

AMBULATORY: Telehealth – Telephone Visits

Telehealth Visits:

The Centers for Medicare & Medicaid Services (CMS) defines telehealth services to include those services that require a face-to-face meeting with the patient delivered via a telecommunication system substituting in-person encounter.

Mode of Communication:

- HMHMG will be utilizing BlueJeans platform for patient interactive services

WHO CAN PROVIDE THIS SERVICE?

- Physicians
- Nurse Practitioners
- Physician Assistants
- Certified Nurse Midwife
- Clinical Psychologists,
- Licensed Clinical Social Worker
- Registered Dietician
- Certified Nurse Anesthetists

2020 Telehealth E&M Policy:

CMS has issued guidance that the new 2021 E/M guidelines are now in effect for office and outpatient visits furnished via Telehealth and only during the PHE for COVID-19 pandemic. This is only a temporary change and impacts “New” and “Established” patient visits, CPT 99202-99205 and 99211-99215. This change does not apply to 99201 or “Consultations” 99241-99245.

Effective April 27, 2020 until December 31st, 2020:

- To reduce risk of audit, HMHMG has instituted a temporary policy for all providers to use “time” as the basis to support the level of service for all Telehealth encounters.
- The level of service for E/M services will be based on the total face to face time when selecting the level of service whether or not counseling and/or coordination of care dominates the service.
- The counseling attestation is not required.
- The appropriate level of each E/M service code is defined by time in the service descriptors.
- If time is not documented the documentation is considered non-compliant and the service cannot be billed.

2021 E&M Guidelines:

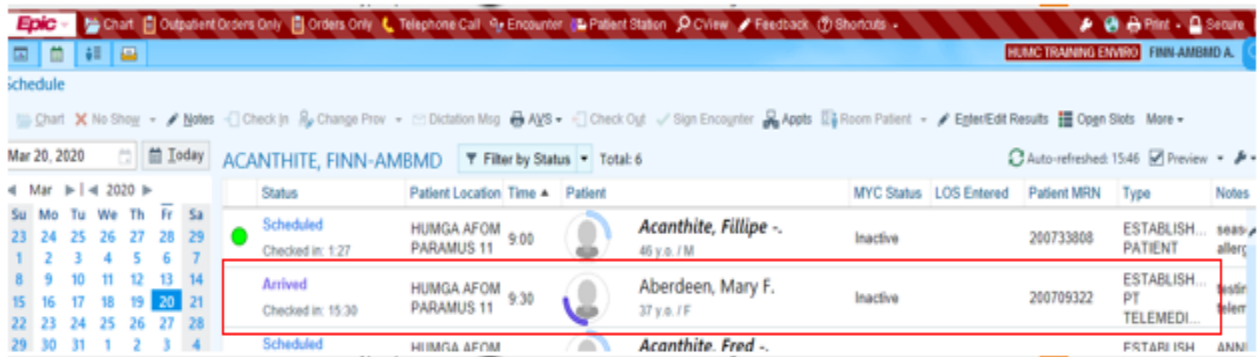
- Effective January, 1st 2021, new 2021 E&M guidelines will be followed to assign the appropriate level of E/M service based on the following:
 - The level of the MDM as defined for each service; **or**
 - The total time for E/M services performed on the **date of the encounter**
- Providers should consult the 2021 coding education material to follow the guidelines

Try it out



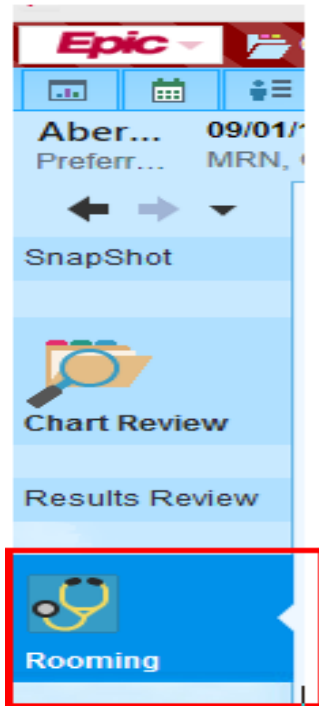
Once the Blue Jeans connection has been made and the patient has been checked in (see front desk workflow), follow these steps to complete the documentation of the patient visit.

