

From the Office of Clinical Informatics

Provider TeleHealth Visit

Updated: October 6, 2020

On the day of the scheduled "virtual" appointment, the provider will follow the recommended workflow to "seeing" the patient, selecting the correct E&M charge, and creating an office note. This will ensure that the appointment will flow smoothly for the patient and for the entire staff. Following this recommended workflow will ensure that documentation is complete and the charges will drop appropriately.

## Need Help? Let's get you to the people who can best help you...

If you need assistance as you work through this process, please be sure to reach out to the most appropriate resource. Routing your question/issue to the correct group will reduce bottlenecks, minimize wait times, and help us get you up and seeing patients as quickly as possible. Please follow these guidelines...

<u>Issue/Question</u>	Contact Info
Non-technical, clinical questions	Click here to reach out directly to Clinical Informatics. You can also use the Self-Service Portal (https://emh.service-now.com/esp) and click the link in the lower right corner labeled, "I need personal assistance with Cerner/Meditech."
All other issues	Call the Help Desk at 207-973-7728 or 1-888-827-7728 or use the Self Service Portal.

# Prior to Using Zoom

To ensure that the TeleHealth visit goes smoothly, here are some important information and recommendations from the pilot program:

Zoom is HIPAA compliant. Use of other electronic video methods is prohibited.

#### NOTE:

During the COVID-19 pandemic, FaceTime and Google Duo have been authorized for patient/family communications only. All provider and patient interactions must continue to use the organization approved, HIPAA compliant Zoom platform. While the Office of Civil Rights (OCR) has temporarily suspended enforcement for noncompliance with the regulatory requirements under the HIPAA rules for the use of telehealth solutions, Northern Light Health has entered into a business associate agreement (BAA) with Zoom to provide better privacy protections for our patients than is offered by these other video communications platforms.

- ▶ Play with the camera ahead of time for quality. Please ensure that the webcam is not covered.
- Remember to look into the camera for eye contact with the patient so he/she knows that you are listening.
- > The camera will allow the ability to zoom in for more details within the video feed.

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### TeleHealth Visit

The recommended documentation workflow for telemedicine visits follows the in-person visit workflow. Utilizing the same tools such as the Ambulatory Organizer and the Ambulatory 2018 MPage will ensure that the right FIN is selected.

### E&M Charges on All Quick Order MPages

These E&M charges are labeled "Home Telemedicine Visits."

- The codes are currently available for physician, physician assistant, and nurse practitioner visits.
- Telephone Non-Physician codes have been moved to the bottom of the Home Telemedicine Visits. These codes are available for non-provider disciplines.
- The codes for Telephone Visits has been removed.
  - Coding teams will audit the documentation 100% of the time for these services and will modify charges for accuracy in reporting to the payers.

#### Documentation Requirements

Please use the Office Visit template. In order for coding teams to assist in capturing the appropriate charges, please use the following autotext: /telehealth\* in the History of Present Illness component. The autotext will include the following:



- **Informed Consent:** This needs to be added to every telehealth visit to meet billing requirements which will state the following:
  - o Informed consent: This is a telehealth visit with the patient, who is located in their residence. The Provider informed the patient of the benefits and risks of telehealth, including the risk that personal information could be exposed during a telehealth visits, or that technical problems and/or the type of health problem being treated could result in suboptimal transmission of information for medical decision making. Patient understands they have the right to discontinue or refuse treatment at any time, and request the same service in a face-to-face setting. Patient verbalized consent for this visit.

The following was discussed with the patient by office staff: The patient was informed that the visit will be documented in the patient's medical record, same as with face-to-face visits. The Patient understands they have the right to verify the identity of their telehealth provider.

• **Provider Location**: The provider location needs to be included in every telehealth visit for billing purposes.

- Home the providers home.
- Office the providers home base/practice

Location:

Office
Home
NLH Hospital/Practice
Non-NLH Hospital/Practice

Patient Location:

NLH Hospital/Practice Location other than Home/NLH

Non-NLH Hospital/Practice

- NL Hospital/Practice any Northern Light Hospital or Practice location that is not the providers home base.
- Non-NLH Hospital/Practice any location other than the providers home or a NLH location.
- Patient Location: The patient location needs to be included in every telehealth visit for billing purposes.
  - Home the patient is at their residence.
  - NLH Hospital/Practice located at any NLH Hospital/practice
  - Location Other than Home/NLH any location that is not a medical facility.
  - Non-NLH Hospital/Practice Any medical facility not associated with Northern Light Health
- **Intended Modality:** This will auto-populate to Telehealth.
- Modality of Service Performed: If the intended modality cannot be performed, please use
  the dropdown and pick the appropriate sentence. This sentence will ensure that the visit
  will be coded as a telehealth visit successful or not.
  - Successful video telehealth visit.
  - Visit completed by telephone as video link not available.
  - o Telephone: Patient Declined Video Service.
- **Complete Documentation in typical APSO, SOAP** (Maine Coast) format to degree applicable.
- Total Time of Visit
- Place Follow Up Order If Needed
- Conclusion of Visit
  - Option #1: Print Ambulatory Patient Summary and mail to patient.
  - Option #2: Send Ambulatory Patient Summary using the patient portal.