

## COVID-19 Inpatient Encounter Telehealth

In an effort to protect our physician workforce, avoid unnecessary risk to our patients, to support social distancing, as well as to preserve our stocks of PPE for the expected inpatient surge in COVID-19 hospitalized patients over the next one to two weeks, **NM has enacted the following procedure for all physicians and APPs who are involved with the care of hospitalized patients:**

1. For new consultations or follow-up visits for which a physical examination is important and/or would change clinical recommendations or management, don the appropriate PPE (for a COVID or suspected COVID patient) and see the patient as usual.
2. If a physical examination will not alter management or recommendations, physicians or APPs may utilize either a telephonic or video follow-up encounter by the primary team, and any encounters by a consulting sService. They are expected to call into the room using their personal device or land lines at the nursing stations, introduce or identify themselves, explain the rationale for this process, and recommend that the encounter be done via telephone, Skype, FaceTime, WhatsApp or Microsoft Teams, assuming the physician/APP and patient have access to appropriate technology.
3. There are specific dot phrases (.covid19phone, .covid19video) in Epic that identify these visits for use under these exceedingly rare circumstances, and that must be documented in Epic to code and bill correctly
4. A patient may decline to participate in a telephonic or video visit or may not have a mobile device, in which case the physician or APP is asked to have a traditional visit, 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.

Please visit the [COVID-19 Clinical Guidelines page](#) on NMI for additional information, including information regarding e-visits and in-clinic workflows.

## Frequently Asked Questions

### **What are the available devices for telephonic or video inpatient encounters?**

Physicians can use their mobile devices or land lines at the nursing stations, and for video visits, these can occur via Skype, WhatsApp, FaceTime or Microsoft Teams. Patient personal devices can be used.

### **What if a patient does not have a personal device or iPad?**

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 physician or APP may opt to do a telephonic visit, or a traditional visit, 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.

### **How will coding and billing be handled?**

If you are unable to examine the patient, your level of service will be determined by one of the following:

1. Abstraction of the history and medical decision-making alone.
  - Be sure to document a thorough history on subsequent encounters.
2. Billing based on time.
  - Same rules as always apply for billing on time, you must indicate overall length of the service and that >50% was spent counseling the patient.
  - For example, "I spent \_\_ minutes on the phone with this patient and > 50% was spent counseling as documented under my assessment & plan."

**RMG Only:** *When selecting charges for inpatient encounters, **add C19 modifier** to indicate encounters that were conducted via telephone or video.*

### **What dot phrase should I use?**

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

**.covid19iphone:** *"This was a phone conversation in lieu of in-person encounter due to the coronavirus emergency."*

**.covid19ivideo:** *"This was a video encounter. Patient acknowledged risk of unsecure transmission of his or her information."*

### **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.*