1. From the multiprovider schedule, **find** your scheduled patient **“Telemedicine Visit”**
2. Double **click** to open patient chart to start the encounter

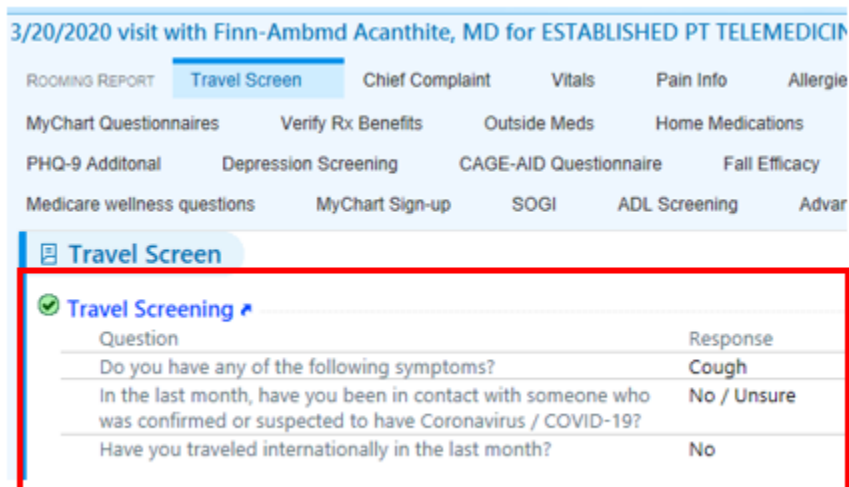


Status	Patient Location	Time	Patient	MYC Status	LOS Entered	Patient MRN	Type	Notes
Scheduled	HUMGA AFOM PARAMUS 11	9:00	Acanthite, Fillipe -. 46 y.o. / M	Inactive		200733808	ESTABLISH... PATIENT	seas... allerg
Arrived	HUMGA AFOM PARAMUS 11	9:30	Aberdeen, Mary F. 37 y.o. / F	Inactive		200709322	ESTABLISH... PT TELEMEDI...	telem... telem
Scheduled	HIIMGA AFOM		Acanthite, Fred -.				FRTARI ISH ANNI	

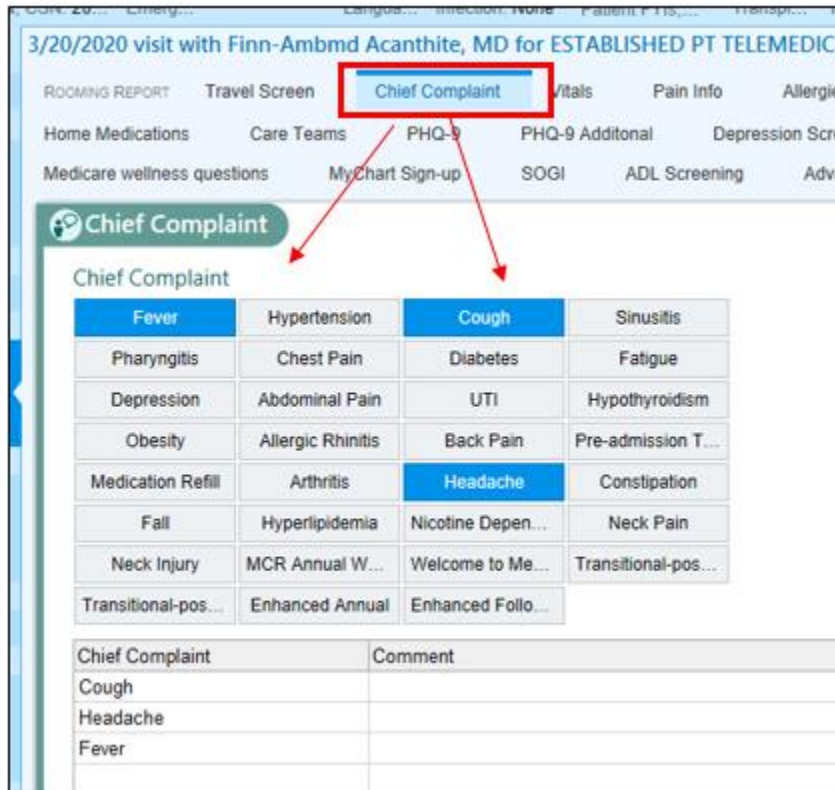
3. Click on the **Rooming** Activity tab to view the navigator and begin visit documentation



