INFORMATION FOR PROVIDERS

DEFINITION OF "PROVIDER": In this case anyone who has an NPI and can bill for Medicare and/or Medicaid services.

- Physicians
- Advanced Practice Providers
- Psychologists
- Licensed Social Workers/counselors
- Nurse Midwives
- Certified Nurse Anesthetists
- Registered Dieticians
- Occupational Therapists
- Physical Therapists
- Speech therapists
- Certified Diabetic Educators

*** The ability of a provider to perform telehealth for **Medicaid and commercial payors is a state and insurance driven question**. **CMS determines who can provide telehealth visits for Medicare**. Recently Medicare has stated all providers who are eligible to bill Medicare can bill for telehealth services. Be sure you know your state law and insurance rules.

WHAT DO YOU NEED TO KNOW TO CONDUCT A SUCCESSFUL TELEHEALTH VISIT?

1. ETTIQUETTE: Dress professionally even if working from home. Do not wear big jewelry or loud colors or patterns. Patients may find these distracting. Prevent pets, small children and family members from entering the room. Turn your mobile phone on silent.
2. EQUIPMENT: Arrange your equipment such that the patient "tile" will be just under the camera on your computer or laptop. Place your open EHR just below the tile. This gives the provider the best chance of maintaining eye contact. If that is not possible, arrange to have 2 monitors. One with the patient's video feed and one with the patient's EHR chart.
3. START YOUR CLOCK: If the telehealth visit is based on time as in the AUDIO ONLY visit, the time you spend before the visit looking at the chart, reviewing lab data, prior history and medications are considered billable. On the other hand, AUDIO VISUAL visits are E and M visits just as in the office. Most audio-visual visits are based on medical decision-making and complexity but since changes in E and M coding Jan 1, 2021, these can also be billable by time spent on that patient on the day of the visit including time spent BEFORE you start the visit and AFTER you disconnect with the patient. Creating a canned text or quick text can be helpful to keep track of which way you think the visit should be coded and evidence to support why.
   Here are examples of canned text used to explain coding.
   This **Medical Decision Making (MDM)** canned text gives the coder the option to bill on time or by MDM.

> **Medical Decision Making:**
>
> **Problems**: 9 with several exacerbations
> **Data Reviewed**: A1c, CBC, b12, D, BMPL, liver Microalbumin.
> **Risk of Morbidity with RX/Testing**: MOD
> **Overall MDM: MOD**
> **Time Spent: 47min**

Next is an example of **Time-Based canned text**. This incorporates the 8 min spent reviewing chart and other doctor's notes BEFORE engaging the patient on the audio-visual portion. If there were many orders to enter or referrals to manage or labs results to review later that day AFTER the visit, this time would be included in the AFTER section. **REMINDER: For Medicare: Audio only visits (99441-99443) are based purely on time spent on the telephone with patient.** These canned texts DO NOT APPLY on Audio only visits for Medicare.

Provider Time spent in minutes on Date of Service:
Before: 8
During: 27
After:
TOTAL: 35

