Telephonic Visit Toolkit

COVID-19 Response Workflow

Providence St. Joseph Health

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Telephone Visit Scripting and FAQs for Caregivers and Providers

Information for All Roles

What is a telephone visit?

A telephone visit is an option for patients when they cannot be seen in the clinic. Our organization is working to ensure we continue to care for our patients, especially during the Coronavirus outbreak. This includes using telephone calls to connect with our patients. Additionally, this allows a patient to stay at home and avoid coming in contact with the coronavirus or avoid spreading the virus, if they have symptoms, while still being seen. Finally, this helps us keep our clinics and hospitals ready to care for our sickest patients. We treat these visits just as if you were in the office.

Are telephone visits HIPAA-compliant?

Yes, and vetted by Compliance. PHI needs to be protected, as with any visit. Use your judgment about performing these visits in a quiet, private space.

When can a provider perform these visits?

- **Patient must be established to the practice**.
- Call must be personally performed & documented in the Epic by the provider.
- Medical decision making must be performed. "Replaces" a clinic visit and is not a traditional telephone encounter.
- Patient must consent and agree to the visit. Patients will be educated regarding the alternative visit options, including telephone visit, prior to beginning the patient call.

These visits should NOT be used for:

- Appointment reminder call or message
- Communication of normal routine results or other information that can be communicated by a PSR/PSC/PCC or MA.
- Triage call that results in an in-person visit within the next 24 hours or first available office visit.
- Triage call that does not require a provider's expertise.
- Routine medication refill (if office visit would not be required for refill).
- Call initiated by provider if patient didn't previously initiate request for telephone visit
- Telephone visits that fall within an applicable global period

What does the visit cover?

- **Chronic condition follow up.** E.g. BP follow up with home monitoring, depression follow up for medication adjustment, diabetes medication titration based on home BPs, chronic pain management and addiction management including monitoring of controlled substance such as opioids, benzodiazepines, and stimulants, etc.
- **Discussion of diagnostic result to determine subsequent plan of care.** E.g. Discussion of MRI results and subsequent treatment for low back pain, etc.
- **Management of acute condition, if call does not result in an office visit.** E.g. Discussion of allergies with initiation of antihistamine, acute RTI in which patient is advised regarding supportive care at home.

Will the patient have the visit with their doctor or provider? Or someone else?

These visits are only eligible for established patients of the practice. These visits can be performed by physicians, ARNPs, or PA-Cs. This service cannot be provided by ancillary staff.

How will these visits be scheduled?

Scheduling for telephone encounters will be done only at provider request/approval or via triage nurse protocol. When provider identifies a patient eligible for a telephone visit, this is communicated to provider's PSR/PSC/PCC/MA. PSR/PSC/PCC/MA contacts patient to make patient aware of option of telephone visit, and informs patient that their insurance may be billed for the encounter. If patient opts to initiate the visit, select TELEPHONIC VISIT type (aka OVO or Tele Visit) and then continue to schedule during an open clinic slot or MyChart/admin time. PSR/PSC/PCC/MA should confirm time/date of call and best contact number.

Information for Schedulers

What is the scripting for scheduling a telephone visit?
(Official scripting below developed and confirmed by Swedish Marketing & Communications as of 3/17/2020)

Be sure patient is appropriate for a telephone visit:
Caregiver informs patient that provider will call them at the scheduled time for a telephone visit (TELEPHONIC VISIT).

Sample scripting:
"Your health and safety are important to us, especially during this time. To keep you as safe as possible, we may transition some office visits to appointments by telephone when it is appropriate to do so. A telephone appointment with a health care provider will be billed to your insurance similarly to an office visit.

To make sure we are able to reach you for your telephone appointment, please confirm your telephone number.

The telephone appointment will start when you answer the call, so please make sure you are available and ready at the time of your appointment. As with an office visit, the telephone appointment is for you only. The provider will not be able to consult with any other family members or friends.

In some cases, we may need to schedule a follow-up office visit to do an in-person exam. If you are scheduled for a follow-up office visit, please know that all patients and visitors will be screened at the clinic entrance to keep everyone safe. You may be asked to arrive early for your follow-up office visit to allow time for the screening. This screening is serious. Please answer the screening questions honestly and correctly. Thank you for your understanding."

Tips for the patient:
Make sure you're in a quiet place with minimal/no distractions.

If using a cell phone, make sure it is charged and you are in a location with good reception.