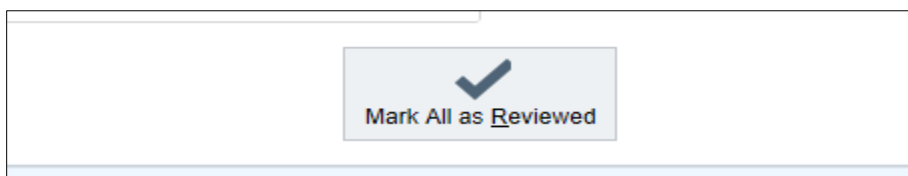
4. Please note the updated **travel screening**. This should be completed if it has not been documented for this patient within the last 24 hours. If it is already completed, documentation should be reviewed.



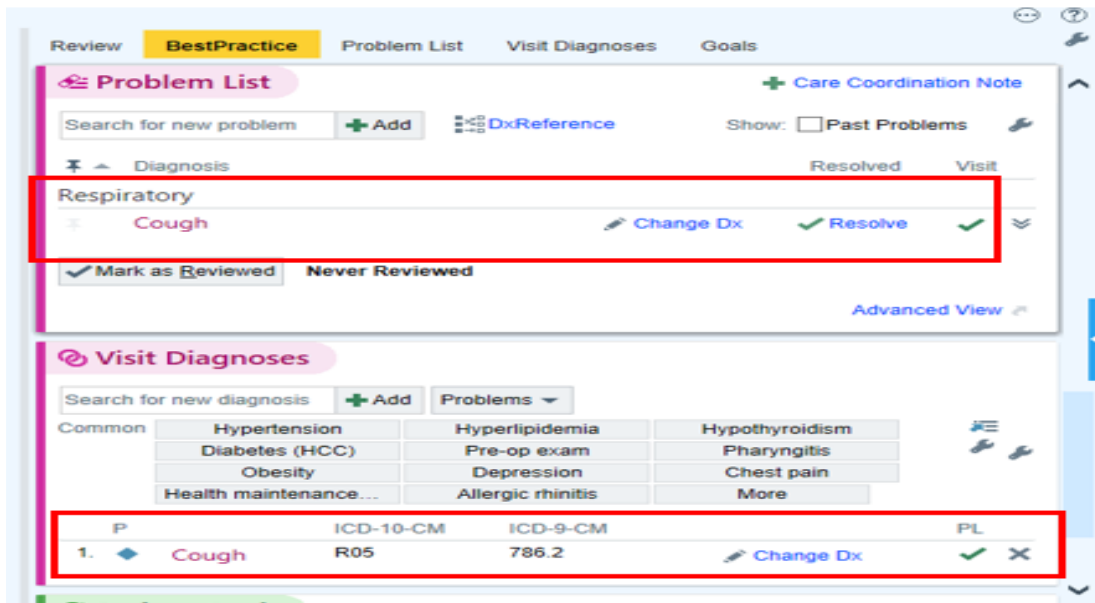
5. Provider will document the **Chief Complaint, Allergies, Medications** and other sections of the rooming activity that are generally included in the exam as documented by the clinical staff



