Telehealth Frequently Asked Questions

What is telehealth?

Telehealth is the use of digital and communication technologies, such as computers, smart phones and mobile devices, to access health care services remotely and manage your health care. Telehealth is the umbrella term used to describe synchronous or asynchronous care provided using technology.

Telehealth Scheduling

Are there telehealth visit types that can be used to schedule?

Yes. Four visit types have been created to support telehealth scheduling – Telehealth Phone New, Telehealth Phone Return, Telehealth Video New, Telehealth Video Return. See the **Telehealth Reactivation Playbook** for more info.

Are the telehealth visit types being incorporated into scheduling questionnaires or provider-specific visit lengths?

No. Visits should be scheduled using the standard scheduling questionnaires and visit types and then the Change Appointment button should be used to update the visit type if changes need to be made after a visit is scheduled. As part of the FY21 Access Key Initiative, NM is developing a strategy to incorporate telehealth into the scheduling questionnaires where appropriate.

Are there telehealth blocks that can be used on provider templates?

No. Use Provider Messages to indicate what days or sessions are designated for telehealth. See the **Telehealth Reactivation Playbook** for more information. As part of the FY21 Access Key Initiative, NM is developing a strategy to incorporate telehealth into scheduling questionnaires where appropriate.

Have patient appointment reminders been updated for telehealth?

Yes. Appointment reminders sent to patients via phone, email or text have been updated for telehealth visits scheduled with the telehealth-specific visit types.

Do practices still need to review schedules and convert visits to telehealth?

Yes. Practices need to continue to review schedules and convert visits to telehealth, including MyChart visits.

Telehealth Visits

Can I use telehealth visits for both new and established patients?

Yes. This telehealth workflow and process can be used for both new and established patient visits.

Should I schedule a telephone call or video visit?

Video visits are strongly recommended when it is appropriate and accessible to the patient. However, telephone visits remain an option when unable to successfully conduct video visits.

Do we need to get consent for video and telephone visits?

Yes. Check-in processes have been updated to obtain verbal consent from patients ahead of the telehealth visit, so physicians and other care providers should not need to do this.

How can I mask my phone number when calling a patient?

There are two ways to mask your phone number when calling a patient:
- Physicians and their care teams can use the free Doximity app (**doximity.com/app**)
- Dial *67 before the patient's phone number to mask the number. The number will display to the patient as "Unavailable Number" or "Unknown Number."

What are the available devices and apps for telehealth?

Physicians can use their own devices or NM phones. Video visits can occur via Doximity Video, Microsoft Teams, or Amwell (for pilot sites engaged with telehealth team). Patient personal devices can be used. NM does not supply devices to patients for video visits.

Can I use Doxy.me for telehealth?

No. NM's telehealth solutions are Doximity, MS Teams, or Amwell (for pilot sites engaged with telehealth team).

Can I use Zoom, Skype or other technology platforms for telehealth?

No. Doximity or Microsoft teams are the only NM-approved platforms as they are HIPAA compliant and secure. NM does not allow use of Zoom, Skype or other public facing products such as Facebook Live, TikTok and Twitch for telehealth visits. Find **Doximity & Teams instructions** under Telehealth Resources on the NM Interactive COVID-19 site.

How will patient insurance be verified and registration completed for telehealth visits?

Registration will be completed up to four hours before the visit or within 24 hours after.

How can I include an interpreter for telehealth visits?

For telephone visits, call the LanguageLine as usual and have the interpreter contact the patient. For video visits, there isn't a great solution but you can use an additional device/line (office line, home landline, additional mobile device) to contact the language line and incorporate them into a video visit. See the **Telehealth Visits with Interpreters** tip sheet on NMI for more info.

Are Medallia surveys updated for telehealth visits?

Yes. Telehealth-specific Medallia surveys are sent for telehealth visits scheduled with the telehealth visits types.

Are there patient-facing materials that can be sent ahead of telehealth visits to set expectations?

Yes. Patients receive the Telehealth Visit Guide via MyChart in advance of telehealth visits. The guide is also available on the **Telehealth Resources Page**.

Can controlled substances be prescribed via telehealth?

Yes. Telehealth can be used to prescribe controlled substances, but the following rules **must apply:**

- New Patients:
  - The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice.
  - The telehealth 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 laws.
- Established Patients – 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 telehealth, or any other means**.
  - The prescription is issued for a legitimate medical purpose and the practitioner is acting in the usual course of his/her professional practice.
  - The practitioner must comply with applicable federal and state laws.

Can pre-op H&Ps be completed using teleehealth?

Yes, pre-op visits can be completed via video or phone. Once the telehealth visit is complete, providers can determine whether the patient needs an in-person visit or if they can move forward with any remaining pre-op steps.

What do I do if I can't reach the patient during the appointment window?

