COVID-19 Telemedicine Updates 3/18/2020

- This e-visit workflow tip sheet has been expanded to be used for any outpatient visits deemed appropriate as e-visits, including New Patients, Established Patients, Therapy, Counseling and others.

- Two methods you can use to mask your phone number when calling patients:
  - Doximity – An app that can be downloaded to your iPhone or Android smartphone that masks your phone number. This app is free for physicians. Visit Doximity.com.
  - Dial *67 before the patient’s phone number to you’re your number. This will display to the patient as “Unavailable Number” or “Unknown Number.”

- `.covid19consent` is the smartphrase created for New Patient e-visits to document verbal consent obtained.

- Answers to these FAQs have been added:
  - How can I mask my phone number when calling a patient?
  - Can I use Zoom for e-visits?
  - What should I tell patients about insurance coverage and billing for e-visits?
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:** Two methods to mask your phone number
      i. Doximity Download the Doximity app to your iPhone or Android to mask your phone number. This app is free for physicians. Go to Doximity.com.
      ii. Dial *67 before the patient’s phone number to mask your number. Your number will display to the patient as “Unavailable Number” or “Unknown Number.”
   b. **Video visit**
      i. Microsoft Teams (preferred) – most secure, does not share your phone number
      ii. WhatsApp – will share your phone number
      iii. Phone call/FaceTime – will share your phone number

3. **Update Chief Complaint:** Either before or during e-visit, must enter a Chief Complaint of “Telemedicine Conversion.”

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.

COVID-19 Telemedicine Details

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

- **E-visits (transition scheduled visit):** Consider converting scheduled in-office visits to a 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.

- **NM MyChart or telephone encounters (patient-initiated):** Continue following current billing processes when answering new clinical questions initiated by the patient via NM 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.**

   We anticipate you will determine patients fall into one of four categories:
   1. **Patient appropriate for an e-visit:** Convert the patient to a telephonic visit.
   2. **Patient appropriate to be seen as scheduled:** See the patient as scheduled.
   3. **Patient reports influenza-like illness:** Conduct telephone triage or e-visit, as appropriate.
   4. **Patient who is appropriate to be rescheduled:** Reschedule patient to a later date.

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.
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. When contacting the patient, there are two ways to mask your phone number:
   a. Use Doximity, an app that can be downloaded to your iPhone or Android smartphone that masks your phone number. This app is free for physicians. Go to [Doximity.com](http://Doximity.com).
   b. Dial *67 before the patient’s phone number to mask your number. Your number will display to the patient as “Unavailable Number” or “Unknown Number.”

6. Document the encounter on the originally scheduled in-office encounter.
   a. Documentation must include:
      i. “This was a phone conversation in lieu of in-person visit due to the coronavirus emergency.” *(covid19phone)*
      ii. History, exam (including any limitations due e-visit), impression and plan
   b. For New Patient Visits:
      i. New patients need to provide verbal consent to be treated since they did not sign the NM Universal Consent in person
      ii. “Verbal consent obtained from patient in lieu of in-person signature due to the coronavirus emergency.” *(covid19consent)*

7. Bill for the visit on the originally scheduled in-office encounter based on the level of care you provided using the in-office E&M code and any CPT codes, and adding the GT modifier. **The encounter must include the GT modifier to be billed appropriately.**
   a. In the **Level of Service** box, select the appropriate codes. Once a level of service is selected, you will be able to add a **modifier** by selecting the green plus sign:
b. In the Search bar, type GT and press enter. This will pull up the GT modifier for telehealth billing. Click Accept:

c. 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 also the only option that does not share the physician’s phone number.

1. Ask the patient to download the Microsoft 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 on the Sending and Joining an NM Telehealth Teams Meeting tip sheet to start the video.

FaceTime

Using FaceTime from a cell phone 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. 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. This e-visit workflow and process can be used for both New and Established Patient visits. We anticipate you will determine patients fall into one of four categories:

5. **Patient appropriate for an e-visit**: Convert the patient to a telephonic visit.
6. **Patient appropriate to be seen as scheduled**: See the patient as scheduled.
7. **Patient reports influenza-like illness**: Conduct telephone triage or e-visit, as appropriate.
8. **Patient who is appropriate to be rescheduled**: Reschedule patient to a later date.

Should I schedule a telephone call or video visit?
A simple telephone call is strongly preferred. If clinical need indicates or the patient insists, a video visit 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**.

What should I tell patients about insurance coverage and billing for e-visits?
At this time, we are not charging patients a flat fee. We are holding all bills on these COVID-19 telemedicine visits as we continue to work with payors and CMS to have these visits listed as a covered service (like an office visit). Some payors have already come out with policy updates, and others have announced changes to come. As we get more clarity from payors, we will address these visits appropriately.

How can I mask my phone number when calling a patient?
There are two ways to mask your phone number when calling a patient:

- Use the free Doximity app (doximity.com/app).
- Dial *67 before the patient’s phone number to mask your number. This will display to the patient as “Unavailable Number” or “Unknown Number.”

Can I use Zoom for e-visits?
Zoom is not supported by NM at this time. Phone calls, Microsoft Teams, WhatsApp and FaceTime are all available for e-visits.

Will patients be notified of the opportunity to reschedule non-urgent visits?
Yes. Patients are being notified of the opportunity to reschedule non-urgent visits.
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.