

Occupational Therapy Telehealth Toolkit

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Toolkit Overview

This toolkit was created as a guide for occupational therapists, occupational therapy assistants, and other healthcare professionals to provide information on the latest telehealth basics, document foundational practices, and provide resources needed to implement telehealth services in an occupational therapy practice. Through interviews with stakeholders, a list of topics has been derived for the curation of this toolkit. In this toolkit you will find information on: telehealth ethics, licensure (and the current licensure compact), current policies, billing, reimbursement, recommended preparation, platforms and software, best practices among different settings and populations, documentation, telehealth assessments, remote therapeutic monitoring, certified occupational therapy assistant (COTA) supervision, the [American Occupational Therapy Association \(AOTA\)](#), and additional resources.

Terminology. Many terms are utilized to describe telehealth and are frequently used interchangeably, such as telerehabilitation, telepractice, teletherapy, and telemedicine²⁹. For the purposes of this toolkit and to recognize the full scope of occupational therapy practice, the term “telehealth” will be used to encompass all aspects of occupational therapy practice (OTP) that use telecommunications technologies. This terminology is also endorsed by AOTA.

Potential for policy changes. This toolkit covers the latest information as of May 2024. Medicare policy extensions are scheduled to end at the end of 2024, and some sections of this toolkit regarding policy, billing, and reimbursement may become outdated after that time.

Great Plains Telehealth Resource & Assistance Center (gptrac.org)

The [Great Plains Telehealth Resource and Assistance Center](#) (gpTRAC) is a federally funded program which is housed at the University of Minnesota within the Institute of Health and Informatics. gpTRAC is one of twelve regional telehealth resource centers in addition to two national resource centers around the country. Together, these fourteen resource centers provide free materials to build telehealth awareness and sustainability for healthcare providers. To find more information on all the resource centers across the United States, visit the [National Consortium of Telehealth Resource Centers](#) website.

For over ten years, gpTRAC has been regionally serving the following states: Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin. Their goal is to support telehealth program development, evaluation, promotion and sustainability.

Telehealth Key Terms & Definitions

Originating Site: where the patient or client is located

Distant Site: where the provider is located

Synchronous: live, interactive communication (e.g., phone, videoconferencing, real-time monitoring service)

Asynchronous: not occurring in real time, store and forward communication (e.g., email, recorded video, recorded data from apps, questionnaire-based assessment in online portal)

Hybrid: combination of both synchronous and asynchronous or when combining in person and telehealth as a service delivery model

Remote Therapeutic Monitoring (RTM): [RTM](#) is a healthcare delivery model that collects non-physiological patient data to improve outcomes (e.g., musculoskeletal and respiratory system status and medication adherence). It is similar to but distinct from remote physiological monitoring (RPM), which collects physiological data.

mHealth: mobile health is a type of health care service that utilizes mobile technologies (e.g., smartphones, apps, wearables, alerts)

Telehealth in Occupational Therapy

[Occupational therapy](#) (OT) is a healthcare profession which partners with patients and their families to understand how a diagnosis impacts their daily lives and helps them overcome challenges throughout their healing journey¹⁷. The scope of occupational therapy is broad. As defined in the [Occupational Therapy Practice Framework](#), OTs can work with patients to improve their bathing, dressing, eating, care of others, play, leisure, home management, safety procedures, driving and mobility, social participation, meal preparation, and much more²².

While many patients receive occupational therapy services in person, research has shown services provided via telehealth can be effective and are in high demand, especially for rural and underserved populations⁸. Occupational therapists utilize telehealth as a service delivery model to help patients develop new skills, modify home, work, or life environments, and help patients build healthy habits and routines. This can be done through synchronous, asynchronous, or hybrid methods, depending on best fit for the patient and their families/caregivers.

According to [AOTA's 2018 Position Paper](#)²⁸, telehealth within occupational therapy is defined as “the application of evaluative, consultative, preventative, and therapeutic services delivered through information and communication technology.”

Additionally, the [World Federation of Occupational Therapy](#)²¹ defines telehealth as “the use of information and communication technologies to deliver health-related services when the provider and patient are not in the same physical location.”

Occupational therapy practitioners (OTPs), occupational therapists and occupational therapy assistants, may use telehealth as a service delivery model for evaluations, assessments, education, caregiver training, interventions, consultations, monitoring, and supervision²¹.

