

# Telemedicine (VIDEO VISITS) at Texas Tech Physicians (TTP), v1.3

*Utilizing Zoom to Perform Telemedicine Visits for our Patients*

## Table of Contents:

- 1:** Overview and Required Equipment
- 2:** Consents and Legal Requirements
- 3:** How to Set Up Zoom
- 4:** Recommended Workflows
- 5:** Best Practices for Telemedicine
- 6:** Intake Values and Provider Notes
- 7:** Using FaceTime as Emergency Backup to Zoom
- 8:** Recommended IT Security Measures for Zoom
- 9:** Residents and Telemedicine/Telehealth under the Public Health Emergency (PHE)
- 10:** Telemedicine in the Inpatient Setting
- 11:** Documentation Relaxation – Public Health Emergency: COVID 19

## EXTRAS:

- A:** Verbal Consent Form
- B:** Zoom setup instructions
- C:** Template of Email to Patients
- D:** Telemedicine Coding
- E:** Comparison Chart for Telemedicine Services

## 1: Overview & Required Equipment

This document serves as recommendations on workflows for Telemedicine Visits, where the clinician and the patient video conferencing. A separate document is available for Telephone Visits, where the clinician and patient communicate via telephone.

Zoom is a video conferencing platform with advanced scheduling abilities. Several departments and clinics have utilized Zoom for patient encounters. For example, Surgery utilizes Zoom for patient wound care evaluations; Psychiatry uses it to see patients who cannot easily come to the clinic; and Student Health has initiated the use of Zoom for the new Behavioral Health Clinic. As TTP assesses employee and patient safety during the COVID-19 crisis, clinical departments are to consider how individual practices can adopt a telemedicine platform.

All Texas Tech University HSC computers are loaded with Zoom software by the recent upgrades. It is recommended to check the computer prior to a patient encounter by clicking “Start,” and typing “Zoom.” If Zoom is installed, the program will appear on the search list. If you need help installing Zoom on an HSC computer or personal

computer, call IT (806-743-1234). If you need to download Zoom to your personal device (phone, iPad, etc.), please follow the download link on the Zoom Setup Instructions (pg. 6).

- PSS and Schedulers will need:
  - o A computer for scheduling in Centricity with Zoom App installed (bare minimum)
  - o A computer for scheduling in Centricity + a smartphone or tablet with Zoom App installed **[Recommended]**
  - o A computer for scheduling in Centricity + a webcam + a microphone
- Providers will need one of the following options:
  - o A computer for Cerner Documenting and with Zoom installed + a webcam + a microphone
  - o A computer for Cerner documenting + an iPad/tablet with Zoom App **[Recommended]**
  - o A computer for Cerner documenting + personal cell phone with a Zoom App [Cell phones can be used if other options are not available]

It is suggested that providers to have two devices (computer + iPad/tablet) to assist with EHR documentation.
- Patient will need one of the following options:
  - o A cell phone OR tablet with Zoom App installed – do not need to make an account **[Recommended]**
  - o A computer + webcam + microphone + Zoom App installed on computer

## 2: Consents and Legal Requirements

US Department of Health and Human Services (HHS) is **not** enforcing CMS policy for telemedicine patients. As such, TTP can currently host NEW patients via telemedicine technology; during the 1135 Waiver, CMS is permitted to **ELIMINATE** rules for telemedicine where requirements were for only established patients and that the patient must initiate the telemedicine visit. TTP clinics are permitted initiate telemedicine visit with patients.

A Verbal Consent must be read to the patient ONCE, before or during their first video encounter and updated annually. A copy of the consent must be mailed OR emailed to the patient and during the first visit; the consent must be documented in the clinical note that the patient acknowledged the consent was verbalized to them. The consent is attached with this document. No further consent is required, once the first consent for video encounters has been documented in the patient's record.

When treating a minor (under the age of 18) or individual with a legal parent or guardian, the legal parent or guardian must acknowledge the Consent to Treat and be present during the entire encounter. If the legal parent or guardian has to "step away" during the encounter, the encounter must be suspended until the individual returns. Document the name and relationship of the legal parent or guardian to the minor in the note. If a legal parent or guardian is not present, the encounter must be terminated and rescheduled when the aforementioned is available. The patient's adult sibling (over the age of 18) or grandparent can also consent to Telemedicine treatment for the patient.

Currently, the patient must be within geographic location of Texas state lines to be qualified for telemedicine visits. **Restrictions have not yet been lifted for physician licensures across state lines.** As such, verification of patient location must be documented during the encounter.

## 3: How to Set Up Zoom Scheduling

Attached are "Zoom Instructions" for review. It is advised that the department assign a PSS or Coordinator (or can be multiple individuals) to act as the "Facilitator" and encounter host in Zoom. Each clinician using Zoom must grant scheduling privileges to this assigned person (see attached instructions beginning on page 9).

## 4: Recommended Workflows

- Clinical staff identify patients who can be treated via Telemedicine (i.e. can their provider treat their condition via telemedicine; do they reside in Texas; do they have a Smartphone, tablet, or video capable computer/laptop?)
- Contact patients and inform them their visit will transition to Telemedicine over the Zoom App
- Email instructions to the patient to include:
  - o Date and Time of appointment
  - o Instructions including how to download Zoom App, with recommendations to be at home on Wi-Fi
  - o Zoom meeting URL link
  - o A copy of the consent form for their personal records
- PSS will schedule patients as normal in Centricity/Cerner. Patient insurance information will be verified over the phone and eligibility confirmed.
- PSS schedules the appointment for the Provider's Zoom account (**ensure that the providers have granted scheduling privileges to the PSS in Zoom, or else the appointment will not take place**)
- On the day of the appointment, the patient must be arrived in Centricity (or in Cerner for UMC Cancer Center Patients) by the Facilitator.
- Best practice is for the PSS act as a "Facilitator" to schedule the provider's Zoom schedule and the individual can act as a "warm handoff" at the end of the visit for any action items. Follow-up visits should be scheduled at this time, prior to closing the encounter.
  - o Ideally, Facilitators should have audio/visual capabilities to talk with the patient and walk them through the Zoom process on the day of the appointment.

