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TIME ALWAYS TRUMPS ELEMENTS

New Patient Office Visit

Established Patient Office Visit

How can I capture work I am doing as either a consultant giving advice ("curbsided"), or a provider asking a consultant for advice?
WHO CAN HELP ME WITH TELEMEDICINE PLATFORM ACCESS?

Please direct ALL access and platform questions / concerns to Laurie.Lesher@hsc.utah.edu. Laurie Lesher is our liaison with Office of Network Development and will be able to answer questions and solve problems for Dept of Peds users.

WHAT IS OUR PREFERRED TELEMEDICINE PLATFORM?

Vidyo is now our default telemedicine platform (updated 4/20/20).
It has shown acceptable stability rates.

InTouch will continue to be our back-up platform for now
and we are working to create a workflow for Zoom which will likely then replace InTouch as our back-up platform.

We continue to evaluate other platforms in search for an ideal long-term solution. In the meantime, do not use other platforms, as they are not linked to our consent and billing processes.

For help with Vidyo technical issues, contact Peds IT.

WHAT IS THE NEW TELEHOME VISIT WORKFLOW WITH VIDYO?

1- Make sure the Vidyo app is loaded on your device.

2- We will now be getting weights at home for new patients. Patient-reported weights will have a comment added to the iCentra note.

3- Your MA will get the patient checked in, chart reconciled, and patient set up for Vidyo. When ready, they will email you a link for the visit. Click on the link to start your visit.

4- Documentation is unchanged.
IS A TELEHOME (AUDIO PLUS VIDEO) VISIT PREFERRED OVER A NF2F (AUDIO ONLY) VISIT?

Telehome visits are clearly preferred.

- Telehome is the best option for continuity of patient care, optimized charges, and reimbursement. NF2F is still an important tool, but comes in 2nd place for these categories.
- Telehome is a great way to continue to see patients when the in-clinic option is limited. Our department goal is to significantly increase the number of telehome visits over the next few weeks by converting scheduled office visits to telehome. Thanks to Trevor Slater, Laurie Lesher, and their teams for getting us up and running so quickly! And thanks to Spencer Hinckley for really great Tableau reports that will track this valuable info.

NF2F is a great option if the telehealth connection fails.

- It is important to remain vigilant in capturing all NF2F work that is done (not just for those related to a failed telehealth visit).

I’VE BEEN USING A DIFFERENT PLATFORM (FACEBOOK, GOOGLE DUO, DOXIMITY, ZOOM, SKYPE) FOR MY TELEHOME VISITS, AND IT SEEMS TO WORK FINE. WHY CAN’T I JUST CONTINUE TO USE THIS PLATFORM?

The department has not verified the security or compliance of any platforms other than Vidyo and InTouch. Use of other platforms may lead to safety, security, or compliance violations that expose the individual provider to risk. Without proper consent and compliance, we may not be reimbursed for telehealth visits on unapproved platforms.

WILL MY PATIENT BE CHARGED MORE OR HAVE TO PAY MORE OUT OF POCKET FOR A TELEHEALTH VISIT COMPARED TO AN IN-PERSON VISIT?

No.
Current CMS rule exceptions state that telehome visits are covered the same as office visits. This includes considerations of co-pays and meeting deductibles.

We are watching this closely and have just submitted our first large batch of telehealth visits to payers.

Also note that the Utah State Legislature recently passed a parity law, meaning that starting January 2021, ALL insurance companies have to recognize and pay telehealth visits the same as a traditional face-to-face visit.
WHAT ARE THE IMPORTANT UPDATES FROM UTAH MEDICAID? AS OF 4/20/2020

- NF2F (telephone only) visits will be paid as telehome visits if documentation is adequate & video attempt was made but failed.
- Utah Medicaid policy requires providers to use a HIPAA-compliant platform unless no other platform is available.
- Utah Medicaid is working to make many of these temporary rule exceptions permanent.
- Utah Medicaid will reimburse telehome and in-person visits the same.
- Further details can be found at: UDOH Telehealth Guidance

HOW CAN I OPTIMIZE EXAM ELEMENTS IN DOCUMENTATION FOR A TELEHOME VISIT?

