Resource Tool kit for the Child Neurologist in the midst of the COVID-19 Pandemic
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The current COVID-19 pandemic has resulted in an explosion in the use and application of telemedicine for patient care. Medical institutions and pediatric neurologists have incorporated telemedicine into patient care in every sphere: outpatient, inpatient and ED consultations. While the "rules" around telemedicine have been relaxed, there are still questions around implementation, neurological examinations on camera, prescribing medications, and coding.   There is no dearth of information available, but this in itself can be overwhelming and confusing. The toolkit of Telemedicine Resources below is intended to be a curated resource targeted toward members of the CNS.

We also recommend signing up for the Telemedicine SIG within CNS to share best practices and develop new ideas in what is going to be a health care delivery system that is here to stay.

Useful Resources:

https://www.aan.com/tools-and-resources/covid-19-neurology-resource-center/?utm_source=Informz&utm_medium=Email&utm_campaign=20OnlineLearning&utm_content=Email3B&_zs=XSQlW1&_zl=1Phe6

https://www.aan.com/siteassets/home-page/tools-and-resources/practicing-neurologist--administrators/telemedicine-and-remote-care/20-telemedicine-and-covid19-v103.pdf

https://www.aan.com/tools-and-resources/practicing-neurologists-administrators/telemedicine-and-remote-care/

American Telemedicine Association:
https://info.americantelemed.org/covid-19-news-resources

American Academy of Pediatrics Section on Telehealth : AAP.org/SOTC
https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/#Telemedicine

Healthychildren.org

Additional information:

Electronic Prescribing of Controlled Substance (EPCS)

DEA Policy: Questions and Answers for Prescribing Practitioners (EPCS)

DEA Guidance: Use of Mobile Devices in the Issuance of EPCS

On January 31, 2020, the Secretary of the Department of Health and Human Services issues a public health emergency (**HHS Public Health Emergency Declaration**).

Telemedicine can now be used under the conditions outlined in Title 21, United States Code (U.S.C.), **Section 802(54)(D)**?

While a prescription for a controlled substance issued by means of the Internet (including telemedicine) must generally be predicated on an in-person medical evaluation (**21 U.S.C. 829(e)**), the Controlled Substances Act contains certain exceptions to this requirement. One such exception occurs when the Secretary of Health and Human Services has declared a public health emergency under 42 U.S.C. 247d (section 319 of the Public Health Service Act), as set forth in 21 U.S.C. 802(54)(D). Secretary Azar declared such a public health emergency with regard to COVID-19 on January 31, 2020. (**https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html**). For as long as the Secretary's designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice

- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system.

- The practitioner is acting in accordance with applicable Federal and State law.

Provided the practitioner satisfies the above requirements, the practitioner may issue the prescription using any of the methods of prescribing currently available and in the manner set forth in the DEA regulations. Thus, the practitioner may issue a prescription either electronically (for schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy.

Important note: If the prescribing practitioner has previously conducted an in-person medical evaluation of the patient, the practitioner may issue a prescription for a controlled substance after having communicated with the patient via telemedicine, or any other means, regardless of whether a public health emergency has been declared by the Secretary of Health and Human Services, so long as the prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice. In addition, for the prescription to be valid, the practitioner must comply with any applicable State laws.

Malpractice guidelines:

Some states have changed licensure requirements during this pandemic. The resource below provides state-wise information. However it is still recommended to check malpractice rules with your parent institution:
https://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensures-requirementscovid-19.pdf

CMS billing codes:
Rules around billing have been relaxed in the present pandemic. The AAN guidelines provide details regarding billing for some types of telephone encounters

Seeing Patients with trainees via Telemedicine
Telemedicine can be used for visits with residents, but NOT medical students if the attending is not in the room the entire time. A resident may see patient via virtual visit, come off the visit, and then present to the attending who can then join the meeting for a fac- to-face portion of the meeting or choose to join for the entire time. Documentation for the visit and the teaching statement should be no different than a face-to-face visit (ACGME guideline). A Telemedicine modifier should be applied.
https://acgme.org/Newsroom/Blog/Details/ArticleID/10125/ACGME-Response-to-COVID-19-Clarification-regarding-Telemedicine-and-ACGME-Surveys

Documentation
Accurate documentation is key for telemedicine (for billing and legal purposes), as for anything else. Some points to remember for documentation:
- Consent for telemedicine
- Where applicable, documenting the location of a patient (this is important where out of state visits are not being permitted)
- Who is present for the visit
- Type of platform being used (Check with your institution if this documentation is needed)
- Elements of the visit: History, Review of Systems, Medication reconciliation, Allergies
- Whether vitals (weight, heart rate) were reported by the caregiver
- Examination: Important to document that the examination is done by Observation or Inspection. Document only those elements of the examination that are done.
- Assessment and Plan
- Time spent on the visit must be clearly documented if billing is based on time.