## 5: Best Practices

Recommended best practices for clinicians as they use telemedicine:

- Appropriate, professional attire. White coat with a TTP or TTUHSC patch or nametag is encouraged.
- Providers should use an exam room, their personal office, or a space with a clean background
- Due to HIPAA and patient privacy, ensure that the space is private and free of interruptions (specifically if at home or somewhere other than an exam room)
- Remind the patient that communication could be interrupted, due to loss of internet; encourage the patient to be transparent (or blunt) with their health concerns
- When using an iPhone, iPad, or other tablet, place the device on "Do Not Disturb," or turn off notifications. All incoming calls will interrupt the encounter.

## 6: Intake Values and Provider Notes

- Intake Values – regular intake values are not required for Telemedicine. Instead, it is recommended the clinician estimate height and weight & updated medication list
- Clinical Notes – A physical exam cannot be performed as one would perform in a clinical setting. As such, the discussion, diagnosis, and/or signs and symptoms will need to be documented. Per the provider's discretion, they can use a SOAP format. In addition, documentation must provide the following:
  - o Document the encounter is via Telemedicine
  - o Physical location of the patient
  - o Physical location of the clinician
  - o Time spent in association with the E/M on the day of appointment
- Use autotext ;**telemedconsent** to indicate that the patient has verbally consented to the encounter

## 7: Using FaceTime as Emergency Backup to Zoom

During this COVID-19 National Emergency, HHS is not enforcing regulations for telemedicine video platforms. Because of this emergency, clinicians can use Apple FaceTime to perform telemedicine encounters with their patients. Zoom is the recommended workflow due to its HIPAA compliance; but, if technical issues persist rendering Zoom unusable, a clinician can use FaceTime on their personal device to communicate with the patient directly. Of course, be advised that this workflow is only applicable to patients who have an iPhone or iPad with FaceTime.

**At the end of this National Emergency, clinicians should cease using FaceTime immediately.** Additionally, FaceTime is not to be used for any other healthcare communication.

### Using FaceTime:

1. Patient reports inability to use Zoom
  - a. Technology problems
  - b. Patient refuses to download app
  - c. Other reason?
2. Offer to use FaceTime instead
3. Registration/arrival process proceeds normally
4. Provider is notified that patient is ready for call
5. Provider initiates FaceTime call from Apple device (iPhone or iPad)
6. Complete visit, place orders, create document
7. Use FaceTime autotext

It should be understood that calling the patient via FaceTime will display the clinician's personal cell phone number. If desired, the clinician can change their caller ID information for FaceTime to display their email address instead. **Changing FaceTime Caller ID instructions:**

1. Launch the Settings app from the Home screen of your iPhone, iPod touch, or iPad.
2. Tap on FaceTime.
3. Tap the email address or phone number you'd like to set as your caller ID. Your options are listed in the Caller ID section at the bottom.

**\*\*Be advised. Currently, there is no way to fully “mask” the caller ID. Patients *will* be able to FaceTime the clinicians back after they have hung up. It is recommended that FaceTime only be used as a last resort.\*\***

## 8: Recommended IT Security Settings for Zoom

Zoom is a secure platform for videoconferencing with patients; however, like any technology, there are measures which can be taken to increase security.

These settings are already in place for any institutional Zoom account, and require no additional action:

- “Waiting Rooms” are enabled
- The Host must admit attendees into the meeting

Practice these measures for additional security:

- Avoid using your Personal Meeting ID (PMI) to host meetings. Instead, generate a random meeting ID for each patient visit
  - o When creating a meeting, select the “Generate Automatically” option under the Meeting ID section
- Do not post the links to meetings to any social media – these should be sent directly to the patient

- After the meeting has begun, LOCK the meeting so that no additional attendees may join
  - o In the meeting, click “Participants” at the bottom of your Zoom window. In the pop-up, click the button that says “Lock Meeting”

Enable these settings if your department has additional security concerns:

- Disable screen sharing for participants
    - o Once the meeting begins, click the arrow ^ next to the “Share Screen” button, click advanced sharing options, and click “only host”
  - Require a password for your meeting
    - o When scheduling the meeting, click “require password,” which generates a 6-digit code. The patient will receive this code and need to input it to access the meeting at the time of the appointment
- <https://blog.zoom.us/wordpress/2020/03/20/keep-uninvited-guests-out-of-your-zoom-event/>  
<https://boston.cbslocal.com/2020/03/30/zoom-zoombombing-hack-security-tips/>

## 9: Residents and Telemedicine/Telehealth under the Public Health Emergency

*\*As of 04/06/2020, Residents/Fellows have not been approved to provide virtual check-ins (telephone only) services.*

**Outpatient** - Residents/fellows may furnish telehealth services to beneficiaries with the direct supervision of the teaching physician. Supervision can be provided in person or virtually through audio/video real-time communications technology.

**Primary Care Exception (PCE)** - Residents may furnish all levels of office E/M telehealth services to beneficiaries under PCE.

### **Requirements for teaching physicians under the PHE:**

- Teaching physicians may not supervise more than four residents at any given time.
- Must direct the care from such proximity as to constitute immediate availability. Supervision can be provided in person or virtually through audio/video real-time communications technology.
- Not have other responsibilities (including the supervision of other personnel) at the time the service was provided by the resident
- Have the primary medical responsibility for patients cared for by the residents
- Ensure that the care provided was reasonable and necessary
- Review the care provided by the resident during or immediately after each visit. This must include a review of the patient’s medical history, the resident’s findings on physical examination, the patient’s diagnosis, and treatment plan (i.e., record of tests and therapies)
- Document the extent of his/her own participation in the review and direction of the services furnished to each patient

**Inpatient** - Teaching physicians can provide services with medical residents/fellows virtually through audio/video real-time communications technology.

