Cleveland Clinic

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DIGITAL HEALTH PLAYBOOK

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April 13, 2020

Overview

The COVID-19 pandemic radically changed healthcare care delivery over a short period of time. In part due to social distancing requirements, the rapid pivot to and expansion of telehealth became necessary to ensure uninterrupted access to meet patient needs, minimize healthcare worker exposure, and contribute to the overall effort of "flattening the curve" by keeping patients home.

Despite early adoption of digital care by Cleveland Clinic,[1] telehealth represented less than 2% of the total care provided throughout our organization in early 2020 — an experience not unlike that of other large healthcare organizations. However, Cleveland Clinic leadership quickly realized the importance of remote care in the context of COVID-19 and activated a rapid transition plan even before the first confirmed case of COVID-19 in Ohio on March 9. Elements of this plan included:

- ***Expansion of telehealth privileges*.** In step with state and federal guidance, Cleveland Clinic's legal department provided guidance early in the pandemic to allow Cleveland Clinic providers (physicians, nurse practitioners and physician assistants) to (1) provide COVID-19 related virtual care to any established patient in any state or US territory; (2) provide care using several modalities (including telephone); and (3) prescribe controlled substances to established in-state patients at virtual visits.
- ***Expansion of digital platforms*.** With the rapid and massive transition of 19 clinical institutes (representing close to 4,000 physicians) to digital care, our Information Technology leadership quickly ramped up additional platforms by which providers and patients can interact remotely. These included workflows that surround the use of video chat applications such as Apple© FaceTime, Google© Duo, and Doximity© Dialer.
- ***Training and reorganization of the workforce*.** In order to provide patient continuity in a digital world and meet the increased demand for care of those exposed to, or infected by, COVID-19, primary care and subspecialty teams were quickly trained, as well as asked to flex site of care delivery outside of their usual clinical niche.
- ***Development of a standard playbook*.** Creation of a unified dynamic playbook that lived in a central COVID-19 internal website greatly improved use and efficiency in a platform on which providers did not previously engage.
- ***Communication*.** Leadership at various levels huddled daily, across workgroups and translated key points to the frontlines regularly. This transparency at a regular cadence allowed for innovation, quick iteration and early success.

In addition, Cleveland Clinic's legal and finance leadership quickly recognized the need to eliminate payment barriers that could otherwise disincentivize patients from pursuing appropriate care. The organization relied on flexibility provided by the federal Centers for Medicare & Medicaid Services and private payers to institute telehealth co-pay waivers and billing processes, in effect allowing any patient, regardless of payer status, to receive virtual care during the COVID-19 pandemic.

Please note that while many of the processes and information described in this document and the supporting materials may be broadly applicable, there are factors that will impact whether and how it can be adopted by other organizations or individuals. Factors that should be evaluated in implementation include: regulations in the state where the organization or individual is located; the electronic medical record used; and whether a particular clinician is hospital-based and/or employed by a hospital or health care system.

[1] Cleveland Clinic has been in the forefront of digital advances in the delivery of healthcare. Since 2014, with the launch of its telehealth consumer program, the scope and variety of digital patient encounters have grown — from on-demand and scheduled virtual visits, to eConsults, virtual rounding, eICU, mobile telestroke and remote patient monitoring.

Making Distance Health a Reality

In the span of 6 weeks (from March 7 to April 11), total Cleveland Clinic outpatient visits went from 2% remote (virtual or phone) to 75% remote. In that time, hundreds of providers were newly trained or retrained in the available virtual platforms. The three primary categories of digital care include on-demand care, scheduled virtual care and remote monitoring.

On Demand Care

By March 12, various government and Cleveland Clinic media were encouraging the public to seek medical care via remote access for their COVID-19 related symptoms and concerns. Cleveland Clinic's public on-demand platform (Express Care Online©) saw a 10-fold increase in volume, quickly overwhelming the workforce dedicated to this service.

To organize the effort to expand the digital care workforce, several steps were taken almost simultaneously:

- ***Synchronous and asynchronous video training of providers*.** Multiple training sessions were hosted to quickly bring providers online, with attendees numbering in the hundreds at times. A total of 350 providers were trained in 6 virtual sessions in the first week. These included live demonstrations on how to navigate the virtual portal; how to add and access various Epic© workpools; how to interact with patients either through video or telephone; and how to troubleshoot if video access is lost by switching to phone or an alternative video application.
- ***Creation of new documentation templates*.** COVID-19 documentation templates within Epic© electronic medical record were standardized for use across specific modalities (virtual visits, eVisits, telephone encounters). Structured data elements allow for tracking of provider and visit activity.
- ***Creation of new workflows*.** As they completed training, providers were assigned to specific workflows that supported the large surge of patients requesting COVID-19 advice, testing and evaluation.

Workflows to address on-demand patient care include both synchronous and asynchronous modalities:

- ***Express Care Online© (ECO)*.** This is a third-party platform Cleveland Clinic uses to provide synchronous patient-initiated visits. Launched as a consumer program in 2014, this is accessible to our established patients, in addition to individuals who are not established Cleveland Clinic patients. This was the primary platform by which those exposed to, or potentially infected with, COVID-19 were triaged and testing ordered during early March.
- ***Telephone Triage*.** As ECO demand ramped up with resulting long waiting times, a complementary synchronous workflow was created to connect with patients waiting in the ECO queue and triage their symptoms telephonically.
- ***eVisits.*** This is asynchronous communication with a patient via an online questionnaire. Specific COVID-19 eVisit questionnaires were created in early March to streamline testing requests.
- ***COVID-19 Results Management*.** As COVID-19 testing ramped up, a dedicated pool of providers reviewed the results, communicated directly with patients, and provided home isolation instructions. With the creation of the COVID-19 monitoring program, this workflow was discontinued by mid-March.

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To date, over 200 providers augment the Express Care Online© platform to provide 24/7 virtual access without the need for a scheduled appointment. The majority of providers are primary care physicians, nurse practitioners and physician assistants. These providers split their time between staffing the on-demand platform and providing in-person or virtual primary care in their home sites or physical Express Care© sites. The platform currently sees an average of 600 visits per day, from a high of 1,000 visits per day in early March.

Scheduled Virtual Care

At the same time that on-demand care was ramping up, Cleveland Clinic patients and providers became interested in receiving and providing care that minimized the need to see each other in person, when possible. Using a similar framework to train providers to go online, develop specialty-specific documentation templates and iterate workflows, Cleveland Clinic achieved a remarkable shift toward predominantly virtual outpatient care in a short period of time.

Additional operational elements include:

- ***Proactive patient outreach*.** In a team-based approach, clinical teams reached out to patients scheduled 2-4 weeks in advance to inquire if a virtual encounter would meet their healthcare needs. Patients were enrolled in the Epic MyChart© patient portal, provided instructions on the process, and in some instances, offered the opportunity to do a test visit.
- ***Proactive schedule management*.** Primary care teams incorporated "PCP Flex slots" in their schedules that gave the teams flexibility during the clinic day to add on virtual visits, complete virtual training, or proactively reach out to patients who may be at increased risk of poor outcome if infected with COVID-19.
- ***Ease of scheduling*.** Organization-wide changes related to template slots for scheduling were quickly implemented to allow all scheduling teams (both central and local practice-based) to offer virtual visits seamlessly to patients.

Remote Monitoring

As the number of identified COVID-19 positive cases increased, an organization-wide, standard, comprehensive approach was needed. A multidisciplinary working group came together in mid-March to design the intervention, which identifies all Cleveland Clinic-tested COVID-19 positive patients, monitors their symptoms daily and escalates any concern quickly in order to intervene prior to decompensation. The clinical monitoring is aided by a self-reporting app within the patient portal, along with pulse oximetry and temperature monitoring. To date, over 1,000 patients have been enrolled in the program.

Cleveland Clinic continues to explore new, innovative ways to meet patient needs through distance health, and believes these solutions will continue to deliver value in a post-COVID-19 environment.

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Timeline of Escalation of Distance Health Efforts

March 1-16

- 112 providers added to Express Care Online©
- Express Care Online© Telephone Triage introduced
- COVID-19 Results pool introduced
- Began conversion of in-person scheduled visits to virtual visits
- Milestones:
  - > 4,500 Express Care Online© visits
  - 1,280 scheduled virtual visits
  - 3,704 telephone interactions
  - 792 eVisits

March 16- April 12

- +110 providers added to Express Care Online©
- 150 Speciality providers trained to support on-demand access via asynchronous instruction
- New telephone encounter platforms introduced for scheduled virtual care
- > 75% conversion of scheduled in person visits to virtual visits; new scheduling block for virtual visit implemented
- Distance Health playbook introduced
- Milestones:
  - > 17,000 Express Care Online© visits
  - > 80,000 scheduled virtual visits
  - > 49,000 telephone interactions
  - 4,316 eVisits

AMBULATORY PLAYBOOK

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Dear Institute Leadership,

We have been asked to help expedite the conversion of **ambulatory outpatient** visits to Distance Health offerings. This playbook is designed to be informational and actionable in order to assist your institute in making the changes. It is continuously being updated. We will continue to make changes and note the key updates as they are made.

What you need to know:

- The focus of this document is Cleveland Clinic Employed Physicians and Advance Practice Providers; Accommodations may have to be made for Cleveland Clinic Akron General and Cleveland Clinic Florida (Weston, Martin and Indian River).

- Expanded Distance Health services may be used by CC Providers to provide care to patients with (1) COVID-19 like symptoms or (2) any other condition where providing the distances health service supports the goals of minimizing potential exposure and/or transmission of COVID-19, who are at home, in other facilities, or confirmed self-isolated patients, **until further notice**.

- All Distance Health patient fees and copays will be waived during the COVID-19 pandemic. Patients will not be financially responsible for virtual care that is not reimbursed by either CMS or commercial payors, including both telephonic and virtual visits.

- We will be converting scheduled in-person visits to distance health visits. The format of the visit will be up to the discretion of the provider.
    - In-Person Visits to Telephone (Audio Only)

    - In-Person to Virtual Visits (Audio + Video): platform may include Apple FaceTime (iPhone only) or Google Duo (Desktop, iPhone and Android). The patient will need to download the Google Duo app on their phone.

- Non-Scheduled ("On Demand") Visits
    - The American Well platform will be dedicated primarily to "On Demand" Visits (Express Care Online) by primary care providers in NE Ohio (including Akron) and Florida Weston Campus, as well as providers in the labor pool supporting ECO in the short term. Other departments already providing "On Demand" services may continue as they had previously.

- Asynchronous options are currently available and may be used if they have already been set up for your department. These include but are not limited to: eVisits (initiated by patient) and eConsult.

What you need to do

1. We will work with in the team identified by your institute to help you implement distance health strategies.
2. Review scheduled visits through the next 4-8 weeks and appointment requests for the next 8 weeks.
    - Ask your clinicians to confirm that appointments and appointment types are appropriate for a "Phone / FaceTime Visit" type
    - Address those that cannot per your department protocol
3. Have your PSS's reach out to patients to:
    - Notify them of change to visit format and absence of co-pay fee.
    - Switch the visit type to "Phone / FaceTime Visit [59252]" (If not already scheduled as an Express Care Online virtual visit).
        - Note that if your department/institute currently has virtual visit and/or telephone visit workflows in place, continue to leverage those visit types and workflows.
    - Confirm patient's cell phone number, and document whether it is an iPhone/Android smart phone in the appointment comments
        - If the patient has an Android phone, have them download Google Duo
4. Create a process flow for clinicians who are new to distance health AND have them download the "Google Duo" application to their CC phone
    - If unable to connect with patient via virtual visit platform, call the patient on the phone (to block your number, dial *67 before entering the patient's phone number)
    - Once connected with the patient by phone
        - If video IS NOT needed, continue as a telephone visit
        - If video IS needed and…
            - Patient has an iPhone, switch to Face Time or Google Duo
            - Patient does NOT have an iPhone, use Google Duo
5. Provide guidance on how to appropriately document and bill. There are additional details in this provider education document.

Overview of Options Available

Program (Type)	Purpose
Phone appointment calls (audio only)	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment**.**
Virtual Visits (audio + video)	• Interactive **audio and video** telecommunications system in real time • Includes Express Care Online and FaceTime or Google Duo (Temporarily permitted during COVID-19 pandemic)
eVisit (initiated by the patient)	• Online patient portal for an online digital E/M service, for a new or established patient, for up to 7 days, cumulative time during the 7 days; Initiated by message from patient in MyChart

How to Bill

Program (Type)	Billing Codes	Documentation Requirements
Phone appointment calls (audio only)	Codes to be used by Physicians and LIPs: • 99441 Telephone E&M: 5-10 minutes • 99442 Telephone E&M: 11-20 minutes • 99443 Telephone E&M: 21-30 minutes • 99442 + 99443 Telephone E&M: > 30 minutes (i.e., 45 minutes = 99442 + 99443) **see screenshot below*	• These are time based and must be documented (Time Based 3 Levels - (1-10 / 11 – 20 / 21 – 30) • Standard documentation for E&M's • Document that visit was done by telephone • Document that consent from patient was received
Distance Health Visits (audio + video) *Express Care Online, FaceTime or Google Duo*	Codes to be used by Physicians and LIPs: • New online E&M level 1-5: 99201-99205 • Established online E&M Level 1-5: 99211-99215 **See screenshot below*	• Document through standard templates or time-based billing • Document that visit was done virtually

*All codes available in "virtual" preference list
** Billing indicator and logic available to adjust any patient responsibility to Charity transaction code
***Your revenue cycle partners and physician documentation champions will have additional details if needed

Telephone Visits*

CPT	Description (MD & LIP)	Time
99441	Telephone E&M by a physician or other qualified health care professional	5-10 minutes
99442	Telephone E&M by a physician or other qualified health care professional	11-20 minutes
99443	Telephone E&M by a physician or other qualified health care professional	21-30 minutes

Distance Health Visit (Established)

Established Office Patients				
MDM	E/M	Hx	Exam	Time*
None	99211	None	None	5
SF	99212	PF	PF	10
Low	99213	EPF	EPF	15
Mod	99214	Det	Det	25
High	99215	Comp	Comp	40
Requires 2/3 key components				

Distance Health Visit (New)

New Office Patients				
MDM	E/M	Hx	Exam	Time*
SF	99201	PF	PF	10
SF	99202	EPF	EPF	20
Low	99203	Det	Det	30
Mod	99204	Comp	Comp	45
High	99205	Comp	Comp	60
Requires 3/3 key components				

*If time exceeds 30 minutes, a combination of above codes should be entered into charge capture (i.e., 45 minutes = 99442 + 99443)

Legal Guidance on Distance Health (Virtual Visits and Telephone Visits) and Prescribing During the COVID-19 Pandemic

The federal government and the State of Ohio recently relaxed standards for prescribing controlled substances during the pandemic. For ease of reference, we have summarized what is acceptable at this time for both non-controlled and controlled substances via telemedicine, including virtual visits, and by telephone. This guidance applies to all **Ohio-based physicians, physician assistants, and nurse practitioners** acting within the scope of their licenses and **consistent with their DEA registration**, except as specified in the hyperlinked documents.

How to Operationalize

Program (Type)	Action by PSRs	Actions By Gatekeepers	Actions by Revenue Cycle	Actions by IT
Phone appointment calls (audio only)	• If calling patients, use script below for reference. Remind patients that there are NO co-pays required • Convert visit to "Phone / Facetime Visit [59252]" ** • Ensure all patients are checked in at the end of the day		1. Confirm codes are present on provider preference cards 2. Develop education and audit activity	
Virtual Visits (audio + video) *Express Care Online, FaceTime or Google Duo*	• If calling patients, use script below for reference. Remind patients that there are NO co-pays required • Convert visit to "Phone / Facetime Visit [59252]"**	If you're using virtual visit types, gatekeepers need to work with AOS to request visit types in each department and update template with	1. Create codes on preference cards 2. Develop education and audit activity	Enroll new providers from the labor pool who will support Express Care Online "On Demand" visits.

	• For those already using Express Care Online, continue to use the department Virtual Visit types in place • Ensure all patients are checked in at the end of the day	appropriate blocks for virtual visit scheduling.		

** If your department or institute currently has a phone visit type and/or workflows in place, please continue to leverage those visit types and workflows. The Phone/FaceTime Visit Type was created for departments/Institutes that does not have other alternatives in place.

Scripting

Phone Call to Patient:

- We want to minimize the risk of exposing you to illness. Your provider has reviewed your chart and made the recommendation that the safest option for your upcoming appointment on *** is to:
  - To change your office appointment to a telephone call or virtual visit
  - To confirm your cell phone number (document whether iPhone or Android in appointment comments)
  - If utilizing a virtual visit and you are an Android user, please download the Google Duo app before your appointment
  - Your provider will initiate the call or virtual visit

My Chart Message

- You have an established patient office visit on XXXX at XXXX. Your provider would like you to know that they can complete your future office visit virtually. It is easy to use and will help you avoid traveling into the office. Please send a MyChart message to your physician today or call the Access to Care Center in order to change your appointment to a virtual one.

