.
- In addition, if you have Employee Assistance Program (EAP) benefits, please contact your EAP provider for coverage and network related questions.”

Source: https://www.uhcprovider.com/content/dam/provider/docs/public/policies/medadv-coverage-sum/telemedicine-telehealth-services.pdf

NOTES:

- “If you are experiencing a medical emergency you should seek appropriate emergency medical assistance such as calling “911.”
- 1. Data rates may apply.
- 2. Prescription services may not be available in all states.
- 3. Check your official health plan documents to see what services and providers are covered by your health plan.
- Virtual visits are not an insurance product, health care provider or a health plan.
- Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider.
- Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances.
- Services may not be available at all times or in all locations.”
Reimbursement Policy
CMS 1500
Policy Number 2019R6040D

Telehealth and Telemedicine Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY
You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies may use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and when specified, to those billed on UB-04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare members. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the physician or other provider contracts, the enrollee’s benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

*CPT Copyright American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Application
This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (aka CMS-1500) or its electronic equivalent or its successor forms. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of change contract physicians and other qualified health care professionals.

Policy

Overview
This policy describes reimbursement for Telehealth and Telemedicine services, which occur when the Physician or Other Health Care Professional and the patient are not at the same site. Examples of such services are those that are delivered over the phone, via the Internet or using other communication devices. Note: For the purposes of this policy, the terms Telehealth and Telemedicine are used interchangeably.

Reimbursement Guidelines

Codes and Modifiers

Proprietary information of UnitedHealthcare. Copyright 2019 United HealthCare Services, Inc.
UHC REIMBURSEMENT FOR TELEHEALTH

- “UnitedHealthcare will consider for reimbursement Telehealth services which are recognized by The Centers for Medicare and Medicaid Services (CMS) and appended with modifiers GT or GQ, as well as services recognized by the AMA included in Appendix P of CPT and appended with modifier 95.
- In addition, UnitedHealthcare recognizes certain additional services which can be effectively performed via Interactive Audio and Video Telecommunications systems;
  - These codes will be considered for reimbursement when reported with modifier GT:
    - Medical genetics and genetic counseling services (code 96040)
    - Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum (codes 98960-98962)
    - Alcohol and/or substance abuse screening and brief intervention services (codes 99408-99409)
    - Remote real-time interactive video-conferenced critical care evaluation and management of the critically ill or critically injured patient, use 99499 2019 Codes Recognized with Modifiers GT or GQ 2019 Codes Recognized with Modifier 95.”


UHC TELEHEALTH

- “UnitedHealthcare requires one of the following modifiers to be reported when performing a service via Telehealth to indicate the type of technology used and to identify the service as Telehealth.
- UnitedHealthcare will consider reimbursement for a procedure code/modifier combination using these modifiers only when the modifier has been used appropriately.

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>GT</td>
<td>Via Interactive Audio and Video Telecommunications systems.</td>
</tr>
<tr>
<td>GQ</td>
<td>Via Asynchronous Telecommunications systems.</td>
</tr>
<tr>
<td>95</td>
<td>Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications system (reported only with codes from Appendix P)</td>
</tr>
<tr>
<td>G0</td>
<td>Telehealth services for diagnosis, evaluation, or treatment, of symptoms of an acute stroke</td>
</tr>
</tbody>
</table>

UHC ORIGINATING SITES

• “UnitedHealthcare recognizes the CMS-designated Originating Sites which are considered eligible for furnishing Telehealth services to a patient located in such sites via an Interactive Audio and Visual Telecommunications system.
  – Examples of Originating Sites are listed below:
    • The office of a physician or practitioner;
    • A hospital (inpatient or outpatient);
    • A critical access hospital (CAH);
    • A rural health clinic (RHC);
    • A federally qualified health center (FQHC);
    • A hospital-based or critical access hospital-based renal dialysis center (including satellites); NOTE: Independent renal dialysis facilities are not eligible Originating Sites
    • A skilled nursing facility (SNF); and
    • A community mental health center (CMHC) Mobile Stroke Unit Patient home - only for monthly end stage renal, ESRD-related clinical assessments”


UHC TELEHEALTH ELIGIBLE PROFESSIONALS

• “UnitedHealthcare recognizes the CMS-designated practitioners eligible to be reimbursed for Telehealth services:
  – Physician
  – Nurse practitioner
  – Physician assistant
  – Nurse-midwife
  – Clinical nurse specialist
  – Registered dietitian or nutrition professional
  – Clinical psychologist
  – Clinical social worker
  – Certified Registered Nurse Anesthetist
  – Proprietary information of UnitedHealthcare. Copyright 2019 United HealthCare Services, Inc.”

UHC POS

- "UnitedHealthcare recognizes but does not require Place of Service (POS) code 02 for reporting Telehealth services rendered by a physician or practitioner from a Distant Site.
- Modifiers GT, GQ or 95 are required instead to identify Telehealth services.
- POS Description 02 Telehealth – The location where health services and health related services are provided or received, through a telecommunication system.
- (Note: This Telehealth POS code does not apply to Originating Site facilities billing a facility fee.)
- UnitedHealthcare recognizes federal and state mandates regarding Telehealth and Telemedicine."