**Documentation** - The medical records must document:

- if the teaching physician was physically present or
- if the teaching physician was present through interactive telecommunications technology at the time the service is furnished

Residents/fellows must document the adhoc info as there will be no nursing support for telehealth services

**Resources** - <https://www.cms.gov/files/document/covid-teaching-hospitals.pdf>

## 10: Telemedicine in the Inpatient Setting

UMC is placing all confirmed and suspected COVID-19 non-ICU patients on 4 West. In an effort to preserve PPE and limit exposure, 4 West exam rooms have an iPad equipped with FaceTime which the care team can use to communicate with the patient without entering the exam room. The iPad has settings to “auto-answer,” meaning the FaceTime call will automatically connect once the team contacts it. The treatment that the provider provides, via FaceTime is billable, as long as documentation of the encounter is appropriate and meetings current and applicable E/M guidelines. Additionally it is permissible that a provider self-quarantined at home can perform encounters at 4 West via FaceTime. A resident self-quarantined, is permitted to perform a hospital encounter, as long as a supervising teaching physician is available in person or virtually through audio/video real-time communications technology.

TTP has requested UMC to supply additional iPads for locations other than 4 West. More information will be disseminated once received.

## 11: Documentation Relaxation – Public Health Emergency: COVID 19

CMS has revised their policy to specify outpatient E/M services furnished via telehealth can be based on Medical Decision Making (MDM) or time. Time is defined as all of the time by the billing provider associated with the E/M service on the day of the encounter. **Please note that time is by the billing provider, not a resident.** Typical Times are listed below:

New Patient Visit	Typical Time (minutes)	Established Patient Visit	Typical Time (minutes)
<b>99201</b>	10	<b>99211</b>	5
<b>99202</b>	20	<b>99212</b>	10
<b>99203</b>	30	<b>99213</b>	15
<b>99204</b>	45	<b>99214</b>	25
<b>99205</b>	60	<b>99215</b>	40

CMS states “It remains our expectation that practitioners will document E/M visits as necessary to ensure quality and continuity of care. To reduce the potential for confusion, we are maintaining the current definition of MDM.” Limited history and physical exam are not required to determine the level of service. MDM includes the number of diagnosis codes and treatment options, the amount of and complexity of the data ordered or reviewed, and the table of risk. Please see MDM Coding Assistance sheet (next section).

While similar to Physician Fee Schedule changes set for 2021, these revisions are only in effect during the COVID 19 public health emergency (PHE).

Transmittal 4283 (04/26/2019) states: “For purposes of payment, E/M services billed by teaching physicians require that the medical records must demonstrate:

- That the teaching physician performed the service or was physically present or be present through interactive telecommunications technology during the key or critical portions of the service when performed by the resident and;
- The participation of the teaching physician in the management of the patient.”

The presence and participation of the teaching physician via an interactive telecommunication system, e.g., Zoom during E/M services may be demonstrated by the notes in the medical records made by physicians, residents, or nurses.

Sample attestations as recommended by Billing and Compliance:

### Resident Telehealth Attestation

I discussed this case with Dr. \_\_\_\_\_ at the time of / immediately following the telehealth encounter. We discussed \_\_\_\_\_ and Dr. \_\_\_\_\_ agreed to the diagnosis and plan of care.

**Provider Telehealth Attestation**

The patient's case was reviewed and discussed with Resident \_\_\_\_\_ at the time of / immediately following the telehealth encounter. Given patient's history of: \_\_\_\_\_ I agree with plan of care / I have revised the resident's diagnosis and/or plan of care as documented in the note.

### 3. Medical Decision Making

#### Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column B in the table below. (There are maximum number in two categories.)

Number of Diagnoses or Treatment Options			
A	B	X	C = D
Problem(s) Status	Number	Points	Result
Self-limited or minor (stable, improved or worsening)	Max = 2	1	
Est. problem (to examiner); stable, improved		1	
Est. problem (to examiner); worsening		2	
New problem (to examiner); no additional workup planned	Max = 1	3	
New prob. (to examiner); add. workup planned		4	
TOTAL			

Multiply the number in columns B & C and put the product in column D. Enter a total for column D.

Bring total to line A in Final Result for Complexity (table below)

#### Amount and/or Complexity of Data Reviewed

For each category of reviewed data identified, circle the number in the points column. Total the points.

Amount and/or Complexity of Data Reviewed	
Reviewed Data	Points
Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	

Bring total to line C in Final Result for Complexity (table below)

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care; the table is intended to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled. Enter the level of risk identified in Final Result for Complexity (table below).