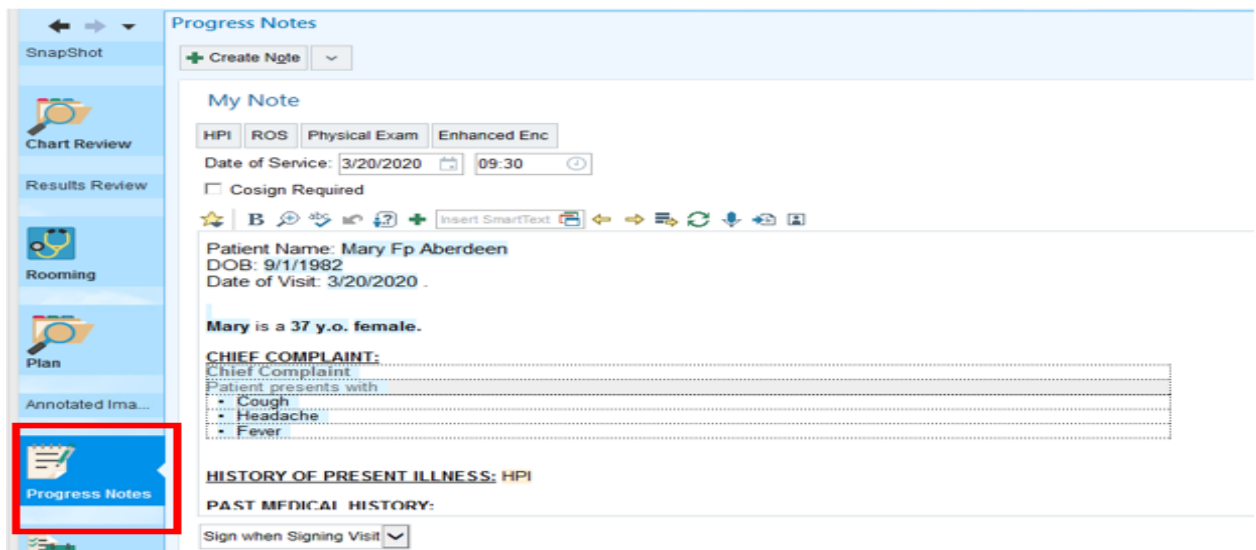
6. Provider should complete the **History** section of the navigator
7. Move to the **Plan** section where Provider can **“Mark as Reviewed”** to review **Allergies, Medications** and **History**



8. Provider will then update the **Problem List** and **Visit Diagnosis**



9. **Progress Notes** should be entered using appropriate **Notes** templates for the visit type



TELEHEALTH REQUIREMENT: Following instructions apply to 2020 visits

New 2021 documentation guidelines will be shared separately.

10. Providers should add **start** and **end** time to support the level of service for all Evaluation and Management codes for Telehealth encounters. Providers should add start time of face to face encounter using **.starttime** smartlink.

The screenshot shows the 'Progress Notes' interface. At the top, there is a 'Create Note' button. Below it, the note title is 'My Note'. There are buttons for 'Sensitive', 'Tag', and 'Details'. The note content includes 'HPI', 'ROS', 'Physical Exam', and 'Enhanced Enc'. The 'Date of Service' is set to '5/1/2020' at '10:00'. A 'Cosign Required' checkbox is present. A rich text editor toolbar is visible. A smartphrase selection window is open, showing a table with columns 'Abbrev' and 'Expansion'. The 'STARTTIME' smartphrase is highlighted with a red box. Below the window, the text '.start' is also highlighted with a red box. The note content below the window reads 'Fred is a 68 y.o. male.'

*This will pull in a non-refreshable link with the current time. If this time is not reflective of the start of the face-to-face time should be adjusted

11. For all telehealth visits, providers must add the following attestation to the progress note by using the smartphrase **.attesttelehealth**

The screenshot shows the 'My Note' interface. The 'Date of Service' is set to '3/22/2020' at '15:00'. A smartphrase selection window is open, showing a table with columns 'Abbrev' and 'Expansion'. The 'ATTESTTELEH...' smartphrase is highlighted with a red box. Below the window, the text '.attesttele' is also highlighted with a red box.

This will pull in the following documentation that can be adjusted based on patient relationship:

System SmartPhrase – ATTESTELEHEALTH [137356]

Do not include PHI or patient-specific data in SmartPhrases.

Insert SmartText Insert SmartList

The (***) {telehealth relationship:27476} was educated on the use of a telehealth visit in lieu of an in-person evaluation. The (***) {telehealth relationship:27476} has agreed to be evaluated via a telehealth visit at this time.