If a confirmed patient can't be reached within the appointment window, treat patient as a no-show.

Can I create a telehealth visit on-the-fly if a phone call turns into a visit?

Yes. See the **COVID-19 Office Visit On The Fly** tip sheet for details.

Can I or my patients record audio or video from telehealth visits?

NM's universal consent prohibits pictures, video, and audio recordings. However, approval can be obtained from Corporate Compliance and Integrity (CCI) and Office of the General Counsel (OGC) for research studies or unique situations. If you have a research study or unique situation, please contact CCI corporate.integrity@nm.org or OGC at 312-926-4040.

Telehealth Billing

What should I tell patients about insurance coverage and billing for telehealth visits?

CMS and Commercial Payers have expanded telehealth benefits due to COVID-19. NM has been following payer guidance closely to ensure we are appropriately billing for telehealth visit. See [COVID-19 Telehealth Coding and Billing](#) tip sheet on NMI for more details.

Are there insurance-specific restrictions on telephone-only visits?

No. Telehealth policies are evolving rapidly and we continue to get updates from government and commercial payers related to coding and billing implications of using video versus telephone. We continue to recommend the use of video visits when it is appropriate and accessible to the patient; however, telephone visits remain an option when we are unable to successfully use video visit applications.

Are we collecting copays for telehealth visits?

Yes. Patients can pay their copays through eCheck In with MyChart.

Can I perform the Welcome to Medicare Visit via telehealth?

No. CMS does not allow for this service to be performed via telehealth. Defer these visits for now.

Can I perform a Medicare Annual Wellness Visit via telehealth?

Yes. For the duration of the public health emergency (PHE), the Medicare Annual Wellness Visit (AWV) may be administered either using <u>video or audio-only</u>. If the patient can self-report elements of the AWV (i.e. height. weight, blood pressure, other measurements deemed appropriate based on medical and family history), those measurements may be included and recorded in the medical record as reported by the patient. Guidance for when the patient cannot self-report is currently under review, and CMS plans to issue guidance soon.

If you couple an AWV telehealth visit with a discussion of chronic stable/acute issues, you may code these visits as you did in the office with both the G code (primary) and E&M (Level 3/4). You must still include the required GT Modifier.

Can I perform a Physical Exam via telehealth?

"Physical exams" may be documented in telehealth visits if a clinically meaningful examination was performed using the video function.

Do I need to change the place of service?

No. Adding a GT Modifier will indicate for the system to automatically update the place of service.

Is a time statement needed for telephone-only visits?

Yes. CMS clarified that time spent in medical discussion with the patient as well as the pre and post service time dedicated to completing the visit must be documented for telephone-only visits. This is

in addition to the back-end automation that converts in-office E&M codes to telephone codes. For telehealth visits, Epic has been updated with fields to document type of visit (video or telephone) and time spent for telephone visits. Epic will also prompt when closing telehealth encounters if time has not been documented.

Are there Incident-to billing considerations for telehealth?
Yes. CMS clarified that in order to bill incident-to, both the <u>APP and MD must be in the clinic (do not need to be in the same room) and the APP must conduct a video visit</u> with the patient. If the APP or physician are at home or a telephone-only visit is conducted, then the service must be billed direct.

Can attendings provide remote-supervision to residents?

Yes. Similar to in-person visits, teaching physicians must personally perform or observe residents perform the key portion of every E/M service billed.

When the service is performed via **video** (preferred method):
1. Resident initiates video call with patient.
2. Resident adds attending to video call and attending directly interacts with the patient.
3. Attending documents attestation to resident note.
4. Attending bills for complexity using an E/M office code and modifier GT.

When a patient is unable to join video **and audio is the only option:**
1. Resident calls the patient and obtains history.
2. Resident 3 way calls the attending and presents the history. Attending interacts directly with the patient.
3. Attending documents time of their direct involvement and an attestion to resident note.
4. Attending bills for the <u>time of direct involvement</u> with the patient using an E/M office code and modifier GT.

How are wRVUs handled for telehealth visits?
Physicians will continue to receive wRVU credit commensurate with the CPT codes billed to the payer. Please note that Medicare has temporarily increased reimbursement and wRVU values for phone E&M codes 99441-99443 to match those of return E&M codes 99212-99214 during the COVID-19 Public Health Emergency.

How are in-office E&M codes being mapped to phone codes for Medicare automatically on the back-end?
Per payer requirements, we setup Epic billing to automatically convert the following in-office E&M codes to phone codes for payers that require it. Physicians and care providers should continue to document and code telehealth visits using in-office E&M codes with a GT modifier.

