Department of Medicine
Faculty Development Lecture: How to Optimize the Telehealth Experience
May 4, 2020
12:00 p.m. to 1:00 p.m.

The answers provided are relative to a specific point in time and are subject to change as the management and care for COVID-19 patients continues to evolve

Major Update from Content Discussed on Webinar:

Current guidance from NM coders: ***Continue to use Office Visit E/M codes for scheduled telehealth visits – either video or telephone, both with the GT modifier. Use the appropriate smartphrase, either .covid19phone or .covid19video. Include time for telephone visits in your note. You no longer need to use the separate flowsheet.***

Questions submitted by participants during webinar:

1. How can we use a language line interpreter w/ a VIDEO visit for a patient who only speaks another language?
    Answer: There is currently no optimal approach for video calls with a translator; look for further guidance to come. At the moment, if you have a second phone (land-line or other cell phone) with speakerphone options:
    a. *Call translator with your second phone and ask them to call the patient. The phone call is then live.*
    b. *Discuss with the patient interest in initiating a video call if they have a smartphone. Instruct the patient to hang up from the phone call, and click the text when it arrives to join the video.*
    c. *Use your main cell phone to begin the video call as usual and keep the phone with the translator online near the video call to hear and translate the conversation.*

2. for 5 vs 2.4 what do you mean by "close" realizing walls and floors are issues?
    Answer: If you lose more than one bar on the 5.0 GHz Wi-Fi connection at the site of video calls, it is likely worth switching to your 2.4 GHz Wi-Fi connection with full bars.

3. If patient has not been arrived, and we start the visit on our own, does someone in billing arrive the patient after fact so that the visit can be billed? If not, how can we keep track of, or find, these "unarrived" visits later so that we get credit for them?
    Answer: As long as you are able to close the encounter, you should be fine. If you cannot, and the patient hasn't been "arrived," please send a note to your office manager. Processes are getting much smoother for this.

4. Time spent is necessary only for telephone visits, not video? Is it still necessary under the current CMS guidance that telehealth substitutes for, and is billed the same as, an in-person visit?

Answer: Current guidance from NM is to use office visit codes for all telehealth visits so time is not required.

5. Comment provided by Chris Stevoff, MD: Just to clarify for android users - In Android you do not give haiku permission to dial using the doximity dialer in the phone app settings. They are in the haiku settings when you are logged out of the haiku app and looking at the login screen. 3-dot menu in upper right. Once you log in, that menu is no longer visible. This is how it works on my phone anyway (Pixel)- maybe different flows on different android devices.

6. "This was the latest press release from CMS - "Since some Medicare beneficiaries don't have access to interactive audio-video technology that is required for Medicare telehealth services, or choose not to use it even if offered by their practitioner, CMS is waiving the video requirement for certain telephone evaluation and management services, and adding them to the list of Medicare telehealth services. As a result, Medicare beneficiaries will be able to use an audio-only telephone to get these services." https://www.cms.gov/newsroom/press-releases/trump-administration-issues-second-round-sweeping-changes-support-us-healthcare-system-during-covid Does this mean we can use telephone only for medicare patients?"
*Answer: Current guidance (that may again change): **Use Office Visit E/M codes for scheduled telehealth visits – either video or telephone, both with the GT modifier. Use the appropriate smartphrase, either .covid19phone or .covid19video. Include time for telephone visits in your note. You no longer need to use the separate flowsheet.***

7. When we add a third person to a video call using the + in Doximity, are they visible, or is it audio-only? Is this the recommended technique for using a translator for a video call?
Answer: Yes, the third person is visible if their camera is enabled. Since the additional person is added by a text or email and not by a phone call, this will not work for a translator addition currently.

8. Do you know how many people we can to a doximity video call? IN ECMH, there are often 2-3 students caring for one patient. Second part of this question, to keep my cell phone number private, I need to start the video with my patient then add the students so the students have my cell but not the patient. Is this correct?
Answer: Unfortunately, the additional person capability appears limited to 3 participants on Doximity. And, correct, the first person contacted by the video call is texted by Doximity. Additional participants are texted by the user adding the individual.

9. How can we incorporate images a patient provides during a telemedicine visit, such as a rash, if they do not have a MYC account (I know they can send us images via MYC already)?
Answer: If they do not have a MyChart account, it would be recommended to create one which is quick to do during the call. (Jump to MyChart Administration as shown during the lecture.)

10. For Medicare patients, I thought I heard if a patient cannot use video or figure out texting (had one this morning) we can still code as a regular office visit. Is this correct?

Answer: *Current guidance (that may again change):* **Use Office Visit E/M codes for scheduled telehealth visits – either video or telephone, both with the GT modifier. Use the appropriate smartphrase, either .covid19phone or .covid19video. Include time for telephone visits in your note. You no longer need to use the separate flowsheet.**

11. Is there still a difference in telephone encounter coding between Medicare and private pay insurance?
    Answer: *Medicare is offering specific guidance, Humana is following suit, and other payers have not all been specific on codes. Current guidance (that may again change):* **Use Office Visit E/M codes for scheduled telehealth visits – either video or telephone, both with the GT modifier. Use the appropriate smartphrase, either .covid19phone or .covid19video. Include time for telephone visits in your note. You no longer need to use the separate flowsheet.**

12. Do we need to enter call time in the note AND the flowsheet??
    Answer: *The latest update is that including the time in your note should be sufficient.*

13. .covid19 video says not secure but doximity is secure right? can that be changed?
    Answer: *This smartphrase was updated.*

14. can we just mention the # of minutes in our note as opposed to the flowsheet?
    Answer: *This should be acceptable and we are waiting final word from coding.*

15. With CMS saying that they will cover telephone only visits at standard E&M rates, will using telephone codes on those encounters still allow them to determine which E&M code to cover?