Some benefits to occupational therapy telehealth services include:

- Increased access to OT services
- Decreased amount of time/cost for patients to travel for services
- More flexibility for patients, their families, and practitioners
- Hospital admission/readmission reduction
- Minimized risk of driving in inclement weather for appointments
- Quicker access to care

- Provides insight into the patient's home environment/home set up
- Improved transfer of patients' electronic patient records and data

Telehealth Ethics

To provide safe and ethical telehealth services, occupational therapists and occupational therapy assistants need to take several factors into consideration. First and foremost, telehealth services should **not** be provided solely to benefit the practitioner. Occupational therapy practitioners are held to the same standards and level of care as a practitioner who is practicing in person. Additionally, telehealth services should only be provided if they will benefit the patient, treatments can be conducted safely, the patients' goals can be met virtually, and if telehealth will improve their overall health and well-being¹.

To practice ethically, occupational therapists and occupational therapy assistants should consider particular risk factors:

1. OTPs must comply with all federal and state laws, regulations, statutes, and telehealth related policies²⁶.
2. Before delivering telehealth services, the patient must first consent to this service delivery model. Specific requirements for documenting consent may vary by state (see Policy, Billing & Reimbursement section below). It is the responsibility of the occupational therapist to educate the patient on the risks, benefits, organizational policies for retention of patient information, and their rights and responsibilities regarding telehealth services, including the patients' right to refuse services at any time.
3. When determining if telehealth is appropriate for a patient, occupational therapists should consider the following risk factors:
 - a. Possible loss of patient privacy and confidentiality

- b. Skill level of caregiver or family member if needing assistance with transfers, technology, or adaptive equipment
- c. Technology or equipment malfunctions
- d. Costs associated with technology or equipment needed
- e. Modifications and reliability of assessment administration and evaluations

See [AOTA's Decision Guide](#) to determine whether telehealth is appropriate for your patient.

4. Privacy and confidentiality issues may arise depending on who is present with the patient during their session¹. Are the caregivers or family members someone who would typically attend the in-person session? If not, this could create uncomfortable situations for the patient when addressing occupations, such as bathing or toileting. This same concern can also be found in the following scenarios:

- a. Someone is on their phone/recording in the same environment as the patient during their session.
- b. Patient is communicating during treatment from a public space, such as a local park.
- c. OTP is not located in a private area during the telehealth session.

The provider should always be mindful of these privacy concerns from both sides of any interaction or communication.

5. The client and caregiver must be competent with technology to participate in telehealth. If appropriate, this may require the occupational therapy practitioner to provide technology education prior to telehealth sessions.

6. Ensure all forms of communication and documentation follow state and federal guidelines to protect patients' privacy and confidentiality. This includes the telehealth platform and software being utilized (See Platforms & Software and HIPAA & Security sections below).

7. When working on intimate occupations, such as dressing, toileting, and bathing, avoid patient exposure in front of the camera. In these instances, occupational therapists need to consider how these tasks and skills can be addressed through telehealth. For example, OTPs can instead focus on distinct components of those tasks or have the patient wear tight fitting clothing underneath looser clothing when performing dressing and toileting. This concept also applies to younger children in the background of videos--children should generally not appear on camera. Educate parents and caregivers ahead of time and discuss these safety considerations.

For more information regarding ethical telehealth practices, read AOTA's [Telehealth Position Paper](#) and the latest AOTA [Telehealth Ethics Advisory Opinion](#).

Occupational Therapy Licensure Compact

Practitioners must be licensed in the state where the patient is physically located. Compacts exist to facilitate practice in multiple states.

AOTA is collaborating with The National Board of Certification in Occupational Therapy (NBCOT) and state regulatory boards to produce an [interstate licensure compact across the United States](#). At the time of this writing, 28 states have enacted the licensure compact with Wisconsin, Iowa, South Dakota, and Nebraska being four of these. This licensure compact would afford occupational therapists and occupational therapy assistants the opportunity to practice and provide services in states that have joined the compact¹⁸. This would not only have a financial benefit for practitioners, but would additionally save OTs and OTAs a significant amount of time becoming licensed in other states, a process that can often take months.

The bipartisan States Handling Access to Reciprocity for Employment (SHARE) Act will ensure the FBI has authority to provide background checks to all states

participating in the licensure compact. This change would essentially allow states to better recognize other licenses and certifications, turning a several month process into one that only takes hours or days.

To obtain this interstate compact privilege, OTPs must:

- Hold a license in their home state
- Have no impediments on their current license
- Have no adverse actions against a licensure in the past two years
- Meet jurisdictional requirements for the desired state of licensure
- Complete an FBI criminal background check

All OTPs who meet the aforementioned requirements will have the same rights in a compact state as they do with their traditional license once they obtain the compact privilege.