CLINICIAN TRAINING

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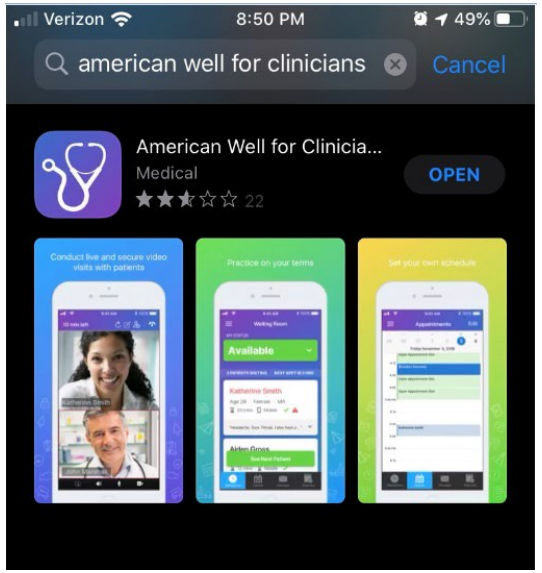
Virtual Visit Overview and Training

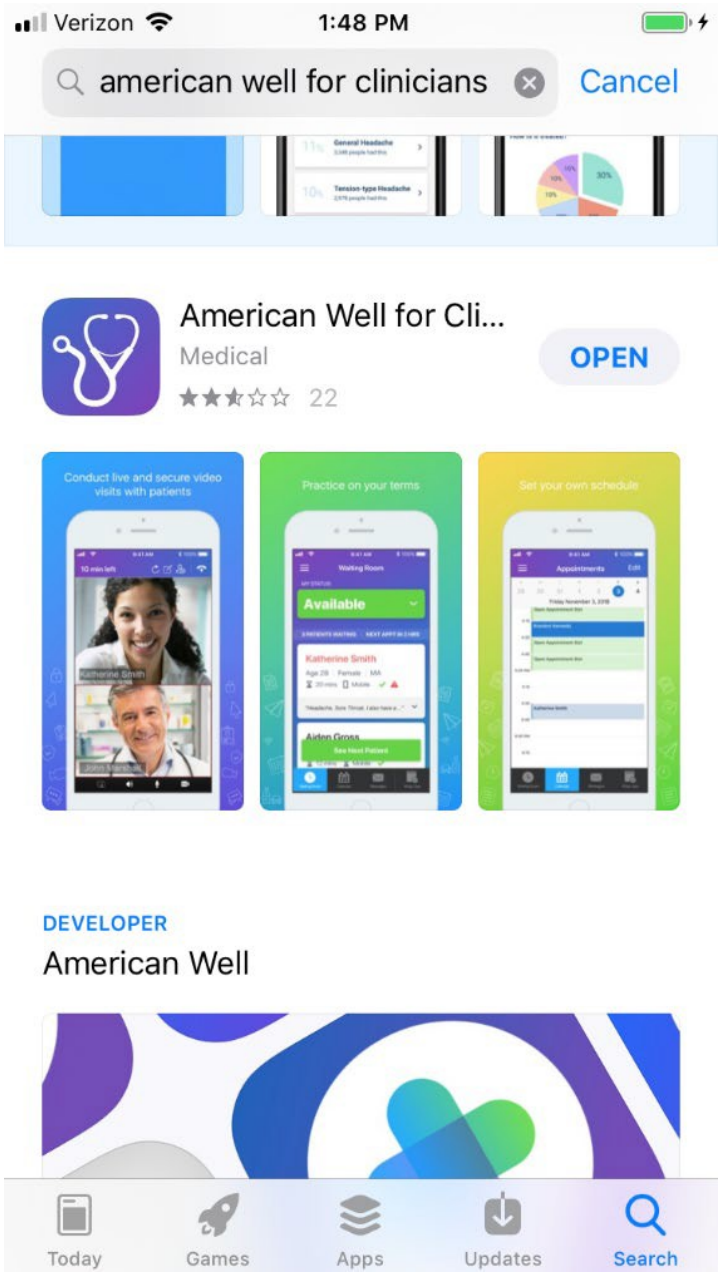
Introduction

- This is an abbreviated training.
- Your profile is being built!
  - You will receive an email confirmation when it is complete.
- Your schedule is in EPIC — no different than today,
- You document in EPIC — no different than today.
- You bill from EPIC — Virtual Visit Established Patient within your preference list.
- You will be receiving several documents or a link to the documents that you need to review.
- Your schedulers are receiving their own training session. They can't schedule these until their training is complete.
- If you have questions regarding billing: Please note we will be attaching a number of documents to this course that cover billing. Please review the documents and if you still have a question you can reach out to your department's billing specialist for the most up-to-date information.

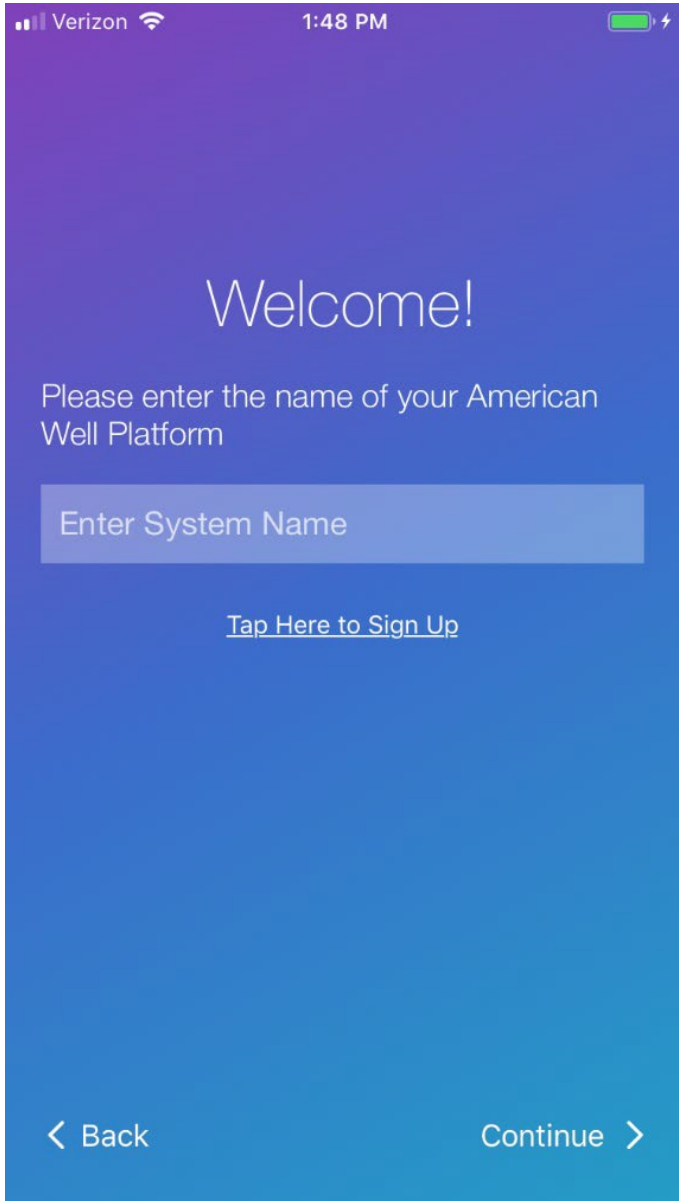
Provider Training Considerations

- Access the American Well Platform
  - iPhone App Store (preferred)
  - Desktop website – Today Page > All Login Accounts > Express Care Online for Providers.
- Provider login ID & Password
  - Provided by Digital Support
  - Help desk can assist (4HELP) if you have forgotten your password and need it reset.

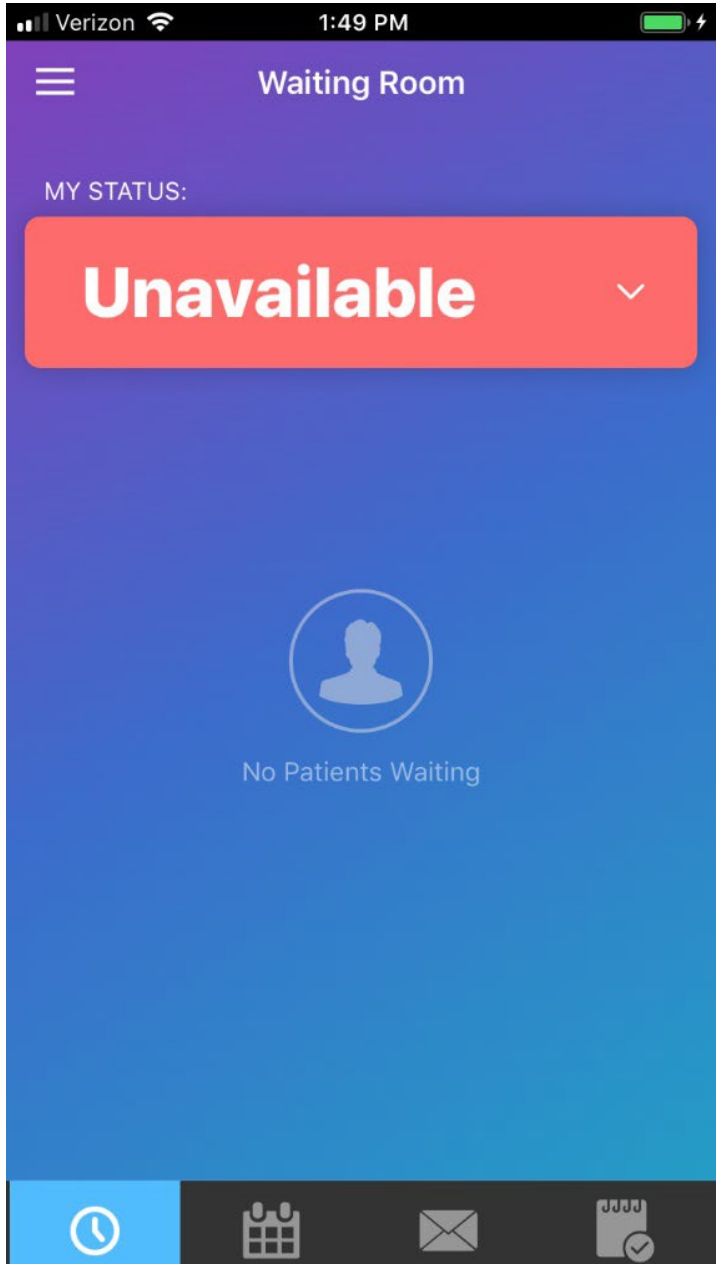




In the Apple app store search for "American Well for Clinicians" and download the app.



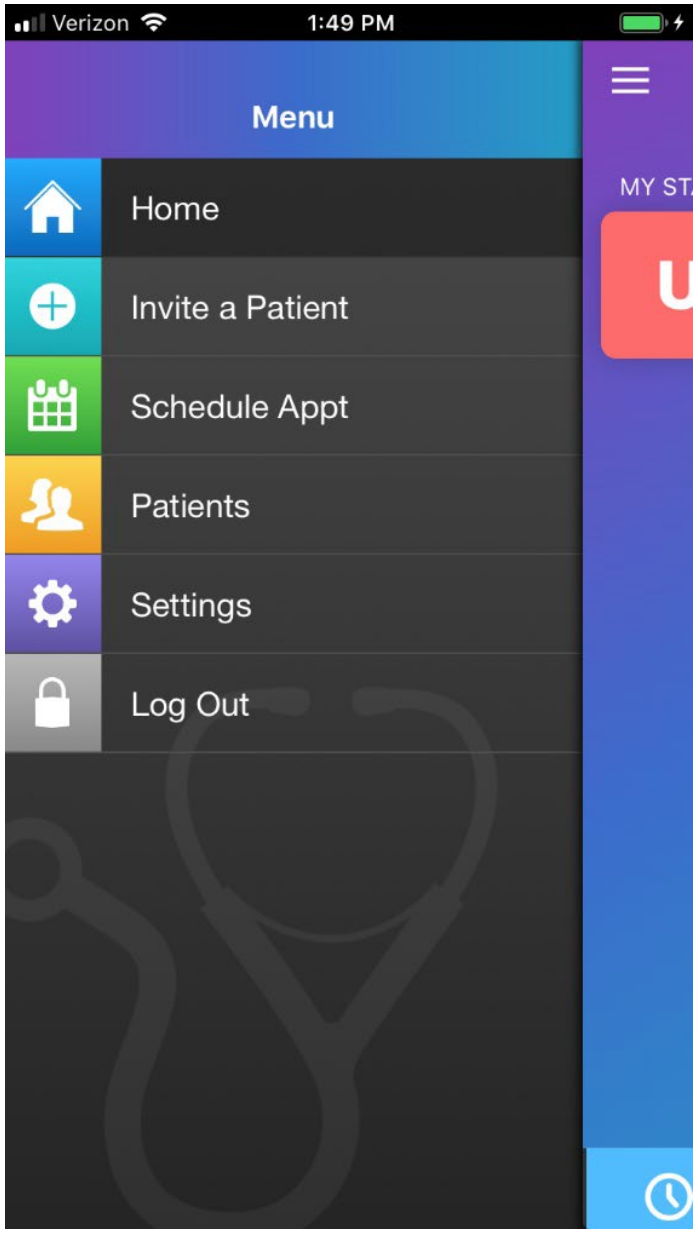
The System name is “Express Care Online”
click continue when done



Bottom Row Icons

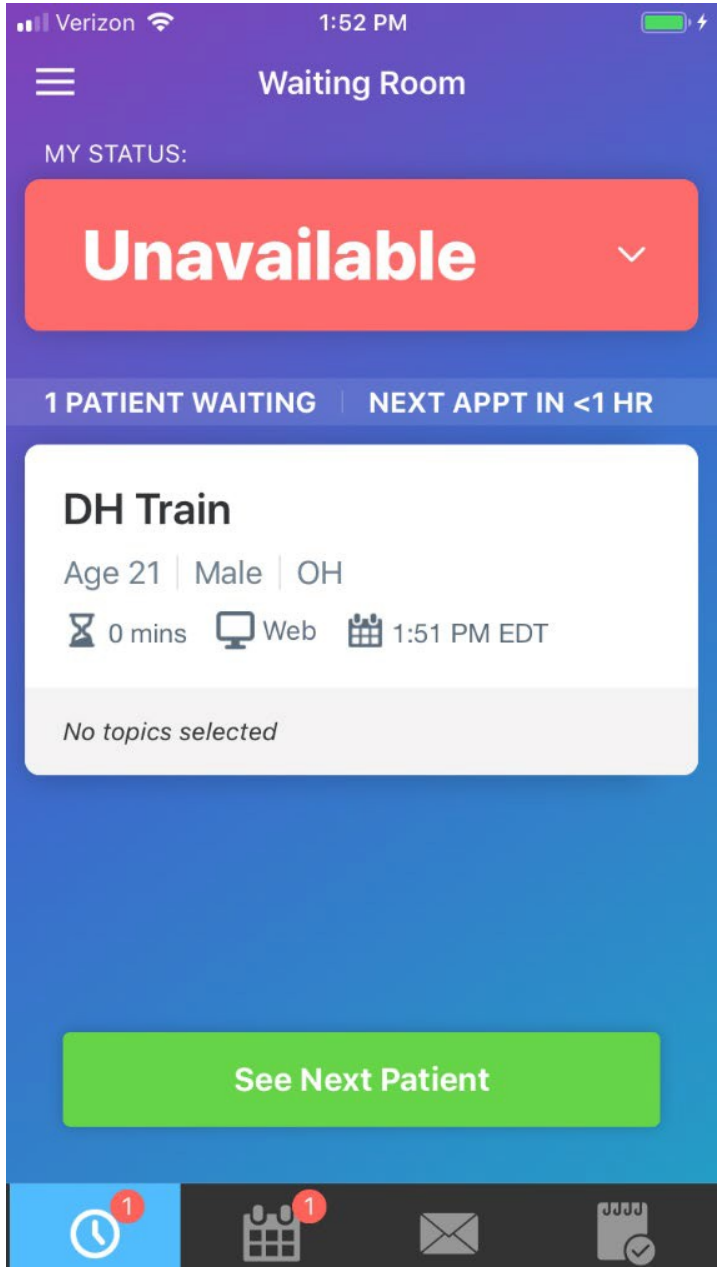
Waiting room = Unavailable is default and what you should keep for scheduled patients
Calendar = Daily/weekly calendar showing Virtual visits only
Messages = Cancelations, no shows and reschedules
Wrap up = Post visit wrap up (explained later in slides)

(Accept/Allow all prompts regarding the speaker and microphone usage from Apple)

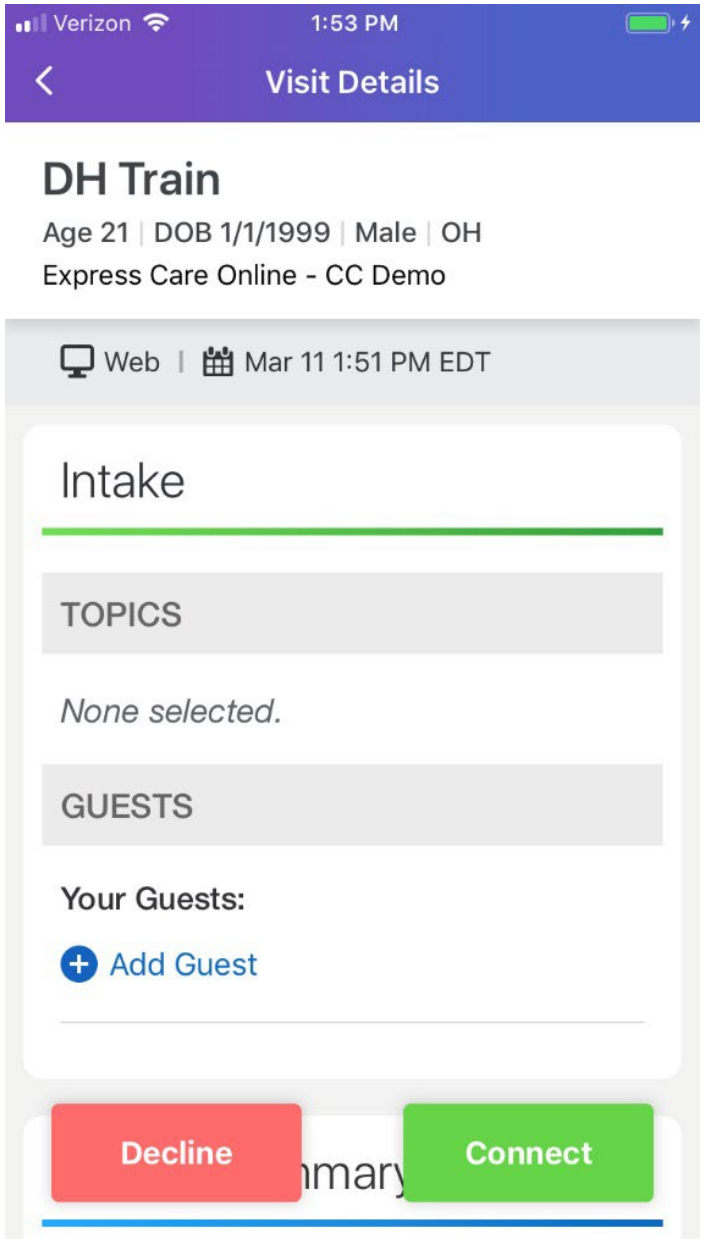


Menu Settings

Home = Return you to the waiting room
Invite a Patient = Invite a guest (3rd party to visit) feature
Schedule Appointment = Manual scheduling feature (Explained Later)
Patients = Patient search option
Settings = App Specific Setting (ie…Touch ID)
Log Out = Log Out



