

NORTHWEST MEDICAL SPECIALTIES, PLLC

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Subject: COVID19 Telemedicine SOP
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Number of Pages: 3

I. PURPOSE:

To ensure appropriate utilization of Telemedicine services during the COVID-19 National Public Health Emergency.

II. POLICY:

All providers and staff will adhere to the recommended guidelines from CMS and HHS regarding Telehealth services.

Effective for services starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for Medicare telehealth services furnished to patients in broader circumstances.

Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services. The patient must verbally consent to receive virtual check-in services and this must be document in the chart note. These services can only be reported when the billing practice has an established relationship with the patient. This is not limited to only rural settings. There are no geographic or location restrictions for these visits.

The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. Distant site practitioners who can furnish and get payment for covered telehealth services (subject to state law) can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals. These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.

Visit Descriptions and Billing during the COVID-19 Public Health Emergency

A. “Telehealth Visit”

- a. We must have documented verbal permission from the patient agreeing to have a telehealth visit vs. a visit in the office
- b. This visit requires audio and visual capabilities
- c. This visit is considered the same as in-person visit and is agreed upon by the patient in lieu of an in-person visit.
- d. For new and established patients
- e. Billed using normal level of E&M visit codes

B. “Virtual Check-in”

- a. A brief communication with a patient via telephone or other telecommunication modality, such as audio/video, secure text messaging, or email.
- b. For established patients only
- c. Communication should not be related to a medical visit within the previous 7 days and does not lead to a medical visit within 24 hours.
- d. The patient must verbally consent to receive a virtual check-in
- e. Billed using HCPCS codes

C. “E-Visit”

- a. A provider may communicate with established patients via an online patient portal

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPCS/CPT CODE	Patient Relationship with Provider
MEDICARE TELEHEALTH VISITS	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients. *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
VIRTUAL CHECK-IN	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients.
E-VISITS	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients.

III. PROCEDURES:

- i. A HIPAA compliant device should be utilized
 - a. Doxy.me is the preferred method for telemedicine at NWMS

PATIENTS SCHEDULED WITHIN 1 WEEK

- i. NWMS providers will review their patient lists to determine patient eligibility for telemedicine based on patient acuity and care needs
- ii. Patient access teams will call patients to determine telehealth capabilities following the provided script and asking the following questions:
 - a. Does patient want to change scheduled visit to a telemedicine visit?
 - b. Does patient have a smart phone or computer with video chat capabilities?
- iii. If patient agrees to telemedicine visit
 - a. NWMS providers will utilize “MD/ARNP/PA Telemedicine Visit” activity in OncoEMR
 - b. NWMS providers will utilize “Telemedicine Visit Note v1” for visit documentation
 - c. NWMS providers will document in Telemedicine Visit Note that patient agrees to telemedicine visit
 - d. NWMS providers will utilize Doxy.me video to meet with patient

NON-ESSENTIAL PATIENT VISITS:

Definition: Survivorship, 3-month, 6-month, 9-month, annual follow ups, stable PCC’s, and chemo teaches when approved by provider

- i. Patient access teams will call patients to determine telehealth capabilities following the provided script and asking the following questions:
 - a. Does patient want to change scheduled visit to a telemedicine visit?
 - b. Does patient have a smart phone with or computer video chat capabilities?
- ii. If patient agrees to telemedicine visit
 - a. NWMS providers will utilize “MD/ARNP/PA Telemedicine Visit” activity in OncoEMR
 - b. NWMS providers will utilize “Telemedicine Visit Note v1” for visit documentation
 - i. Time must be documents for survivorship and chemo teach visits
 - c. NWMS providers will document in Telemedicine Visit Note that patient agrees to telemedicine visit
 - d. NWMS providers will utilize Doxy.me video to meet with patient

PATIENTS THAT DECLINE TELEMEDICINE:

- i. Patients that decline telemedicine will be offered the option to reschedule their visit during a “safe clinic” on the weekend.