UHC TELEHEALTH POLICY

- **Telehealth Transmission:**
  - UnitedHealthcare follows CMS guidelines - *which do not allow reimbursement for Telehealth transmission, per minute, professional services bill separately reported with HCPCS code T1014.*
  - They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered included in Telehealth services.
- **Telephone Services:**
  - *UnitedHealthcare follows CMS guidelines which do not allow reimbursement for telephone services which are non-face-to-face evaluation and management services by a Physician or Other Qualified Health Care Professional reported with CPT codes 98966-98968 or 99441-99443.*
  - They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS) and are considered an integral part of other services provided

UHC TELEHEALTH POLICY

• **On-Line Medical Evaluation:**
  - UnitedHealthcare follows CMS guidelines **do not allow reimbursement for an on-line medical evaluation, an internet response to a patient’s on-line question, reported with CPT codes 98969 or 99444.**
  - They are non-reimbursable codes according to the CMS Physician Fee Schedule (PFS).

• **Interprofessional Telephone/Internet Consultations:**
  - UnitedHealthcare follows CMS guidelines effective for services rendered on or after January 1, 2019, which considers [interprofessional telephone/Internet assessment and management services reported with CPT codes 99446-99449 and 99451-99452 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).](https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-reimbursement/COMM-Telhealth-and-Teledmedicine-Policy.pdf)


UHC TELEHEALTH POLICY

• **Digitally Stored Data Services/Remote Physiologic Monitoring:**
  - UnitedHealthcare follows CMS guidelines effective for services rendered on or after January 1, 2019, which considers digitally stored data services or remote physiologic monitoring services reported with CPT codes 99453, 99454, 99457, and 99091 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

• **Remote Evaluation of Recorded Video and/or Images:**
  - UnitedHealthcare follows CMS guidelines effective for services rendered on or after January 1, 2019, which considers remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days reported with HCPCS codes G2010 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

UHC TELEHEALTH POLICY

• Brief Communication Technology-based Service:
  – UnitedHealthcare follows CMS guidelines effective for services rendered on or after January 1, 2019, which considers brief communication technology-based service, e.g., virtual check-in, by a Physician or Other Qualified Health Care Professional who can report evaluation and management services’
  – Provided to an established patient;
  – Not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment;
  – 5-10 minutes of medical discussion’
  – Reported with HCPCS code G2012 eligible for reimbursement according to the CMS qualified Fee Schedule (PFS).


UHC Definitions

• Asynchronous Telecommunication:
  – Medical information is stored and forwarded to be reviewed at a later time by a physician or health care practitioner at a Distant Site.
  – The medical information is reviewed without the patient being present.
  – Also referred to as store-and-forward telehealth or non-interactive telecommunication.
• Distant Site:
  – The location of a Physician or Other Qualified Health Care Professional at the time the service being furnished via a telecommunications system occurs.
• Interactive Audio and Video Telecommunication, Interactive Audio and Visual Transmissions, Audio-Visual Communication Technology:
  – Medical information is communicated in real-time with the use of Interactive Audio and Video Communications equipment.
  – The real-time communication is between the patient and a distant physician or health care specialist who is performing the service reported.
  – The patient must be present and participating throughout the communication.
• Originating Site:
  – The location of a patient at the time the service being furnished via a telecommunications system occurs.
• Physician or Other Qualified Health Care Professional:
  – Per the CPT book, a Physician or Other Qualified Health Care Professional is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.
• Telehealth/Telemedicine Telehealth services:
  – Are live, Interactive Audio and Visual Transmissions of a physician-patient encounter from one site to another using telecommunications technology.
  – They may include transmissions of real-time telecommunications or those transmitted by store-and-forward technology.
Q: How does UnitedHealthcare reimburse for phone calls to patients that are not associated with any other service?

- For example, a pediatrician receives a call from a mother at 2 A.M. regarding an asthmatic child having difficulty breathing.
- The physician is able to handle the situation over the phone without requiring the child to be seen in an emergency room.
- On what basis will the visit be denied?

A: UnitedHealthcare will not reimburse for these services (99441-99443 or 98966-98968), as they are considered included in the overall management of the patient.
Join Our New Data Exchange and Medical Record Collection Programs

**Clinical data exchange:** Through an automated data exchange process, you can easily share Admit, Discharge, Transfers (ADTs), Discharge Summaries and prescribed medication lists, so we can help spot any medication errors to help lower the risk for adverse interactions.

**Point of Care solutions:** You’ll access valuable data during the point of care. Programs like PreCheck My Script will help you access real-time pharmacy benefit information like copays, drug costs and prior authorization requirements—so you can prescribe the most appropriate and lowest cost medication before your patients leave the office.

