

COVID-19 Telemedicine Updates 3/16/2020

- E-visits expanded to both New and Established outpatient visits
- 1 Page Overview of e-visit workflow added to page 2
- FAQs added

COVID-19 Telemedicine Overview

- 1. Review schedule for potential e-visits:** Telephone e-visit preferred, video visit available
 - Notify clinic staff of patients to contact to transition to e-visit (work with practice manager and team on best approach)
- 2. Contact Patient:** Determine preferred tool for contacting patient
 - a. Phone e-visit:** use clinic phone or personal phone with *67 preface to block phone number
 - b. If Video Visit Needed**
 - i. Microsoft Teams (preferred) – most secure, does not share phone number
 - ii. WhatsApp – shares phone number
 - iii. Phone Call/ FaceTime – shares phone number
- 3. Update Chief Complaint:** Either before or during e-visit, must enter a Chief Complaint of “Telemedicine Conversion”

The screenshot shows a medical software interface with a navigation bar at the top containing tabs for 'CC / Visit Info', 'Allergies', 'Verify Rx Benefits', 'Medications', 'Outside Meds', 'History', 'Goals', and 'Qu'. Below the navigation bar is a section titled 'Chief Complaint / Visit Information'. Under this section, there are several buttons for different visit types: 'Cognitive Comp...', 'Welcome To Me...', 'Initial Annual W...', 'Subsequent An...', 'Hospital Follow-up', and 'Acute Visit'. Below these buttons is a table with two columns: 'Chief Complaint' and 'Comment'. The 'Telemedicine Conversion' option is selected in the 'Chief Complaint' column, and a red box highlights this selection. A red circle with the number '2' is next to the box. A red circle with the number '1' is in the top left corner of the screenshot.

- 4. COVID-19 Smartphrase:** Document visit as usual, must add COVID-19 SmartPhrase to visit documentation
 - a. **.covid19phone** “This was a phone conversation in lieu of in-person visit due to the coronavirus emergency.”
 - b. **.covid19video** “This was a video visit. Patient acknowledged risk of unsecure transmission of his or her information.”
- 5. GT Modifier:** When closing visit, enter E&M code and visit CPT code **plus the GT INTERACTIVE TELECOMMUNICATION MODIFIER** to be billed appropriately.

*See rest of document for details, if needed.

COVID-19 Telemedicine Details

Two options are available to provide e-visits to patients who may be at heightened risk coming to campus at this time:

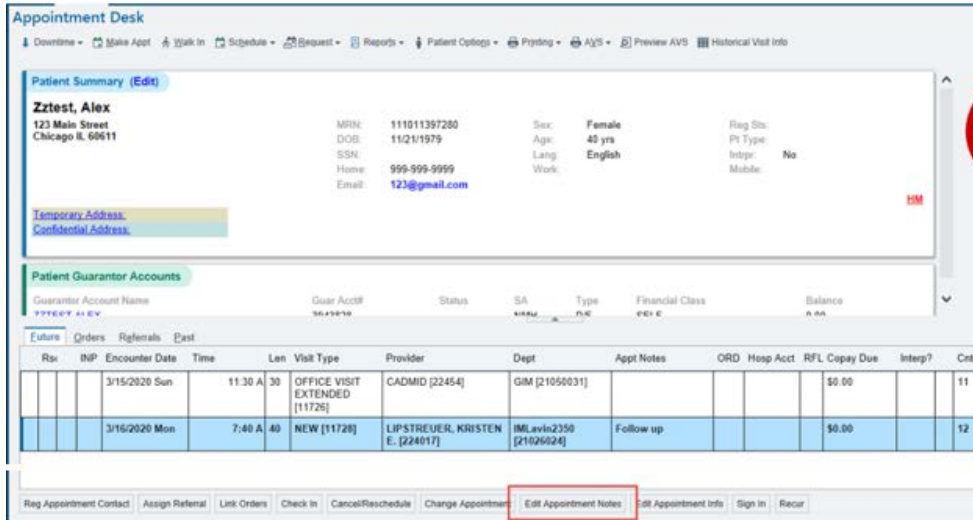
- **E-Visits (Transition Scheduled Visit):** Consider converting scheduled in-office visits to an telephonic e-visit for high-risk patients (See process below)
 - **Note:** A simple telephone call is strongly preferred. However, if the clinical need or patient preference for video becomes clear, reference the *COVID-19 Video Addendum* at the end of this document.
- **MyChart or Telephone Encounters (Patient-Initiated):** Continue following current billing processes when answering new clinical questions initiated by the patient via MyChart or Telephone (See *MyChart and Telephone Encounter Charging for Virtual Care Tip Sheet*)