What kind of visit do I need to schedule for a telephone encounter?
TELEPHONIC VISIT (OVO or Tele Visit). Follow the job aid in this document for documentation and billing.

What is the place of service (POS) for a TELEPHONIC VISIT?
Patient Home (there is only one option listed in Epic).

Do these telephonic visits generate a copay?
It is likely there will be patient responsibility which is why the patient needs to be notified that there may be a patient responsible portion and this must be documented by the provider in the chart note for the service as consent to the visit.

What is the cost of these visits? Will insurance cover these visits?
Similar to an office visit, it depends on the nature of the visit. We encourage patients to reach out to their insurance companies to verify coverage as needed.

Why is Swedish billing for these visits?
In the past, these visits have not been billable by all insurances. Now in response to the Coronavirus situation, the federal government and Medicare are now permitting health care organizations to bill for these visits. These visits will be billed like an in-person visit to your doctor or other provider. There will not be additional charges or fees.

What happens if a patient refuses to do the visit by phone?
Patients should be educated on the benefit of receiving care via a telephone visit. If patient chooses not to engage or initiate a telephone visit, alternative options may be offered at the discretion of the provider.

Who should a patient call when they need help?
Inform the patient to call the clinic back at their soonest convenience if they experience any problems.

Information for Providers

Why does a patient have to consent to a telephone visit?

We want to verify that patients understand that this visit will be nearly identical to an in-person office visit, and may possibly be billed the same way. Include **.PHONEVISIT** dotphrase in your visit note to complete consent.

How is "patient initiated" defined?

Patient initiated is defined as: 'by patient consent' or as: "patient agrees to receive their care in that manner". Per legal counsel, the term "Patient Initiated" should be given a plain meaning interpretation (per PSJH). Per Medicare, practitioners may educate beneficiaries on the availability of this kind of service prior to patient initiation.

How do I bill for this service?

CPT	Description	Documentation	CPT Code	TRVU	WRVU	Payers?	Example of use
Telephone Assessment/Visit *Established patients only*	Telephone E/M service provided by a physician or QHP to an established patient, parent, or guardian Not originating from a visit diagnosis used within the last 7 days or the decision to schedule an appointment	Total Time Spent w/ Patient Patient Initiation/Agreement to Visit/Consent Medical Decision Making Participant Names	**99441** (5-10 min) **99442** (11-20 min) **99443** (21-30 min)	0.4 – 1.14	0.25 - 0.75	**Medicaid** **(WA – yes;** *other states may vary*) **Commercial** *(by contract)*	Time-based, consented telephone appointment
Brief assessment via telephone *Established patients only*	Brief communication technology-based service (telephone call in this case) by a physician or other qualified health care professional who can report evaluation and management services.	Total Time Spent w/ Patient Patient Initiation/Agreement to Visit/Consent Medical Decision Making Participant Names	**G2012** (5-10 min)	.41	.25	**Medicare** (and technically **Medicaid** *if* you add the CR modifier, but consider using the billing codes/options above)	

Table Updated 3/24/2020

Do providers need any modifiers (such as PJ) for billing a telephone visit?

The PJ modifier will be automatically applied, if applicable. No action needed by providers.

Should I use a G code for this visit?

See the "How do I bill for this service?" above. For commercial insurance, use 99441-3, for Medicare use G2012. Do not use these together.

What happens if the call or the connection is lost? Do I still bill for the visit?

Attempt to call the patient back. If the call is lost or connection is not retrieved, DO NOT bill the patient for the visit. If the call resumes, document the interruption just as you would if you were pulled out of the room for an in-person visit. This is a true time-based billing appointment per CMS versus a purely problem-based visit.

Is it possible to perform certain TCM visits using the 'Telephonic Visit' visit type?

> The initial contact is made by phone, and the second contact MUST be face-to-face within a certain timeframe. This part of TCM would **not** be able to be completed via a telephonic visit.

Is there further information on billing and coding from our Coding and Compliance Team?

> Yes. The general updates can be found [here](#)

> The COVID19 FAQ-Coding Updates can be found [here](#) as of 3/20/20

Telephone Visit Job Aid

Telephone Visit Job Aid

To provide a mechanism for appropriately using, coding and documenting billable telephone visits (99441-99443).

Telephone visits may be used periodically on a regular basis, <u>but can be particularly useful when there is need for patients to avoid exposure to infectious disease in the clinic setting</u>, or if a provider needs to provide patient care but is not physically present in the office.