Please note: the name of the person who received the education and consented to the visit (patient or proxy) will need to be typed in to replace the wild card

- 12. Providers will use **.endtime** smartlink at the end of their note to capture the completion of the face to face telehealth visit
- 13. In the Wrap Up activity, Provider can add **Patient Instructions, Follow Up,** and **LOS**
- 14. All Charges dropped for these visits must include a **GT modifier (click on the green +)**

Wrap-Up

References Preview AVS Print AVS Pt Declined AVS Media Manager

Patient Instructions **LOS** Charge Capture Follow-up Quality Measures

Level of Service

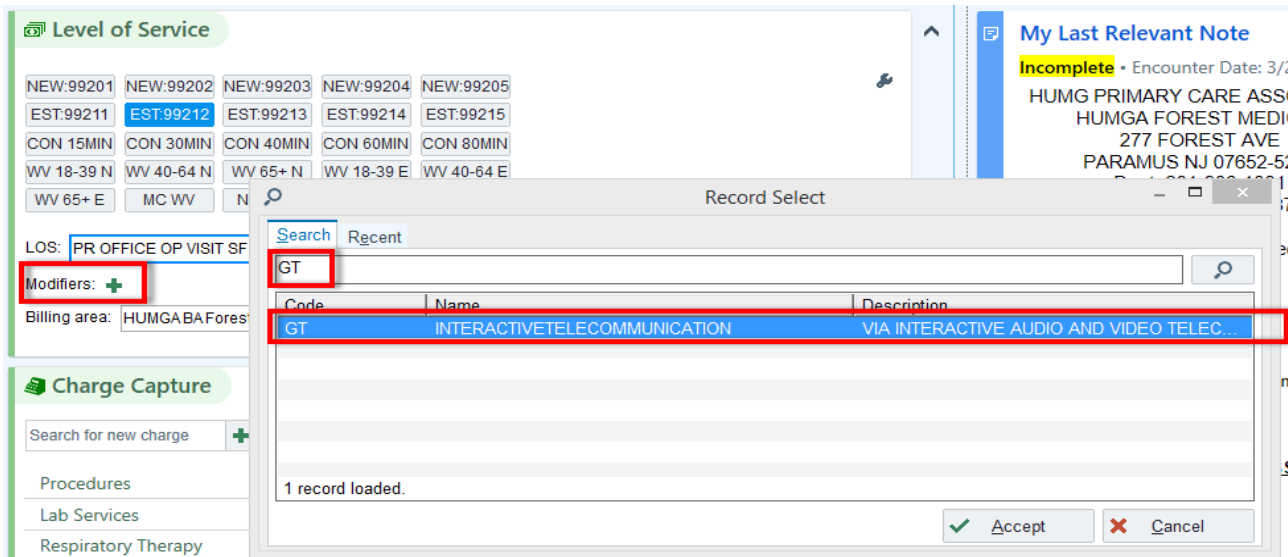
NEW:99201	NEW:99202	NEW:99203	NEW:99204	NEW:99205
EST:99211	EST:99212	EST:99213	EST:99214	EST:99215
CON 15MIN	CON 30MIN	CON 40MIN	CON 60MIN	CON 80MIN
WV 18-39 N	WV 40-64 N	WV 65+ N	WV 18-39 E	WV 40-64 E
WV 65+ E	MC WV	NOCHG		

LOS: CPT(R)

Modifiers: **+**

Billing area:

15. By clicking on the **Modifiers: +** a box will open where you can search and add the modifier



Level of Service

NEW:99201 NEW:99202 NEW:99203 NEW:99204 NEW:99205
 EST:99211 **EST:99212** EST:99213 EST:99214 EST:99215
 CON 15MIN CON 30MIN CON 40MIN CON 60MIN CON 80MIN
 WV 18-39 N WV 40-64 N WV 65+ N WV 18-39 E WV 40-64 E
 WV 65+ E MC WV N

Record Select

Search Recent

GT

Code	Name	Description
GT	INTERACTIVETELECOMMUNICATION	VIA INTERACTIVE AUDIO AND VIDEO TELEC...

1 record loaded.