Physician and APP Step by Step

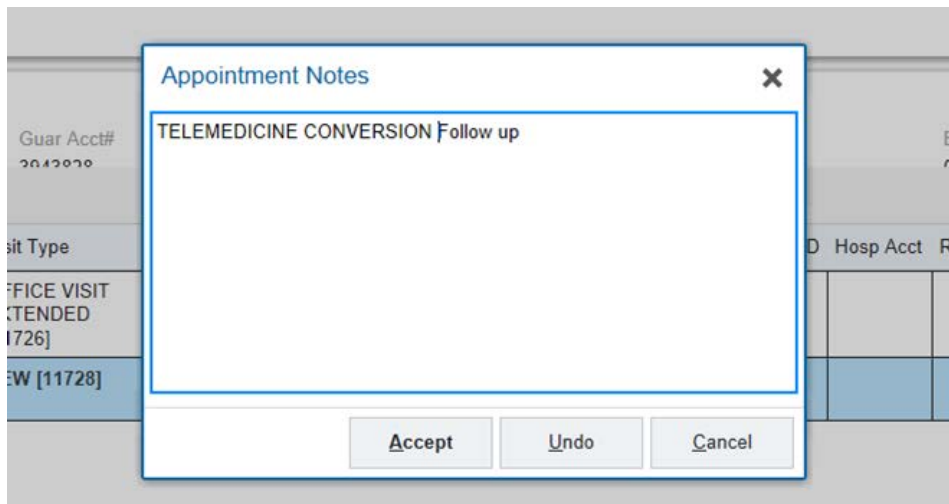
1. Review schedule 24 to 48 hours in advance for high-risk patients whose visits should be converted to an e-visit by telephone.
 - **Criteria:** Patients over age of 60 and/or with significant co-morbidities including immunocompromised conditions, pregnancy, or cardiac or pulmonary disease. Patient cannot be a new patient – must be an established patient.
2. To indicate in Epic which patients clinical staff should contact to transition to e-visits, update the appointment note to **TELEMEDICINE CONVERSION**.
 - a. Open **Appointment Desk** off Multi Provider Schedule.

Status	MPS Attending	Admitted?	Medi Time	Patient Name/Age/Gender	Sex	Length	Pt. Room	Type	Notes
Scheduled	No		7:40 AM	Ztest, Alex 40 y.o. / F	F	40		NEW	Follow up

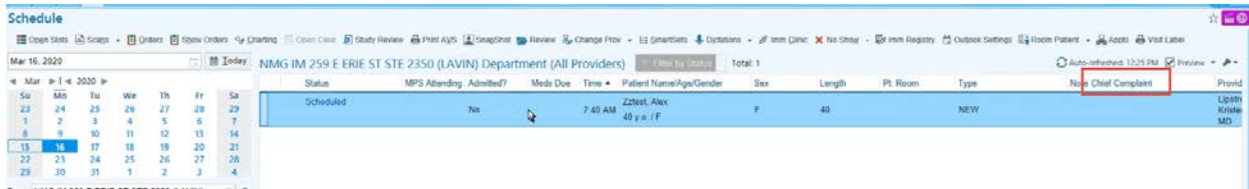
- b. Select **Edit Appointment Notes**.



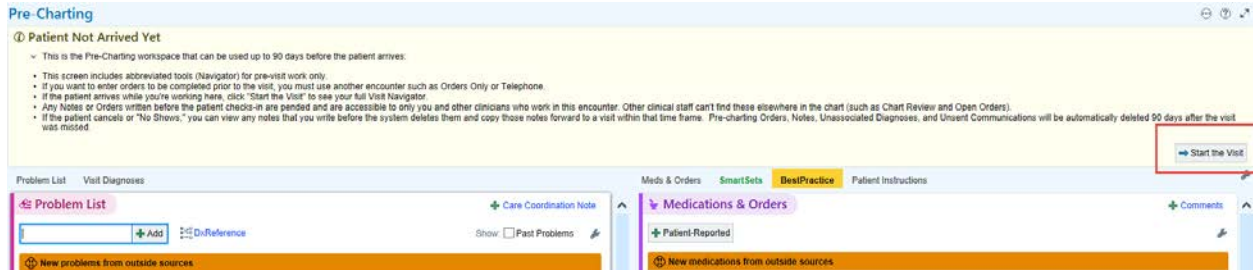
- c. Type **TELEMEDICINE CONVERSION** at the beginning of the note so that it is visible to clinic staff.