Documentation Requirement by the Provider
- Patient consent to telephone consult
- Participant names
- Chief complaint/reason for telephone visit
- Mark as reviewed: allergies, meds, problem list
- Relevant history, background and/or results
- Assessment/Plan
- Total time spent on medical discussion

Workflow

1. Clinic designated staff member initiates call to patient 5-10 minutes prior to scheduled appointment time.

Staff member script:
"Hi _____, this is _____ calling from Swedish. I'm calling to check you in for your telephone visit at _____ time. Before we move forward, I want to note that this telephone visit is in place of a face-to-face visit, and as such you may be billed for the services we provider. Your provider will walk through the consent process with you at the start of your visit to meet insurance regulations.
Caregiver verbally completes check-in and registration.
"Thanks so much, your provider is currently finishing up with another patient. I'm going to hang up now and your provider will call you back shortly. Please stay by the phone."
Caregiver informs provider that the patient is ready to start (clinics to determine own workflow) and they need to call the patient back to begin the telephone visit.

2. Provider then opens encounter on their schedule, clicks "Start Visit", performs the call, and documents note via smart phrase **.phonevisit**. Provider must associate relevant diagnoses to encounter, select appropriate LOS based on length of call, and close encounter.

Please note: If a patient needs an interpreter for the visit, please utilize the normal channel for telephonic interpreter services.

Coding

CPT	Description	Documentation	CPT Code	TRVU	WRVU	Payers?	Example of use
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Dotphrase

Subjective:

Patient ID:@NAME@ is a @AGE@ @SEX@.
CC: ***
Participants: (Multiple Select List: Patient, Patient's Spouse, Patient's Parent or Guardian, Patient's Caregiver, ***)
 Patient verbally confirmed @HIS@ choice to initiate care by, and consents to receive care by Telephone.
 HPI:
***

Assessment & Plan:

 @DIAGX@
***

Clinical discussion length: {DISCUSSION LENGTH:52649}

Patient has not been seen in office within the past 7 days, and outcome of this call is not to recommend soonest available office visit.

Follow up instructions: ***

Scheduler Job Aid: Flipping to a Telephone Visit

This workflow instructs a caregiver on how to change an office visit to a **telephone visit**.

Using the visit type, **"TELEPHONIC VISIT"** ensures the provider and the care team are aware that the visit is occurring via telephone and not in the office.

1. You will receive a request from a provider indicating they would like the patient to be scheduled for a telephone visit.

2. The patient will either schedule in office, by phone or will need to be contacted to schedule the visit.
   a. Verify patient is eligible by asking the following questions:

      i. Is the patient currently in the state of Washington? Will patient be in Washington for the time of the telephone visit?
         1. If **NO** – patient cannot participate in a telephone visit
            a. Confirm with provider & follow provider direction:
               i. If patient can be rescheduled to later date
               ii. If patient must be seen ASAP, keep patient's current office visit or schedule patient ASAP
         2. If **YES** – patient is a candidate for a telephone visit; proceed to next question

      ii. Does the patient have access to a dedicated telephone line & the ability to talk privately?
         1. If **NO** – patient cannot participate in a phone visit
            a. Confirm with provider & follow provider direction:
               i. If patient can be rescheduled to later date
               ii. If patient must be seen ASAP, keep patient's current office visit or schedule patient ASAP
         2. If **YES** – scheduler change patient's office visit to telephone visit

