

TELEHEALTH VIA DOXIMITY OR FACETIME WORKFLOW

PATIENT WORKFLOW

- **Awareness:**
 - o Patients will receive a call from our office letting them know that telehealth visits are available.
 - o The patient must have a smartphone with a camera. If the patient does not have access to a smartphone, we suggest working with a family member or caretaker for assistance.
 - o A description of services and instructions can be found on the telehealth page of our website <http://www.seebetterbrevard.com/telehealth/>
- **Scheduling:**
 - o Patients will convert their current appointment or schedule a new appointment with their provider for telehealth services.
 - o Patients will be directed to the telehealth page on our website to get ready for their visit and download the eye chart to check vision at home <http://www.seebetterbrevard.com/telehealth/>
 - o They will receive a reminder call just as though they were scheduled for a regular appointment.
- **Appointment Date:**
 - o Patients will receive a regular telephone call from a clinician at their scheduled appointment time. The clinician will let the patient know that a text message or email will be arriving from the physician within a few minutes and that their appointment will begin shortly.
 - o Patients will then receive a text message or email from their physician and click on the link to connect.
 - o Visit will proceed via realtime telephone and video synchronous communication.
- **Payment for Services:**
 - o The patients insurance will be billed.
 - o Patients will receive a billing statement with the amount owed for co-pay or deductible.
 - o Payments should be made on the Patient Portal (visit <http://www.seebetterbrevard.com/> and follow payment links) or sent via mail

GENERAL WORKFLOW

- **Scheduling:**
 - *Refer to the patient workflow above to answer patient questions.*
 - o Call currently scheduled patients that qualify for telehealth visits and ask if they wish to convert their appointment.
 - Patients must have a smartphone with a camera. If the patient does not have access to a smartphone, you can suggest working with a family member or caretaker for assistance.
 - o Schedule the patient with the provider in Allscripts using one of two telehealth appointment types (TVEP - Televisit Established Patient, or TVNP - Televisit New Patient)
 - *4.7.2020 CMS Update: TELEHEALTH VIRTUAL OFFICE location no longer necessary – please use whichever location the provider is located in for the day*
 - Direct the patient to the telehealth page on our website to get ready for their visit and download the eye chart to check vision at home <http://www.seebetterbrevard.com/telehealth/>
 - o Complete reminder calls using the same method as in-office visits.
- **Billing:**
 - o Billers should verify telehealth reimbursement prior to the visit.
 - o After the visit is complete, claims should be submitted as normal and statements should be mailed out to patients.
- **Clinic:**
 - *This section can be modified as the physician sees fit. For example, the physician may wish to have the clinician collect patient information prior to the call or the physician may wish to skip this section and reach out to the patient directly.*
 - o Clinicians will call patients from the office telephone at the scheduled appointment time.
 - Let the patient know that a text message or email will be arriving from the physician within a few minutes and that their appointment will begin shortly.

- **Physician:**

**Patients must be seen in a private location, i.e. an office or exam room with the door closed or a home office with no family present*

- o At the scheduled appointment time (and after the patient has been called to verify they are ready per the previous step,) the physician should:
 - Open Medflow, pull up the scheduled patient and follow the exam type workflow (*Medflow Documentation Workflow below)
 - Then the Physician will send the patient a text message or email to connect via realtime telephone and video synchronous communication.
 - Hang up when the call is complete, finish notes and bill exam

MEDFLOW DOCUMENTATION WORKFLOW

- **G2012/99441/99442/99443 PATIENT TELEPHONE VISIT WORKFLOW:**

- o Open Medflow, pull up the patient that is scheduled and navigate to Administration → Create Chart Note
 - Select Radio Dial to "Show in List: PHONE NOTES" → Mark "Patient Called Me" at top right corner of screen → Mark Chart Section "Health Concerns" → Select Note from list
- o Send patient a text message or email link
- o As soon as the patient clicks on the link and the physician answers the phone
 - Navigate to the open note in Medflow and mark the BEGIN TIME
 - Continue to complete all fields
- o When the call is complete
 - Mark END TIME in the note → Select Save
 - Double Click on the Note in the display section below
 - When it opens in the green screen, select PRINT THIS NOTE
 - o The purple screen will open. Select SAVE & EXIT
 - ESC to close green screen – mark NO to amendment request
 - Once back on the Progress Note Screen select BILL
 - Select Telehealth from the categories on the left → select appropriate code (*see VISIT TYPES*)