While 28 states have enacted this compact, it is not yet operational. Currently, the Occupational Therapy Compact Commission (OTCC) is working to develop a database system that can meet the needs of the compact and its OTPs. It is anticipated to become operational and available to apply in 2025²⁴.

Want to see if your state has enacted the OT licensure compact? Find an updated map and more information [here](#).

Policy, Billing & Reimbursement

Federal

The Consolidated Appropriations Act in 2023 extended coverage of Public Health Emergency (PHE) services until the end of December 2024 for occupational therapy, physical therapy, and speech therapy. This includes both video and audio only telehealth services. At this time, after December of 2024, CMS does not intend to extend coverage for audio-only services outside of mental and behavioral health.

Medicare OT Billing Codes

CPT Code	Description
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion, and flexibility
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)
97150	Therapeutic procedure(s), group (2 individuals or more)
97165	Occupational therapy evaluation, low complexity
97166	Occupational therapy evaluation, moderate complexity
97167	Occupational therapy evaluation, high complexity
97168	Occupational therapy re-evaluation
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
97535	Self-care/home management training (e.g. activities of daily living [ADLs] and compensatory training, meal preparation, safety procedures, and instructions on use of assistive technology devices/adaptive equipment), direct one-on-one contact, each 15 minutes *audio only allowed
97542	Wheelchair management (e.g.

	assessment, fitting, training), each 15 minutes
97750	Physical performance test or measurement (e.g. musculoskeletal, functional capacity), with written report, each 15 minutes
97755	Assistive technology assessment (e.g. restore, augment, or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), initial prosthetic(s) encounter, each 15 minutes
97761	Prothetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
96110	Developmental screening (e.g. developmental milestone survey, speech and language delay screen) with scoring and documentation, per standardized instrument
96112	Developmental test administration (including assessment of fine and gross motor, language, cognitive level, social, memory, and/or executive functions by standardized developmental instruments when performed) by physician or other qualified health professional, with interpretation and report, first hour
96113	Developmental test administration (including assessment of fine and gross motor, language, cognitive level, social, memory, and/or executive functions by standardized developmental instruments when performed) by physician or other qualified health professional, with

	interpretation and report, each additional 30 minutes
96172	Brief emotional/behavioral assessment (e.g. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale, with scoring and documentation, per standardized instrument

*CPT codes are from [AOTA's Billing Telehealth Services to Medicare Guide](#) ^{4,5}

All services, with the exception of 97535, must be delivered via synchronous audio/visual telehealth. CPT code 97535 is designed for audio only if the patient does not have access to the proper technology for video telecommunication¹⁶.

Be aware of third-party payer requirements prior to delivering telehealth services. Specific modifiers may be required for reimbursement. [POS codes](#) identify where the patient and provider are physically located during the telehealth service and affect reimbursement².

CMS Modifiers

Modifiers	Description
GQ	Telehealth services rendered via asynchronous telecommunication system
GT	Telehealth service rendered via interactive audio and video telecommunication system
95	Synchronous telemedicine service rendered via real-time interactive video telecommunication system
POS Codes	Description
POS 2	Telehealth provided other than in patient's home (patient is not located in their home during time of telehealth service)

POS 10	Telehealth provided in the patient's home (the patient is at their home during time of telehealth service)
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State

You can find state specific 2024 billing guides on gpTRAC's website for the following states: [Iowa](#), [Minnesota](#), [Nebraska](#), [North Dakota](#), [South Dakota](#), and [Wisconsin](#).

	Consent Requirements	Store and Forward	Payment parity
Iowa	Yes- verbal	Yes	Yes
Minnesota	Yes- verbal	Yes	Yes
Nebraska	Yes- written or verbal	No	Yes
North Dakota	Yes- verbal	Yes	No
South Dakota	No- best practice to receive consent	Yes	No
Wisconsin	Yes- verbal	Yes	No

Live video telecommunications and audio only services are reimbursable through Medicaid for all the states listed in the chart above¹⁰.

CPT & HCPCS Codes

CPT & HCPCS Codes	Description
	E-Visits
G2061/98970	Qualified non physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes
G2062/98971	Qualified non physician

	healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes
G2063/98972	Qualified non physician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes
	Telephone
98966	Telephone assessment and management service provided by a qualified non physician healthcare professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	11-20 minutes of medical discussion
98969	21-30 minutes of medical discussion

*CPT/HCPCS codes are from gpTRAC's [State Billing Guides](#) for Iowa, Minnesota, Nebraska, North Dakota, South Dakota, and Wisconsin

General Telehealth Preparation

Good planning and preparation are key to providing successful telehealth services. Below are some areas of focus prior to scheduling telehealth sessions with patients.

