Inpatient use of telehealth tools
Objectives

• Provide direction on the use of virtual tools for physicians working in inpatient and SNF settings. This information also applies to virtual consults performed in the Emergency Department.

• Guiding principles
  – Technology capacity and workflow is different at different hospitals
  – The goal is to aid inpatient teams caring for increased volumes during COVID pandemic by providing*
    • Recommendation on platform
    • Recommendation documentation and billing
Background

• Telehealth federal guidelines changed 3/16/20
  – Waived Medicare geographic restriction and originating site
  – The list of services remained relatively unchanged (was already wide)

• Large push of conversion in ambulatory appointments
  – AmWell platform expanding

• Other video platforms ok’d by IU Health (Web-Ex, Apple Facetime, WhatsApp, Google Duo, Google Hangouts, Microsoft Teams, Zoom Healthcare, Doximity, Doxy.me)
  – Interest for use to assist in existing inpatient clinical situation

• Amwell total as of 3/23/20
  – All providers 6051; 25% (1489) in last 10 days
Overview

• IU Health recognizes that providing inpatient or ED consultative care for patients who have or might have COVID19 introduces the risk of infection and also uses limited resources like masks and gowns.
  – As a result these guidelines were developed so that, when appropriate, consultative care can be provided virtually.

• Patient is an inpatient at an IU Health facility, may need solutions for consultants to advise on:
  – COVID+
  – COVID negative, but other consumers of PPE

• Physician is credentialed and privileged at the facility
  – Specific privileging for telehealth is being waived at this time due to the activation of the Emergency Operation Plan. Per the resolution of the IU Health System Board, these privileges will be automatically relinquished when the COVID 19 emergency ends.

3/25/20
# Telehealth types of visits and steps

1. Determine patient need
2. Decide on type of visit
3. Documentation (global autotext)
4. Video platform if needed
5. Billing codes

| A. Chart review, plus audio discussion only with patient | Phone visit | Cerner EMR Note; plus =teleattestPHONE and =telePedsattestPHONE | Can use appropriate OCR tool | 99441-3 |
| B. Chart review, full telehealth video visit | Telehealth consult video visit | Cerner EMR Note; plus =teleattestVIDEO and =telePedsattestVIDEO | Can use of appropriate OCR tool | G0425-7-GT; G0406-8-GT |
| C. Provider to Provider Consult (Interprofessional) | Chart review and recommendations, no patient contact | Cerner EMR Note | No video needed | 99446-9; 99451-2 |

See additional slides for billing code details
1. Determine patient need and consent

- Communication between the physician that placed the consult and the one who will provide it, so that both understand what virtual technology and/or type of visit (phone, video visit, e-consult) will be used.

- Verbal consent should be obtained by the consulting provider as the virtual visit starts
2. Decide on the type of visit that will occur

- The inpatient doctor and consultant will plan for the most appropriate platform and workflow based on the type of consult to be performed (phone, video visit or e-consult). When the consult is placed, the doctor who places the consult should tell the consulting physician whether they would like them to place any orders recommended in the consult.

- Patient should be consented for phone visits and telehealth video visits by the physician who is providing the consultation at the beginning of the virtual visit.

- Once the consultation is performed, the consulting physician should place all relevant orders so that the inpatient attending is not burdened with that responsibility.
3. Deciding on the platform

• Telehealth video visit requires an interactive video component
• The interactive video component should be conducted using an approved video platform.
  – These include an approved list of applications based on national security (OCR) from 3/18/20: Team portal (and slide 3)
  – Patient may use their own device to communicate via these platform; if a patient does not have their own device, options may be limited.
  – Inpatient team to use based on available technology in the hospital: variation across hospitals
Type: Inpatient Telehealth (Video) CONSULTS

- Full video interaction with consulting doctor
- Likely less relevant for immediate COVID needs
- Can expand over time, but priority for AmWell platforms at this time is for outpatient care so alternate methods for a video visit would likely apply in this situation
Inpatient Telehealth (Video) CONSULTS

- Consult Note requirements persist: Reason for consult, who requested etc.
  
  **NOTE:** All Video Visit documentation (both inpatient and outpatient virtual visits) require ‘generic’ Provider Location (e.g. Clinic, Inpatient) and Patient Location (e.g. home, hospital bed)

<table>
<thead>
<tr>
<th>Category of Service</th>
<th>Telehealth Code/Modifier</th>
<th>Level of History</th>
<th>Level of Exam</th>
<th>Complexity of MDM</th>
<th>Typical Time Communicating with Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth consultation, ED or initial inpatient</td>
<td>G0425-GT</td>
<td>Problem Focused</td>
<td>Problem Focused</td>
<td>Straightforward</td>
<td>30 min</td>
</tr>
<tr>
<td><em>3/3 key components</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follow-up inpatient telehealth consultation, limited</td>
<td>G0406-GT</td>
<td>Problem Focused</td>
<td>Problem Focused</td>
<td>Straightforward</td>
<td>15 min</td>
</tr>
<tr>
<td><em>2/3 key components</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>G0407-GT</td>
<td>Expanded Problem Focused Interval</td>
<td>Expanded Problem Focused</td>
<td>Moderate</td>
<td>25 min</td>
</tr>
<tr>
<td></td>
<td>G0408-GT</td>
<td>Detailed Interval</td>
<td>Detailed</td>
<td>High</td>
<td>35 min</td>
</tr>
</tbody>
</table>
Inpatient “Provider to Provider” Consult (E-consults)

