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

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
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.

![Progress Notes](image)

**TELEHEALTH REQUIREMENT:**

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

    ![My Note](image)

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

11. In the Wrap Up activity, Provider can add **Patient Instructions**, **Follow Up**, and **LOS**.
12. All Charges dropped for these visits must include a **GT modifier** (click on the green +)

13. By clicking on the **Modifiers** a box will open where you can search and add the modifier.
14. Provider can **sign** the visit to **close** the encounter.

**Virtual Check in (Unscheduled, patient initiated telephone encounters):**

**VIRTUAL CHECK-IN** services are a short **patient-initiated** communication **via the telephone** between a **licensed provider** who bills E/M services and an **established** patient. This is a patient initiated contact and may not be used for calls initiated by a provider. This type of visit provides advice and support.

1. The patient has a new or established problem, seeking medical advice to determine if they need an in-person visit.
2. Patients looking for advice about symptoms they are experiencing, can call their doctor and receive medical advice about whether he/she needs to see their doctor in person for a physical exam.
3. If a patient’s symptoms are worsening, a virtual check-in allows a healthcare provider to offer recommendations about next steps.
4. Helps to take the necessary precautions for someone you are concerned may have the COVID-19 virus or flu before they step in the office or hospital putting others at risk.
5. After a patient discussion, you might end up sending the patient for testing, a more acute setting, or even advising them to make (or keep) a future (beyond 2 days) appointment with you to address the problem.

6. It may direct the patient as needed to the appropriate provider in a medically necessary situation, perhaps leading to cost savings down the road.

7. The visit can’t be related to an E/M service provided in the last 7 days

8. Cannot be during a postoperative period of a procedure

9. The visit can’t trigger a face-to-face visit within 24 hours or the soonest available appointment

**Try it out**

Virtual check-in visits will be documented using the **Telephone Encounter workflow**:

**Documentation** must include the following:

1. Patient consent to a “Virtual Check-In” service
2. Start and Stop time
   - Time (start)***
   - Time (stop)***
3. Content of medical discussion

Telephone encounters does not provide wrap-up activity. Charges for these types of virtual visits will need to be entered into the system manually. Providers should provide billing CPT (based on payor guidelines) and applicable DX to billing staff for manual charge entry.
NOTE: If telehealth visit can’t be completed utilizing interactive mode of communication and providers complete the visit by phone only, providers should complete the documentation based on virtual check-in visit and submit applicable CPT codes without GT modifier to bill the services.