Patient Technology Access: Explore what technology the patient has access to prior to the session. Do they have access to a tablet or a desktop

computer? Is there a local access point (e.g., health department, rural health clinic) to connect with a remote practitioner?

Get comfortable with the uncomfortable:

Delivering telehealth services is going to take patience and practice. If you are a practitioner who has grown accustomed to in-person services, telehealth can feel very unnatural at first. Try practicing with friends or family ahead of time to gain more confidence prior to sessions.

Prepare Your Background: What the patient sees in the background of your screen can have a tremendous impact on the success of a session and either enhance or impede your patients' experience¹⁴.

- Display your true background to gain the patients' trust. Make sure it is organized and clean.
- Avoid busy artwork and novelty items to minimize distractions. Instead display 1-2 family portraits, diplomas, academic books, or a few green plants.
- Sit close to your computer and try to provide eye contact to the camera as much as possible.
- Keep your phone on silent and out of the picture.
- Avoid having pets in the room to minimize distractions and interruptions.
- Wear attire that is simple, professional, and has good contrast from your background.

Bring Your Best "Webside" Manner: Just as you would in person, bring your best manner to each telehealth session. [The OCHIN Webside Manner Guide](#) provides tips for setting up the best telehealth space for treatments⁹.

Prepare the Patient for Telehealth: With the proper planning before, during, and after a telehealth session, you can set your occupational therapy patients up for success²⁵.

- Educate your patients' ahead of time to ensure they feel confident and prepared. This may include education on accessing the patient portal, entering video conference sessions, turning on the camera/microphone, and discussing the expectations for virtual treatment. This can be sent to the client as a pre-recorded video.
- Consider the patient and family's daily routines before scheduling appointments.
- Provide thorough communication prior to the appointment (e.g., reminders, expectations, any materials the patient may need to prepare).

Internet Speed: To deliver the best telehealth services, ensure your internet speed is at least 1-3 Mb per second (higher is better). This will minimize disruptions and enable you to effectively demonstrate tasks for the patient.

HIPAA & Security Considerations

As of May 12th, 2023, the Notifications of Enforcement Discretion on HIPAA expired with the end of the Public Health Emergency²³. Occupational therapists must utilize telehealth in a way that complies with [HIPAA requirements](#) in the same manner as in-person treatment. This includes the technology vendors used for telehealth (see Platform & Software section below) and communication with patients and caregivers. The U.S. Department of Health and Human Services has great resources to ensure your telehealth practice is HIPAA-compliant: [privacy and security tips](#), [guidance on HIPAA and audio-only services](#), and [resources for educating your patients and caregivers on HIPAA regulations](#).

Platforms & Software

Choosing a platform to utilize for telehealth services can feel overwhelming. There's a lot to consider, like cost, features a platform offers, the community you serve, and whether the platform is HIPAA-compliant. Additionally, OTPs should be aware of platform

compatibility with various browsers and devices. Below is a partial list of HIPAA-compliant telehealth platforms, their prices, and beneficial features¹⁵:

Zoom Healthcare:

- Starting at \$15/per month
- Benefits: ability to screen share, whiteboard feature, chat feature, high quality video, waiting room, group sessions
- Commonly used outside of healthcare and may be more familiar to patients

Simple Practice:

- Free 30-day trial/starting at \$29 per month
- Benefits: appointment scheduling, appointment reminders, client portal for e-documentation, notes/documentation tools, mobile app, and streamline billing process
- Great for small businesses and private practice

Therabyte:

- Free 30-day trial/starting at \$39 per month
- Benefits: personalized website, online booking, appointment reminders, provider calendar, invoicing, goal tracking, client portal for home exercise plans (HEPs), and split billing (coming soon)
- Built by an occupational therapist and great for private practice/small clinics

TheraPlatform:

- Free 30-day trial/starting at \$39 per month
- Benefits: EMR system, group sessions, two-way screen sharing, resource library for providers, client portal, administrative oversight
- Supports both in-office and telehealth appointments

Doxy.me:

- Free with limited service/\$35 per month
- Benefits: Many pay options, live chat feature, patient queue for wait room, provides history on session time/date, and mobile friendly

Google Meet:

- Free 14-day trial/starting at \$6 per month
- Benefits: high quality video, live captioning, noise cancellation, advanced encryption, group sessions, and Google Suite tools included
- Refer to Google's [Business Associate Addendum](#) to find further information about which Google services are HIPAA-compliant

For more HIPAA-compliant telehealth platforms, visit OT Potential's [Telehealth Guide](#).