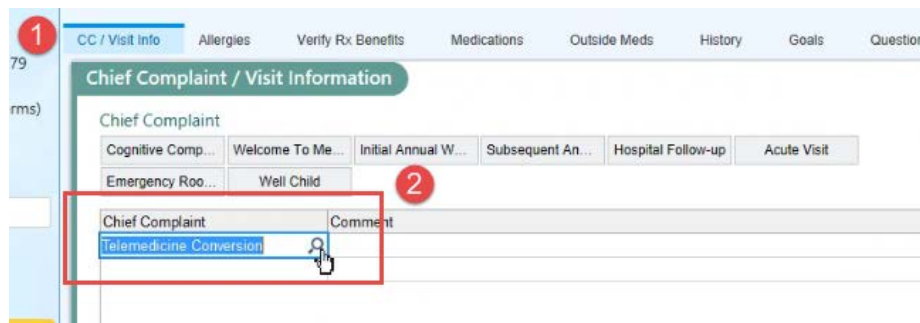
- 3. For patients who approve the telemedicine conversion, physicians/APPs or staff will update the Chief Complaint field to **Telemedicine Conversion**.
 - a. Access Multi Provider Schedule to review scheduled patients. Note a new column of Chief Complaint has been added.



- b. Double click to open a patient chart. Since the patient has not been checked in, **Start the Visit** through Pre-Charting.



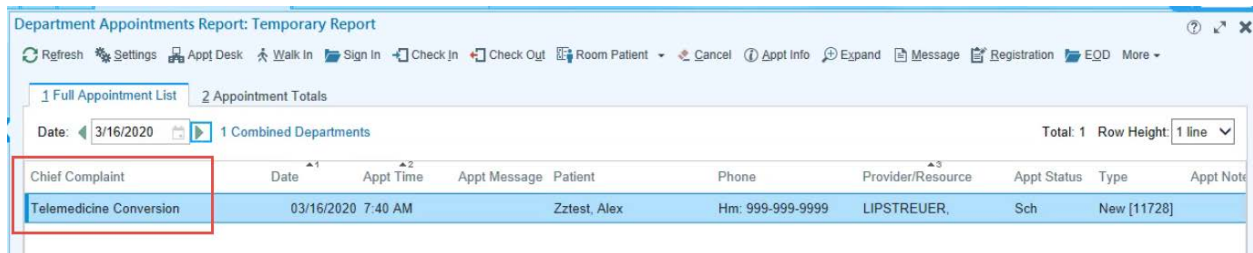
- c. Under the Rooming Tab, if not already there, add the Chief Complaint of **Telemedicine Conversion**.



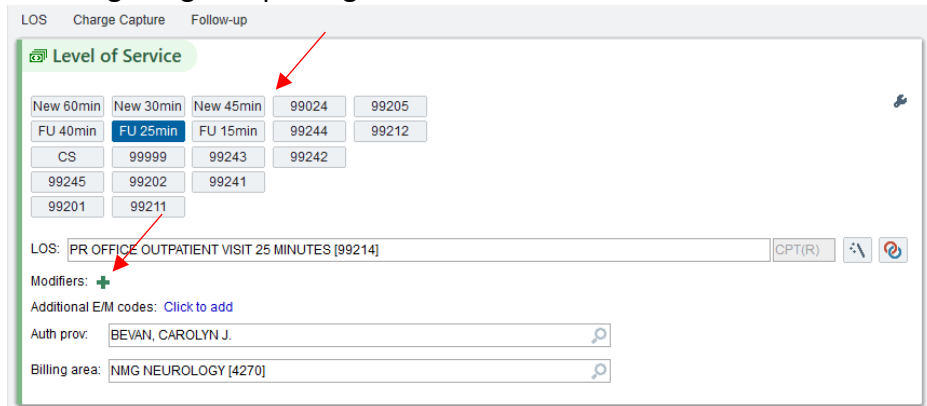
- d. When you navigate back to the Multi Provider Schedule, you will notice the Chief Complaint column is now populated with **Telemedicine Conversion**. This will allow all clinical staff to see this patient has been confirmed for a telemedicine visit.



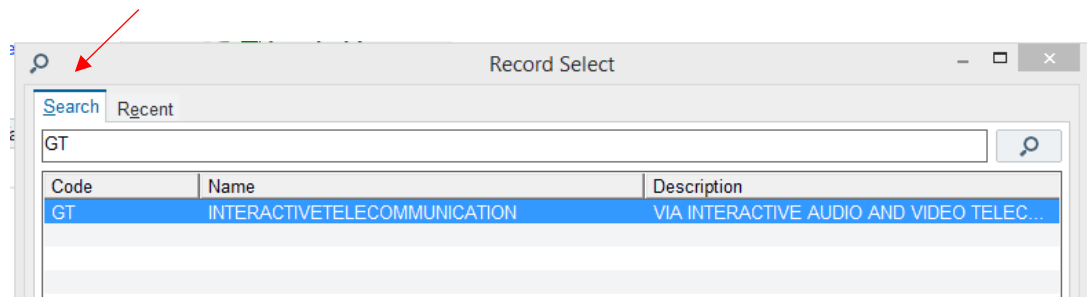
4. Call the patient at the specified time of visit.
 a. Scheduling staff will have a Chief Complaint column added to their DAR. This will allow them to complete registration for these patients as necessary.