      iii. To schedule the telephone visit in EPIC:
         1. Have the **DAR open** (or Appt. Desk, then select patient)
         2. Select the patient
         3. Click on **Appt. Desk**
         4. Click **Schedule Appt.**
         5. Make Appointment screen:
            a. Department: *Select your clinic department*
            b. Appt. notes: *Telephone Visit*
            c. Visit type: **Telephonic Visit [1009000]**
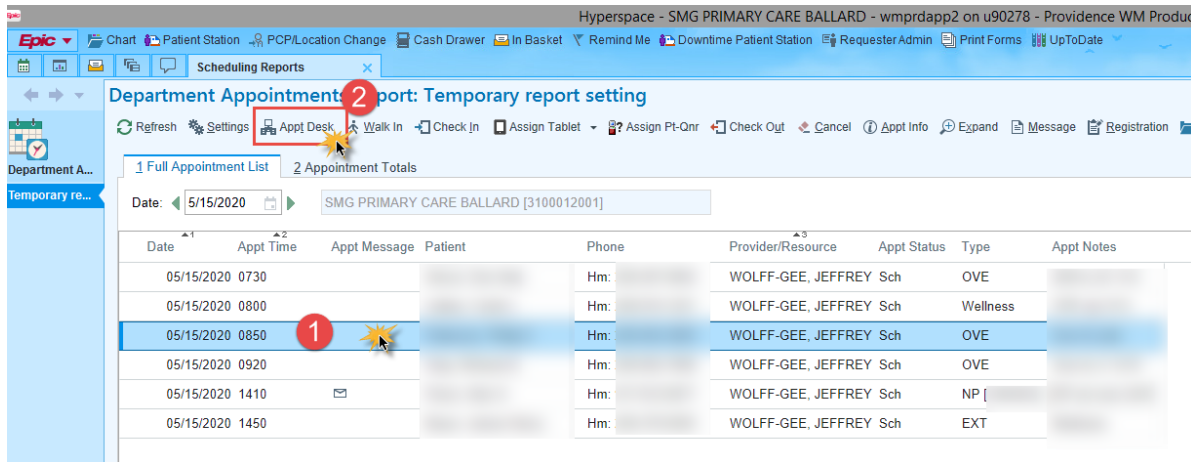   d. Ask Epidemic Screen questions appropriately

See below for screen shots.

Scheduler Job Aid: Flipping to a Telephone Visit (cont.)
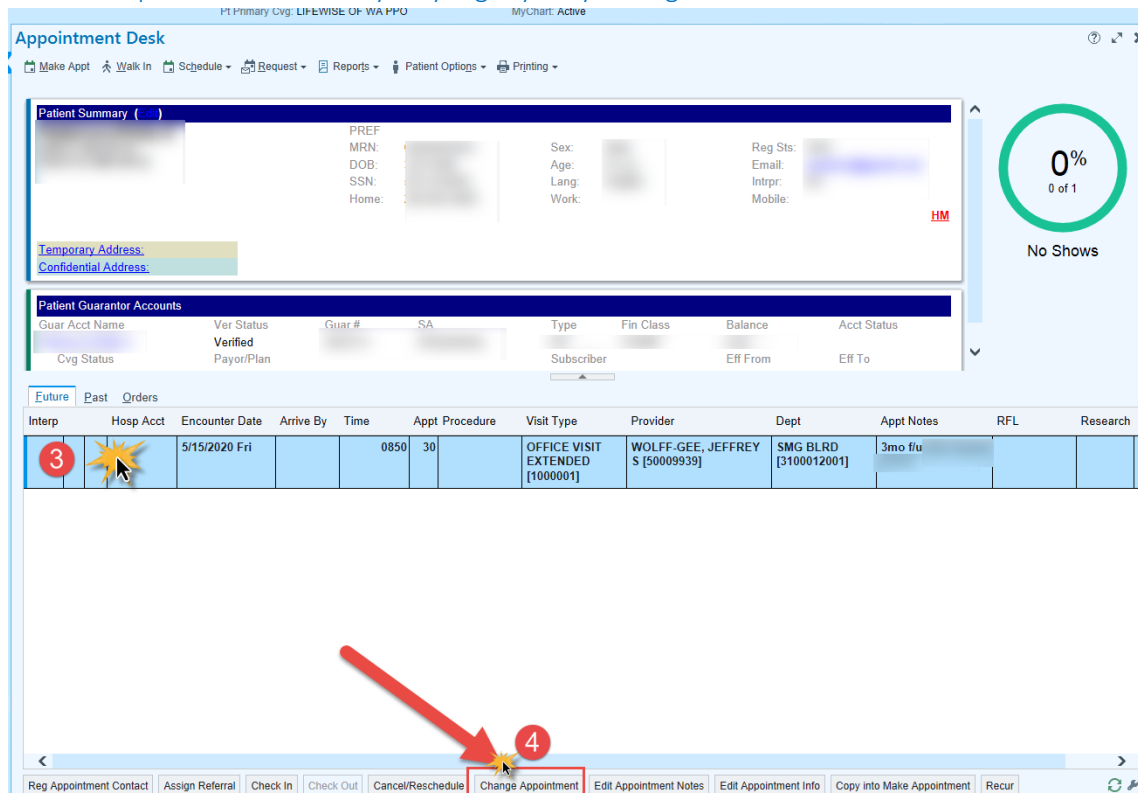
Select the patient in your schedule view.