Best Practices & Interventions

Educating yourself on the best practices and OT telehealth interventions will not only benefit your patients, but will also help you grow as a clinical practitioner. Consider the following subsections when preparing your interventions for patients and their varying needs.

Disclaimer: Use your clinical reasoning to determine if intervention ideas are appropriate for your clients. Examples provided in the sections below will not work for everyone.

General Etiquette & Preparation:

1. Turn on your equipment and log in prior to the session. This will avoid your app or software updating itself at the start of your treatment.
2. Have your materials gathered and prepared prior to the session. Online filing systems with OT resources can help keep your materials organized and allow for quick retrieval. This includes reviewing your documentation and notes ahead of time.
3. Send the patient a checklist of materials ahead of time if there are items they need to have ready for the session (e.g., kitchen utensils, rubber bands, clothing, etc.)
3. At the start of a session, ask the patient to confirm their physical address to assure legal licensure and

for safety purposes. If there is a patient emergency during the session, you will have a physical address to provide for emergency services.

4. Ask the patient who is present in the room prior to starting treatment. This will need to be documented and help identify if there could be a possible breach of HIPAA regulations.
5. Establish another means of connection if you get disconnected from the patient during the session (e.g., phone, email, etc.)
6. If the patient is a fall risk, consider the need of a caregiver (e-helper). What is the skill level of the caregiver? Use your clinical judgment to determine if they can be a support for the patient.
7. Have the patient prepare their physical environment before the session. (e.g., move rugs, place pets in a different room during the session, etc.)
8. Build your virtual rapport toolbox. Use small talk, empathetic understanding, active listening, eye contact with the camera, purposeful pauses, [cultural humility](#), and clear/concise communication to foster meaningful relationships with your patients and families through telehealth.
9. Wear professional and non-distracting clothing. The clothing should contrast with your background and surroundings for individuals with visual impairments and blindness.
10. Provide telehealth services in a well-lit space. Check the camera placement prior to make sure light sources are behind the camera and not directly behind the provider as to not cause glaring or other visual disturbances.
11. Assure your telehealth space is quiet and private to assure feelings of confidentiality. Close and lock the door or hang a privacy sign to eliminate chances for interruption.

Early Intervention Practice (Birth-3):

Occupational therapy telehealth for early intervention will look vastly different than telehealth for adults. Some key differences to consider:

- Active parents and caregiver engagement will be necessary for these telehealth treatments.
- Set engagement expectations (e.g.,: A 2.5 year old has approximately a 4-minute attention span).
- Encourage face to face play without toys.
- Use everyday materials the family has in their home.
- Be flexible with each session.
- Utilize OT observation skills.

For more information, listen to Dr. Speights's webinar on culturally informed telehealth for early intervention on [ContinuED](#).

Pediatrics and School-Based Practice:

Telehealth is commonly used for occupational therapy services in pediatric settings, such as schools and outpatient clinics. Some points to consider when providing pediatric telehealth services:

- Send a [materials checklist](#) prior to beginning telehealth to learn what resources the child has at their home. This will help practitioners plan interventions.
- Make it a collaborative process with the families and caregivers as much as possible. Acknowledging parent insight, perspectives, and goals can help build a therapeutic relationship.
- Make visuals for transitions and video chat expectations (e.g., be on time, turn on your video, mute yourself, raise your hand to talk, be respectful, use whole body listening). Utilizing a timer can help children transition between activities.
- Create fun, clear, and accessible interventions.

- Engage children by creating PowerPoint slides ahead of time to facilitate transitions. Incorporate their interests and motivators throughout the PowerPoint slides.
- Consider how long the child has been sitting in front of the computer if they receive other telehealth services, such as physical therapy and speech therapy, when planning sessions. Building in time for movement breaks throughout the session can increase engagement and educate families on the importance of them.
- Consider creating a telehealth social story to utilize at the first telehealth session or at the beginning of each treatment.
- Preplan how you might respond if the session is not going how you anticipated due to hyperactivity or lack of engagement. Having a script when you are first starting pediatric telehealth services may be beneficial.

Below are additional pediatric telehealth resources to help with treatment planning and interventions:

[Learning Without Tears](#)- An early education company which creates interactive digital teaching tools for telehealth.

[GoNoodle](#)- A web-based educational tool for educational and movement videos. GoNoodle can be utilized for brain breaks and gross motor activities.

[Adam the OT](#)- This YouTube channel has useful telehealth intervention ideas.