#### Risk of Complications and/or Morbidity or Mortality

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
<b>Minimal</b>	<ul style="list-style-type: none"> <li>One self-limited or minor problem, e.g., cold, insect bite, tinea corporis</li> </ul>	<ul style="list-style-type: none"> <li>Laboratory tests requiring venipuncture</li> <li>Chest x-rays</li> <li>EKG/EEG</li> <li>Urinalysis</li> <li>Ultrasound, e.g., echo</li> <li>KOH prep</li> </ul>	<ul style="list-style-type: none"> <li>Rest</li> <li>Gargles</li> <li>Elastic bandages</li> <li>Superficial dressings</li> </ul>
<b>Low</b>	<ul style="list-style-type: none"> <li>Two or more self-limited or minor problems</li> <li>One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH</li> <li>Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain</li> </ul>	<ul style="list-style-type: none"> <li>Physiologic tests not under stress, e.g., pulmonary function tests</li> <li>Non-cardiovascular imaging studies with contrast, e.g., barium enema</li> <li>Superficial needle biopsies</li> <li>Clinical laboratory tests requiring arterial puncture</li> <li>Skin biopsies</li> </ul>	<ul style="list-style-type: none"> <li>Over-the-counter drugs</li> <li>Minor surgery with no identified risk factors</li> <li>Physical therapy</li> <li>Occupational therapy</li> <li>IV fluids without additives</li> </ul>
<b>Moderate</b>	<ul style="list-style-type: none"> <li>One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment</li> <li>Two or more stable chronic illnesses</li> <li>Undiagnosed new problem with uncertain prognosis, e.g., lump in breast</li> <li>Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonia, colitis</li> <li>Acute complicated injury, e.g., head injury with brief loss of consciousness</li> </ul>	<ul style="list-style-type: none"> <li>Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test</li> <li>Diagnostic endoscopies with no identified risk factors</li> <li>Deep needle or incisional biopsy</li> <li>Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram cardiac cath</li> <li>Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis</li> </ul>	<ul style="list-style-type: none"> <li>Minor surgery with identified risk factors</li> <li>Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors</li> <li>Prescription drug management</li> <li>Therapeutic nuclear medicine</li> <li>IV fluids with additives</li> <li>Closed treatment of fracture or dislocation without manipulation</li> </ul>
<b>High</b>	<ul style="list-style-type: none"> <li>One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment</li> <li>Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure</li> <li>An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss</li> </ul>	<ul style="list-style-type: none"> <li>Cardiovascular imaging studies with contrast with identified risk factors</li> <li>Cardiac electrophysiological tests</li> <li>Diagnostic endoscopies with identified risk factors</li> <li>Discography</li> </ul>	<ul style="list-style-type: none"> <li>Elective major surgery (open, percutaneous or endoscopic with identified risk factors)</li> <li>Emergency major surgery (open, percutaneous or endoscopic)</li> <li>Parenteral controlled substances</li> <li>Drug therapy requiring intensive monitoring for toxicity</li> <li>Decision not to resuscitate or to de-escalate care because of poor prognosis</li> </ul>

#### Final Result for Complexity

Draw a line down any column with 2 or 3 circles to identify the type of decision making in that column. Otherwise, draw a line down the column with the 2nd circle from the left. After completing this table, which classifies complexity, circle the type of decision making within the appropriate grid in Section 5.

Final Result for Complexity					
A	Number diagnoses or treatment options	≤ 1 Minimal	2 Limited	3 Multiple	≥ 4 Extensive
B	Highest Risk	Minimal	Low	Moderate	High
C	Amount and complexity of data	≤ 1 Minimal or low	2 Limited	3 Multiple	≥ 4 Extensive
Type of decision making		STRAIGHT-FORWARD	LOW COMPLEX.	MODERATE COMPLEX.	HIGH COMPLEX.

#### 4. Time

If the physician documents total time and suggests that counseling or coordinating care dominates (more than 50%) the encounter, time may determine level of service. Documentation may refer to: prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with another health care provider.

Does documentation reveal total time? Time: Face-to-face in outpatient setting Unit/floor in inpatient setting	Yes	No
Does documentation describe the content of counseling or coordinating care?	Yes	No
Does documentation reveal that more than half of the time was counseling or coordinating care?	Yes	No

If all answers are "yes", select level based on time.

- 2 -





## Texas Tech Physicians.

### **Informed Consent to Telemedicine/Telepharmacy Consultation**

We are about to initiate a telemedicine/telepharmacy consultation. Let me go through a few points.

Use only for a minor or individual with a legal parent or guardian.

1. You will be asked for your name and relationship to the patient, which will be documented in today's note. You will need to be present during the entire encounter with the patient being treated today.

You understand:

2. The purpose is to assess and treat your medical condition.
3. This consult is done through a two-way communication whereby the physician or other health provider at TTUHSC can see your image on the screen and/or hear my voice. However, unlike a traditional medical consult, the physician or other health provider does not have the use of the other senses such as touch or smell; and it may not be equal to a face-to-face visit.
4. Since we are in different locations, we must rely on information provided by you. TTUHSC and affiliated telemedicine/telepharmacy consultants rely on your accurate and complete information to provide appropriate care.
5. You can ask questions and seek clarification of the procedures and telemedicine technology.
6. You can ask that the telemedicine exam and/or videoconference be stopped at any time.
7. You know there are potential risks with the use of this new technology. These include but are not limited to:
  - Interruption of the audio/video link.
  - Disconnection of the audio/video link
  - A picture that is not clear enough to meet the needs of the consultation
  - Electronic tampering.

If any of these risks occur, the procedure might need to be stopped.

8. The consultation may be viewed, heard or videotaped by medical and non-medical persons for evaluation, informational, research, educational, quality, technical purposes, or as might be required by my health coverage plan.
9. You understand you can make a complaint of your provider to the Texas Medical Board.

Please indicate whether you understand and state whether you agree to the above consents. Do you have any questions before we proceed? A copy of this form will be mailed to you at your home address for your records.