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To find out more about our programs, visit UHCprovider.com > Menu > Resource Library > UnitedHealthcare Enterprise Medical Records Program. To get started, visit link on UHCprovider.com and choose the Remote EMR Access tool. You can also ask your Provider Advocate for additional assistance.
Telemedicine – HUMANA

- “Get quality, affordable care for minor illnesses without having to leave the comfort of your couch.
- Talking to a doctor is easy—anytime!
  - Can’t see your regular doctor in person?
  - Telemedicine makes it easy to access care from a board-certified doctor, via a secure video or phone appointment, from your home or on the go.
  - Doctors may even be able to prescribe medication.
- Doctors are available—24 hours a day, 7 days a week—to treat a wide variety of non-emergency conditions.......

Source: https://www.humana.com/manage-your-health/home-and-community-support/telemedicine

HUMANA TELEMEDICINE

- “Telemedicine is not intended to replace your primary care doctor or other providers in your plan’s network.
- When you have an emergency, such as a life-threatening injury, illness or major trauma, call 911 or go to your nearest emergency room.
- Telemedicine is covered under many Humana plans. Find out if your plan has this benefit.”

Source: https://www.humana.com/manage-your-health/home-and-community-support/telemedicine
HUMANA

• “This telemedicine service may not be available with all Humana health plans.
• Limitations on healthcare and prescription services delivered via telemedicine and communications options vary by state. ...
• Doctor On Demand behavioral health services are not covered.”

Source: https://www.humana.com/manage-your-health/home-and-community-support/telemedicine

Origins of Robotic Surgery

- First documented use of a robot-assisted surgical procedure:
  - 1985 when the PUMA 560 robotic surgical arm was used in a delicate neurosurgical biopsy, a non-laparoscopic surgery.

Source: https://www.roboticoncology.com/history-of-robotic-surgery/
ROBOTIC SURGERY IN THE U.S.

• “The 1985 Robotic surgery lead to the first laparoscopic procedure in 1987 — A cholecystectomy utilizing a robotic system.”
  – “The following year the same PUMA system was used to perform a robotic surgery transurethral resection.”
  – Then “in 1990 the AESOP system produced by Computer Motion became the first system approved by the Food and Drug Administration (FDA) for its endoscopic surgical procedure”.
  – “In 2000, the da Vinci Surgery System broke new ground by becoming the first robotic surgery system approved by the FDA for general laparoscopic surgery.”


ROBOTS IN MEDICINE TODAY

1. “Telepresence”:

• “Physicians use robots to help them examine and treat patients in rural or remote locations, giving them a telepresence in the room.”

• “Specialists can be on call, via the robot, to answer questions and guide therapy from remote locations,” writes Dr. Bernadette Keefe, a Chapel Hill, NC-based healthcare and medicine consultant.

• “The key features of these robotic devices include navigation capability within the ER, and sophisticated cameras for the physical examination.”

“2. Surgical Assistants”

- Remote-controlled robots:
  - Assist surgeons with performing operations;
  - Usually minimally invasive procedures.
  - “The ability to manipulate a highly sophisticated robotic arm by operating controls, seated at a workstation out of the operating room, is the hallmark of surgical robots,” says Keefe.
  - “Additional applications for these surgical-assistant robots are continually being developed, as more advanced 3DHD technology gives surgeons the spatial references needed for highly complex surgery, including more enhanced natural stereo visualization, combined with augmented reality.”

https://www.asme.org/engineering-topics/articles/bioengineering/top-6-robotic-applications-in-medicine

“3. Rehabilitation Robots”

- Used in physical therapy rehabilitation:
  - In the recovery of people with:
    - Disabilities, including improved mobility, strength, coordination; and quality of life.
    - “Can be programmed to adapt to the condition of each patient as they recover from strokes, traumatic brain or spinal cord injuries, or neurobehavioral or neuromuscular diseases such as multiple sclerosis.”
    - “Virtual reality integrated with rehabilitation robots can also improve balance, walking, and other motor functions”

https://www.asme.org/engineering-topics/articles/bioengineering/top-6-robotic-applications-in-medicine
“4. Medical Transportation Robots”

• Delivery of medication, supplies and meals to patients and staff.
• Facilitating “communication between doctors, hospital staff members, and patients.”
• “Most of these machines have highly dedicated capabilities for self-navigation throughout the facility,” states Manoj Sahi, a research analyst with Tractica, a market intelligence firm that specializes in technology.
• “There is, however, a need for highly advanced and cost-effective indoor navigation systems based on sensor fusion location technology in order to make the navigational capabilities of transportation robots more robust.”


“5. Sanitation and Disinfection Robots”

• Because of rise of antibiotic-resistant bacteria:
• “...more healthcare facilities are using robots to clean and disinfect surfaces.”
• “Currently, the primary methods used for disinfection are UV light and hydrogen peroxide vapors,” says Sahi.
• “These robots can disinfect a room of any bacteria and viruses within minutes.”

“6. Robotic Prescription Dispensing Systems”

- Robots can operate with speed and accuracy:
  - Important to pharmacies.
  - “Automated dispensing systems have advanced to the point where robots can now handle powder, liquids, and highly viscous materials, with much higher speed and accuracy than before,” says Sahi.
  - Amazing future applications are being developed as we speak.


QUESTIONS?

Can you imagine the future of Technology in our Lives?

THANK YOU!!!

CONTACT INFORMATION: mccollins@coremdpartners.com.