Accept Cancel

LOS: PR OFFICE OF VISIT SF
 Modifiers: +
 Billing area: HUMGABA Fores

Charge Capture

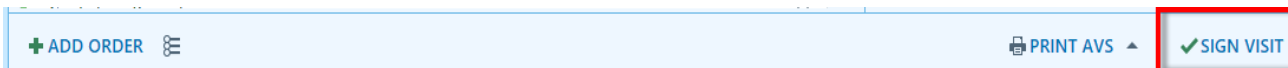
Search for new charge +

Procedures
 Lab Services
 Respiratory Therapy

My Last Relevant Note

Incomplete • Encounter Date: 3/2
 HUMG PRIMARY CARE ASS
 HUMGA FOREST MEDI
 277 FOREST AVE
 PARAMUS NJ 07652-5

16. Provider can sign the visit to close the encounter



+ ADD ORDER PRINT AVS SIGN VISIT

Telephone Visits (Patient initiated audio only encounters):

Telephone services are a **patient-initiated** communication **via the telephone** between physician, QHP and non-physician who bills E/M services and an **established** patient.

- The service is initiated by the patient (Practitioners may need to educate patients on the availability of the service prior to patient initiation)
- Does not include time spent by clinical staff
- Communication is not related to a medical visit within the previous 7 days
- Does not lead to a medical visit within the next 24 hours
- The patient must verbally consent to receive telephone services
- Mode of communication is **telephone**
- Co-pay, coinsurance and deductible would generally apply to these services



Telephone **scheduled visits** will follow the workflow described above with all charges being submitted through the **Charge Capture**

Documentation for Telephone Visits must include the following:

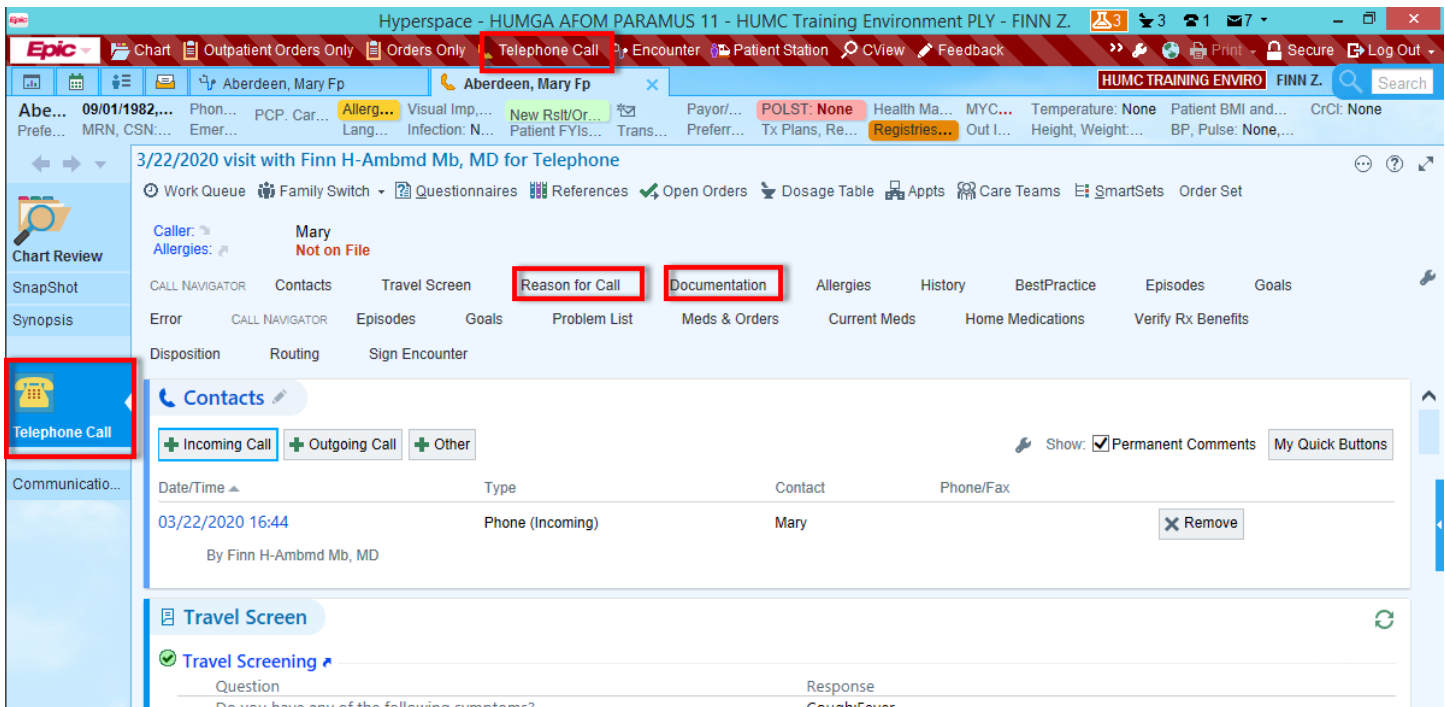
1. Patient consent to a "Telephone" service using attestation **.attesttelephone**