Approved by TTUHSC Billing/Compliance and General Counsel March 24, 2020

## Zoom Setup Instructions:

### Downloading Zoom on your Personal Device:

Apple users, download from the following link: <https://apps.apple.com/us/app/zoom-cloud-meetings/id546505307>

Android users, download from the following link:

[https://play.google.com/store/apps/details?id=us.zoom.videomeetings&hl=en\\_US](https://play.google.com/store/apps/details?id=us.zoom.videomeetings&hl=en_US)

SUPPORT –

- Apple - <https://support.zoom.us/hc/en-us/articles/201362993-Getting-Started-with-iOS>
- Android - <https://support.zoom.us/hc/en-us/articles/200942759-Getting-Started-with-Android>

### Setup Account to be able to schedule meetings FOR certain providers.

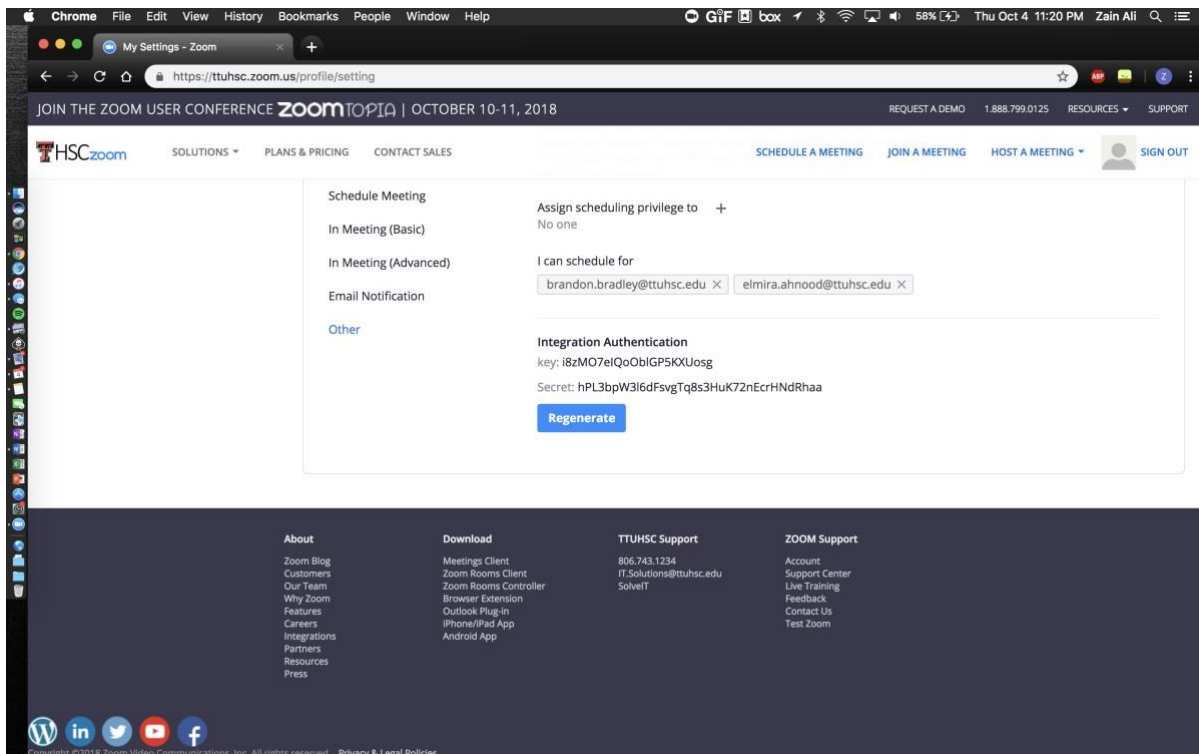
Go to [ttuhsc.zoom.us](https://ttuhsc.zoom.us)



Click Sign In

Go to Meeting Settings

Scroll to bottom, add in accounts under Assign scheduling privilege to “provider/functional” accounts