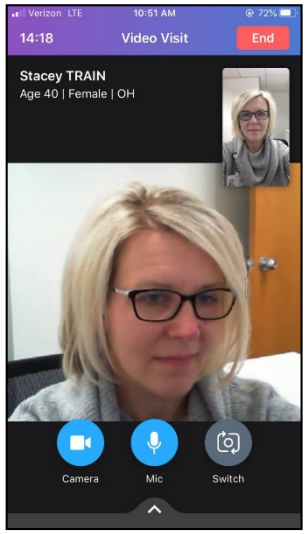
Click on either the white box with the patient information or the green box to "See Next Patient" to start the visit

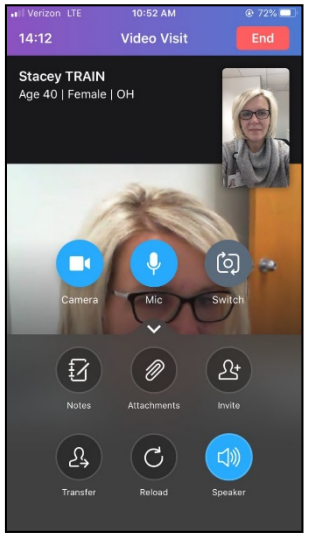


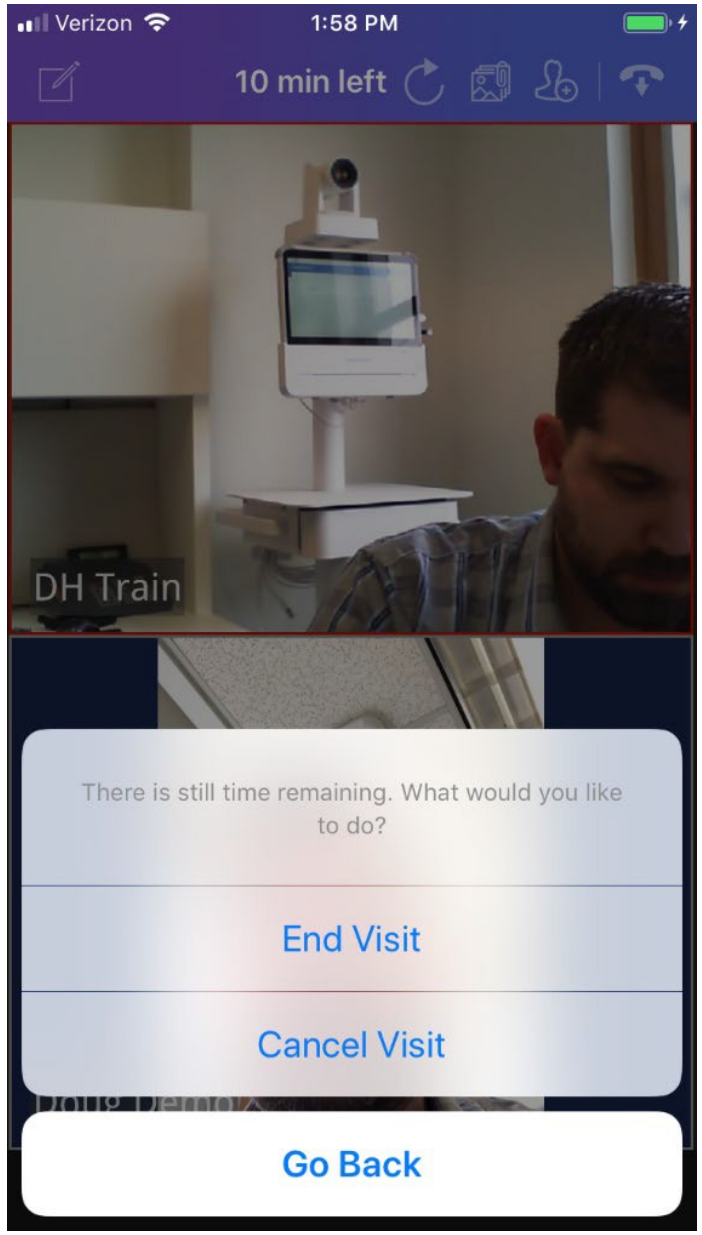
Click on the green "**Connect**" button to start the visit

Top Row = Visit Timer, End Visit

Bottom Row = Video Toggle, Mute Microphone and Camera Control Toggle.
Extended menu = Note, Attachments, Invite a guest, Transfer, Reload (refresh), Mute Speaker

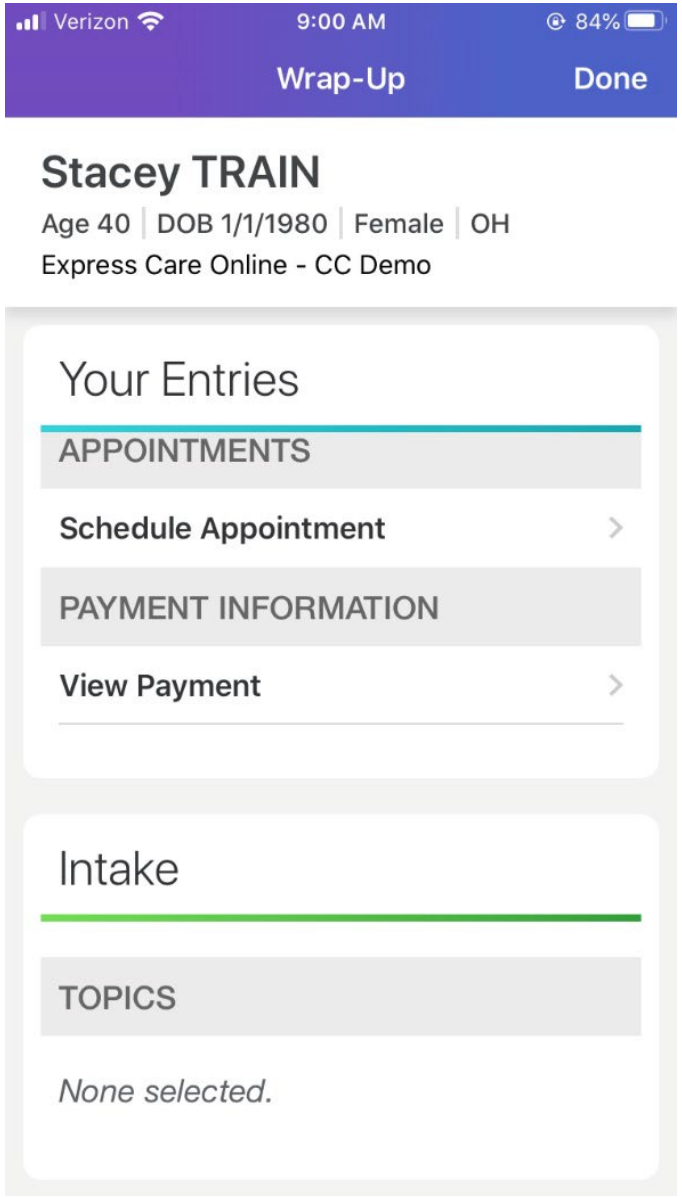


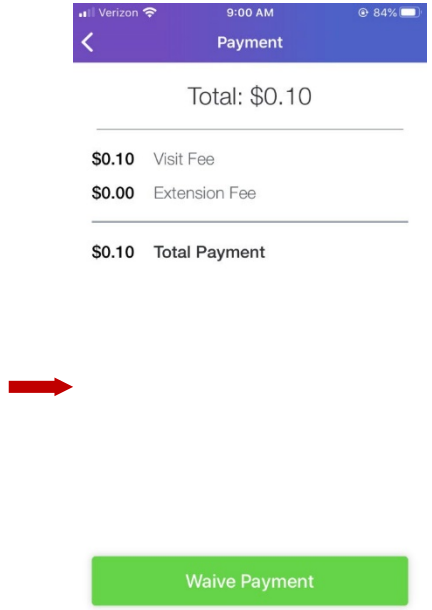




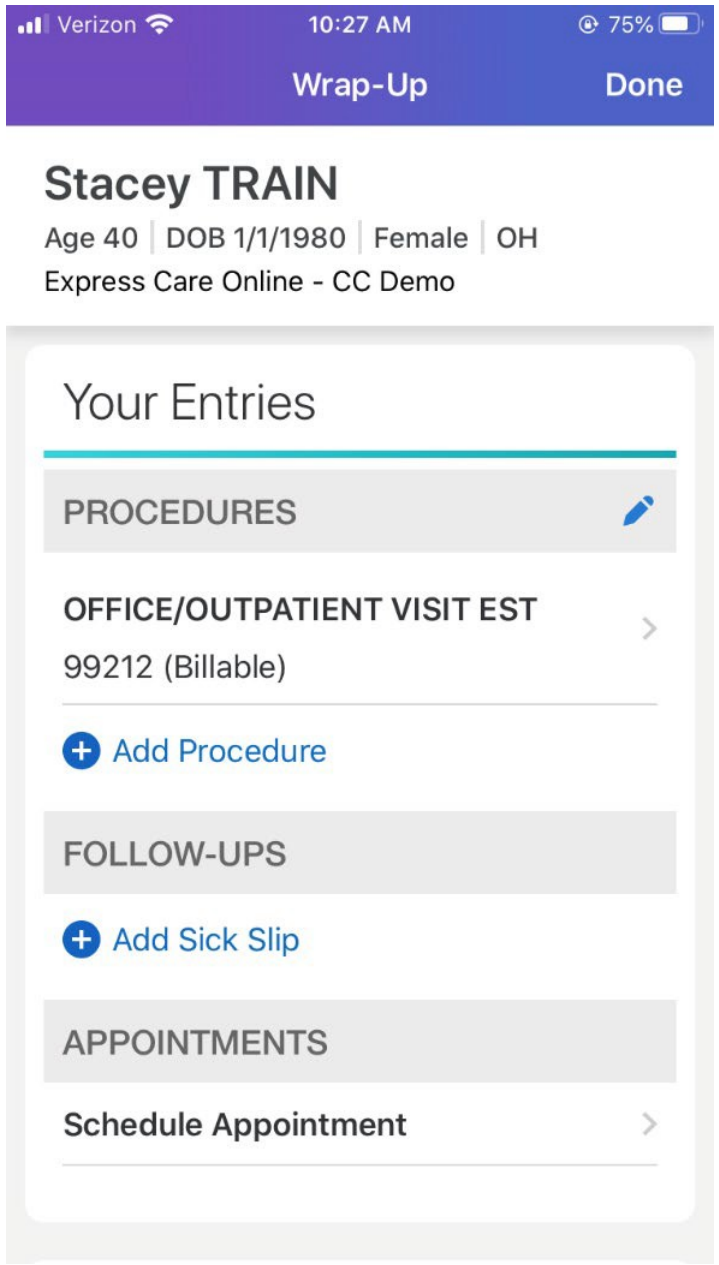
When ready to end the visit please select "End Visit"

If you hit this by mistake you can go by clicking "Go back"





Waiving a fee
Scroll
"View Payment"
and select
"Waive Payment"
on the following
screen



Completing your wrap up/reconnection
Completing = Done > Finalize Now
Reconnection (if needed) = Scroll to "Schedule Appointment" follow steps provided

Options if you lose connection

5. **Provider Help**:
   - If you have login or connection issues, call **4HELP**
   - If disconnected, call the patient from your desk phone to complete the visit or discuss options to reconnect. *Steps to send a new appointment link from your mobile below.*
     - From the Waiting Room screen, click the ☰ in upper left corner and click Schedule Appt

     - Click on Email, enter patient's email address and click Done
     - On the Select Time screen, click the Right Now tab, and Continue
     - On the Insurance screen, click Continue
     - Choose Do not charge patient and click Continue

Scheduling Considerations

- Confirm patient e-mail prior to scheduling
  - Welcome/overview e-mail sent to patient immediately after scheduling (includes support materials/contact information)
- Visit type during this time period will be
  - VIRTUAL MI EST NO CHARGE
  - VIRTUAL PEDS EST NO CHARGE

Documentation Considerations

- ALL encounters must include:
  1. Diagnosis
  2. Medical Decision Making
     - Monitor, Evaluate, Assess or Treat the encounter diagnosis (MEAT)
- If you are 4C use .TAM phrase for tracking and credit
- Use template of your choice
- Use .COVIDENCOUNTER phrase
  - For applicable patients only

What support team cannot help with (at this time)

- Low bandwidth on the patient side
- Missing or mismatched email addresses
- Patient email spam filters
- Patients downloading the app
- Scheduling visits – your scheduling team will do this
- Your home bandwidth and network

Trouble shooting tips

- Refresh button is your friend when you notice lag in the video or audio
- Suggest patients use Wi-Fi instead of LTE
- If all else fails call the patient.
- Don’t forget to un-mute your phone

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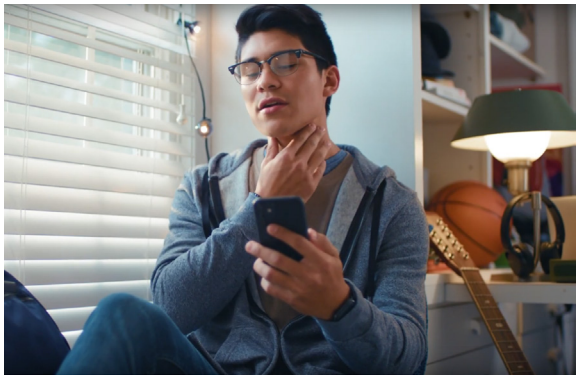
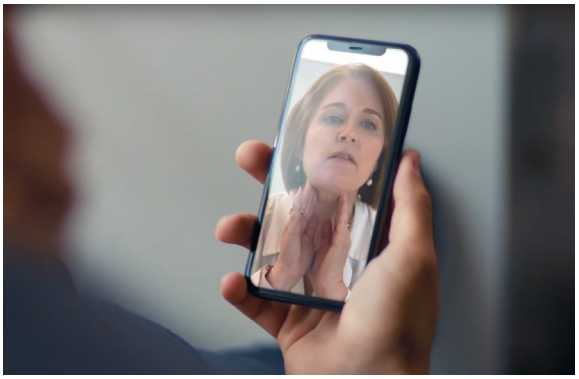
VIDEO TUTORIALS



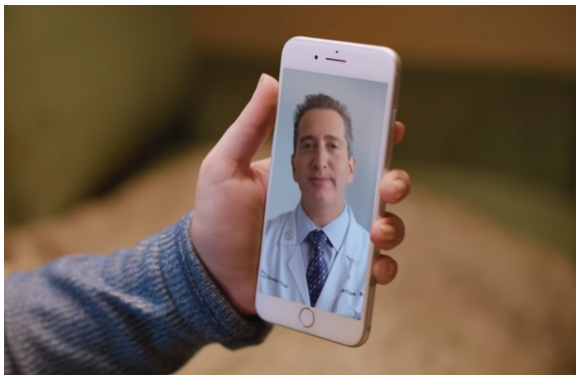
Best Practices for Virtual Visits

In this video, a Cleveland Clinic provider shares best practices and simple changes you can make to ensure the delivery of high-quality care via telehealth and a positive patient experience.



How to Conduct and Document a Respiratory Exam via Telehealth

In this video, a Cleveland Clinic provider walks viewers through how to conduct and document a respiratory exam using a patient-actor.



eVisits Overview - Adult Express Care Online

This tutorial explains how to conduct and document an adult e-visit.

How to Conduct a Virtual Visit

This video shows viewers everything they need to know about setting up for and conducting virtual visits.

PATIENT FACING MATERIAL

Cleveland Clinic

COVID-19 Coronavirus
DIGITAL HEALTH

Cleveland Clinic

Note: Cleveland Clinic did not use Google Hangout but is still a viable option for patients to contact their families

For iPhone or Android

How to make a Google Hangouts video call on your own device

We understand how important it is for you to receive support from your loved ones and friends while you are in the hospital. **First, confirm your contact/loved one has also downloaded the app you intend to use.** Below are instructions on how to stay connected using a video call.

Get your phone ready

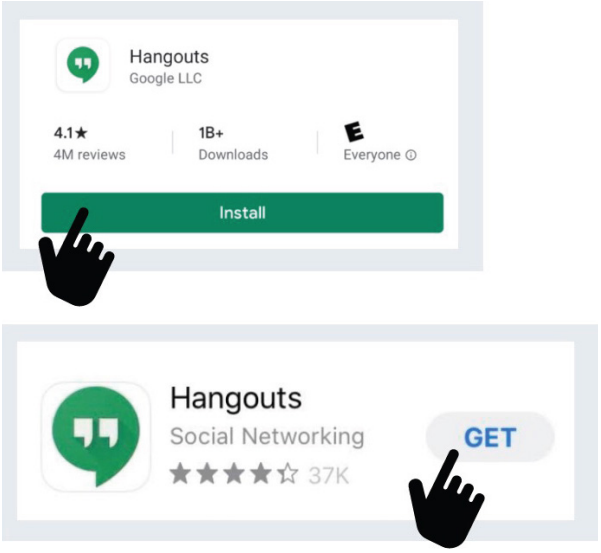
Make sure your phone is charged. You don't want your call dropped!

Make sure you are connected to Cleveland Clinic's public Wi-Fi.

To ensure your privacy, we ask that you end calls when your care team is in the room and providing care.

Download the Google Hangouts App on your device

Go to your device's app store to download the Google Hangouts app.