The screenshot shows the 'My Note' interface in Epic. At the top, there are buttons for 'Sensitive', 'Tag', and 'Details'. Below that are tabs for 'HPI', 'ROS', 'Physical Exam', and 'Enhanced Enc'. The 'Date of Service' is set to 5/1/2020 at 10:00. A 'Cosign Required' checkbox is present. A rich text editor toolbar is visible with 'Insert SmartText' highlighted. A SmartText expansion window is open, showing a table with two columns: 'Abbrev' and 'Expansion'. The row contains '☆ ATTESTTELEPHONE' and 'The (***) {telehealth relationship:27476} was educated on the use...'. Below the expansion, there is a 'Refresh (Ctrl+F11)' button and a 'Close (Esc)' button. At the bottom left of the note area, the text '.attesttelephone' is entered and highlighted with a red box.

2. Start and Stop time (using **.starttime** and **.endtime** as described above)
3. Content of medical discussion
4. Time-based Telephone codes following payor rules (submitted through the **Charge Capture**, no modifier needed)

The screenshot shows the 'Wrap-Up' interface in Epic. The 'Charge Capture' tab is selected and highlighted with a red box. Below the tab, there is a search bar with '99441' entered and an '+ Add' button. A list of categories is shown with expandable arrows: Procedures, Lab Services, Respiratory Therapy, Administrations, Cardiology Procedures, Quality/Outcomes Coding, and Help Me. Below this, there is a section 'Charges to be Accepted Upon Leaving the Section' with an 'Accept Charges' button. A table of charges is displayed with the following columns: Description, Code, Dx, Service Date, Service Prov, Modifiers, Qty, and Status. One charge is listed: '☆ PR PHYS/QHP TELEPHONE EVALUATION 5-10 MIN' with Code '99441', Service Date '05/01/2020', Service Prov 'Finn-Ambmd Augite, MD', Modifiers '^ 1', and Status 'New'. This row is highlighted with a red box. Below the table, there are 'Accepted Charges' buttons: 'Refresh', 'System Filter', and 'Personal Filter'. At the bottom, it says 'No charges to display'.

For Telephone encounters, not on the schedule, Providers should continue to use the **Telephone Call** workflow.



Hyperspace - HUMGA AFOM PARAMUS 11 - HUMC Training Environment PLY - FINN Z.

3/22/2020 visit with Finn H-Ambmd Mb, MD for Telephone

Caller: Mary
Allergies: Not on File

Reason for Call Documentation

Telephone Call

Contacts

Date/Time	Type	Contact	Phone/Fax
03/22/2020 16:44	Phone (Incoming)	Mary	

By Finn H-Ambmd Mb, MD

Travel Screen

Travel Screening

Question	Response
Do you have any of the following symptoms?	Cough/Fever

Documentation must include the following for billing:

1. Patient consent to a “Virtual Check-In” service (.attesttelephone)
2. **Start time** and **end time** of the conversation with the patient (.starttime and .endtime)
3. Content of medical discussion

Telephone encounters do not include a wrap-up activity. Charges for these types of virtual Check In will need to be entered into the system manually. Providers should submit an encounter form with details including the **Time-based CPT** (based on payor guidelines) and **applicable DX** to billing staff for manual charge entry.