Using telehome technology, providers can successfully include exam elements from many organ systems by visualization alone – or with the help of a family member. You may not be able to complete a comprehensive exam (8+ organ systems) - but many systems can be assessed. For example:

- Assess skin tone, rate of breathing, gait, clarity of speech, skin color
- Is the patient sitting up or lying in bed?
- What is breathing rate? Able to complete full sentences? Walking around in no distress?
- Can the patient move joints, describe pain in specific areas?
- Can you move the camera around to see eyes, mouth, throat, skin rashes, etc.?
- Can a family member can take a pulse or use a thermometer to assess fever?
- Organ systems (per CPT):
  - Constitutional (vitals, gen appearance etc.)
  - Eyes
  - ENT / Mouth
  - CV
  - Resp
  - GI
  - GU
  - Musculoskeletal
  - Skin
  - Neuro
  - Psych
  - Hem / lymph / immune
WHEN IS IT BEST TO DOCUMENT TIME SPENT IN A TELEHOME ENCOUNTER?

- In a typical office visit setting: including TIME often leads to downcoding: time always trumps elements.
- In a TELEHOME visit: **including TIME may be beneficial – see below**
  - **ESTABLISHED PATIENT**: Provide complete documentation in 2 of 3 elements: History (HPI, ROS, PFSH) – EXAM – MDM. Only include time spent if needed to meet the appropriate level based on MDM
  - **NEW PATIENT**: Provide complete documentation elements as best you can: History (HPI, ROS, PFSH) – EXAM – MDM. EXAM elements will have limited opportunities. Use TIME to support Levels 3 – 5 encounters to meet the appropriate level (based on MDM
  - When a **TIME STATEMENT** is indicated: “I spent XX minutes in this telehome visit.”

IF I AM CHOOSING TO DOCUMENT TIME FOR A TELEHOME VISIT – WHAT WORK CAN BE INCLUDED IN THE TIME DOCUMENTED?

**Inclusion of all TELEHOME-related clinical activities**

- Just as in a traditional clinic visit – inclusion of all TELEHOME-related clinical activities by the attending and/or APP throughout the day of the office visit can be counted.
- For CLINIC VISITS, we have always been able to count the time and clinically-related activities of attending and/or APP throughout the day of the clinic visit – especially activities that contribute to MDM.
- For TELEHOME visits, historically we have only been allowed to count attending / APP time and clinical activities performed during the actual virtual encounter. Other clinically-related work before / after the visit on the same DOS could not be counted.
- **However, CMS recently made a welcome change to the TELEHOME ruling, further aligning with clinic visit requirements**: CMS is now allowing inclusion of all TELEHOME-related clinical activities by attending and/or APP throughout the day of the virtual visit.
- In addition to the work / time spent on a virtual TELEHOME visit, these activities when documented can now be included:
  - Preparing to see the patient (e.g.: review of tests, records, obtaining / reviewing separately obtained history)
  - Performing a medically-necessary exam (based on chief complaint)
  - Counseling and educating the patient / family
  - Ordering meds, tests, procedures
- Time Attestation: “I spent XX minutes in this telehome visit.”
WHAT HAPPENS WHEN I BEGIN A TELEHOME VIRTUAL VISIT, AND THE VISIT IS TERMINATED DUE TO PLATFORM ISSUES, AND I NEED TO FINISH THE VISIT ON THE PHONE? HOW DO I DOCUMENT?

CMS says telehealth calls assume a face-to-face presence where the majority of the service meets face-to-face. The answer to this depends on how far you were able to get into the telehealth visit, and also depends a bit on the 3rd party payor.

TWO SCENARIOS:

You just started the virtual visit, didn’t get much further than to say, “Hi, how are you?” and got disconnected, requiring you to finish via phone:

- This may not be enough work to justify a telehome visit code/charges, would definitely qualify for NF2F – but TH or NF2F depends on the payor.
- If you have already started your documentation on a traditional office visit note type, finish the documentation process there, but indicate that the visit was terminated early and switched to a phone visit. Be sure to *include your time statement* of all the work that was done for that patient on that date of service.
- **All work and time** related to both the telehealth, NF2F visits, and all other work completed for this patient on that date of service can be added to the time documented.

You are at least mid-way into the telehome visit and get disconnected, requiring you to finish via phone:

- This is enough work to justify a telehome visit code/charges for all payors.
- Document a telehome visit and *describe all the work that was done*.
- **All work and time** related to both the telehealth, NF2F visits, and all other work completed for this patient on that date of service can be added to the time documented.

