

Virtual Care Definitions

Telemedicine:

- Definition: The use of real time, interactive audio-visual communication to provide care. Prior to the public health emergency, only established patients could receive telehealth services under Medicare rules. **However with the public health emergency, HHS will not be auditing for this requirement.**
- Common office visits that can be provided using telemedicine include:
 - 99201-99215 – with modifier 95 for Non-Medicare Office or other outpatient visits
 - G0425-G0427: For Medicare ED Visits
 - G0425 30 min
 - G0426 50 min
 - G0427 70 minutes
 - G0406-G0408: For Medicare Follow-up after an inpatient visit
 - G0406 15 min
 - G0407 25 min
 - G0408 35 min

Virtual Care (telephonic only):

- Definition: A brief (5-25 minutes) check in with your practitioner via telephone or other telecommunications device (portal etc. but it is synchronous) to provide evaluation and management services. It also includes a remote evaluation of recorded video and/or images submitted by an established patient.
- This is only for established patients (Medicare rules)
- Codes to use: 99421-3; G2012 and G2010
 - 99441: 5 - 10 minutes
 - 99442: 11 - 20 minutes
 - 99443: 21 + minutes
 - G2010: Medicare: Remote evaluation of recorded video/images submitted by the patient
 - G2012: Medicare: Brief check in by MD/APP, 5-10' performed to determine if the patient needs to be seen in person
- Can't be billed if patient seen for the same issue within past 7 days, or results in a scheduled visit within 24 hours

E-Visits:

- Definition: Asynchronous communication with an established patient via an online patient portal (Medicare Rules) which may occur over a 7 day period
- Established patients only
- Can't be billed if patient seen within past 7 days, or results in a scheduled visit within 24 hours
- Visit Codes:
 - Providers:
 - 99421: 5 - 10 minutes
 - 99422: 11 - 20 minutes
 - 99423: 21 + minutes
 - Non-Providers (ie nurses)
 - G2061 5-10
 - G2062 11-20
 - G2063 21+

High Level Workflow Overview

Telemedicine or Virtual Check in for the clinics

- Patient requests an appointment or there is an existing appointment, either of which is suitable for telemedicine
- **Medical Secretaries or Patient Registration** – do a full registration
 - Full registration
 - Obtain: Email address and best contact number
 - Encourage portal registration (permits document exchange)
 - Insurance verification occurs
 - Could potentially upload pictures of driver’s license and insurance ID through portal
 - Could show information through video
 - Choosing an appointment type
 - For Telemedicine
 - Choose Telemedicine appointment type
 - There are 2 types: 15’ and 30’
 - Email address and best contact phone number are required
 - Email or a cell phone is a must, because the patient needs to get the appointment type
 - May need to override the scheduling template
 - For Virtual/Phone
 - Choose Telephone 15’, you can alter the time
 - Email will be a required field, but if the patient doesn’t have one you can enter NA
 - Choose service area of “Telehealth”. This must be manually chosen, it will not default in
 - Provide details about when/where encounter occurs
 - Telephone: appointment time and expect call within 30 minutes of time
 - The patient should have their government ID and insurance cards ready to display at the beginning of the appointment
 - Telemedicine: provide information
 - If using CISCO Webex, visit code and invitation are generated
 - Email or texting will be used to send them their visit code
 - Suggestion to use the patient’s DOB as the visit code, or some date that they can easily remember
 - Notify patient of potential co-pays. The co-pays are waived only for COVID-19 related visits

Day of visit (particularly for telemedicine using video)

- **Front staff**
 - Patient Entering televideo
 - If patient enters visit through CISCO WebEx
 - Signs Consent for Treatment
 - Signs Telemedicine Consent
 - If Doxy.me or FaceTime, verbal consent will need to be obtained and documented within the patient note using auto-text

- If AV capable: Enter virtual room for patient and perform check in
 - Verify insurance cards by having the patient display them
 - Verify identity by having the patient show government ID
 - Let rooming staff or provider (Depending on workflow) know the patient is ready using typical tools
- If no AV, consider calling the patient to verify demographic information, insurance information. Best practice is to do this if there is more than a 1 month gap between scheduling and the actual appointment
- Check in and activate the appointment (some clinics may choose to activate all the appointments for the day)
- Collect co-pay if appropriate: Governor has suspended Medicaid co-pays, but other insurers may have a co-pay. Can also be done at time of scheduling
- Pediatric Patients: Important to verify patient's parent or guardian
- **Medical Assistant** – not a necessary step, but as we move to more telemedicine and chronic care management, they will be may be more important
 - Performs patient intake through ambulatory comprehensive intake
 - Can be via telephone, does not need to use AV
 - Could use reported BP and weight
 - Any additional screening questions or intake history
 - Let provider know the patient is ready – should be the same workflow the clinic uses today
- **Physician**
 - Verify the patient's identity by having them show you an insurance card and their photo ID – unless already done that day be another member of the care team. For pediatric patients, verify the parents/guardian if not done already
 - Add to note that you verified the patient's identity
 - If consent not obtained previously, obtain verbal consent for treatment that acknowledges benefits and limitation of telemedicine
 - Chart review and note documentation will be performed as usual
 - Document your time and the use of telemedicine: interactive audio video
 - a. /telemed_audio_and_visual*

Today's visit was performed via telemedicine using synchronous audio and visual. I spent _ minutes in face to face patient care.
 - b. If you performed the visit by telephone only, use the telephone autotext
 - b. /telehealth_audio_only*

Today's visit was performed via telehealth and utilized an audio only connection. I spent _ minutes in conversation with the patient.
 - c. Add the telemedicine teaching addendum as appropriate
 - c. /tele_teach_addendum*

I evaluated the patient. I agree with the findings and plan as documented above except as modified or supplemented by me.
 - d. If you are not using CISCO WebEx, document verbal consent using
 - d. /tele_consent*

I informed the patient that the use of Telemedicine for today's visit may require the use of an application that is not secure to

transmit protected health information and the application may present a privacy risk to the patient's protected health information. I also explained that the audio and visual tools may not be adequate for the care needed and an in person visit may be required. In the interest of providing care to the patient during this public health emergency, I proceeded with the telemedicine visit.

(Note: the F3 button will take you to the “_” in the phrase)

- Bill using the appropriate E&M Code and add a modifier
 - Modifier 95 indicates real time interactive audio-visual
 - Modifier GT (live today) for Medicare HCPCS GCode visits done with real time interactive audio-visual

Patient check out

- Communicate need for a follow up appointment via message center to the appropriate members of your clinical staff
 - Also inform support staff of need for lab work or paper referrals
- Use the patient portal to send the patient follow up appointments and referral orders and other documents
 - If the patient does not have a portal account, they will need to be mailed
- Visit Summary
 - Is automatically generated when the appointment is checked out
 - The provider needs to have the education and instructions attached to the visit
 - It automatically goes to the patient portal
 - If the patient does not have a portal account, it can be sent to the patient using patient letter
 - If the communication is with another provider, it can be sent via Provider Letter. Provider letter can fax the messages directly from Cerner
- Encounter Closure: This automatically happens at midnight