1. Click "Appt Desk":
   Note: Epic Screen views may vary slightly for your region

2. Select the visit you are changing so that it is highlighted in blue (the current appt and any future ones will display in the display area).
3. Select "Change Appointment":
   Note: Epic Screen views may vary slightly for your region

4. Select the spyglass attached to "Visit type".
5. Select "Telephonic Visit".
6. Click "Accept":

Note: Epic Screen views may vary slightly for your region

Select "Change":

7. Click "Accept":
   Note: Epic Screen views may vary slightly for your region

8. Select "Finish"

9. In the "Type" column of the Provider Schedule, you can now see that this is a **Telephonic Visit**.

3/26/2020

# Provider Job Aid: Quick Appointment Process for Provider Only (Outside of office hours, including weekends)

Important information:

- Quick Appointment *requires providers to pend signing their visit*, until the clinic care team can check-in and register the visit. This is to avoid any delays with claim errors.
- Providers working under *Hospital Billing Clinics* <u>cannot</u> *use Quick Appointment, as a Hospital Account Record (HAR) will not be attached.*
1. Go to patient's chart.
2. Go to More button -> Schedule -> Quick Schedule (favorite this section by clicking on the star next to the description)

Note: Epic Screen views may vary slightly for your region

3. The Quick Appointment Screen displays the following (*note that many are hard stops that must be completed):
   - Enter 'Telephonic Visit' in Visit Type Field
   - Complete the Epidemic Screen Questionnaire: Select "unable to assess".
   - Select a time slot for today's date and double click or enter the Appt time manually.
     - o Entering the Appt time manually will support when there is no opening on your schedule.
     (For example: after hours or no schedule built)
     - o An appointment warning will pop-up: Click "continue".
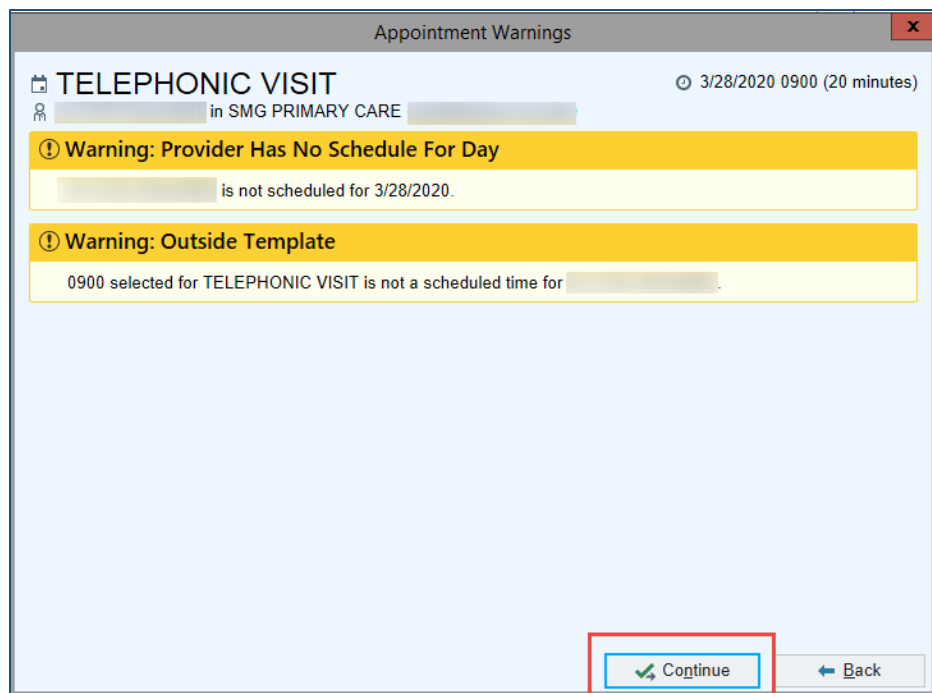
- Add appointment note: *"Telephone Visit"*
- Click Schedule:

Note: Epic Screen views may vary slightly for your region

You can then move through the visit as usual.

*To reiterate: This process **requires providers to pend signing their visit**, until the clinic care team can check-in and register the visit. This is to avoid any delays with claim errors.
Additionally, it is imperative to notify your care team that you saw patients after hours or over the weekend, so they can register the appointment the next business day. To avoid End of Day (EOD) status changes, schedulers need to ensure the registration and check-in is completed within 48 hours of scheduled appointment date.