Additional note:

- Providers should concentrate on providing the highest level of patient care and quality documentation that explains WHAT work was done (including complexity), HOW it was done, and TIME it took them to do it – then let the coders sort it out for the most appropriate CPT code.
- Choose the note type (billable) that seems most appropriate (see documentation guidelines). But know that coders do not code solely on note type. The particular note type can help aim them in the right direction – but coders choose CPT codes based on your description of work completed and associated complexity reflected through the quality of the documentation, and when appropriate, the time spent caring for the patient.
TELEMEDICINE DOCUMENTATION FAQS
UHealth Department of Pediatrics Guidelines Updated 04/30/2020

HOW CAN THE TIME AN APP SPENDS IN CLINICAL WORK BE COUNTED?

TELEHOME:
Time spent by an APP in a telehome visit can be captured, similar to a face to face clinic visit:

• APP documents work / time spent (similar process as a clinic patient) – forwards note to attending to attest and finalize: bill under the attending name.
• Use time attestation if needed:
  o **ESTABLISHED PATIENT**: Complete documentation in 2 of 3 elements: History (HPI, ROS, PFSH) – EXAM – MDM. Only include time spent if needed to meet the appropriate level based on MDM.
  o **NEW PATIENT**: Provide complete documentation elements as best you can: History (HPI, ROS, PFSH) – EXAM – MDM. EXAM elements will have limited opportunities. Use TIME to support Levels 3 – 5 encounters (based on MDM).
  o When a **TIME STATEMENT** is indicated: “I spent XX minutes in this telehome visit.”

NF2F:
Time spent performing NF2F work can include the time of the attending AND / OR an APP.

• NF2F work always requires a time attestation. Telephone encounters of any duration that involve decision making by the attending and / or APP should be documented in a NF2F note.
• APPs **NOT** enrolled w/ 3rd party payors (most common):
  o APP documents work / time spent - forwards note to attending to attest and finalize: bill under the attending name
• APPs enrolled w/ 3rd party payors (least common):
  o APP documents work / time spent: bill under APP name (does not require attending involvement)
• **TIME SPENT**: can be all APP, attending, or a combination of APP + attending time
  o APP and attending each document the work they completed / time spent
  o APP forwards note to the attending to add his/her work and time, attestation and finalizes.
• **Time Calculation**: APP Time + Attending Time = TOTAL TIME (coders will add together for total time)

NOTE: These directions are for APPs working in SOS 11 (working “incident to”) where we incur a portion of the APP cost.
MY IN-PERSON CLINIC FLOW HAS THE MA DOING THE ROS, WHO SHOULD DO THIS FOR TELEHEALTH VISITS?
The short answer is that if you document time, you do not need to include the ROS. If you still want to, either perform the ROS yourself or work with your MA to do it, knowing that the check-in will be extended.

TIME ALWAYS TRUMPS ELEMENTS
So document to continuity of patient care – if all the elements aren’t there (including ROS), documenting TIME SPENT will work.

That being said, providers should not undervalue the amount of time they spend and should be vigilant about capturing all time related to any work done for that patient on that DOS, including preparing for the visit, lit review, consulting or communicating with other care providers, checking labs, meds, documenting, etc.

New Patient Office Visit
- Level 1: 10 min
- Level 2: 20 min
- Level 3: 30 min
- Level 4: 45 min
- Level 5: 60 min

Established Patient Office Visit
- Level 1: 5 min
- Level 2: 10 min
- Level 3: 15 min
- Level 4: 25 min
- Level 5: 40 min

If providers do want to be sure to cover ROS elements, you can document the pertinent info in the HPI, then use the phrase “All other systems reviewed and found to be negative.” (Many have made their own autotext for this). The coders have reviewed this statement, and it is compliant.
HOW CAN I CAPTURE WORK I AM DOING AS EITHER A CONSULTANT GIVING ADVICE (“CURBSIDED”), OR A PROVIDER ASKING A CONSULTANT FOR ADVICE?

We have identified a new opportunity to capture interprofessional consultation work. We can now capture time and work for both the provider consulting provider giving advice (“curbsided”) – AND the requesting provider asking for “curbside” advice.

Some highlights:

- Interprofessional telephone/internet/electronic health record assessment and management service provided:
  - Giving Advice captures all related work / time of an attending – requires 5+ min.
  - Asking for Advice captures all related work / time of an attending / APP – requires 16+ min.
- Many are already doing the work - only addition would be to document the work done
- Process captures requests / recommendations you made that support continuity of patient care, medico-legal protection, and clinical revenue.
- Most 3rd party payors reimburse / “balance billing” in place
- Use the NF2F note type / template. We have developed autotexts to meet documentation requirements.
- See Documenting Non-Face-to-Face & Curbside Consults iCentra Tip Sheet AND Curbside Consults – NF2F – Documentation Guidelines.