- **99212/99201 EXAM WORKFLOW:**

Requirements: CC; HPI (1-3); 1-5 exam elements, <1 Dx/Mgmt options; <1 data; minimal risk

**This workflow should be almost identical to a regular patient visit with the exceptions mentioned below*

- o Open Medflow, pull up the patient that is scheduled and navigate to CC/HPI
 - Make sure to include TELEHEALTH VISIT in the Chief Complaint
- o Continue to complete the CC/HPI screen as you normally would for a 99212/99201 visit
- o Continue to regular exam screen, mark no dilation given and complete at least 1 exam element
 - Visual acuity (if the patient was able to download the Snellen Chart from the link)
 - Extraocular motility (alignment, primary gaze)
 - Conjunctiva
 - Ocular adnexa (lids, lacrimal gland & drainage, orbits)
 - Pupil & iris (size, shape, direct and consensual reactions)
 - Lens (clarity, anterior & posterior capsule, cortex & nucleus)
- o Navigate to the PN button
 - Add the diagnosis, then ESC back to PN screen
 - Add the Plan, then ESC back to PN screen
 - Scroll to the bottom of the Progress Notes list and select the Telehealth Visit Progress Note that applies (EP or NP)
 - Complete all fields then select SAVE
 - *Terminate the call with the patient*
 - From the PN screen, select BILL
 - Select Telehealth from the categories on the left → select appropriate code (*please use this specific list as the special modifiers and place of service will auto-populate for billing*)
- o Sign the chart
- o Done!

PHONE & PROGRESS NOTES *AVAILABLE IN MEDFLOW*

- **ESTABLISHED PATIENT TELEPHONE VISIT TEMPLATE:** Stored for each physician under PHONE NOTES
 - o **TELEHEALTH - EP PHONE VISIT (EP - Phone Visit)**
 - Time Call Began:
 - Verified Patient Name and Date of Birth: YES
 - Established Patient: YES
 - Is the call related to in-office visit or procedure in the last 7 days? NO
 - Chief Complaint/Reason for Call:
 - Does the patient need to be seen within 24 hours? YES NO
 - Time Call Ended:
 - Total Minutes Spent:
 - Patient provided consent for the service: YES

- **TELEVISITS USING EXAM SCREEN TEMPLATE:** Stored for each physician under PROGRESS NOTES
 - o **TELEHEALTH VISIT - EP**
 - Time Call Began:
 - Verified Patient Name and Date of Birth: YES Established Patient: YES
 - Is the call related to in-office visit or procedure in the last 7 days? YES NO
 - Chief Complaint/Reason for Call:
 - Does the patient need to be seen within 24 hours? YES NO
 - Time Call Ended:
 - Total Minutes Spent:
 - Patient provided consent for the service: YES

 - o **TELEHEALTH VISIT – New Pt**
 - Time Call Began:
 - Verified Patient Name and Date of Birth: YES New Patient: YES
 - Chief Complaint/Reason for Call:
 - Does the patient need to be seen within 24 hours? YES NO
 - Time Call Ended:
 - Total Minutes Spent:
 - Patient provided consent for the service: YES

BILLING:

- **95 Modifier – Synchronous Telemedicine Service (real-time audio video)** – This will auto populate when selecting one of the telehealth visit types from the Medflow Billing screen. It is also set as the default modifier if it needs to be manually entered in Allscripts.
 - **This should NOT be added to G2012, 99441, 99442 or 99443**

- **Place of Service: *4.7.2020 CMS updates– 02 should no longer be used***
 - **Physician Place of Service:** “Telehealth Virtual Office” (11) – *patients should be billed on appointments created in the TELEHEALTH VIRTUAL OFFICE template as this is setup to bill with the correct code.*
 - **Facility Place of Service:** “Telehealth Virtual Office” (11) OR location specific if required by insurance (example: Private Office POS 11)