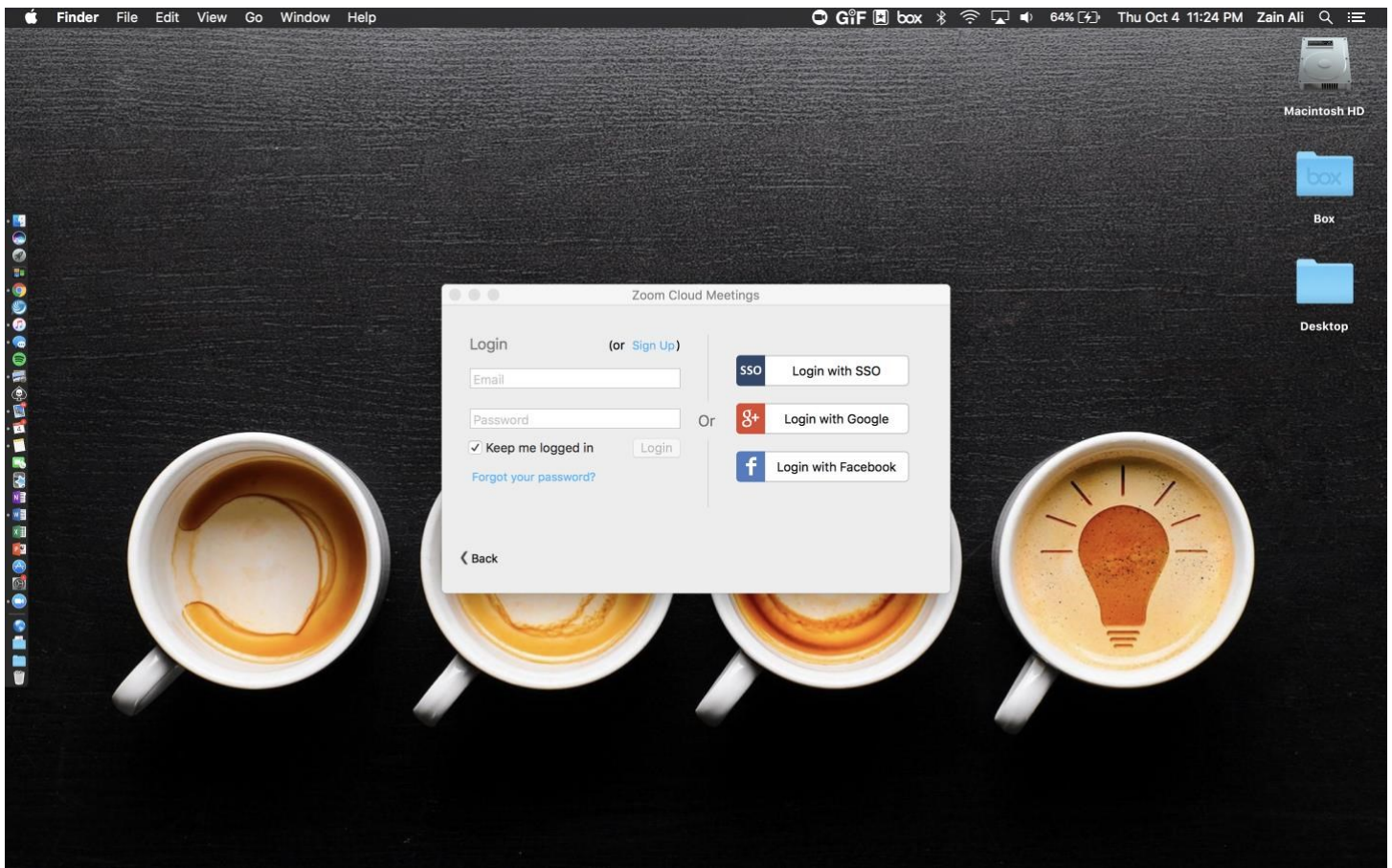


After adding you'll be able to SCHEDULE FOR the providers that you set

## Now to move on to how to schedule visits.

Its easiest using the desktop Zoom application.

Download, install that, and to log in here are the instructions:

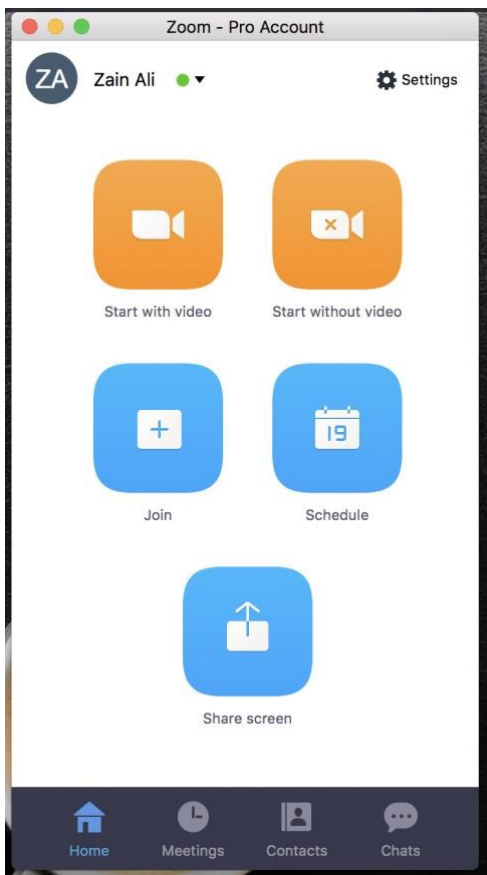


Login with SSO

Enter "TTUHSC" in domain and hit Continue

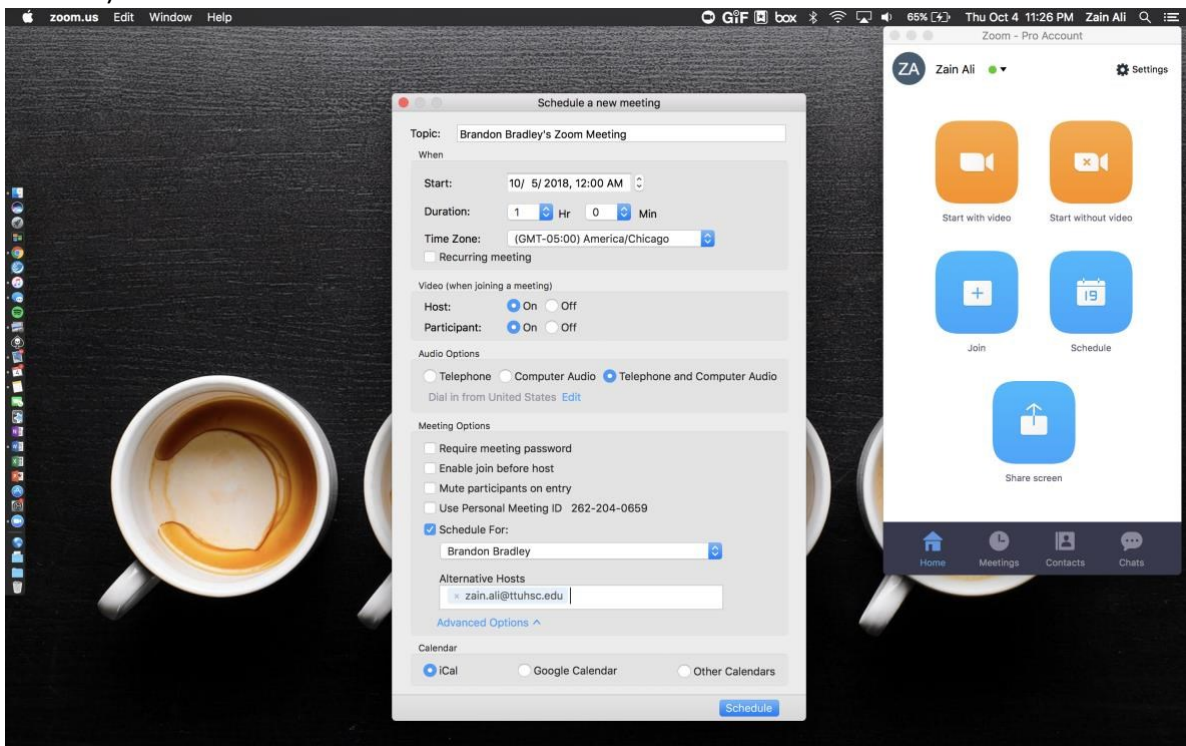
Then log in using the browser, and you'll be directed back to the zoom application.