Adapted for Cleveland Clinic with permission from Stanford Health Care.

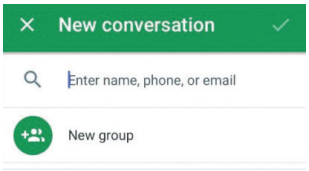
How to make a Google Hangouts video call:

1 Tap on the Google Hangouts app to launch it on your device.

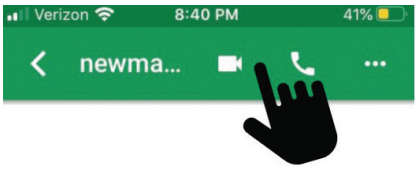
2 **Apple:**
Tap contacts button.

Android:
Tap compose button.

3 **Apple iPhone:**
Type a person's name and select them from the search results.



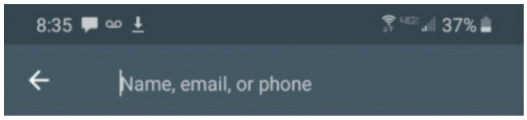
Tap on video button.



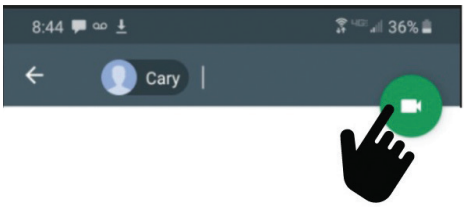
Apple iPad: Open a video call by opening a Google Hangouts conversation and swiping from right to left.

Android:
Tap new video call.

Type or select the person you want to invite to your video call.



Tap on video button.



4 Tap the red button to hang up or close a call.

For more information on using the Google Hangouts app, visit the Google support website: https:/support.google.com/hangouts/

Cleveland Clinic

For Apple iPhone or iPad

How to make a FaceTime video call on your own device

We understand how important it is for you to receive support from your loved ones and friends while you are in the hospital. **First, confirm your contact/loved one has also downloaded the app you intend to use.** Below are instructions on how to stay connected using a video call.

Get your phone ready

Make sure your phone is charged. You don't want your call dropped!

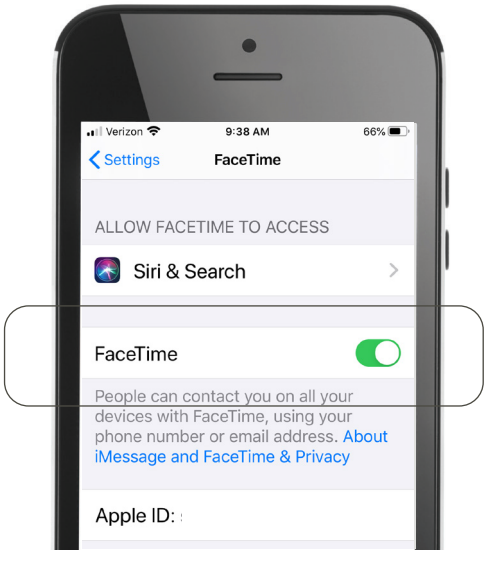
Make sure you are connected to Cleveland Clinic's public Wi-Fi.

To ensure your privacy, we ask that you end calls when your care team is in the room and providing care.

Turn on FaceTime on your device

Open the FaceTime app and sign in with your Apple ID.

Go to Settings and turn on FaceTime (set it to green).

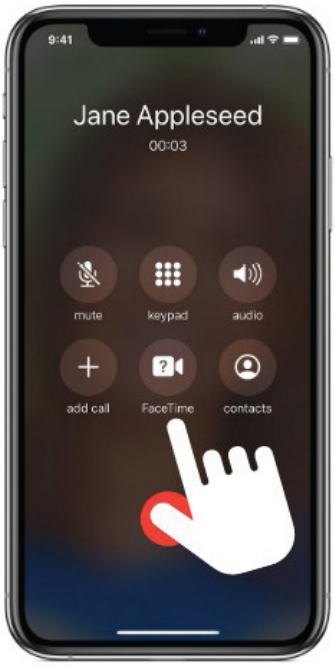


Adapted for Cleveland Clinic with permission from Stanford Health Care.

How to make a FaceTime video call:

1. Tap on the FaceTime app to launch it on your iPhone or iPad.

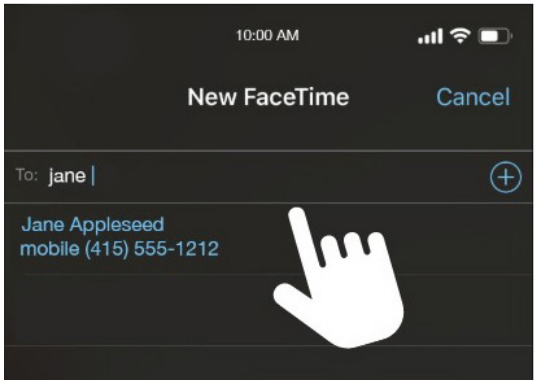
Note: You can also start a FaceTime video call from your iPhone during a phone call.



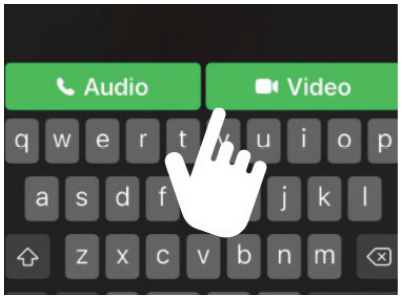
2. Tap the + button (top right corner).

3. Type the name, email address or phone number in the “To” field.

   Enter more names, email addresses or phone numbers if you want to create a group FaceTime call.



4. Tap on video button (or audio) to start the call.



5. Tap the red button to hang up or close a call.

For more information on using FaceTime, visit the Apple support website: https://support.apple.com/en-us/HT204380

20-CCC-1874409

Note: Cleveland Clinic did not use Google Hangout but is still a viable option for patients to contact their families

Cleveland Clinic

For iPhone or Android

How to make a Skype video call on your own device

We understand how important it is for you to receive support from your loved ones and friends while you are in the hospital. **First, confirm your contact/loved one has also downloaded the app you intend to use.** Below are instructions on how to stay connected using a video call.

Get your phone ready

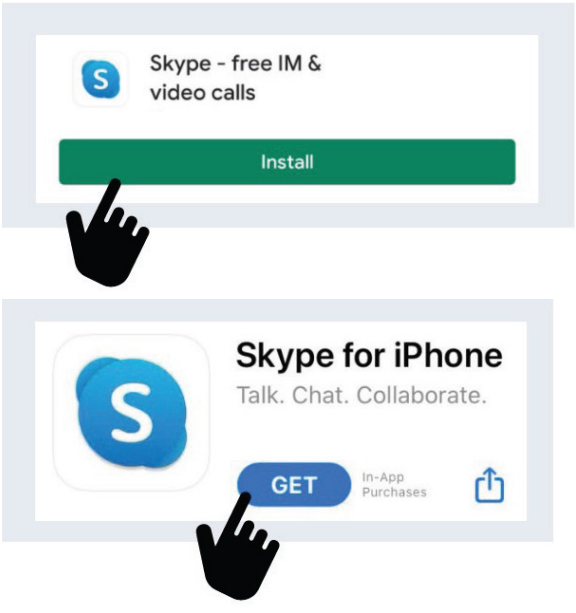
Make sure your phone is charged. You don't want your call dropped!

Make sure you are connected to Cleveland Clinic's public Wi-Fi.

To ensure your privacy, we ask that you end calls when your care team is in the room and providing care.

Download the Skype app on your device

Go to your device's app store to download the Skype app.

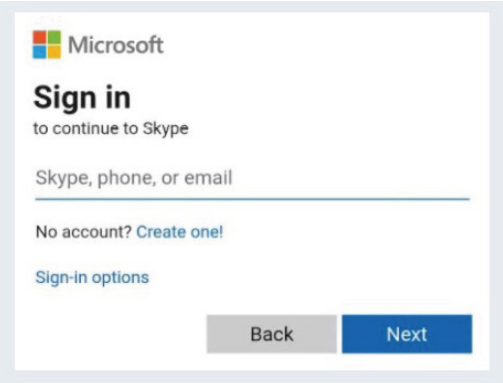


Adapted for Cleveland Clinic with permission from Stanford Health Care.

How to make a Skype video call:

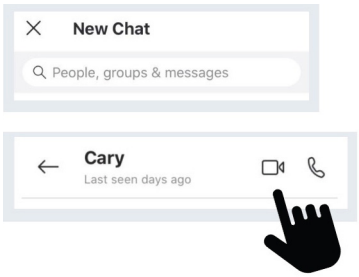
1 Tap on the Skype app to launch it on your device.

2 Sign into your account.



3 **Apple iPhone:**
Tap on pencil icon to start new chat.

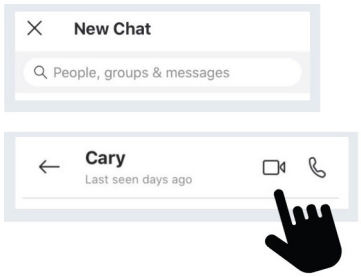
Type a person's name and select them from the search results.



Tap on video button.

Android:
Tap on blue pencil icon to start a new chat.

Type a person's name and select them from the search results.



4 Tap the red phone button to hang up or close a call.

Tap the red phone button to hang up or close a call.

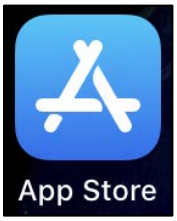
For more information on using the Skype app, visit the Skype support website: https://support.skype.com/

How to Attend a Cleveland Clinic Virtual Visit (Video Chat) Appointment through Skype – iPhone/Android Instructions

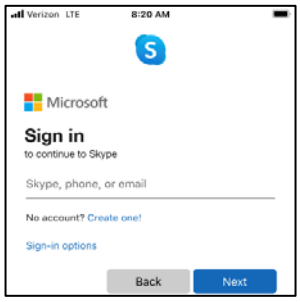
To ensure that as many patients receive medical attention as quickly and safely as possible during the COVID-19 national public health emergency, the Department of Health and Human Services (HHS) has temporarily relaxed Health Insurance Portability and Accountability Act of 1996 (HIPAA) laws. This move allows healthcare providers to see patients virtually through popular video chat apps that may otherwise not meet the usual stringent security criteria normally required for virtual medical visits.

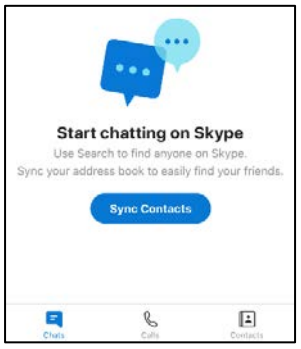
For your safety and convenience, your Cleveland Clinic provider may offer to meet with you virtually through the Skype video chat app. Below is a quick overview on how to attend a virtual visit with your provider through Skype, if you have an iPhone or Android mobile phone.

Please note: third-party applications can potentially introduce privacy risks. Patients should enable all available encryption and privacy modes when using such applications.

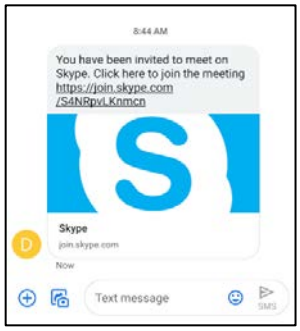


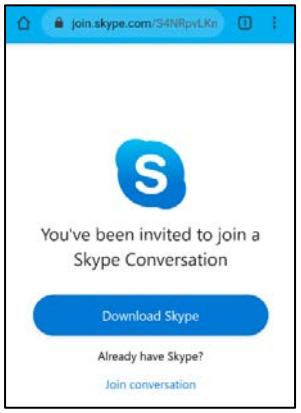
1. If this is your first time using the **Skype** video chat app on your mobile phone, download the app from the Apple **App Store** or Google **Play Store**.
   - Once it's installed, open the app and sign in with your Microsoft account.
   - If you do not have a Microsoft account, tap **Create One!** and follow the prompts to create a new account. After your new account is established, you may sign in with either your email address or mobile phone number. Be sure to note your preference, so that you may share it with your Cleveland Clinic provider.





2. When you have completed the initial setup and sign-in, the **Start chatting on Skype** welcome screen will display.
   - You are now ready to attend a video chat virtual visit with your Cleveland Clinic provider.





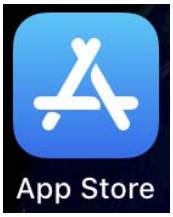
3. At the time of your virtual visit, you will receive a text message from your Cleveland Clinic provider, inviting you to join the Skype video call through a link.
   - Tap the link to join the video call. If the link opens in a web browser (e.g. Safari or Chrome), you can tap **Join conversation** to open the call directly in the Skype app.
   - Your provider will end the call when the visit is complete.
   - For questions or concerns following your virtual visit, please contact your provider by calling your provider's office or sending a message in MyChart.

How to Attend a Cleveland Clinic Virtual Visit (Video Chat) Appointment through Google Duo – iPhone Instructions

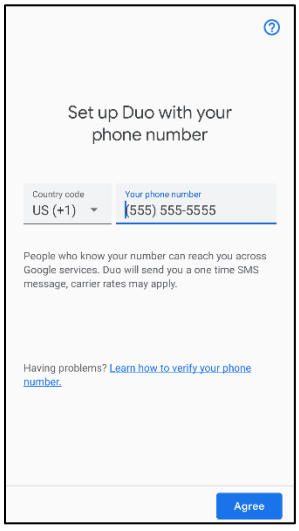
To ensure that as many patients receive medical attention as quickly and safely as possible during the COVID-19 national public health emergency, the Department of Health and Human Services (HHS) has temporarily relaxed Health Insurance Portability and Accountability Act of 1996 (HIPAA) laws. This move allows healthcare providers to see patients virtually through popular video chat apps that may otherwise not meet the usual stringent security criteria normally required for virtual medical visits.

For your safety and convenience, your Cleveland Clinic provider may offer to meet with you virtually through the Google Duo video chat app. Below is a quick overview on how to attend a virtual visit with your provider through Google Duo, if you have an iPhone.

Please note: third-party applications can potentially introduce privacy risks. Patients should enable all available encryption and privacy modes when using such applications.



1. If this is your first time using the **Google Duo** video chat app on your iPhone, download the app from the Apple **App Store**.
   - Once it's installed, open the app and review and agree to the Terms and Conditions.
   - Accept all prompts to allow the app to access your iPhone speaker and microphone.



2. When prompted, enter the phone number associated with your iPhone to connect Google Duo with your device.
   - Tap the blue **Agree** button to complete your app setup. You are now ready to attend a video chat virtual visit with your Cleveland Clinic provider.

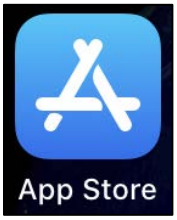
3. At the time of your virtual visit, you will receive an incoming Google Duo video call.
   - Accept the video call to begin the virtual visit with your Cleveland Clinic provider.
   - Your provider will end the call when your visit is complete.
   - For questions or concerns following your virtual visit, please contact your provider by calling your provider's office or sending a message in MyChart.

How to Attend a Cleveland Clinic Virtual Visit (Video Chat) Appointment through Google Duo – Android Instructions

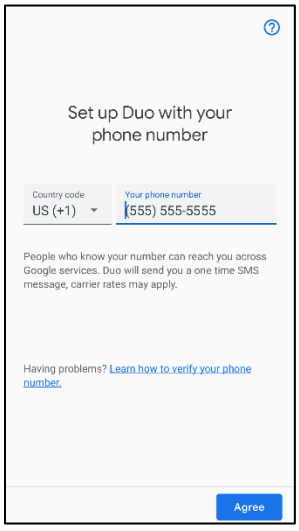
To ensure that as many patients receive medical attention as quickly and safely as possible during the COVID-19 national public health emergency, the Department of Health and Human Services (HHS) has temporarily relaxed Health Insurance Portability and Accountability Act of 1996 (HIPAA) laws. This move allows healthcare providers to see patients virtually through popular video chat apps that may otherwise not meet the usual stringent security criteria normally required for virtual medical visits.

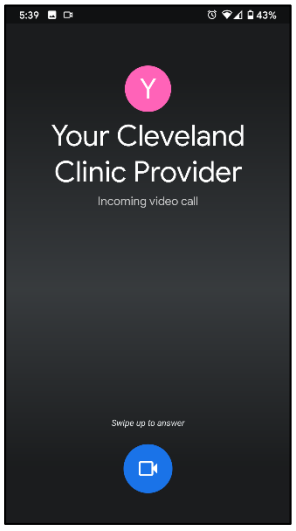
For your safety and convenience, your Cleveland Clinic provider may offer to meet with you virtually through the Google Duo video chat app. Below is a quick overview on how to attend a virtual visit with your provider through Google Duo, if you have an Android mobile phone.

Please note: third-party applications can potentially introduce privacy risks. Patients should enable all available encryption and privacy modes when using such applications.



1. If this is your first time using the **Google Duo** video chat app on your Android mobile phone, check your home screens to see if the Google Duo icon is displayed. Google Duo is pre-installed on many Android devices.
    - If you do not have Google Duo already installed on your device, download the app from the Google **Play Store**. Once it's installed, open the app and review and agree to the Terms and Conditions.
    - Accept all prompts to allow the app to access your device speaker and microphone.





2. When prompted, enter the phone number associated with your Android mobile phone to connect Google Duo with your device.
    - Tap the blue **Agree** button to complete your app setup. You are now ready to attend a video chat virtual visit with your Cleveland Clinic provider.

3. At the time of your virtual visit, you will receive an incoming Google Duo video call.
    - Accept the video call to begin the virtual visit with your Cleveland Clinic provider.
    - Your provider will end the call when your visit is complete.
    - For questions or concerns following your virtual visit, please contact your provider by calling your provider's office or sending a message in MyChart.

