

TTP Provider Quick Reference for Telehealth Visits

Make certain you are on a **CLINIC VISIT** and not TTP Pre-Admit Visit encounter prior to charting

Type of Service	Provided by only	General Guidance	Documentation Tips	Comments
Telephone Visits (audio)	<ul style="list-style-type: none"> Physician, APP eligible Residents are not permitted to conduct Telephone visits as of 4/8/2020, for billing purposes 	<ul style="list-style-type: none"> Verbal consent for each visit required Document (full verbiage) in note, use autotext May be completed by nurse or provider 	<ul style="list-style-type: none"> Date of service, time in and time out or total time, and location (City/State) of patient and provider are to be documented Use autotext – ;telephonevisitconsent Brief summary & outcomes (i.e. RXs, care instructions, plan of care, etc.) 99441 – 5-10 minutes 99442 – 11-20 minutes 99443 – 21-30 minutes Cannot be related to same E/M service within the last 7 days Use “Telephone visit” note template (Dyn Doc or Powernote) 	<ul style="list-style-type: none"> Date of service, time in and time out or total time, and location (City/State) of patient and provider are to be documented The purpose of the consent is to inform the patient about the potential for co-pay Visit does not need to be initiated by patient during the National Emergency declaration. The verbal consent by the patient is sufficient Practice caution using personal mobile phone. Mask the number if doing so (*67 works for most carriers) Ensure patients have an appointment in the system and are arrived as usual. This allows the billing process to proceed. Pediatric patients need a legal guardian (over age 18) to consent and be present during the entire encounter Document the name and relationship of the guardian in the note
Telephone Visits (audio) Medicaid, et al	<ul style="list-style-type: none"> Physician, APP eligible Residents w/direct supervision 	<ul style="list-style-type: none"> Telemedicine consent required only once per patient 	<ul style="list-style-type: none"> Document as regular E/M visit focusing on Medical Decision Making 99201-99205 and 99202-99215 can be billed to <u>Texas Medicaid</u> and <u>United Healthcare</u> plans 	<ul style="list-style-type: none"> Medicaid and some commercial payers will allow a clinic visit code for a telephone (audio only) visit. Document as such for reimbursement; MDM will drive the level of service
Telemedicine Visits (audio and video) Zoom, etc.	<ul style="list-style-type: none"> Physician, APP Residents w/direct supervision 	<ul style="list-style-type: none"> Telemedicine consent required only once per patient Scheduled and checked in by PSS or facilitator Interactive video and audio capabilities 	<ul style="list-style-type: none"> Clinician documents specific intake info (est. height & weight, updated med list) Document as regular E/M visit (99201-99205 and 99212-99215) Use ;telemedconsent to quickly document consent and locations Document the physical exam as best observed or leave blank for established patients; focus on MDM, as it is the driving force for the level of service during PHE Documentation of time spent in the encounter for direct patient care is appropriate Use usual “Office/Clinic” note template 	<ul style="list-style-type: none"> Recommend two devices: one for Zoom (video), and the one for Cerner documenting, during the visit If using personal device, enable “Do Not Disturb” setting or encounter will be interrupted with incoming calls Supervision can be provided in person or virtually through audio/video real-time communications technology for Residents. HIPAA still applies; maintain privacy as much as possible. Conduct visit from clinic exam room if possible. Private HSC office or home location is also acceptable Appropriate, professional attire. White coat with a TTP or TTUHSC patch or nametag is encouraged. Pediatric patients need a legal guardian to consent and be present during the entire encounter Document the name and relationship of the guardian in the note

If a telemedicine (video) visit is converted to a telephone visit due to connectivity issues:

If issue occurs at the beginning of the video visit, telephone note should be used (resident cannot perform telephone visit)

If care was adequately provided through video before issue occurred, complete the video note.

Tips to switch note:

Dyn doc – use back button to find correct telephone template. *****Save work before going back so documentation is not lost.**

Powernote – copy documentation and then paste it into the telephone note

April 13, 2020