[Tools to Grow](#)- This website has many digital interactive technology tools to work on fine motor, tracking, visual discrimination, dexterity, and other skills.

[Boom Learning](#)- Create or use interactive lessons for your clients.

[Sensational Brain](#)- A free resource for therapists to utilize for calming strategies, sensory activities, and heavy work.

[The OT Toolbox](#)- Free resources for letter identification and fine motor skills through telehealth.

[Teachers Pay Teachers](#)- Purchase various resources created by occupational therapists to address executive functioning, emotional regulation, visual perception, and various other skills.

[OT Plan](#)- This website allows you to search activities based on materials your patients have available in their homes.

[Your Therapy Source](#)- Evidence-based resources to utilize during telehealth sessions.

[Treatment Activity Resource](#)- Resources for skills such as, gross motor, typing, printables, and digital tools.

Adult and Geriatric Practice:

- Utilize the teach-back method to reinforce and confirm patient and caregiver education³¹.
- If treatments involve a lot of movement, use clinical reasoning to determine if a caregiver or e-helper is required for the session.
- Working with a caregiver or e-helper is a great opportunity to provide education (e.g., proper guarding, cueing during tasks, good body mechanics).
- Be observant of the patient's home environment to find ways to seamlessly integrate their home program into their lifestyle.
- Environmental setup is key during telehealth treatments (e.g., use countertops/tables for sturdy support, or during balance activities, have patients stand with their back in a corner of a room for stability)⁷.
- Kitchen items (e.g., plastic cups, cans of food, utensils) can be utilized for gross motor, fine motor, activities of daily living (ADLs), weights, and visual perception motor skills.
- With the patient's permission, get children/grandchildren involved in telehealth sessions if they are available. (e.g., patient and

child[ren] can play a game together, or can blow bubbles while patient pops them)⁷.

Working With Patients Who Are Deaf, Blind, or Hard of Hearing:

Individuals of the deaf, blind, and hard of hearing community need different adaptations or resources for their telehealth interventions²⁰. Below are some modifications to consider prior to telehealth:

- Be clear with communication and be mindful of what resources your patient requires for equitable telehealth.
- Be aware of your background. There should be a contrast between the provider's clothing and the surrounding environment.
- Deliver services in a brightly lit room and avoid wearing face masks for individuals who rely on reading lips and facial expressions.
- Research your state's site interpreters (American Sign Language, deaf interpreter, tactile American Sign Language) for individuals who require an additional resource¹⁹.
- Reduce ambient noises to decrease distractions.
- Captioning services, assistive listening devices, and Braille are other resources to consider for your patient.

The National Consortium of Telehealth Resource Centers (NCTRC) created an infographic to educate providers on [Telehealth and Disabilities](#).

For more information about providing equitable access to telehealth for this population, watch the [Can You Hear Me? Equitable Access to Telehealth for Deaf, Hard of Hearing, and Deaf-Blind Patients](#) webinar from NCTRC.

Home Evaluations:

- If at all possible, ask the patient or caregiver to send pictures of the home prior to the telehealth session.

- Tablet computers are useful during home evaluations since they can be carried easily around the house with the patient.
- If there is a caregiver available, have them hold the device so the patient is able to demonstrate how they move around the home (e.g., shower transfer, toilet transfer, in/out of the recliner, navigating kitchen, bed mobility).

Documentation

As with in-person treatments, occupational therapy practitioners need to provide clear and detailed documentation for every telehealth session. There are several key components to documentation to include in therapy notes:

- A statement with the type of delivery model (e.g., video conferencing, audio-only, synchronous, store and forward).
- Location of the originating site and the distant site.
- Date/time services begin and end (include AM and PM designation or military time).
- Members present for the telehealth session (e.g., patient, caregiver, third-party, another therapist). This includes if someone enters the room during the session.
- Clinical reasoning to prove telehealth as an effective and appropriate delivery model for the patient.
- Mode of transmission utilized to deliver telehealth services and evidence that corresponds to that mode.
- How the OT facilitated patient progress.
- Supports provided (e.g., verbal cues, task assistance, task modification, facial expression) to and by the caregiver and how they affected the patient²⁸.
- Information regarding contextual influence as a provider through telehealth.

Documentation for remote therapeutic monitoring services should match the CPT code being billed (see RTM section below). It is best practice to document the name of the FDA-approved medical device and

any technology education provided to the patient. Additional information to document: data being monitored; purpose of devices; time data was collected from the patient; and treatment plans based on data collected¹².