EMPATHY IN VIRTUAL VISITS

Cleveland Clinic

COVID-19 Coronavirus
DIGITAL HEALTH

Cleveland Clinic
Center for Excellence in Healthcare Communication

Empathy in Virtual Visits

The Center for Excellence in Healthcare Communication provides evidence-based training and resources in healthcare communication and service excellence throughout the enterprise. For more information, visit: http://connect.ccf.org/CEHC

Establishing the Relationship

- Ask if patient is new to virtual care. If new to virtual visits…
  - Normalize any discomfort with the virtual platform.[1]
  - Demonstrate comfort and confidence in the technology (regardless of how you are feeling about it) to help patients feel at ease and focus on their care vs. the virtual modality[1]
  - Explain why telemedicine is the safest option for the patient given the current public health crisis. E.g., "Virtual visits are a safer and more convenient way for you to be assessed."[1]
  - Let patients know what to expect so they are prepared to receive care through a new modality.[1]
  - Include instructions on what to do if the connection cuts out, and you cannot reconnect (e.g., you might tell them that you will call the patient and continue the visit over the phone).[1]
  - Explore together how to get the information you need for diagnosis and treatment. Explain so the patient doesn't feel like their care is lacking.[1]
- Introductions: In addition to identifying your name and role, take a moment to ask patients to introduce any other people who are in the room with them.
- Empathy virtually can be about asking and talking to the patient about their life: their home, family members, commenting on their environment, even simple things like a painting on the wall that you can see, etc.
- Ask them to show a meaningful object in their house. It allows you to get to know them as a person and to get a sense of their home environment.
- When assessing people amidst the COVID-19 pandemic, in particular, consider asking questions related to the following:
  - How are you managing with the recommendations to maintain social distance?
  - Do you have enough food and groceries in the house?
  - What have you found to be the biggest difference in your day since we started hearing about the coronavirus?
  - How are your loved ones doing? Have they been able to stay healthy and get their needs met?
  - What concerns you most about the coronavirus and changes that have been outlined?

Express empathy nonverbally

- Comfortable, warm eye contact conveys you are interested and that you care. Remember to look into the camera, not at the computer screen, in order to make "direct eye contact" virtually.
- Be aware of your body positioning, movement, facial gestures, voice quality and vocal tone. Face the computer screen, don't move around quickly, and remain calm and approachable.
- Exaggerate motions such as nods and other actions so the patient notices them and knows you are listening.
- Develop a 'video presence' that includes staying visually attentive, exaggerating facial expressions at times, and ensuring the patient has a clear view of your face and body language.

Express empathy verbally with S.A.V.E.[2]

- Support or partnership statements: “I’m here for you.” “Let’s work together to figure out what’s going on.”
- Acknowledge the situation: “This has been really hard for you.” “It sounds like this has been affecting your day-to-day activities.” “I wish there were better alternatives.”
- Validate their feelings or experience: “Given your situation, I think many people would feel the same way.” “Yes, it’s exhausting when we don’t feel our best!”
- Name their emotion: “I can’t imagine how scared you must be.” “You sound frustrated.” Or ask them to clarify how they are feeling: “How do you feel about it?”

Developing and Engaging the Relationship

- Listen carefully to the patient. Do not interrupt or ask questions at this time. Let the patient know you are listening by providing cues such as nodding your head, establishing eye contact, and saying things such as, “I see.”
- Embrace the pause. Don’t rush in to fill the silence when the patient is expressing fear, confusion, worry, etc. It’s okay to be silent for a moment. They may need to collect their thoughts before finishing.
- Before you respond to their concerns, reflect back what they’ve said. This lets them know you were really listening and that you care.
- Verbalize empathy. “I can only imagine how difficult this must be for you.” “I’m here to help you through this.” "I wish I could be there with you in person.” “I hear worry in your voice.”
- Collaboratively develop a treatment plan.
- Express gratitude. It’s a privilege to help patients in their time of need. “Thank you for calling today. I’m glad I got to know you and hope that you’ll consider using Express Care Online again.”

1. Findings from studies conducted by the Office of Patient Experience Research, led by Dr. Susannah Rose, PhD.
2. Windover, A. K., Boissy, A., Rice, T. W., Gilligan, T., Velez, V. J., & Merlino, J. (2014). The REDE model of healthcare communication: optimizing relationship as a therapeutic agent. Journal of patient experience, 1(1), 8-13.

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Cleveland Clinic
Center for Excellence in Healthcare Communication

Top 10 Tips for Virtual Visits
Clinician Communication

The following are 10 best practices based on the R.E.D.E. Model®of healthcare communication for communicating effectively with patients in a virtual visit.

The Center for Excellence in Healthcare Communication (CEHC) provides evidence-based training and resources in healthcare communication and service excellence throughout the enterprise. For more information or to connect with CEHC email: healthcomm@ccf.org

1. Convey value and respect with your welcome

Why? When patients feel like you see them as a person, you create a safe space that invites their trust and a more open exchange of information.

What? Brief behaviors (e.g., smile, look at the camera versus the screen to simulate eye contact, gather names from everyone on camera) at the start of a visit demonstrate our capacity to see patients as people. Acknowledge the virtual nature of the interaction.

How? *"Hello Mr/s._____. Thank you for inviting me into your home so that we can have a conversation. It is good to see you again. It is wonderful that your wife can join us. How have you been since our last visit together?"*

2. Introduce the technology

Why? Orient patients to the benefits of a virtual visit as well as the difference from an in person visit. Such an orientation helps set realistic expectations thereby reducing any possible annoyance that may be associated with the use of technology.

What? Identify the technology

How? *"I'd like to talk briefly about what it's like to have a virtual visit. As you already found out, your home is more comfortable than an office waiting room. But, since this isn't in person, please know that if it seems like I'm not looking at you, that's probably because I'm looking at you on the screen. You should also know that I have a computer here with your medical records and I may be looking at that periodically. I will type a few notes during the visit to accurately capture your story."*

3. Collaboratively set the agenda

Why? If you and the patient have built the agenda together, you are both working on a successful outcome. Time efficiency is improved when an agreement has been made on what will be covered.

What? Ask the patient what he or she wants to address, provide your agenda items, and then determine a mutually agreeable agenda for the visit?

How? *""What are you hoping we can address in today's visit?" (Wait for patient response) "What else?" (Gather the list) "In terms of what we'll cover together, I'd like to suggest that first I hear more about the difficulty you've been having, then I'll need to ask questions to get a better idea of what is going on, and after that, we will work on next steps. How does that sound?"*

4. Demonstrate empathy verbally

Why? Empathic statements let the patient know we care. Empathic statements are therapeutic, improve outcomes and save time in a visit. Because we are not in the same physical location as the patient, these statements highlight our humanity.

What? An empathic statement is a statement that addresses the emotion a patient has expressed or may be feeling.

How ? *"I can only imagine how difficult this must be for you." "I'm here to help you through this." I wish I could be there with you in person." "I hear worry in your voice." "I can hear how hard this has been on you." "I'm excited about your progress too." "I would feel frustrated as well." "It sounds like you have had some very difficult days recently."*

5. Elicit the patient narrative of the history of present illness

Why? Allow patients to feel heard while also providing valuable insight for improved diagnostic accuracy.

What? Allow patients to tell their story, in their own words.

How? *"Tell me more about your* (chief concern, worry, etc.)."

6. Engage in reflective listening

Why? Patients don't know what we hear and understand unless we repeat back to them what they have just told us. Repeating back the story helps both the clinician and the patient move forward.

What? Reflective listening is a summary of the key points that a patient has just expressed.

How? *"It sounds like…" or "If I'm hearing you correctly…" or "Let me reflect back that key points you've shared…"*

7. Share diagnosis and information in the context of the patient's perspective

Why? Patients learn best when new information impacts something that personally matters to them. Patients are also more motivated for behavior change when they are aware of how it will benefit something that is important to them.

What? Identify what is most important to the patient, such as the biggest concerns or goal. Then identify how any diagnosis or information and treatment planning might impact what matters most to the patient.

How? *"You have had several low blood sugar events that you can't explain that have occurred this past week." Or "It looks like your son has eye irritation and not pink eye. That means he is not contagious and can go to the birthday party."*

8. Collaboratively develop the treatment plan

Why? Patients will be more motivate and confident in their capacity to manage their health, leading to improved clinical health outcomes.

What? Provide sufficient information to patients, invite them to share their ideas and preferences, and then incorporate them into the plan.

How? *"I am glad you made a virtual visit appointment, so we can discuss your low blood sugars. There are a number of things you can do to prevent a low blood sugar. First, I would recommend checking your blood sugar more frequently for the next week so that we can get a clearer picture of what is happening. Are you willing to try that?"* Or *"Strategies to treat eye irritation can include eye drops or just watching and waiting. It is important for your son to wash his hands more frequently and to avoid rubbing his e ye, although that is easier said than done. Eye drops may help your son's eye look better, although they are not necessary. Would you like to talk more about eye drops?"*

9. Have the patient repeat back what they understand

Why? Asking patients to repeat what they understand provides an opportunity to correct any misunderstanding or fill in any gaps before the visit ends. It also helps patients recall the information after the visit, and thus, facilitates their health management.

What? Also called teach back, it is the process of asking patients to restate what they understand and what they are going to do next.

How? *"To make sure my recommendations made sense, will you tell me what you heard are the next steps?"*

10. Provide closure

Why? Patients will look to you for a sign that the work of the visit is done. Since it is an expected practice in relationships, providing close also reinforces the personal connection you have with them.

What? Give a clear signal to the patient that the visit is coming to a close.

How? *"It's time to wrap-up our visit for today. I'm so thankful that you didn't wait to share this concern. I will put a note in your chart. I hope you had a good visit and will consider another virtual visit in the future."*

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What we can treat online

Online consultations for common conditions not only will save you travel time, but will help you get on the road to recovery faster with electronic prescriptions sent directly to your local pharmacy, when appropriate.

Good for treating:

- Allergies (Seasonal)
- Asthma (For Adults Only)
- Back Strains (For Adults Only)
- Bronchitis (For Adults Only)
- Conjunctivitis (Pink Eye)
- Common Cold
- Influenza (Flu)
- Minor Burns
- Painful Urination (For Adults Only)
- Rashes
- Sinus Infections
- Upper Respiratory Illness
- UTIs (For Adults Only)
- Yeast Infections (For Adults Only)

Specialty care includes:

- Allergy & Immunology
- Dermatology
- Diabetes Education
- Nutrition Services
- Pediatric UTI Care
- Women's Health

If you are experiencing a medical emergency you should seek appropriate emergency medical assistance such as calling 911.

TYPES OF TELELHEALTH VISITS

Cleveland Clinic

COVID-19 Coronavirus
DIGITAL HEALTH

Types of Telehealth Visits COVID-19

Provider Education

04/06/2020

Note: As of 4/5/2020 Services listed in document include what is currently allowed as telehealth services including those temporarily allowed due to COVID-19 expansion.

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Other / Care Planning Virtual Visits

Teaching Physician Guidelines

Outpatient Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.
Who: Providers and LIPs
Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**
- **New Patient:** is one that has not received any professional services from the physician or physician group practice (same physician specialty) within the previous 3 years. For Express and Urgent care the following are considered same specialty; Family, Internal, Pediatric, and Geriatrics. Allowable for Out-of-State New & Established patients. *(Note: Consult and New categories are now combined into "New Virtual Visit" codes*).

Obtain History: Chief Complaint; History of Present Illness; Review of Systems; Personal, Family and Social History.

***Exam**: Examination of the affected organ system(s) or body area area(s) and other symptomatic or related organ systems. The exam can be adapted by asking the patient to exhale and breathe into the microphone. Surgical wounds or skin lesions can be viewed through the video and explained. Neurologic motor function, gait, can be examined through patient instruction. Throat can be examined by asking the patient to focus the camera into the oropharynx. *(If exam cannot be obtained refer to "Billing Based on Time" guidance below)

Assessment and Plan: Presenting problem(s), any diagnostic procedures that may need to be ordered and management options.

Billing: Bill appropriate levels of service based on documentation/time guidelines for outpatient new/established visits. Levels 1-5, which include the elements of History, Exam, and Medical Decision Making. All levels of service are billable based on the patient's presenting problem. See guidelines below.

***Billing Based on Time:** When billing based on TIME, you **MUST** spend the entire allotted time face-to-face with the patient AND >50% of that time must have been devoted to counseling and/or coordination of care. Time spent must be documented. (eE/M app on your CC iPhone)

New Office Patients				
MDM	E/M	Hx	Exam	Time*
SF	99201	PF	PF	10
SF	99202	EPF	EPF	20
Low	99203	Det	Det	30
Mod	99204	Comp	Comp	45
High	99205	Comp	Comp	60
Requires 3/3 key components				

Established Office Patients				
MDM	E/M	Hx	Exam	Time*
None	99211	None	None	5
SF	99212	PF	PF	10
Low	99213	EPF	EPF	15
Mod	99214	Det	Det	25
High	99215	Comp	Comp	40
Requires 2/3 key components				

Prolonged Services Outpatient Virtual Visits

What: Interactive **audio and video** telecommunications system in real time. Prolonged evaluation and management or psychotherapy service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management or psychotherapy service)

Who: Providers and LIPs
Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**

Dotphrase - .VIRTUALVISITPN

Documentation:

- Total time spent
- Content of the E&M service and prolonged service

Requirements for Billing:

- Billed in addition to the normal E&M service time
- Requires one hour beyond the usual service time of the companion E&M code
- Each additional 30 minutes of time is reported with the additional add on code
- Calculation of time is based on face-to-face time with the patient

Prolonged Services Outpatient	
E/M	Time
99354	1st hour
99355	ea add 30 minutes

Example: 99212 (x minutes) + 99354 (1 hour) = total of X+1 hours

Inpatient / Consult Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Obtain History: Chief Complaint; History of Present Illness; Review of Systems; Personal, Family and Social History.

***Exam**: Examination of the affected organ system(s) or body area area(s) and other symptomatic or related organ systems. The exam can be adapted by asking the patient to exhale and breathe into the microphone. Surgical wounds or skin lesions can be viewed through the video and explained. Neurologic motor function and gait can be examined through patient instruction. The throat can be examined by asking the patient to focus the camera into the oropharynx. *(If exam cannot be obtained refer to "Billing Based on Time" guidance below)

Assessment and Plan: Presenting problem(s), any diagnostic procedures that may need to be ordered and management options.

Billing: Bill appropriate levels of service based on documentation/time guidelines for inpatient initial (level 1-3, subsequent (levels 1-3) or consult visits (levels 1-5) which include the elements of History, Exam, and Medical Decision Making. All levels of service are billable based on the patient's presenting problem. See guidelines below.

***Billing Based on Time:** When billing based on TIME, you **MUST** spend the entire allotted time face-to-face with the patient AND >50% of that time must have been devoted to counseling and/or coordination of care. Time spent must be documented. (eE/M app on your CC iPhone)

Consults Inpatient					
MDM	E/M	Hx	Exam	Time*	EAP
SF	99251	PF	PF	20	9800448
SF	99252	EPF	EPF	40	9800449
Low	99253	DET	DET	55	9800450
Mod	99254	Comp	Comp	80	9800451
High	99255	Comp	Comp	110	9800452
Requires 3/3 key components					

Initial Inpatient					
MDM	E/M	Hx	Exam	Time*	EAP
Low	99221	Det	Det	30	9800442
Mod	99222	Comp	Comp	50	9800443
High	99223	Comp	Comp	70	9800444
Requires 3/3 key components					

Subsequent Inpatient					
MDM	E/M	Hx	Exam	Time*	EAP
SF/Low	99231	PF	PF	15	9800445
Mod	99232	EPF	EPF	25	9800446
High	99233	Det	DET	35	9800447
Requires 2/3 key components					

Prolonged Services Inpatient Virtual Visits

What: Interactive **audio and video** telecommunications system in real time. Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (list separately in addition to code for inpatient Evaluation and Management service)

Who: Providers and LIPs
Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**

Dotphrase - .VIRTUALVISITPN

Documentation:

- Total Time spent
- Content of the E&M service and prolonged service

Requirements for Billing:

- Billed in addition to the normal E&M service time
- Requires one hour beyond the usual service time of the companion E&M code
- Each additional 30 minutes of time is reported with the additional add on code.
- Calculation of time is based on unit/floor time

Prolonged Services Inpatient	
E/M	Time
99356	1st hour
99357	ea add 30 minutes

Example: 99223 (70 minutes) + 99356 (1 hour) + 99357 x 1 unit (30 minutes additional) = total of 160 minutes

Inpatient Virtual Visit Discharge Services

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Discharge Services:

- The documentation should include the following:
  - Final Exam of the patient (see above regarding exam);
  - Overview of the hospital stay;
  - Instruction for continuing care for all relevant caregivers;
  - Preparation of discharge papers;
  - Prescriptions;
  - Referrals;
  - **Time spent discharging patient**

Hospital Discharge	
E/M	**Time**
99238	**30 minutes or less**
99239	**more than 30 minutes**

Observation Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs
Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Obtain History: Chief Complaint; History of Present Illness; Review of Systems; Personal, Family and Social History.

***Exam**: Examination of the affected organ system(s) or body area area(s) and other symptomatic or related organ systems. The exam can be adapted by asking the patient to exhale and breathe into the microphone. Surgical wounds or skin lesions can be viewed through the video and explained. Neurologic motor function and gait can be examined through patient instruction. The throat can be examined by asking the patient to focus the camera into the oropharynx. *(If exam cannot be obtained refer to "Billing Based on Time" guidance below)

Assessment and Plan: Presenting problem(s), any diagnostic procedures that may need to be ordered and management options.

Billing: Bill appropriate levels of service based on documentation/time guidelines for observation initial (Level 1-3) or subsequent (Levels 1-3) which include the elements of History, Exam, and Medical Decision Making. All levels of service are billable based on the patient's presenting problem. See guidelines below.