- 92002, 92012, 92004 and 92014 can **NOT** be used to report telehealth visits

VISIT TYPES

EP TELEPHONE VISITS			Medicare Rate
G2012	Virtual Check-In 5min	MD/OD/Qualified Healthcare 5-10 min, not urgent	\$ 14.80
99441	Telephone Evaluation 5-10 min	MD or OD 5-10 minute discussion, not urgent	\$ 14.44
99442	Telephone Evaluation 11-20 min	MD or OD 11-20 minute discussion, not urgent	\$ 28.15
99443	Telephone Evaluation 21+ min	MD or OD 21+ minute discussion, not urgent	\$ 41.14

EP AUDIO/VIDEO VISITS			Medicare Rate
99212	-95 Modifier	<i>*See DATA REQUIREMENTS below</i>	\$ 46.19
99213	-95 Modifier		\$ 76.15
99214	-95 Modifier		\$ 110.43

NP AUDIO/VIDEO VISITS			Medicare Rate
99201	-95 Modifier	<i>*See DATA REQUIREMENTS below</i>	\$ 46.56
99202	-95 Modifier		\$ 77.23
99203	-95 Modifier		\$ 109.35

DATA REQUIREMENTS

Televisits are covered under CPT codes 99201-99215 but DOCUMENTATION GUIDELINES STILL APPLY. 92002, 92012, 92004 and 92014 can **NOT** be used to report telehealth visits

Below is a chart of what criteria is necessary to qualify for an exam level.

The data in ~~strikeout~~ (example) indicates that that there are not possible to perform via telehealth.

Exam Elements	Amount/Complexity of Data	
1. Visual acuity	Ordered & reviewed labs	1
2. Gross or confrontation visual fields (must be performed in exam lane)	Ordered & reviewed ophthalmology diagnostic test	1
3. Extraocular motility (alignment, primary gaze)	Discussed tests with performing dr	1
4. Conjunctiva	Order & review medical test (EEG, EKG etc.)	1
5. Ocular adnexa (lids, lacrimal gland & drainage, orbits)	Document decision to obtain records from someone other than the patient	1
6. Pupil & iris (size, shape, direct and consensual reactions)	Review & summarize outside history/records	2
7. Cornea slit lamp exam		
8. Anterior chamber slit lamp exam		
9. Lens (clarity, anterior & posterior capsule, cortex & nucleus)	Diagnoses/Management Options	
10. Intraocular pressure	Self-Limiting/Minor DX: Stable/Improved/Worsening (Max 2)	1
11. Optic nerve/discs (cup to disc, appearance and nerve fiber layer)	Established DX: Stable/Improved	1
12. Retina & vessels (exam through dilated pupils unless contraindicated)	Established DX: Worsening	2
13. *(not included in core 12) Orientation mood & affect	New DX – no addtl work-up planned	3
	New DX – addtl work-up planned (test, exams, lab)	4
Exam Levels		
EP		
99212	CC; HPI (1-3); 1-5 exam elements	<1 Dx/Mgmt options; <1 data; minimal risk
99213	CC; HPI (1-3); ROS (1); 6-8 exam elements	2 Dx/Mgmt options; 2 data; low risk
99214	CC; HPI (4+); ROS (2-9); FSH (1-3); 9+ exam elements	3 Dx/Mgmt options; 3 data; moderate risk
99215	CC; HPI (4+); ROS (10); FSH (3); 13 exam elements	4+ Dx/Mgmt options; 4+ data; high risk
NP		
99201	CC; HPI (1-3); 1-5 exam elements	<1 Dx/Mgmt options; <1 data; minimal risk
99202	CC; HPI (1-3); ROS (1); 6-8 exam elements	<1 Dx/Mgmt options; <1 data; minimal risk
99203	CC; HPI (4+); ROS (2-9); FSH (1-3); 9+ exam elements	2 Dx/Mgmt options; 2 data; low risk
99204	CC; HPI (4+); ROS (10); FSH (3); 13 exam elements	3 Dx/Mgmt options; 3 data; moderate risk
99205	CC; HPI (4+); ROS (10); FSH (3); 13 exam elements	4+ Dx/Mgmt options; 4+ data; high risk
<i>CC (Chief Complaint); HPI (History of Present Illness); ROS (Review of Systems); FSH (Family & Social History)</i>		