The use of artificial intelligence (AI) for documentation and taking notes is quickly becoming popular in the healthcare community. This allows the provider the ability to provide eye contact with the camera throughout the session, which in turn, helps build rapport with the patient and family. It can also alleviate provider burnout²⁷. Find out more information regarding advanced voice [here](#).

While AI has many benefits, practitioners should approach it with caution. Always check AI technologies for inaccuracies, potential biases, and for HIPAA-compliance¹³.

Telehealth Assessments

When choosing an assessment for telehealth services, an occupational therapist must consider the patient's diagnosis, materials needed, level of assistance required, quality of video and internet connection, and the patient's environmental space at the originating site.

Pearson and Western Psychological Services (WPS) are two publishers who have created online evaluation systems for occupational therapy practitioners to utilize through telehealth⁶.

Pearson has developed the web based model, [Q-global](#). This can be used to administer assessments asynchronously, such as questionnaire-based assessments, interview based assessments, scoring, and reporting. On their website, they provide an alphabetized list of OT assessments which can be administered across various settings and throughout the lifespan. [WPS](#) is similar to Q-global and allows practitioners to utilize their assessments in the same manner.

For additional information on telehealth assessments, these resources may be helpful:

- [OT Telehealth for School-Aged Children](#)
- [OT Assessment Via Telehealth](#)

Remote Therapeutic Monitoring (RTM)

There are currently six codes occupational therapists can bill when providing RTM services¹¹. As a disclaimer, these are general CPT codes that can be used; however, reimbursement for the codes will vary greatly depending on state and payer. Find specific state billing guides on [gpTRAC's website](#) to see if these RTM codes can be used for your practice.

CPT Code	Description
98975	Remote therapeutic monitoring, initial set up, and patient education on use of equipment
98976	Device(s) supply with scheduled recording(s) and/or programmed alert(s) transmissions to monitor respiratory systems, each 30 days
98977	Device(s) supply with scheduled recording(s) and/or programmed alert(s) transmissions to monitor musculoskeletal systems, each 30 days
98978	Remote therapeutic monitoring (cognitive behavioral therapy); device(s) supply with scheduled recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal systems, each 30 days
98980	Remote therapeutic monitoring treatment management services, physician/other qualified healthcare professional time in a calendar month requiring at least one interactive communication with patient/caregiver; first 20 minutes

98981	Remote therapeutic monitoring treatment management services, physician/other qualified healthcare professional time in a calendar month requiring at least one interactive communication with patient/caregiver; for additional 20 minutes (list separately in addition to code for primary procedure)
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*CPT codes from [WebPT RTM Guide](#)

CMS established the modifier, CO, to indicate services provided entirely or partially by outpatient occupational therapy assistants³. Effective at the start of 2024, occupational therapists within private practices may provide general supervision of their OTAs when they do not render the RTM services³⁰.

CMS provides in-depth information about general policy rules and several [examples](#) highlighting how CPT codes and modifiers can be used for RTM.

OTA & COTA Supervision Through Telehealth

Occupational therapy assistants work with patients under the supervision of occupational therapists. While many states have adapted their regulations to accommodate supervision through telehealth, it is best practice to check your state regulations for the most current guidelines.

State	Can provide supervision through telehealth
Iowa	Yes
Minnesota	Unclear
Nebraska	Unclear
North Dakota	Yes
South Dakota	Yes
Wisconsin	Yes

Evidence to Support the Use of Telehealth as a Delivery Model

Following are a selection of resources that may be of help in understanding and evaluating the utility and outcomes associated with OT telehealth practice.

[OT Telehealth Lifestyle Redesign for Individuals with Diabetes](#)- This 2023 study proves telehealth is equally effective, engaging, and a satisfactory service delivery model for patients with diabetes compared to in-person treatment.

[Telerehabilitation for Individuals with Multiple Sclerosis](#)- Study shows telehealth is an effective way to motivate patients with Multiple Sclerosis (MS) to improve both physical and cognitive functioning. Telehealth also benefits MS patients with flexible scheduling times for treatment.

[Home-Based Telerehabilitation for Post Stroke Adults](#)- Substantial gains in upper extremity motor function were found regardless of at-home or in-person treatment. This study highlights the significance of early intervention post stroke and how telehealth can increase access on a large scale.

[Effects of Telerehabilitation in Occupational Therapy](#)- This systematic review highlights the positive therapeutic effects that derive from utilizing telehealth in occupational therapy.

[Patient Satisfaction with Telehealth in Rural Communities](#)- This 2020 systematic review found overall, patients in rural communities expressed satisfaction with telehealth services for OT, PT, and SLP.