***Billing Based on Time:** When billing based on TIME, you **MUST** spend the entire allotted time face-to-face with the patient AND >50% of that time must have been devoted to counseling and/or coordination of care. Time spent must be documented. (eE/M app on your CC iPhone)

Initial Observation				
MDM	**E/M**	**Hx**	**Exam**	**Time***
Low	**99218**	**Det**	**Det**	**30**
Mod	**99219**	**Comp**	**Comp**	**50**

Subsequent Observation				
MDM	**E/M**	**Hx**	**Exam**	**Time***
SF/Low	**99224**	**PF**	**PF**	**15**
Mod	**99225**	**EPF**	**EPF**	**25**

Continued next page-

Observation Virtual Visit cont.

Observation Discharge Services:

- The documentation should include the following:
  - Final exam of the patient (see above regarding exam);
  - Overview of the observation stay;
  - Instruction for continuing care for all relevant caregivers;
  - Preparation of discharge papers;
  - Prescriptions;
  - Referrals

CPT	Description
99217	**Observation care discharge day management**

Observation/Inpatient - Admit/Discharge on Same Date Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs
Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Obtain History: Chief Complaint; History of Present Illness; Review of Systems; Personal, Family and Social History.

***Exam**: Examination of the affected organ system(s) or body area area(s) and other symptomatic or related organ systems. The exam can be adapted by asking the patient to exhale and breathe into the microphone. Surgical wounds or skin lesions can be viewed through the video and explained. Neurologic motor function and gait can be examined through patient instruction. The throat can be examined by asking the patient to focus the camera into the oropharynx. *(If exam cannot be obtained refer to "Billing Based on Time" guidance below)

Assessment and Plan: Presenting problem(s), any diagnostic procedures that may need to be ordered and management options.

Billing: Bill appropriate levels of service based on documentation/time guidelines for obsv/inpt admit/discharge on same date (Level 1-3) which include the elements of History, Exam, and Medical Decision Making. All levels of service are billable based on the patient's presenting problem. See guidelines below.

***Billing Based on Time:** When billing based on TIME, you **MUST** spend the entire allotted time face-to-face with the patient AND over half of that time must have been devoted to counseling and/or coordination of care. Time spent must be documented. (eE/M app on your CC iPhone)

Observation/Inpt – Admit/Discharge Same Date				
MDM	**E/M**	**Hx**	**Exam**	**Time***
Low	**99234**	**Det**	**Det**	**40**
Mod	**99235**	**Comp**	**Mod**	**50**
High	**99236**	**Comp**	**Comp**	**55**
Requires 3/3 key components				

Interprofessional Internet Consultation

Interactive peer-to-peer consultation or E-Consult between peers (Provider / LIPs only – no ancillary staff):

CPT	Description	Time
99446	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; medical consultative discussion and review	5-10 minutes
99447	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; medical consultative discussion and review	11-20 minutes
99448	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; medical consultative discussion and review	21-30 minutes
99449	Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; medical consultative discussion and review	31 minutes or more

Note: Prolonged services cannot be added to these codes.

If record review consultation (E-Consult) only (Provider / LIP only – no ancillary staff):

CPT	Description	Time
99451	Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, medical consultative time	5 or more minutes
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional	30 minutes

Billing Practitioner: Billing for interprofessional services is limited to those practitioners that can independently bill Medicare for E/M services. Though the descriptors for codes 99446-99449 and 99451 only include "assessment and management service provided by a consultative physician," the text in the Rule includes consultative QHCPs, so long as the consulting QHCP is eligible to independently bill Medicare for E/M services. CPT Code 99452 applies to the treating/referring physician or QHCP, and the rest of the codes apply to the consultative physician or QHCP.

Consent: Verbal patient consent must be documented in the patient's medical record for each consultation. The patient's consent must include assurance that the patient is aware of applicable cost-sharing.

MyChart / eVisits (Providers & LIPs)

What: MyChart messaging, online patient portal for an online digital E/M service, for a new or established patient, for up to 7 days, cumulative time during the 7 days.
Who: Physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists.

Documentation:

- Include a statement indicating that this is an eVisit
- Notation that patient consented to the eVisit
- Chief complaint or reason for the encounter
- Relevant history, background and any test results
- Assessment and Plan
- Total time spent

Requirements for Billing

- Must be Initiated by a new or established patient or guardian of a new or established patient
- Reported once for the physician cumulative time during a 7 day period*
- All professional decision making assessment and subsequent management by the physician or other QHP in the same group practice contribute to the cumulative service time*
- If patient is seen within 7 days with an encounter that is in person or virtual then the eVisit E/M is incorporated into the in person or virtual E/M (e.g., additive of visit time for a time based E/M visit)*
- If the eVisit refers to an E/M performed and reported within the previous 7 days or within the postoperative period then the service is considered part of the previous E&M service**.***
- If the patient generates the initial eVisit inquiry for a new problem within 7 days of a previous E/M visit that addressed a different problem, then the eVisit E/M service may be reported separately.

***System rules will be established to confirm if criteria is met.**

CPT	Description	Time
99421	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days;	5-10 minutes
99422	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days;	11-20 minutes
99423	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days;	21-30 minutes
If services do not meet these qualifications report:		
EAP	Description	
980067	eVisit No Charge <5min	

MyChart / eVisits (Non-LIP)

What: MyChart messaging, online patient portal for an online digital E/M service, for a new or established patient, for up to 7 days, cumulative time during the 7 days.
Who: Clinicians who may not independently bill for E/M visits for example physical therapist, occupational therapist, speech language pathologist, clinical psychologist.

Documentation:

- Include a statement indicating that this is an eVisit
- Notation that patient consented to the eVisit
- Chief complaint or reason for the encounter
- Relevant history, background and any test results
- Assessment and plan
- Total time spent

Requirements for Billing

- Must be initiated by a new or established patient or guardian of a new or established patient
- Reported once for the physician cumulative time during a 7 day period*
- All professional decision making assessment and subsequent management by the physician or other QHP in the same group practice contribute to the cumulative service time*
- If patient is seen within 7 days with an encounter that is in person or virtual then the eVisit E/M is incorporated into the in person or virtual E/M (e.g., additive of visit time for a time based E/M visit)*
- If the eVisit refers to an E/M performed and reported within the previous 7 days or within the postoperative period then the service is considered part of the previous E/M service**.***

***System rules will be established to confirm if criteria is met.**

- If the patient generates the initial eVisit inquiry for a new problem within 7 days of a previous E/M visit that addressed a different problem, then the eVisit E/M service may be reported separately.

CPT	EAP	Description	Time
G2061	TBD	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days;	5-10 minutes
G2062	TBD	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days;	11-20 minutes
G2063	TBD	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days;	21-30 minutes
If Services do not meet these guidelines use:			
99999	TBD	COVID Telehealth No Charge	

Critical Care Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- **Time spent with the individual patient MUST be recorded in the patient record.**
- Involves high complexity decision making.
- Access, manipulate, and support vital organ system function(s).
- The provider must devote their full attention to the critical care of the patient.
- The provider can NOT perform services for another patient during the same period of critical care.
- Time spent engaged in work directly related to the patients care whether at the immediate bedside or elsewhere on the floor or unit is included.
- Time spent performing separately reportable procedures or services can NOT be included in reported critical care time.

Critical Care Services	
E/M	**Total Duration of Critical Care**
Appropriate E/M	**Less than 30 mins**
99291	**30 - 74 mins**
99291, 99292	**75 - 104 mins**
99291, 99292 x 2	**105 - 134 mins**
99291, 99292 x 3	**135 - 164 mins**
99291, 99292 x 4	**165 - 194 mins**
99291, 99292 as appropriate	**195 mins or longer**

Inpatient Neonatal and Pediatric Critical Care Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation:

- Critical status of the infant or child (not to be inferred)
- Direction and supervision of all aspects of care
- Review of pertinent historical information
- Verification of significant physical findings
- All services provided by members of the care team
- Discussion and direction of the ongoing therapy and plan of care for the patient
- Any major change in patient course requiring significant hands-on intervention

Initial Inpatient Neonatal & Pediatric Critical Care	
E/M	**Age**
99468	**28 days of age or younger**
99471	**29 days through 24 months of age**
99475	**2 through 5 years of age**

Subsequent Inpatient Neonatal & Pediatric Critical Care	
E/M	**Age**
99469	**28 days of age or younger**
99472	**29 days through 24 months of age**
99476	**2 through 5 years of age**

Initial and Continuing Intensive Care Services Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Reported once daily, per patient, by a single provider at a specific facility
- Neonate/Infant who requires intensive observation, frequent interventions, and other intensive care services
- Documentation of intestine care treatment, such as: vital signs and cardiac/respiratory monitoring, body temperature regulation, enteral/parenteral nutrition, laboratory and oxygen testing/adjustments, and full-time oversight by a qualified clinician

Initial Hospital Care Services	
E/M	**Age**
99477	**28 days of age or younger**

Subsequent Intensive Care	
E/M	**Birth Weight**
99478	**very low birth weight infant (present body weight less than 1500 grams)**
99479	**low birth weight infant (present body weight of 1500-2500 grams)**

Emergency Department Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.
Who: Providers and LIPs
Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .edvirtualvisit**

Obtain History: Chief Complaint; History of Present Illness; Review of Systems; Personal, Family and Social History.

***Exam**: Examination of the affected organ system(s) or body area area(s) and other symptomatic or related organ systems. The exam can be adapted by asking the patient to exhale and breathe into the microphone. Surgical wounds or skin lesions can be viewed through the video and explained. Neurologic motor function and gait can be examined through patient instruction. The throat can be examined by asking the patient to focus the camera into the oropharynx.

Assessment and Plan: Presenting problem(s), any diagnostic procedures that may need to be ordered and management options.

Billing: Bill appropriate levels of service based on documentation for emergency room visits levels 1-5 which include the elements of History, Exam, and Medical Decision Making. All levels of service are billable based on the patient's presenting problem. See guidelines below.

Emergency Department					
MDM	E/M	Hx	Exam	Time*	EAP
SF	99281	PF	PF	N/A	
Low	99282	EPF	EPF	N/A	
Mod	99283	Det	DET	N/A	
High	99284	Comp	Comp	N/A	
High	99285	Comp	Comp	N/A	
Requires 3/3 key components					

Home Services Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.
Who: Providers and LIPs
Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**
- **New Patient:** is one that has not received any professional services from the physician or physician group practice (same physician specialty) within the previous 3 years. For Express and Urgent care the following are considered same specialty; Family, Internal, Pediatric and Geriatrics. Allowable for Out-of-State New & Established patients.

Obtain History: Chief Complaint; History of Present Illness; Review of Systems; Personal, Family and Social History.

***Exam**: Examination of the affected organ system(s) or body area area(s) and other symptomatic or related organ systems. The exam can be adapted by asking the patient to exhale and breathe into the microphone. Surgical wounds or skin lesions can be viewed through the video and explained. Neurologic motor function and gait can be examined through patient instruction. The throat can be examined by asking the patient to focus the camera into the oropharynx. *(If exam cannot be obtained refer to "Billing Based on Time" guidance below)

Assessment and Plan: Presenting problem(s), any diagnostic procedures that may need to be ordered and Management options.

Billing: Bill appropriate levels of service based on documentation/time guidelines for home services new/established visits. Levels 1-5, which include the elements of History, Exam and Medical Decision Making. All levels of service are billable based on the patient's presenting problem. See guidelines below.

***Billing Based on Time:** When billing based on TIME, you **MUST** spend the entire allotted time face-to-face with the patient AND over half of that time must have been devoted to counseling and/or coordination of care. Time spent must be documented. (eE/M app on your CC iPhone)

Home Visit New Patient				
MDM	E/M	Hx	Exam	Time*
SF	99341	PF	PF	20
Low	99342	EPF	EPF	30
Mod	99343	DET	DET	45
Mod	99344	Comp	Comp	60
High	99345	Comp	Comp	75
Requires 3/3 key components				

Home Visit Established Patient				
MDM	E/M	Hx	Exam	Time*
SF	99347	PF	PF	15
Low	99348	EPF	EPF	25
Mod	99349	DET	DET	40
High	99350	Comp	Comp	60
Requires 2/3 key components				

Nursing Facility Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Obtain History: Chief Complaint; History of Present Illness; Review of Systems; Personal, Family and Social History.

***Exam**: Examination of the affected organ system(s) or body area area(s) and other symptomatic or related organ systems. The exam can be adapted by asking the patient to exhale and breathe into the microphone. Surgical wounds or skin lesions can be viewed through the video and explained. Neurologic motor function and gait can be examined through patient instruction. The throat can be examined by asking the patient to focus the camera into the oropharynx. *(If exam cannot be obtained refer to "Billing Based on Time" guidance below)

Assessment and Plan: Presenting problem(s), any diagnostic procedures that may need to be ordered and management options.

Billing: Bill appropriate levels of service based on documentation/time guidelines for nursing facility initial (Level 1-3) which include the elements of History, Exam and Medical Decision Making. All levels of service are billable based on the patient's presenting problem. See guidelines below.

***Billing Based on Time:** When billing based on TIME, you **MUST** spend the entire allotted time face-to-face with the patient AND over half of that time must have been devoted to counseling and/or coordination of care. Time spent must be documented. (eE/M app on your CC iPhone)

Initial Nursing Home				
MDM	**E/M**	**Hx**	**Exam**	**Time***
SF/Low	**99304**	**Det**	**Det**	**25**
Mod	**99305**	**Comp**	**Comp**	**35**
High	**99306**	**Comp**	**Comp**	**45**
Requires 3/3 key components				

Nursing Home Discharge	
E/M	**Time**
99315	**30 minutes or less**
99316	**more than 30 minutes**

Subsequent Nursing Home				
MDM	E/M	Hx	Exam	Time*
SF	99307	PF	PF	10
Low	99308	EPF	EPF	15
Mod	99309	DET	DET	25
High	99310	Comp	Comp	35
Requires 2/3 key components				

Domiciliary, Rest Home, or Custodial Care Services Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Obtain History: Chief Complaint; History of Present Illness; Review of Systems; Personal, Family and Social History.

***Exam**: Examination of the affected organ system(s) or body area area(s) and other symptomatic or related organ systems. The exam can be adapted by asking the patient to exhale and breathe into the microphone. Surgical wounds or skin lesions can be viewed through the video and explained. Neurologic motor function and gait can be examined through patient instruction. The throat can be examined by asking the patient to focus the camera into the oropharynx. *(If exam cannot be obtained refer to "Billing Based on Time" guidance below)

Assessment and Plan: Presenting problem(s), any diagnostic procedures that may need to be ordered and management options.

Billing: Bill appropriate levels of service based on documentation/time guidelines for domiciliary/rest home/custodial care (Level 4-5) or subsequent (Levels 1-4) which include the elements of History, Exam and Medical Decision Making. All levels of service are billable based on the patient's presenting problem. See guidelines below.

***Billing Based on Time:** When billing based on TIME, you **MUST** spend the entire allotted time face-to-face with the patient AND over half of that time must have been devoted to counseling and/or coordination of care. Time spent must be documented. (eE/M app on your CC iPhone)

Initial Dom/Rest/Cust				
MDM	**E/M**	**Hx**	**Exam**	**Time***
Mod	**99327**	**Comp**	**Comp**	**60**
High	**99328**	**Comp**	**Comp**	**75**
Requires 3/3 key components				

Subsequent Dom/Rest/Cust				
MDM	**E/M**	**Hx**	**Exam**	**Time***
SF	**99334**	**PF**	**PF**	**15**
Low	**99335**	**EPF**	**EPF**	**25**
Mod	**99336**	**Det**	**Det**	**40**
High	**99337**	**Comp**	**Comp**	**60**
Requires 2/3 key components				

Psychiatric Diagnostic Evaluation Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation:

- Complete medical and psychiatric history
- Mental status examination
- Establishment of an initial diagnosis
- Evaluation of patient's ability and capacity to respond to treatment
- Plan of care

CPT	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services

Psychotherapy Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation:

- Time element; Exact times MUST be documented in the medical record
  - Sessions less than 16 minutes would not be reported as psychotherapy
- Modalities and frequency
- Clinical notes for each encounter that summarizes the following:
  - Diagnosis
  - Symptoms
  - Functional status
  - Focused mental status examination
  - Treatment plan, prognosis and progress
  - Name, signature and credentials of person performing the service
- While it may include the involvement of family members, the patient MUST be present for all or some of the time (unless the CPT states otherwise)

Individual Psychotherapy	
CPT	**Time**
90832	**30 minutes**
90834	**45 minutes**
90837	**60 minutes**

Individual Psychotherapy w/Evaluation & Management	
CPT	**Time**
90833	**30 minutes**
90836	**45 minutes**
90838	**60 minutes**

Family/Group Psychotherapy		
CPT	**Description**	**Time**
90846	**Family psytx w/o patient**	**50**
90847	**Family psytx w/patient**	**50**
90853	**Group Psychotherapy**	**N/A**

Psychotherapy for Crisis Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Crisis is an urgent assessment and history of the crisis, a mental status exam and a disposition.
- Includes psychotherapy, resources to defuse the crisis, implementation of psychotherapeutic intervention to minimize psychological trauma.
- Presenting problem is typically life threatening or complex requiring immediate intervention.