    Answer: *Current guidance (that may again change):* **Use Office Visit E/M codes for scheduled telehealth visits – either video or telephone, both with the GT modifier. Use the appropriate smartphrase, either .covid19phone or .covid19video. Include time for telephone visits in your note. You no longer need to use the separate flowsheet.**

16. How do phone codes map to usual E/M codes? Is 99441 the same as 99213, 99442 same as 99214, 99443 same as 99215?
    Answer: *Current guidance (that may again change):* **Use Office Visit E/M codes for scheduled telehealth visits – either video or telephone, both with the GT modifier. Use the appropriate smartphrase, either .covid19phone or .covid19video. Include time for telephone visits in your note. You no longer need to use the separate flowsheet.**

17. If you bill as a telephone call during the pandemic, how do they know E3 or E4
    Answer: *Current guidance (that may again change):* **Use Office Visit E/M codes for scheduled telehealth visits – either video or telephone, both with the GT modifier. Use the appropriate smartphrase, either .covid19phone or .covid19video. Include time for telephone visits in your note. You no longer need to use the separate flowsheet.**

18. Do we have current advice on which insurance plans REQUIRE video? How will we be alerted to this?

Answer: *We are awaiting final word on coding and will distribute soon.*

19. The NM website regarding telehealth charging currently says that you can use E&M codes even for telephone visits (not just video visits). Is that now incorrect?
    Answer: **Continue to use Office Visit E/M codes for scheduled telehealth visits – either video or telephone, both with the GT modifier. Use the appropriate smartphrase, either .covid19phone or .covid19video. Include time for telephone visits in your note. You no longer need to use the separate flowsheet.**

20. I needed a translator for a visit last week. I called the translator, and the translator called the patient. Does the patient then see my phone number?
    Answer: *With this workflow, the patient should not see your phone number.*

21. The modifier 95 and GT are the same? For nursing home care I've told to use "95".
    Answer: *Please follow guidance recommended at your sites of practice. GT is being used at NM for coding workflow.*

22. Have the video visits been cumbersome? How much time is it taking for you to close out the encounter? I have not done video but it seems more difficult to do your charting while on video as opposed to telephone.
    Answer: *Please follow similar approaches to using the computer in the room with a patient. For example, one may mention to the patient that you are now updating their chart for a moment and they should think of any additional questions.*

23. How do we add a virtual background to a video Doximity call?
    Answer: *This is not currently possible.*

24. If I call the interpreter first using Doximity and then have the interpreter call the pt (as they usually offer to do) will they see my number?
    Answer: *This will work for phone calls; however, you may not feel a need to use Doximity in this instance since your number would have only been visible to the interpreter. This will not work for video calls, since translator services currently respond only by phone and Doximity video is initiated by a text.*

25. will it be better to bill based on time rather than complexity due to the inability to do full physical exams?
    Answer: *Telephone calls are typically billed according to time. As we are currently advising use of office visit codes for phone calls one may, as with standard office visits, choose time-based criteria as an option.*

26. We have had fellows calling the patient and then looping us into the call, does the patient see our telephone number then?
    Answer: *If the fellow initiates the call with the patient, the patient should not see the phone number of later additions to the call.*

27. When you account for time spent for the telephone encounter, do you only count the amount of time spent on the phone or the total amount of time spent in patient care?

    Answer: The time spent on E/M activities for that patient per several guidance sites – NM guidance pending on this point.

28. I actually have my phone set up just above my laptop so the patient sees me down to chest level and can't even see the laptop.

    Answer: This is a helpful suggestion if possible for others.

29. I have been doing telephone visits on my laptop while talking to the patient on Doximity dialer- is that acceptable?

    Answer: This is absolutely acceptable for telephone visits. Also, given our NM preference for use of video when possible, please consider this, as well.

30. Are insurance plans covering telephone visits for patients? Or are they having to pay out of pocket for this?

    Answer: In general, they are looking to provide coverage during the pandemic. Details including coding are not fully clear. Current guidance (that may again change): **Use Office Visit E/M codes for scheduled telehealth visits – either video or telephone, both with the GT modifier. Use the appropriate smartphrase, either .covid19phone or .covid19video. Include time for telephone visits in your note. You no longer need to use the separate flowsheet.**

31. I have been scheduling Zoom video visits with new consults, and it works great. Is there any privacy issues with Zoom?

    Answer: There have been a variety of privacy and security issues reported with Zoom and approaches to lessen risk have included scheduling visits meetings with unique codes, use of waiting rooms, and meeting passwords. Although the app must be downloaded, patients do not have to register accounts to connect. Approved options include the following (Doximity emphasized in the talk given ease of use and Haiku integration):
    Microsoft Teams (preferred)– most secure, does not share your phone number
    FaceTime, WhatsApp, Skype– will share your phone number
    Doxy.me, Doximity Video, Zoom– will not share your phone number