[Parent Perspectives of Pediatric Occupational Therapy Telehealth Interventions](#)- Parents of children enrolled in 12-week OT telehealth interventions reported compatibility with daily life, increased parent empowerment, and collaborative relationships.

[Assessment Fidelity of Parents Implementing Autism Screener through Telehealth](#)- This study highlights the effectiveness and validity of a parent coaching approach through telehealth with 82% adherence.

[Occupational Therapy Telehealth Service for Geriatric Populations](#)- This 2023 scoping review found telehealth is an effective alternative to in-person treatment for geriatric populations. Telehealth can help promote aging in place for older adults.

[Occupational Therapy Telehealth Approach for Cancer Survivors](#)- Systematic review found a positive, therapeutic effect on occupational engagement for patients with cancer after telehealth interventions.

[Outcomes of Occupational Therapy Telehealth Services for Children with Autism](#)- This qualitative study revealed three positive outcomes of OT telehealth services from the perspective of participants: positive financial outcomes, promoted equity, and increased feelings of safety and well-being.

AOTA Telehealth Resources

Here you will find occupational therapy [telehealth resources](#) provided by the American Occupational Therapy Association. To view these documents, you will need to obtain an active membership with AOTA:

[AOTA Occupational Therapy Telehealth Decision Guide](#)

[Telehealth Position Paper](#)

[State-by-State Chart of Telehealth Regulations](#)

[Telehealth Ethics Advisory](#)

[OTA Supervision Regulations by State](#)

[Virtual School-Based Services](#)

[Remote Therapeutic Monitoring](#)

Additional Telehealth Resources

Below is a list of free occupational therapy resources to assist with occupational therapy telehealth services:

[Telehealth Etiquette Checklist](#)- A checklist to ensure providers are demonstrating their best etiquette through telehealth.

[Telehealth Preparation Checklist](#)- A checklist to help prepare for telehealth services.

[Frequently Asked Patient Questions Regarding Telehealth](#)- A resource to help prepare for questions patients may ask regarding telehealth.

[Generic Telehealth Patient Consent Form](#)- This consent form is written for early intervention, but can be easily altered for other populations.

[School-Based Decision Guide for Telehealth](#)- AOTA's introduction to decision making behind virtual school-based OT through telehealth.

[Home Items for Telehealth Interventions](#)- A checklist of most commonly found items in patients' homes. This resource can be emailed prior to sessions or reviewed during your first session with the patient.

[Telehealth Podcasts at OT Potential](#)- Listen to an hour-long podcast on how to build task and relationship alliance in telehealth.

[Email and Patient Privacy](#)- Video highlighting best practices when emailing patient information. The video is geared towards school-aged students; however, can be applied to patients in other settings as well.

[Use of AI in Telehealth Webinar](#)- This webinar provides a comprehensive overview of the potential

uses of AI within healthcare and telehealth. This webinar includes: telehealth use within oncology units, AI wearables for patients with dementia and Alzheimer's, and more.

[PACE Framework](#)- This framework was designed for telehealth research, practice, and program evaluation in occupational therapy.

[PACE Framework Planning Tool](#)- A planning checklist for OT telehealth program evaluation.

[Pediatric Telehealth Course](#)- AOTA approved 8-hour CEU course.

Virtual Youth Mental Health Resources:

[Kooth](#)

[Brightline](#)

[ParentGuidance](#)

Telehealth YouTube Resources:

[Telehealth-Share Channel](#)

[Pediatric Telehealth Brain Breaks](#)

[Tips and Tricks to Reduce Telehealth Planning](#)

[Occupational Therapy Telehealth Evaluations](#)

[Pediatrics Telehealth Interventions](#)

[Pediatric Telehealth for OT](#)

Vendors

[Milbotix](#)- This company designed socks with sensors built in to detect signs of distress, agitation, and ambulation for individuals with dementia, autism, and cognitive disabilities.

[Oura](#)- These rings are built to measure twenty different body biometrics including: sleep hygiene, heart rate, levels of stress, and blood oxygen levels.

[Logitech](#)- This company has been highly rated for their high-quality telehealth products. Through Logitech, you can purchase headsets with microphones, external cameras, and mobile devices.

[Epson](#)- Depending on your patients' needs, having a document camera can be very useful during

telehealth sessions. Epson creates highly rated document cameras that are great for healthcare providers.

[Philips](#)- Philips created a product to help improve medication adherence.

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Questions?

Still have lingering telehealth questions? Reach out to your regional [Telehealth Resource Center](#) for assistance.

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