Psychotherapy for Crisis	
CPT	**Time**
90839	**First 60 minutes**
90840	**Each add. 30 minutes**

Interactive Complexity Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- This is an add on code reported in conjunction with other psychiatric services
- Refers to specific communication factors that complicate the delivery of a psychiatric service
- Documentation should support communication factors that complicate delivery of psychiatric care such as:
    - Patients with high anxiety, high reactivity that complicates care
    - Deafness or individuals who do not speak the same language as provider
    - Use of play equipment or other devices
    - Evidence of a sentinel event (i.e. abuse)

CPT	Description
90785	Interactive Complexity

Psychoanalysis Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Documentation should include observation and analytical methods used to observe the patient
- Determination of how the patient's past experiences, unconscious motivations and internal conflicts, as well as contributing medical conditions, to discover how these pilot the patient's current behavior and emotions
- Maladaptive behavior
- Includes the following tasks:
  - Reviewing medical notes and making clinical setting arrangements
  - Assisting the patient in further self-awareness
  - Working through barriers
  - Understanding self-observations
  - Modifying mental behavior and status while continuing to elicit more information and personal exploration
- This code includes follow-up work of documentation, content review and peer consultation

CPT	Description
90845	Psychoanalysis

Neurobehavioral Status Exam Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation:

- Total time spent
- Evaluation of patient's neurocognitive abilities including: thinking, reasoning, judgment
- Interpretation of test results
- Summary of time spent with the patient

CPT	Description
96116	**Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour**

Health and Behavior Assessment/Reassessment Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation of Initial Assessment:

- Onset and history of initial diagnosis of physical illness
- Clear rational for H&B assessment
- Assessment outcome including mental status and ability of patient to understand
- Goals and expected duration of intervention
- Length of time for assessment
- Medical diagnosis

Documentation of Re-assessment

- Date of change in status requiring reassessment
- Clear rational for reassessment
- Clear indication of precipitating event
- Length of time for assessment
- Medical diagnosis

CPT	Description
96156	**Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)**

Health and Behavior Intervention Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation:

- Evidence the patient has capacity to understands (when patient is present)
- Clearly define psychological intervention
- Goals of intervention
- Information that intervention should help improve compliance
- Response to intervention
- Rationale for frequency and duration of services
- Length of time
- Group sessions include number of participants
- Medical diagnosis

Health & Behavior Intervention		
CPT	**Type**	**Time**
96158	**Individual**	**First 30 minutes**
96159	**Individual**	**Each add. 15 minutes**
96164	**Group (2 or more patients)**	**First 30 minutes**
96165	**Group (2 or more patients)**	**Each add. 15 minutes**
96167	**Family (with the patient present)**	**First 30 minutes**
96168	**Family (with the patient present)**	**Each add. 15 minutes**
96170	**Family (without the patient present)**	**First 30 minutes**
96171	**Family (without the patient present)**	**Each add. 15 minutes**

Health Risk Assessments Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation:

- Date
- Patient's name
- Name and relationship of informant (when not the patient)
- Name of the instrument
- Score
- Name/credentials of individual administering the instrument
- Summary of findings from the provider

CPT	Description
96160	**Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument**
96161	**Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument**

Care Planning for Patients with Cognitive Impairment Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Cognition-focused evaluation including a pertinent history and examination;
- Medical decision making of moderate or high complexity;
- Functional assessment (e.g., basic and instrumental activities of daily living), including decision making capacity;
- Use of standardized instruments for staging of dementia (e.g., functional assessment staging test [FAST], clinical dementia rating [CDR]);
- Medication reconciliation and review of high-risk medications;
- Evaluation for neuropsychiatric and behavioral symptoms, including depression, including use of standardized screening instrument(s);
- Evaluation of safety (e.g., home), including motor vehicle operation;
- Identification of caregiver(s), caregiver knowledge, caregiver needs, social supports, and the willingness of caregiver to take on caregiving tasks;
- Development, updating or revision, or review of an Advance Care Plan;
- Creation of a written care plan, including initial plans to address any neuropsychiatric symptoms, neuro-cognitive symptoms, functional limitations, and referral to community resources as needed (e.g., rehabilitation services, adult day programs, support groups) shared with the patient and/or caregiver with initial education and support.

Care Planning for Patients with Cognitive Impairment	
E/M	**Time**
99483	**50 minutes**

Psychological and Neuropsychological Testing Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation:

- Time spent administering the test(s)
- Time spent preparing the report
- Name and credentials of who administered the test
- Name of tests given
  - Requires two or more tests – any method
- Test scores/results
- Record of behavioral observations
- Diagnosis
- Plan of care

Psych/Neuropsych Test Admin/Scoring	
By Physician or other QHP	
E/M	Time
96136	First 30 minutes
96137	each add 30 minutes

Psych/Neuropsych Test Admin/Scoring	
By Technician	
E/M	Time
96138	First 30 minutes
96139	each add 30 minutes

Continued on next page -

Psychological and Neuropsychological Testing Evaluation Services Continued

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation:

- Includes activities such as: integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed
- Date of activity
- Time spent in activity
- Description of activity
- Name and credentials of provider

Psych Testing Evaluation Services	
By Technician	
E/M	Time
96130	First 60 minutes
96131	each add 60 minutes

Neuro/Psych Testing Evaluation Services	
By Technician	
E/M	Time
96132	First 60 minutes
96133	each add 60 minutes

Therapy Services

Physical, Occupational and Speech Therapy

Virtual Visit		
EAP	Description	Default CPT
9800693	COVID Telehealth No Charge	99999
Telephone / All other services		
EAP	Description	Default CPT
42000415	PT No Charge	custom code no CPT
43000195	OT No Charge	custom code no CPT
44000560	SLP No Charge	custom code no CPT
47000305	AUD No Charge	custom code no CPT

Radiation Treatment Management Services

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Reported using units of five fractions or treatment sessions
- Reported at the completion of each five sessions with the exception of the completion of the treatment course when it may be used for three or more sessions

Documentation:

- Review of port films
- Review of dosimetry, dose delivery, and treatment parameters
- Treatment setup and positioning of the patient is evaluated including the assessment of immobilization devices, blocks, wedges, or other devices
- When necessary, the provider also provides care of infected skin, prescribes necessary medications, and manages fluid and electrolytes, pain management, nutrition counseling

Radiation Treatment Management	
CPT	**Number of Treatments**
77427	**5 treatments**

Telephone Visits (Providers & LIPs)

What: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to a new or established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. ***System rules will be established to confirm if criteria is met.**
Who: Providers and LIPs

Documentation:

- Include a statement indicating that this is a telephone visit
- Notation that patient consented to the telephone encounter
- Document people present / relationship to patient during the telemedicine encounter (i.e. patient, spouse, parent)
- Chief complaint or reason for the encounter
- Relevant history, background and any test results
- Assessment and plan
- Total time spent
- **Dotphrase - .TELEPHONEVISITPN**

Requirements for Billing

- Initiated by an new or established patient or guardian of a new or established patient
- If the patient is seen within 24 hours or next available urgent visit appointment it is not billable and considered part of the face-to-face encounter *
- If the telephone call refers to an E/M performed and reported within the previous 7 days or within the postoperative period then the service is considered part of the previous E/M service.*
- Cannot be reported if another telephone or on-line E/M service has been reported in the previous 7 days.*

CPT	Description (MD & LIP)	Time
99441	**Telephone E&M by a physician or other qualified health care professional**	**5-10 minutes**
99442	**Telephone E&M by a physician or other qualified health care professional**	**11-20 minutes**
99443	**Telephone E&M by a physician or other qualified health care professional**	**21-30 minutes**

If time exceeds 30 minutes, a combination of the above codes should be entered into charge capture (i.e., 45 minutes = 99442 + 99443)

Billing for images performed in conjunction with a phone call	
G2010	**Remote evaluation of recorded video and/or images submitted by an established patient, including interpretation and follow up with the patient within 24 business hours, not originating from a related e/m service or procedure within the next 24 hours or soonest available appointment.**

Telephone Visits (Non-LIP)

What: Telephone evaluation and management service by clinicians who may not independently bill for E/M visits, provided to a new or established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment. ***System rules will be established to confirm if claim submission criteria is met.**

Who: Clinicians who may not independently bill for E/M visits

Documentation:

- Include a statement indicating that this is a telephone visit
- Notation that patient consented to the telephone encounter
- Document people present / relationship to patient during the telemedicine encounter (i.e., patient, spouse, parent)
- Chief complaint or reason for the encounter
- Relevant history, background and any test results
- Assessment and plan
- Total time spent
- **Dotphrase - .TELEPHONEVISITPN**

Requirements for Billing

- Initiated by an new or established patient or guardian of a new or established patient
- If the patient is seen within 24 hours or next available urgent visit appointment it is not billable and considered part of the face-to-face encounter*
- If the telephone call refers to an E/M performed and reported within the previous 7 days or within the postoperative period then the service is considered part of the previous E/M service**. ***
- Cannot be reported if another telephone or on-line E/M service has been reported in the previous 7 days.*

CPT	Description	Time
98966	**Telephone E&M provided by a qualified nonphysician health care professional**	**5-10 minutes**
98967	**Telephone E&M provided by a qualified nonphysician health care professional**	**11-20 minutes**
98968	**Telephone E&M provided by a qualified nonphysician health care professional**	**21-30 minutes**

If time exceeds 30 minutes, a combination of the above codes should be entered into charge capture (i.e., 45 minutes = 98968+98967).

Billing for images performed in conjunction with a phone call	
G2010	**Remote evaluation of recorded video and/or images submitted by an established patient, including interpretation and follow up with the patient within 24 business hours, not originating from a related e/m service or procedure within the next 24 hours or soonest available appointment.**

ESRD Telehealth (Virtual) Visits

What: Interactive **audio and video** telecommunications system in real time.
Who: Providers & LIPs

Documentation:
Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual:**

  DOTPHRASE Suggestion: "I have discussed the nature of this visit with the patient which will occur via distance health (eVisit/phone/virtual visit) and he/she agrees to proceed with this interaction."

- Based on age
- Includes full month of service (30 days)
- Reported once per month
- Includes: establishment of dialysis cycle, E&M of the dialysis visit, telephone calls, patient management during the dialysis provided during a full month.

Patient Receiving Outpatient Dialysis	
Code	**Short Descriptor**
90951	Esrd serv 4 visits p mo <2yr
90952	Esrd serv 2-3 vsts p mo <2yr
90953	Esrd serv 1 visit p mo <2yr
90954	Esrd serv 4 vsts p mo 2-11
90955	Esrd srv 2-3 vsts p mo 2-11
90957	Esrd srv 4 vsts p mo 12-19
90958	Esrd srv 2-3 vsts p mo 12-19
90959	Esrd serv 1 vst p mo 12-19
90960	Esrd srv 4 visits p mo 20+
90961	Esrd srv 2-3 vsts p mo 20+
90962	Esrd serv 1 visit p mo 20+

Patient Receiving Home Dialysis	
Code	**Short Descriptor**
90963	Esrd home pt serv p mo <2yrs
90964	Esrd home pt serv p mo 2-11
90965	Esrd home pt serv p mo 12-19
90966	Esrd home pt serv p mo 20+

Continued on next page -

Less than full month of service if the complete assessment is not performed during the service month may include the following:

- Transient patients
- Partial month where there were one or more face-to-face visits without the complete assessment
- Patient hospitalized before a complete assessment was furnished
- Dialysis stopped due to recovery or death
- Patient received a kidney transplant

Less than Full Month of Service	
Code	**Short Descriptor**
90967	Esrd home pt serv p day <2
90968	Esrd home pt serv p day 2-11
90969	Esrd home pt serv p day 12-19
90970	Esrd home pt serv p day 20+

Transitional Care Management (TCM) Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
  Dotphrase - .VIRTUALVISITPN

Documentation:

- Date of discharge
- Date of post-discharge communication with the patient or caregiver:
- Date of first face-to-face visit
- The provider's detailed note to support first visit
- Medication reconciliation
- Complexity of medical decision making

Requirements:

- Provider communication (direct, phone, or electronic) with the patient and/or caregiver must occur within 2 business days of discharge.
- Face-to-face visit must occur within 14 calendar days following discharge (99495)
- Face-to-face visit must occur within 7 calendar days following discharge (99496).
- Patient has medical and/or psychosocial problems that require moderate- to high-complexity medical decision making.
- Patient may be new or established.
- Only 1 provider may report TCM services during the same 30-day period.
- They cannot be reported by the same provider responsible for "Global" services pertaining to a procedure.
- The same provider who discharged the patient may also report TCM services.
- Date of first face-to-face visit cannot be the same as the discharge date.
- POS should match the location of the face-to-face visit.
- All 3 components must be performed by the 29th day after discharge date.

Transitional Care Management		
E/M	Patient seen	MDM
99495	Within 14 days of discharge	Mod
99496	Within 7 days of discharge	High

Advance Care Planning (ACP) Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
  Dotphrase - .VIRTUALVISITPN

Documentation:

- I spent_____minutes in face-to-face time with the patient and/or surrogate(s), the majority of which was spent discussing advance care planning and/or goals of care. The voluntary nature of this discussion and the completion of advance directives was clear. This time was exclusive of any other counseling provided during this time.

Requirements:

- Face-to-face service between LIP and the patient, and/or surrogate
- For counseling and discussing AD, whether or not the forms are completed.
- ACP occurs separate and distinct from the evaluation and management service

Advance Care Planning	
E/M	Time
99497	First 30 minutes
99498	ea add 30 minutes

Annual Wellness Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

All Medicare beneficiaries who:

- Are not within 12 months after the effective date of their first Medicare Part B coverage period; and
- Have not received an Initial Preventive Physical Examination (IPPE) or AWV within the past 12 months

Documentation Requirements:

- Perform an HRA
- Establish the beneficiary's medical and family history
- Establish a list of current providers and suppliers
- Measure
- Detect any cognitive impairment the beneficiary may have
- Review the beneficiary's potential risk factors for depression
- Review the beneficiary's functional ability and level of safety
- Establish an appropriate written screening schedule
- Establish a list of beneficiary risk factors and conditions for which primary, secondary, or tertiary interventions are recommended or underway
- Furnish the beneficiary personalized health advice and appropriate referrals to health education or preventive counseling services or programs
- Furnish, at the beneficiary's discretion, advance care planning services

Frequency:

- Once in a lifetime for G0438 (first AWV)
- Annually for G0439 (subsequent AWV)

Annual Wellness Visit	
G0438	Annual wellness visit, includes a personalized prevention plan of service
G0439	Annual wellness visit, includes a personalized prevention plan of service, subsequent visit

Prolonged Preventive Services

What: Interactive **audio and video** telecommunications system in real time. Prolonged preventive services beyond the typical service time of the primary procedure in the office or other outpatient setting requiring direct patient contact beyond the usual service.

Who: Providers and LIP's
Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**

Dotphrase - .VIRTUALVISITPN

Documentation:

- Total Time spent
- Content of the preventive service and prolonged service

Requirements for Billing:

- In addition to the normal preventive service time
- When an approved preventive service requires a prolonged period of direct patient contact beyond the suggested timeframe of the preventive service
- Less than 15 minutes is not billable

Prolonged Preventive Services	
E/M	Time
G0513	1st 30 minutes
G0514	ea add 30 minutes

Remote Patient Monitoring Virtual Visits

Who: Clinicians who can provide remote patient monitoring services to both new and established patients.

What: These services can be provided for both acute and chronic conditions and can now be provided for patients with only one disease. For example, remote patient monitoring can be used to monitor a patient's oxygen saturation levels using pulse oximetry.

Requirements:

- Advance patient consent for the service must be obtained and documented in their record.
- The physician or QHP must have seen the patient, face-to-face, within the past year.
- Do not report more than once per 30 days.
- Requires a minimum of 30 minutes of work.
- If provided on same day the patient presents for an E/M service, considered part of the E/M.

Remote Patient Monitoring	
CPT	**Description**
99091	**Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days**

Smoking/Tobacco Use Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation:

- Total time spent face-to-face with the patient
- Include sufficient detail to support the claim
- What was discussed
- The patient's willingness to attempt to quit
- Cessation techniques and resources
- Medication management
- Estimated quit date
- Planned follow up

Smoking Counseling		
CPT	**Description**	**Time**
99406	**Smoking and tobacco use cessation counseling visit; intermediate**	**3-10 minutes**
99407	**Smoking and tobacco use cessation counseling visit; intensive**	**>10 minutes**
G0436	**Medicare Patients - Tobacco Use Counseling**	**3-10 minutes**
G0437	**Medicare Patients - Tobacco Use Counseling**	**>10 minutes**

Alcohol Screening/Intervention/Counseling Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Documentation:

- Total time with the patient
- Patient's progress, response to changes in treatment, and revision of diagnosis
- Rationale of ordering diagnostic and other ancillary services
- Each encounter should include:
  - Assessment, clinical impression, diagnosis
  - Date and legible identity of provider
  - Physical exam findings or diagnostic test results
  - Plan of care
  - Reason for encounter and relevant history
- Identify appropriate health risk factors
- For screening – documentation of total time and results

Alcohol Screening/Intervention/Counseling	
G0396	**Alcohol/subs interv 15-30mn**
G0397	**Alcohol/subs interv >30 min**
G0442	**Annual alcohol screen 15 min**
G0443	**Brief alcohol misuse counsel**

Lung Cancer Screening Virtual Visits

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Be 55–77 years of age;
- Be asymptomatic (no signs or symptoms of lung cancer);
- Have a tobacco smoking history of at least 30 pack-years (one pack-year = smoking one pack per day for one year; 1 pack = 20 cigarettes);
- Be a current smoker or one who has quit smoking within the last 15 years; and,
- Receive a written order for lung cancer screening with LDCT that meets the requirements described in the NCD.

Documentation:

- Date of birth
- Actual pack–year smoking history (number)
- Current smoking status, and for former smokers, the number of years since quitting smoking
- A statement that the beneficiary is asymptomatic (no signs or symptoms of lung cancer)

CPT	Description
G0296	**Counseling Visit to Discuss the Need for Lung Cancer Screening Using Low Dose CT Scan**

Medical Nutrition Therapy Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: LIPs who can bill for professional services

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

What to document	
Initial MNT	*Follow-up MNT Sessions*
Receipt of referral and name of primary RD	Receipt of referral and name of primary RD
Time (start and stop) and date of visit	Time (start and stop) and date of the visit
Medical diagnosis	Lab data and measurements
Demographic and biochemical data, measurements	New demographic and biochemical data, measurements, as available
Nutrition Assessment – food & nutrition history; client history	Nutrition re-assessment – recent food & nutrition history; pertinent current anthropometrics
Baseline intake data; pertinent anthropometrics and physical findings	Progress to goals; adjustments to care plan
Nutrition diagnosis	Interventions -- new and reinforcement
Learning needs assessment related to MNT ; barriers	Barriers and solutions
Clinical and behavioral goals -- care plan	Adherence potential to new goals/care plan
Interventions -- MNT or education provided	Next follow-up appointment and plans
Adherence potential	Appointment failures, and other ways that the patient is not cooperating with the therapeutic plan
Scheduling of follow-up appointment	

Medical Nutrition Therapy	
97802	**MNT; Initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes**
97803	**MNT; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**
97804	**MNT; group (2 or more individuals), each 30 minutes**
G0270	**MNT; re-assessment and subsequent interventions(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease). Individual face-to-face with the patient, each 15 minutes**

The above G-code should be used when additional hours of MNT services are performed beyond the number of hours typically covered when the treating physician determines there is a change of diagnosis or medical condition that makes a change in the diet necessary.