IF	THEN		
LOS reported	Phone code MD/APP	Phone code - Other healthcare providers	Additional code
99201	99441	98966	
99202	99442	98967	
99203	99443	98968	
99204	99443	98968	
99205	99443	98968	99358
99212	99441	98966	
99213	99442	98967	
99214	99443	98968	
99215	99443	98968	
99241	99442	98967	
99242	99443	98968	
99243	99443	98968	
99244	99443	98968	99358
99245	99443	98968	99358

Can I perform a Annual Visit or Preventive Visits (99381-99397) via telehealth?

Yes. New guidance from our commercial payers supports preventive visits/ annual exams via telehealth. As with other visits, your documentation should be consistent with in-office visits with the appropriate telehealth GT modifier.

Can Home Health Certification visits be performed via telehealth?

Yes, but only through a video visit. Certification requires a face-to-face visit with the patient within the 90 days prior to home health start date or within 30 days of the start of home health care. NGS clarified that Face-to-face certification can be done via telehealth with video connection, but it cannot be done with just audio only.

Inpatient Telehealth

How is telehealth defined in the inpatient setting?

In the inpatient setting, Telehealth is <u>defined as the provider and patient being in two different locations (not in the same NM facility).</u> If a provider communicates with a hospital patient using video/audio but they are physically present in the same building as the patient, these visits should <u>not</u> be reported as telehealth, but rather as if it was face-to-face.

Can telehealth be used for initial and follow-up inpatient encounters?

No. All initial encounters for primary service and consultation services for all patients, regardless of COVID-19 diagnosis, must be completed **in person**; the only exception to this is for select psychiatric patients who are appropriate for a tele-consult.

If a physical examination will not alter management or recommendations, physicians, APPs and care providers may use telehealth for follow-up encounters by the primary team and consulting services.

Is inpatient telehealth restricted to only physicians and APPs?

No, we now support inpatient encounter telehealth for additional care providers including CNAs, licensed clinical social workers, registered dieticians, nutrition professionals, PT/OT/SLP, audiologists, clinical psychologists, and other mental health professionals.

What if a patient does not have a personal device or iPad for an inpatient encounter?

If the department has iPads or other devices available, these can be used for telehealth encounters. If not, and a patient does not have a mobile device or tablet, the provider may opt to do a telephonic encounter, or a traditional encounter, while maintaining appropriate social distancing and using their judgment regarding use of PPE (for COVID or suspected COVID patients) and performance of a physical examination.

Are there particular dotphrases I should use when documenting inpatient encounters?

Yes. To properly code these encounters, choose the appropriate dot phrase below based on whether you completed a phone or video encounter.

.covid19phone: "*This was a phone conversation in lieu of in-person encounter due to the coronavirus emergency.*"
.covid19video: "*This was a video encounter in lieu of in-person due to the coronavirus emergency.*"
Private providers who are moonlighting for NM due to COVID, please also include dot phrase:
.nmc: "*Providing NM Coverage.*"

How will coding and billing be handled for inpatient encounters?

Physicians and APPs: Level of Service requirements remain the same in the hospital setting. Telehealth is allowed however if the history and/or exam is limited due to telehealth capabilities, the overall LOS reported cannot be greater than what the history and/or exam will support (when MDM is higher).

- E/M level of service can be based on:
    - 3 key components: History, Exam, Medical decision-making **OR**
    - Time: when >50% is spent in counseling and/or coordination of care.

    Note: If billing on time, you will need to include standard time statement indicating all of the following:
    a. Total time of the visit
    b. Time or Percentage spent in counseling and/or coordination of care
    c. Nature of the counseling and/or coordination of care summary.

- Must include relevant telemedicine **COVID-19 smartphrase** in the encounter**.**

- .covid19phone: *"This was a phone conversation in lieu of in-person visit due to the coronavirus emergency."*
- .covid19video: *"This was a video encounter in lieu of in-person due to the coronavirus emergency."*

RMG Only: When selecting charges for inpatient encounters, use your typical in-person codes.

- If Physician/APP is not physically present in the same facility as the patient, **add C19 Modifier** to indicate this was a telehealth service.
- If Physician/APP is physically present in the same facility as the patient, do **<u>not</u>** add C19 modifier. This will be billed as if it was a face-to-face visit.

If I cannot provide a phone call/video chat with the patent nor examine the patient due to circumstances (example: intubated and sedated patients) but I am still managing the patients care, can I still bill for the service?

Document the service performed as well as the circumstance that prevented you from performing an exam or telephone/video chat. Medical decision-making **OR** Time may be used to determine the LOS for these scenarios.

Is there recommended scripting?

Given the escalating issues surrounding the COVID-19 (coronavirus) pandemic, we are trying to keep patients and clinicians protected. Therefore, we would like to convert your encounter from in-person to a phone call [or video chat]. I have reviewed your specific case and believe it is reasonable to do so. We sincerely appreciate your help in keeping you and our community safe and healthy. Please do not hesitate to reach out to us with any questions.