**To Schedule Meetings:** Go to HOME Tab in the Zoom application.



Then click SCHEDULE

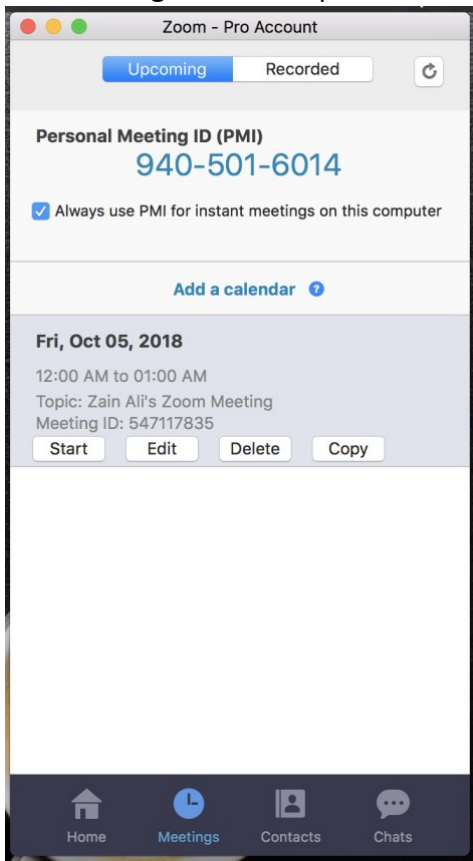
Then you will use the following settings shown to “SCHEDULE FOR: X” using the drop-down menu. Then you must put your OWN account as an alternative Host (otherwise you won’t have any control over that meeting later on).



Set the right Topic, Date, Time, Duration, Schedule For, Alternative Hosts.  
Then hit Schedule.

## Now to **SHARE** the meeting **LINK** to a **PATIENT**

The meeting will show up for both Hosts' schedules under MEETINGS tab.



Click on COPY

Paste this entire message into a separate document and extract out ONLY the LINK!

**Here's the entire message with the link highlighted:**



Hi there,

Zain Ali is inviting you to a scheduled Zoom meeting.

Topic: Zain Ali's Zoom Meeting

Time: Oct 5, 2018 12:00 AM Central Time (US and Canada)

Join from PC, Mac, Linux, iOS or Android: <https://ttuhsc.zoom.us/j/547117835>

Or iPhone one-tap :

US: +16699006833,,547117835# or +16468769923,,547117835#

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 669 900 6833 or +1 646 876 9923

Meeting ID: 547 117 835

International numbers available: <https://zoom.us/u/abtHxGzqK3>

Or an H.323/SIP room system:

H.323:

162.255.37.11 (US West)

162.255.36.11 (US East)

221.122.88.195 (China)

115.114.131.7 (India)

213.19.144.110 (EMEA)

202.177.207.158 (Australia)

209.9.211.110 (Hong Kong)

64.211.144.160 (Brazil)

69.174.57.160 (Canada)

Meeting ID: 547 117 835

SIP: 547117835@zoomcrc.com

### Settings to allow Breakout Rooms:

Open [ttuhsc.zoom.us](https://ttuhsc.zoom.us) and log in using host credentials (will want it to be the Facilitator, ideally).

Click on the 'Meeting Settings' option on the left menu

<https://support.zoom.us/hc/en-us/articles/206476093-Getting-Started-with-Breakout-Rooms>



SOLUTIONS ▾

PLANS & PRICING

CONTACT SALES

[SCHEDULE A MEE](#)

- Profile
- Meeting Settings**
- Meetings
- Recordings
- Webinars
- Account Management

Meeting

Recording

Telephone

## Schedule Meeting

Features

Host video

Start meetings with host video on

Scroll down to the 'In Meeting (Advanced)' section

Turn OFF 'Remote Support'

Turn ON 'Breakout Room'

Updated 04/06/2020

# In Meeting (Advanced)

## Breakout room

Allow host to split meeting participants into separate, smaller rooms



Modified [Reset](#)

## Remote support

Allow meeting host to provide 1:1 remote support to another participant



Modified [Reset](#)



## TEMPLATE OF EMAIL TO PATIENTS:



# Texas Tech Physicians™

Dear \_\_\_\_\_,

You have a Telemedicine appointment scheduled for **March 19th at 1:00pm** with TTP, Department of \_\_\_\_\_. You will receive an email on the day prior or the morning of your scheduled appointment with a link to your appointment

- Please have the ZOOM Cloud Meetings App installed on your video compatible phone or computer, (you can do this by clicking on the link sent to you on the appointment invite, follow the instructions the application will provide you on the link).
- Please make sure your video is on and your microphone is not on mute.
- To ensure best connection, please be at your home with Wifi during your appointment.

Please note data rates may apply. Your insurance will be billed after the visit has been completed.

Please call with any questions!

Sincerely,  
Clinic Staff

Texas Tech Physicians Department of \_\_\_\_\_

<http://texastechphysicians.com/lubbock/surgery> <-- **USE YOUR DEPT HYPERLINK**

**3601 4<sup>th</sup> Street STOP 9905 • Lubbock, Texas 79430-9905 • Ph 806.743.2373 • Fax 806.743.4354**

Confidentiality Notice: This email, including any attachments, may contain information which may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this email in error, please notify the sender immediately by "reply to sender only" message and destroy all electronic and hard copies of the communication, including the attachments. Thank you.

