

# HOW TO TELEHEALTH FOR OUTPATIENT VISITS-AIM CLINIC

## COVID-19 EDITION-THROUGH JUNE 30, 2020

### Now:

1. We must obtain verbal consent to do telehealth. You can either use the one pushed out in Allscripts (named “.telemd”) or create your own macro (aka a dot phrase) for verbal consent (can go ahead and put in your name instead of having the blanks in the example below). To create a Macro (aka dot phrase) in Allscripts, open a note and look for the symbol with a lightning bolt in the right upper hand corner. Click that and add in what you would like to call your phrase in the yellow box. Note that the “.” is already present. Copy and paste the appropriate macros below in the large text box, and then hit “create”.
2. If you do custom, you can place your name in the info below. We will be using the BlueJeans app.

### *Verbal consent info approved by compliance:*

[Fn Ln] was located at [] and I was located at [] for this telemedicine/telephone encounter. We utilized [] for the encounter and [Fn Ln] and I were able to hear [and see] each other simultaneously in real time. I introduced myself and verified [Fn Ln] identity. I explained how the telemedicine visit will occur. I advised [Fn Ln] that technology-related delays and breaches of privacy are potential risks associated with conducting the encounter via telemedicine.

I also advised [Fn Ln] that at any point they may terminate the telemedicine encounter and withdraw their consent for receiving care via telemedicine without affecting their ability to receive future care from us, and that I may also terminate the telemedicine encounter if I determine that an in-person visit is more appropriate for the condition[s] for which treatment is sought.

Having covered these considerations, [Fn Ln] verbally acknowledged them and gave consent for the use of telemedicine in their care.

### Identifying patients for telehealth:

You or staff can identify patients for a telehealth visit.

1. Task Clinesha Peters to schedule a telehealth visit and tell her a time frame (1-2 weeks, tomorrow, within a month, etc.). This allows staff to link to the correct site of the visit and thus correct billing info. (this basket is covered by Heidi Morris in case of illness)
2. The staff will schedule the telehealth visit and verify that the patient received an email with the BlueJeans calendar invite at the time of the check-in.
3. An email will be sent to [aimtelehealth@gmail.com](mailto:aimtelehealth@gmail.com) (password: aimclinic4ever). It has a calendar invite for each patient on the telehealth schedule.

### When you are ready to see the patient (come early the first time you do telehealth):

1. Get a laptop from AIM, or you can use your own if it has a camera and audio. Desktops in aim do NOT have video capability.
2. Open Allscripts and go to the telehealth schedule. It will be the schedule under Dr. Koch or Dr. Kubiak. (Dr. Peterson has his individual schedule. He will do some new patient visits since he will be able to bill at a higher level based on attending time). Click to start a new note, and choose “telemedicine” note (established or new).
3. Insert the macro into the note to document consent.

4. Go to google and search for “gmail log in”. Log in to [aimtelehealth@gmail.com](mailto:aimtelehealth@gmail.com) (password: aimclinic4ever) and locate the email specific for your patient. Make sure that the phone invite and person on the schedule are the same so that you document in the correct person’s chart.
5. Scroll to the bottom of the calendar invite. Click on the blue box in that calendar invite that says “join meeting”. If you have not downloaded Blue Jeans before, it will download now, so allow some extra time the first time.
6. You will be placed into the audiovisual call. You can also do BlueJeans from your phone but it will likely get tiresome for the whole visit. If you cannot connect with the patient, call his/her phone and try to troubleshoot.
7. After the visit, send a follow up order. In the comments, mention who follow up should be with (you on telehealth or PCP) and if the follow up is a telehealth or in person appointment (we will likely do telehealth with a skeleton ambulatory crew through May).
8. Interview and document the visit as you always would. You can observe some things for your physical examination, and it is okay to document that. You can bill for usual visits as we always do, or based on time. If you bill based on time, it is like other counseling billing-it is the time of the attending, face to face that is the basis for the bill.
9. At the end of the day, Clinesha Peters will go into the email and delete the BlueJeans invites for patients seen.

**To submit the bill**

1. Go to your charge tab in Allscripts. No need to change the site or other options on the right sided column of bill sheet (division, billing area, location).
2. Enter diagnosis and other appropriate charges as always. You can bill using the GC or GE modifier, meaning that we can use the workflow much like we do in our usual clinic. If the attending goes back into the room and verifies some aspects of the history or physical, you bill the GC code. If we discuss the patient and both the resident and attending are in clinic, we can bill the GE code. Currently, a resident cannot do the telehealth remotely-all resident encounters that are billed will have to be in the clinic. (an attending can bill from home, but since a resident will not be involved, it will be without a modifier). As always, you have to have the history, limited exam, and medical decision making to bill the appropriate level.
3. Normally, a GT modifier is required on a telehealth bill as well as a different place of service. If you create the note from the telehealth schedule (Koch or Kubiak), this bill will automatically hit a stop after we submit the code and the coders will add the appropriate modifier based on the insurance.

If billing is based on time, it is based on ***attending time in the visit, just like counseling***. The codes for billing by time:

<b>Time Period for CPT 99201 - 99205- New Patients</b>	<b>Time Period for CPT 99211 - 99215- Established Patients</b>
99201 - 10 Minutes	99211 - 5 Minutes
99202 - 20 Minutes	99212 - 10 Minutes
99203 - 30 Minutes	99213 - 15 Minutes
99204 - 45 Minutes	99214 - 25 Minutes
99205 - 60 Minutes	99215 - 40 Minutes