- b. A workqueue will then capture all patients who have a Chief Complaint of **Telemedicine Conversion** for a final review of registration. The patient will have registration completed after the appointment if it is not completed before the appointment begins.
 - c. If the appointment does not occur as planned or the patient cancels, enter the **Erroneous Encounter SmartSet** to close the encounter.
5. Document the encounter on the originally scheduled in-office encounter.
Documentation must include:
- a. *“This was a phone conversation in lieu of in-person visit due to the coronavirus emergency.” (.covid19phone)*
 - b. History, exam (including any limitations due e-visit), impression, and plan
6. Bill for the visit on the originally scheduled in-office encounter using the in-office E&M code, the visit CPT code, and adding the GT modifier. **The encounter must include the GT modifier to be billed appropriately.**
- a. Document the time spent in the e-visit in your note for time based billing.
 - b. In the **Level of Service** box, select the appropriate time based code. Once the appropriate level of service is selected, you will be able to add a **modifier** by selecting the green plus sign:



- c. In the Search bar, type **GT** and press enter. This will pull up the GT modifier for telehealth billing. Click **Accept**:



- d. Proceed to close the encounter per usual protocol.

COVID-19 Telemedicine Video Addendum

A simple telephone call is strongly preferred. However, if while on the call the clinical need or patient preference for video becomes clear, offer the patient the option to start a video conference and ask whether they have video existing capabilities. We can offer video conferencing via three methods at this time:

1. Microsoft Teams (**strongly preferred**)
2. FaceTime
3. WhatsApp

The physician or APP **must** do the following if the visit is transitioned to video:

1. Inform the patient of the risk of unsecure transmission of information
2. Document in the encounter: *“This was a video visit. Patient acknowledged risk of unsecure transmission of his or her information.”* (.covid19video)

Microsoft Teams

Microsoft Teams is preferred as it is the only secure option. It is the only option that does not share the physicians phone number.

1. Ask the patient to download the Teams app from their cell phone’s app store (see *Sending and Joining an NM Telehealth Teams Meeting Request with a Patient – Windows Computer Tip Sheets*).
2. Request the patient’s personal email address.
3. While the patient is downloading Teams, follow the instructions outlined in *Sending and Joining an NM Telehealth Teams Meeting Tip Sheet* to create an Outlook calendar event.
4. Once the patient has downloaded Teams and the Outlook event has been created, follow the instructions the *Sending and Joining an NM Telehealth Teams Meeting Tip Sheet* to start the video.

FaceTime

FaceTime from cell phone. As this option may result in the patient obtaining the phone number, consider blocking the patient’s phone number after the encounter.

WhatsApp

Follow the instructions in the *WhatsApp Tip Sheet*. As this option may result in the patient obtaining the phone number, consider blocking the patient’s phone number after the encounter.

Frequently Asked Questions

Can I use e-visits for both New and Established patients?

Yes. The same workflow and process can be used for both New and Established Outpatient visits. We are continuing to investigate Inpatient, Behavioral Health, Counseling, and Interventional Therapy visits to determine e-visits are an option.

Should I schedule a telephone call or video visit?

A simple telephone call is strongly preferred. Though, if clinical need indicates or patient insists, video visits can be scheduled. Physician and APP judgment is crucial to determine which patients should be considered for an e-visit.

An appointment can be converted to a telemedicine visit at any point throughout the day as long as the Chief Complaint is changed to **Telemedicine Conversion**.

Will patients be notified of opportunity to reschedule non-urgent visits?

Yes. Patients are being notified of the opportunity to re-schedule non-urgent visits.

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

There are a few ways to mask your phone number when calling a patient.

- Dial *67 before the patients phone number to mask number – this will display to the patient as “Unavailable Number” or “Unknown Number”
- Update settings on cell phone to block number
 - iPhone: <https://itstillworks.com/disable-caller-id-iphone-15569.html>
- Use Doximity <https://www.doximity.com/app>

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

Patients identified with the Chief Complaint of **Telemedicine Conversion** will be routed to Central Registration to ensure all required visit registration documentation is obtained.

How will wRVUs work for e-visits?

wRVUs for e-visits will be the same as in-office visits.

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

If a confirmed patient cannot be reached within the appointment window, treat the patient as a cancellation.