# Telemedicine Coding

(for addition question, please click on the title of this section and it will direct you to Coding Integrity's email for assistance)

## Telemedicine

Full Visits provided using communication technology

### CMS Rules under the Emergency Declaration

- Open to all beneficiaries in all areas in all settings
- Established Patients only (*HHS will not conduct audits to ensure a prior relationship existed during this public health emergency*)
- Eligible Providers must be enrolled as a Medicare (\*) and/or Medicaid (+) Provider
  - Physicians\*+
  - Nurse practitioners (NPs)\*+
  - Physician assistants (PAs)\*+
  - Nurse-midwives\*+
  - Clinical nurse specialists (CNSs)\*+
  - Certified registered nurse anesthetists\*
  - Clinical psychologists (CPs) and clinical social workers (CSWs)\*
    - CPs and CSWs cannot bill Medicare for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services. They cannot bill or get paid for Current Procedural Terminology (CPT) codes 90792, 90833, 90836, and 90838.
  - Registered dietitians or nutrition professional\*
- Real-time audio and video communication system at the site to communicate with a remotely located doctor or certain other types of practitioners

## Documentation

Follow existing Documentation Guidelines for the applicable CPT code

## Coding & Billing

MEDICARE:

### Place of Service (POS) on the Claim

There are TWO major new points:

1. Effective **March 1, 2020**, during the COVID-19 public health emergency, use the place of service where the provider would normally have performed the visit if the patient had been seen face-to-face (e.g. 11 or 22), NOT POS 02 for all CMS telehealth and telephone services. For example, if you would normally have seen the patient in your private practice office then report the E/M code using POS 11. If you would normally have seen the patient in a provider-based clinic in the hospital, then report the E/M code using POS 22.
2. **And** append modifier 95 (Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System) for all telehealth services on Medicare claims. This allows Medicare to pay these visits at the higher Non-Facility fee schedule rate. CMS does allow providers to continue to use POS 02 for all telehealth services, however, this will result in decreased reimbursement under the Facility Fee Schedule. Commercial payors may have different guidelines, so check with your respective payors on this.

**TIP:** File corrected claims for telehealth services that have already been billed to update the place of service. You might want to hold on to your non-Medicare claims for a few days to see if these payors will now follow Medicare's new guidelines.

MEDICAID: Submit professional telehealth service claims using the appropriate CPT or HCPCS code with modifier-95

CY 2019 **MEDICARE** Telehealth Services

Service	HCPCS/CPT Code
Office or other outpatient visits	99201–99215

<b>DIFFERENTIATION BETWEEN "TELE-" SERVICES (HSC's use of "telemedicine" encompasses the services here)</b>	<b>Telehealth (CMS)</b>	<b>Telephone services</b>	<b>E-visits</b>	<b>Virtual check-ins</b>	<b>Remote patient monitoring</b>
What are the differences?	A visit with a provider that uses interactive telecommunication systems between a provider and a patient. Includes services that would typically be provided in-person, face-to-face in the clinic.	A visit with a provider that uses <u>voice only</u> communications between a provider and a patient. Includes services that would typically be provided in-person, face-to-face in the clinic. These are time based.	A communication between a patient and their provider through an online patient portal.	A brief (5-10 minutes) check in between the patient and the practitioner to decide whether a telehealth visit is needed. Can include a remote evaluation of recorded video and/or images submitted by the patient.	Reporting, collection, transmission and evaluation of patient health data (blood pressure, cardiac stats, oxygen levels, etc.) through electronic devices, such as wearables, smartphone apps, mobile devices, etc.
What technology is involved?	real time, interactive telecommunications  (audio and visual), including smart phones	Audio only	Online patient portals	Variety of technologies, including interactive telecommunications, voice only telephone, secure texting, etc.	Variety of technologies, including audio and visual, telephone, secure texting, etc.
Use with new or established Patients?	Both	Both	Established	Established	Both
Can residents/fellows be used?	Yes	No	Not determined	Not determined	N/A
<b>Q:</b> Who are the <u>Qualified Providers</u> who are permitted to furnish these telehealth services under the new law?	<b>A:</b> Include physicians and certain non-physician practitioners such as nurse practitioners, physician assistants and certified nurse midwives. Other practitioners, such as certified nurse anesthetists, licensed clinical social workers, clinical psychologists, and registered dietitians or nutrition professionals may also furnish services within their scope of practice and consistent with Medicare benefit rules that apply to all services. This is not changed by the waiver.				
<b>Q:</b> Are the telehealth services only limited to services related to patients with <u>COVID-19</u> ?	<b>A:</b> No. The statutory provision broadens telehealth flexibility without regard to the diagnosis of the patient. For example, a beneficiary could use this to visit with their doctor before receiving another prescription refill. <u>However, Medicare telehealth services, like all Medicare services, must be reasonable and necessary under section 1862(a) of the Act.</u>				
<b>Q:</b> Can these services be provided across state lines, i.e., anywhere in the country?	<b>A:</b> yes, if state licensure rules allow, i.e., the state whose patients are receiving the service (home state) must allow for distant site, i.e., out-of-state providers who are not licensed in the home state.				
<b>Q:</b> Where can these services be furnished?	<b>A:</b> These services can be furnished to patients wherever they are located, including in the patient's home.				
<b>Q:</b> What is an <i>interactive telecommunications system</i> ?	<b>A:</b> Multimedia communications equipment that includes, at a minimum, audio <b>and</b> video equipment, permitting two-way communications equipment between the patient and distant site physician or practitioner, including smart phones with audio and video capabilities.				
<b>Q:</b> What is <b>not</b> an <i>interactive telecommunication system</i> ?	<b>A:</b> Telephones (voice only), facsimile (fax) machines, and email do not meet the definition of interactive telecommunications systems for purposes of Medicare telehealth services.				

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf> - <https://www.cms.gov/files/document/covid-final-ifc.pdf>  
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>