4. INTRODUCE YOURSELF: If you are new to the patient, you may want to show your name badge and photo to the camera for patient to see. This also makes it easier to ask for the next step.
5. CONFIRM THE PATIENT'S IDENTITY: If you know the patient well, this will not be necessary. If you do not know the patient, some providers ask for a form of photo identification. You are entering into a provider-patient relationship and may be prescribing medications.
6. VERIFY THE PATIENT'S EQUIPMENT IS WORKING: Be sure they can adequately see and hear you. If not, make adjustments or reschedule.
7. CONFIRM THE PATIENT'S LOCATION: Billing is all about the patient's location and your location. **If these locations are the SAME, this is NOT telehealth at all even if you are speaking to each other digitally**. If they are different, this is telehealth. This can be confirmed by your staff or by the provider but must be documented in the office note for auditing purposes.
8. ESTABLISH CONSENT: It is best if you include a telehealth consent in your general patient consent and renew it yearly. If this is not done you must obtain consent verbally or in written format at the beginning of the visit. This is something your staff could take care of before you start as well. Consent must be documented in the note or in the chart.
9. DISCUSS WHAT TO DO IF CONNECTIVITY IS INTERUPTED: This is mostly for new patients. Ask/confirm alternative phone number. Make sure they know your office number. Easiest if you contact them if there is an interruption. Again, this can be done by your office staff.
10. CREATE A SAFETY AND EMERGENCY PLAN IN CASE OF INTERRUPTION: This is important if you are discussing an acute illness. Make sure the patient knows to call 911 if interruption occurs and they are experiencing significant symptoms.
11. ASK PATIENT IF THEY HAVE THE PRIVACY THEY NEED FOR THE VISIT: If they say yes, you are good to go ahead. It may be a good idea to confirm who else is in the room and may be able to hear what is going on in the visit.
12. KEEP THE VISIT AS MUCH LIKE AN IN PERSON VISIT AS POSSIBLE: Just because this is telehealth, the visit should be structured like any other Evaluation and Management Visit:
    - Maintain good eye contact.
    - Keep typing and long silences to a minimum. If you need to type or reference the EHR and look away from the camera, tell the patient what you are doing and involve them. It may be helpful to verbalize what you are typing as you go, confirming the chief complaint and history.
    - Follow with an exam (see below).
    - Discuss the differential diagnosis, the investigations needed and the treatment plan.
    - Do not be afraid to prescribe the medication and send them to the pharmacy while on the visit with the patient. Patients often find it reassuring to confirm this has been completed such that there will be no surprises when going through the drive through.
    - Discuss follow-up plan.

- Give them an outline of when and why to call office for new developments or problems.
- Add these to your document and their instructions and make those available on their portal or in the mail if this is not available.
- Inform them your receptionist will contact them with follow up apt date and time.
- Be sure to END the call/visit, logging off or leaving the AV platform appropriately before going on to any other work.

13. EXAMINE THE PATIENT: There are lots of ways to examine patients using AV platforms.
    - Evaluate general constitution as you usually would.
    - Head and Neck: Evaluate sclera and conjunctiva with the use of a phone light or flashlight. Teach the patient to feel for lymphadenopathy. Have them open their mouth and move closer to the camera for a view of the oropharynx and posterior pharynx.
    - Respiratory: Have the patient take a deep breath and blow out through open mouth toward the microphone. Presence of wheezing may be heard. Evaluate respiratory rate by counting number of breaths yourself.
    - Cardiovascular: Evaluate for peripheral edema and dyspnea.
    - Abdominal: Patient can self-examine for guarding and rebound however, reliability here is definitely not proven.
    - Skin: smart phones are particularly useful for this. Patient can show close up of lesion or rash or can take picture, save to their computer and allow them to "share screen" to give you an excellent view of the rash or lesion in question. If they include a pen or other object in the picture for sizing purposes, this is extremely helpful.
    - Musculoskeletal: Range of motion testing and other MSK tests can be performed with instruction.
    - Neuro exam: Mental status, pupils, ocular movements, some cranial nerves, speech, gait, balance, general motor function can all be grossly evaluated on camera.
    - NOTE: Ears, heart sounds and a good abdominal, gynecological, eye and neuro exam are obviously quite difficult, especially without extra equipment. In general, complaints involving these systems should be evaluated in person.
14. DOCUMENTATION and CODING:
    - Push for EHR documentation templates to simplify your telehealth visits and improve efficiency.
    - Everything which does not require a decision should probably be done by your staff ahead of time. For example, consent, the location of the patient, location of provider, licensure issues, set up of the APP on the patient's smart phone, connection to the AV platform, documentation of the chief complaint, medication reconciliation and renewals, parts of HPI can all be accomplished by staff before the provider starts their portion of the visit.
    - Documenting the visit as a telehealth visit and assigning appropriate coding should be simplified as much as possible. Having an easy way for providers to document time spent before, during and after patient interaction portion of the visit is a necessity.
15. BE AWARE OF SPECIAL CIRCUMSTANCES: Prepare and practice dealing with:
    - Hearing and sight impaired patients
    - Patients requiring a chaperone or those who wish to add a third party at a different location
    - Patients who speak a different language than provider or have limited proficiency.
16. PRACTICE MAKES PERFECT: Be sure to practice on a family member or staff member before Go Live. Ask for and be open to feedback. Embarrassing things can occur!