Continued on next page –

Medical Nutrition Therapy Virtual Visit

Continued –

If Services do not meet these guidelines use:				
CPT	EAP			
99999	9800693	COVID Telehealth No Charge		

Diabetes Self-Management Training (DSMT) Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: LIPs who can bill for professional services

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Diagnosis of diabetes
- Order for DSMT from the physician or qualified APP treating the Medicare beneficiary's diabetes

Frequency:

- Initial year: Up to 10 hours of initial training within a continuous 12-month period
- Subsequent years: Up to 2 hours of follow-up training each calendar year after the initial 10 hours of training has been completed

Diabetes Self-Management Training (DSMT)	
G0108	**Diabetes outpatient self-management training services, individual, per 30 minutes**
G0109	**Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes**

If Services do not meet these guidelines use:		
CPT	EAP	
99999	9800693	COVID Telehealth No Charge

High Intensity Behavioral Counseling (HIBC) Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Sexually active adolescents and adults at increased risk for STIs
- Referred for this service by a primary care provider and provided by a Medicare-eligible primary care provider in a primary care setting

Frequency:

- Up to two 30-minute, face-to-face HIBC sessions annually

High Intensity Behavioral Counseling (HIBC) to Prevent STIs	
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes

Intensive Behavioral Therapy (IBT) for Cardiovascular Disease

Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Beneficiary is competent and alert at the time counseling is provided
- Furnished counseling by a qualified primary care physician or other primary care practitioner and in a primary care setting

Frequency:

- Annually

Intensive Behavioral Therapy (IBT) for Cardiovascular Disease	
G0446	Intensive behavioral therapy to reduce cardiovascular disease risk, individual, face-to-face, annual, 15 minutes

Intensive Behavioral Therapy (IBT) for Obesity Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Obesity (Body Mass Index [BMI] ≥ 30 kilograms [kg] per meter squared)
- Competent and alert at the time counseling is provided
- Counseling furnished by a qualified primary care physician or other primary care practitioner in a primary care setting

Frequency:

Medicare will pay for up to 22 visits billed with the codes G0447 and G0473, combined, in a 12-month period:

- First month: one face-to-face visit every week
- Months 2–6: one face-to-face visit every other week
- Months 7–12: one face-to-face visit every month if certain requirements are met

Intensive Behavioral Therapy (IBT) for Obesity	
G0447	Face-to-face behavioral counseling for obesity, 15 minutes

Annual Depression Screening Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Must occur in a primary care setting with staff-assisted depression care supports in place to ensure accurate diagnosis, effective treatment and follow up.

Frequency:

- Annually

Annual Depression Screening	
G0444	Annual depression screening 15 mins

Office-Based Treatment for Opioid Use Disorder Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Office-Based Treatment for Opioid Use Disorder	
G2086	Office-based treatment for opioid use disorder, including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 mins in the first calendar month
G2087	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month
G2088	Office-based treatment for opioid use disorder, including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes

Education Services Related to the Care of Chronic Kidney Disease (CKD) Virtual Visit

What: Interactive **audio and video** telecommunications system in real time.

Who: Providers and LIPs

Document and charge as you would for a similar in-person visit (see billing grid below):

- **Include a statement indicating that the visit is virtual**
- **Dotphrase - .VIRTUALVISITPN**

Requirements:

- Referral from the physician managing the beneficiary's kidney condition

Frequency:

- No more than 6 sessions of KDE services in a beneficiary's lifetime

Educational Services Related to the Care of CKD	
G0420	Educational services related to the care of chronic kidney disease; individual per hour; per session, face-to-face
G0421	Educational services related to the care of chronic kidney disease; group; per hour, per session, face-to-face

Teaching Physician Guidelines for Virtual Visits

Resident / Intern / Fellow (Non-LIP)
Who: Teaching physicians for **resident, intern, or fellow (Non-LIP)**
What: Can be provided virtually through audio/video real-time communications

Documentation:

- Attestation **.ATTESTRESIDENTCCHS**
  - Example: "I was present with the resident during the history and exam. I discussed the case with the resident and agree with the findings and plan as documented in the resident's note."

- All services that are performed by a resident in a teaching facility under the direction of a teaching physician are submitted with a GC modifier

Requirements:

- Does not apply in the case of surgical, high risk, interventional or other complex procedures, services performed through an endoscope and anesthesia services
- Performance of the service or was physically present during the key or critical portions of the service when performed by the resident.
- Participation in the management of the patient.

Medical Student
Who: Teaching physicians for **students**
What: Can be provided virtually through audio/video real-time communications

Documentation:

- Attestation **.ATTESTMEDSTUDENTCCHS**
  - Example "I have personally seen and examined the patient and performed the medical decision making components. I have reviewed the medical student documentation and verified the findings in the note as written. Any additions or changes are noted in bold/italics."

Requirements:

- Teaching physician must verify in the medical record all student documentation and findings including the History, Exam and MDM
- Physician must personally perform (re-perform) the physical exam and medical decision making activities of the E/M service.
- Re-documentation of the student's notes is not necessary.
- Services must be performed in the physical presence of a teaching physician

Resources and References

Coding and billing questions should be sent to: askacoder@ccf.org

https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/index

https://www.cms.gov/files/document/covid-teaching-hospitals.pdf

Cleveland Clinic

Cleveland Clinic Community Care

Medical Assistant Workflow for Adult and Pediatric Virtual Visits

Target Group: **Medical Assistants –Cleveland Clinic Community Care**		**Original Date of Issue:** 3/20/2020	**Version** 1
Approved by: Community Care Leadership	**Date Last Approved/Reviewed:**	**Prepared by:** Community Care Leadership	**Effective Date** 3/21/2020

Purpose

To identify the workflow and responsibilities for Medical Assistants (MA) and Ambulatory Clinical Technicians (ACT) when completing phone outreach for adult and pediatric patients for virtual visits.

Directives

1. PRE VIRTUAL VISIT WORKFLOW (ADULTS)

a. MA/ACT calls the patient scheduled for a virtual visit about 30 minutes before the visit time.
b. MA/ACT confirms if they were able to download the app or not (if the patient did not get the app, didn't get an email etc. Please let the patient/parent know the provider will do a telephone visit).
c. MA/ACT to open the visit by double clicking
d. From the pre-charting screen, click on "start the visit" (only if the intake section does not appear).
e. Complete "rooming intake" process and document in the encounter. (exclude, vitals, and point of care testing)
    i. Document chief complaint
    ii. Document rooming intake questions
    iii. Review allergies
    iv. Verify RX benefits
    v. Update medications via med update section and pend orders for medications that need to be refilled.
    vi. Verify preferred pharmacy
    vii. Complete Social Determinants of Health questions
        1. From the Storyboard, click on the Social Determinants activity
        2. This will bring up the Social Section within the History
        3. Complete questions related to:
            a. DEPRESSION SCREENING (This is the Priority screening to be performed)
            b. Financial Resource Strain

c. Food Insecurity
d. Transportation Needs
e. Stress
f. Physical Activity
g. Intimate Partner Violence

4. Encourage patient with MyChart access to complete depression screening in My Chart if questionnaire available
5. If patient does not have My Chart, please recommend and assist in registering if possible

viii. Pend order as appropriate
1. Labs
2. HM

ix. Nursing Scorecard/Document Flow sheet is not required for virtual visits

x. Confirm patient is ready to launch the virtual visit

f. Let the patient know to log into Express Care On-Line (ECO) for their appointment as scheduled, or provider will call them at the appropriate time if unable to perform virtual visit.

2. PRE VIRTUAL VISIT WORKFLOW FOR PEDIATRIC WELL VISIT

a. PEDIATRIC WELL VISIT

i. 30 Months and under – Schedule virtual visit **(*We plan to finalize immunization clinic locations no later than 4/3/20*)**

ii. 30 Months and older – Reschedule visits in 3 months

3. PHONE OUTREACH for WELL VISITS (30 MONTHS AND UNDER)

a. MA/ACT reviews provider schedule in advance (1-2 weeks)

b. MA/ACT calls family for all patients scheduled for WCCs that are 30 months and under

c. MA/ACT explains the recommendation and rationale for flipping to virtual/phone visit

i. *"I understand this is not how we are used to interacting with our health care providers. The purpose of this approach is to keep you and your family as safe as possible. Our pediatricians assure you they can still provide high quality care and meet your needs virtually. We will be happy to see you in person when the pandemic is over."*

d. MA/ACT advises during the virtual visit that the provider will discuss what vaccines are recommended and where/when to have them administered

e. MA/ACT reviews screening tools recommended for that visit

i. If ASQ- perform screening on the phone with the parent (cannot send that questionnaire via My Chart)

ii. For other screenings - determines if parent/patient signed up for My Chart

1. If yes, MA/ACT forwards other screens via My Chart and requests completion. *My Chart workflow detailed on next page
2. If no, MA/ACT encourages My Chart sign up and completes other screens by phone at that time

a. Documents screening results in EPIC

f. MA/ACT can change visit from office visit to virtual visit or route to Patient Service Specialist (PSS) if necessary.

MANUAL PROCESS TO PUSH OUT SCREENING QUESTIONNAIRES VIA MYCHART

For well visits 30 months and under, screening questionnaires should be manually pushed prior to appointment.

g. Log in to EPIC
h. Review provider schedule (no more than 2 weeks in advance of appointment)
i. Select patient that needs questionnaire sent
j. Select MyChart
k. Select patient message
l. Subject of message:___*(upcoming) well visit*
m. Change type of message: Use "MYC-my family questionnaire"
n. Add questionnaire
    i. Questionnaires have to be added individually but multiple can be sent in one message (note: refer to Cleveland Clinic Children's Pediatric Care Schedule)
o. Enter message: .PEDMCQUESTIONNAIRE
p. Questionnaires return to the My chart e-script pool
q. If working on patients that are more than 2 weeks in advance, select the delivery date box and select the date 2 weeks prior to visit
r. Click accept and send
    i. **Go to appointment desk (so staff can tell whose sent and completed)
    ii. **Edit notes for well visit and enter PVQ sent
    iii. **Once questionnaires are returned edit notes to say PVQ complete

Pediatrics Questionnaires

Questionnaire	191	ASTHMA CONTROL TEST
Questionnaire	2600	CHILDHOOD ASTHMA CONTROL TEST (4-11Y)
Questionnaire	44417005	PED EDINBURGH POSTNATAL DEPRESSION SCALE
Questionnaire	44417012	PED LEAD
Questionnaire	44417016	PED M-CHAT-R
Questionnaire	44417000	PED ORAL HEALTH RISK ASSESSMENT
Questionnaire	210129170	PED SOCIAL HLTH TOOL
Questionnaire	44417004	PED TB

MyChart Questionnaire	6000104	MYC PED LEAD
MyChart Questionnaire	600106	MYC PED M-CHAT-R
MyChart Questionnaire	600105	MYC PED ORAL HEALTH RISK ASSESSMENT
MyChart Questionnaire	600108	MYC PED TB V2
MyChart Questionnaire	4002938	MYC PEDIATRIC SOCIAL DETERMINANTS OF HEALTH

4. DAY OF APPOINTMENT (PEDIATRICS ONLY)

MA/ACT calls the patient scheduled for a virtual visit about 30 minutes before the visit time.

a. MA/ACT confirms if they were able to download the app or not (if the patient did not get the app, didn't get an email etc. Please let the patient/parent know the provider will do a telephone visit).
b. MA/ACT to open the visit by double clicking
c. From the pre-charting screen, click on "start the visit" (only if the intake section does not appear).
d. Complete "rooming intake" process and document in the encounter. (exclude, vitals, and point of care testing)
    i. Document chief complaint
    ii. Document rooming intake questions
    iii. Review allergies
    iv. Verify RX benefits
    v. Update medications via med update section and pend orders for medications needing to be refilled.
    vi. Verify preferred pharmacy
e. MA/ACT completes recommended screenings for the visit not completed in MyChart prior to the appointment
    vii. MA/ACT reviews screening tools recommended for that visit and verify that questionnaires are complete.
        i. If ASQ needed - perform screening on the phone with the parent if not previously done (cannot send that questionnaire via My Chart due to copyright laws)
        ii. For other screenings - determines if screening is complete via My Chart.
            1. If yes, nothing further required.
            2. If no, MA/ACT completes the screens by phone at that time (reference page 3 for Pediatric EPIC questionnaire details)
                a. Documents screening results in EPIC
    viii. Pend order as appropriate
        1. Labs
        2. HM
    ix. Nursing Scorecard/Document Flow sheet is not required for virtual visits
    x. Confirm patient is ready to launch the virtual visit
f. Let the patient know to log into Express Care On-Line (ECO) for their appointment as scheduled, or provider will call them at the appropriate time if unable to perform virtual visit.

Appendix

Cleveland Clinic Children's

Pediatric Care Schedule

As recommended by the American Academy of Pediatrics

Regular medical screenings and immunizations throughout infancy, childhood and adolescence are important to keep your child (and you) well.

Immunizations are safe and help stop the spread of diseases that can cause serious health problems.

Screenings monitor your child's physical, mental and emotional/social development, ensure a healthy home environment and assess parents' wellbeing. You'll fill out a screening questionnaire before your appointment, usually delivered to you via your Cleveland Clinic MyChart app. The goal is to detect any issues early, so they can be quickly addressed. Our pediatric care team can guide you to resources and services as needed.

Here's the schedule we follow at Cleveland Clinic Children's:

Age	Immunization	Screening
Newborn	Hepatitis B vaccine (HBV) if not given in hospital	Checkup within five days of hospital discharge Social Determinants of Health (SDH) screening to assess the wellbeing of baby and family
2–4 weeks	HBV if not already given	Well-child checkup Edinburgh postnatal depression screening, which checks new mothers for depression and provides access to help if needed
2 months	HBV Diphtheria/tetanus/acellular pertussis vaccine (DTaP) Haemophilus influenzae type B (Hib) Inactivated polio vaccine (IPV) Pneumococcal conjugate vaccine for meningitis (PCV) Rotavirus (protects against potentially life-threatening diarrhea)	Well-child checkup Edinburgh depression screening
4 months	DTaP Hib IPV PCV Rotavirus	Well-child checkup Edinburgh depression screening
6 months	DTaP HBV Hib IPV PCV Rotavirus	Well-child checkup SDH
Yearly (beginning at 6 months through adulthood)	Influenza vaccine (A one-time booster shot is needed a month after the child's first flu vaccination if he or she is younger than 9 years old.)	
9 months		Well-child checkup Ages & Stages Questionnaire (ASQ) to assess baby's social/emotional development

12 months	Measles/mumps/rubella vaccine (MMR) Chicken pox vaccine (Varicella) PCV Hepatitis A vaccine (HAV)	Well-child checkup Anemia screening to check for iron deficiency Lead screening to determine if living conditions put baby at risk of lead poisoning and warrant blood testing (visit ODH.ohio.gov for details) Oral health screening to check baby's dental hygiene Tuberculosis (TB) screening to determine if baby needs a TB test
15 months	DTaP Hib	Well-child checkup SDH
18 months	HAV	Well-child checkup ASQ Modified Checklist for Autism in Toddlers (M-CHAT) screening to identify children who may need more thorough testing for autism or developmental issues
24 months		M-CHAT Oral health screening TB screening Lead screening if at risk
30 months		Well-child checkup SDH ASQ

CCCC COVID-19

Access to Care – Virtual/Provider Phone Call Scheduling Update 3.25.20

Cleveland Clinic

OBJECTIVE: Maintain patient access for appointment scheduling by leveraging **virtual visits and provider phone call visits** for adults and pediatric primary care patients. Minimize face-to-face appointments for the next 3 months.

UPDATE: Scheduling questionnaire/decision tree to help facilitate ability for Access to Care team to schedule virtual visits and provider phone call visits if patients need appointments within 3 months. Updates in progress and should be finalized within next 24-48 hours.

KEY TAKEAWAYS:

- Schedulers will follow current state scheduling flow for both adult and pediatric patients.
- **Temporary scheduling instructions** will be added to all the primary care visit types instructing the schedulers to offer a virtual visit and/or phone call visit.
    - Adult patients = Virtual MI Est No Charge [38026] – 40 min.
    - Pediatric Patients = Virtual Peds Est No Charge [12625] – 30 min.
    - Provider Phone Call Visit [5152] - will be scheduled if patient does not have virtual capabilities.
- The **scheduling instructions** for the **adult virtual visit type** instruct the schedulers to search:
    - Primary Care Provider (subgroup option 1)
    - Primary Care Provider Location (subgroup option 2)
    - Same Day (for established patients) or New Patient Subgroup (for new patients)
- The **scheduling instructions** for the **pediatric visit type** instruct the schedulers to search:
    - Primary Care Provider
    - Access Subgroup
- Access to Care will do their **BEST** to keep established patients scheduled with their PCPs or with their PCP team.
- **Scheduling scripting:** *We recommend that you schedule a virtual visit. We are not scheduling any in person visits at this time. We understand this is not how you are used to interacting with our health care providers. The purpose of this approach is to keep you and your family as safe as possible. Our providers assure you they can still provide high quality care and meet your needs virtually. We will be happy to see you in person when the pandemic is over."*
- If patients insist on being seen face-to-face, Access to Care will send a message back to the PCP office.
- The virtual visit types noted above are associated/linked with the **Virtual Block**. As providers are trained on Virtual Visits, **please work with template managers to update templates to include VIRTUAL blocks.**
- **Provider Phone Call Visit [5152]** visit type is (temporarily) associated/linked with: **1) Virtual Block 2) PCP Flex Block.** Maximizing all access options for patients is a priority during this time.
- The only face-to-face visits that will continue to be scheduled by Access to Care are New Peds Newborn visits.

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