- The **Interprofessional Consultation** codes are used when a Provider to Provider consultation occurs and there is no direct or virtual patient interaction (See guidelines below for details)
- This includes evaluation of asynchronous data (‘store-and-forward’): examples include EKG, images, etc.
- **EXCEPTION**: None of the codes below apply for provider-to-provider consult if consulting provider has a face-to-face visit (including a video visit) within previous 14 days or if consultant assumes care of the patient

### Category of Service

<table>
<thead>
<tr>
<th>Category of Service</th>
<th>CPT Code</th>
<th>Time</th>
<th>Documentation Requirements</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| Interprofessional Telephone/internet/EHR consultant services | 99446    | 5-10 Minutes          | 1. Patient Consent  
2. Reason for request  
3. Requesting provider  
4. Time spent (Must be 50% devoted to discussion with referring provider) | Both verbal and written report must be provided to requesting provider. Documentation of content of verbal discussion needs included in the medical record in addition to written communication. |
|                                     | 99447    | 11-20 Minutes         |                                                                                           |                                                                            |
|                                     | 99448    | 21-30 Minutes         |                                                                                           |                                                                            |
|                                     | 99449    | 31 Minutes or more    | See 1-3 above.  
4. Time spent, time dedicated to discussion does not affect 99451 code reporting |                                                                            |
|                                     | 99451    | 5 Minutes or more     | 1. Patient Consent  
2. Content of treatment including communication of coordination of care | 99451 is for written report only, no verbal component                     |
| Interprofessional telephone/internet/EHR referring provider services   | 99452    | 30 Minutes (if less than 16 minutes is spent, service is not reportable) | 1. Patient Consent  
2. Content of treatment including communication of coordination of care | Time spent includes preparing for referral and/or communicating with consultant |

3/25/20
# Inpatient PHONE-Only Visits

- **Subsequent** day visits may be Phone-Only (an **initial** Phone-Only visit is not reimbursable if performed on **new** patient)

<table>
<thead>
<tr>
<th>Category of Service</th>
<th>Phone Visit Code</th>
<th>Time</th>
<th>Documentation Requirements</th>
<th>Guidelines</th>
</tr>
</thead>
</table>
| Use for Phone E/M Service provided by Phys or APP | 99441 | 5-10 minutes of medical discussion | 1. Patient Consent  
2. Time Spent  
3. Reason for visit  
4. Content of treatment | May not be related to an E/M visit within the last 7 days, or lead to a related appointment in the next 24 hours or next available appointment slot. |
|                     | 99442 | 11-20 minutes of medical discussion | 1. Patient Consent  
2. Time Spent  
3. Reason for visit  
4. Content of treatment | |
|                     | 99443 | 21-30 minutes of medical discussion | 1. Patient Consent  
2. Time Spent  
3. Reason for visit  
4. Content of treatment | |

**Established patient only**
4. Documentation

- After the visit is done, the provider completes an inpatient encounter note in Cerner.
Use the global autotexts (dotphrases) to indicate that consent was obtained.

```
=teleattestVIDEO

This video visit was provided using: 
I obtained consent from the patient to engage in this virtual visit.
Provider location: _
Patient location: _

=telePedsattestPHONE

This virtual visit was provided as a Phone Visit (no video).
I obtained verbal consent from the patient’s guardian/parent or the patient’s authorized representative to engage in this virtual phone visit.
Consent provided by: _
Patient’s guardian’s name: _
Phone visit duration: _
```
Proposal to create new “Folder” in PK (i.e. “picker” list):
- Folders will flex by encounter
- Folders will include all applicable codes
- The associated GT modifier will be pre-selected for the Video Visit Folder
- Virtual Care Folders (e.g., Phone, Video, etc.) will be built in PK, with the appropriate codes in each folder to improve efficiency of finding the appropriate code.
Patient is in a SNF
Patient in a Skilled Nursing Facility (SNF)

1. Use an approved video platform (interactive video component) to see the patient and do the visit in a similar fashion to the inpatient flow noted above
   1. IU Health approved platform
   2. Or one as recommended/approved by SNF

2. Write a note in our EMR and then send to SNF provider (should include information regarding the fact that it was conducted as a virtual visit, where the patient was, where the provider was and how long the visit lasted)

3. Submit charges in your normal fashion and per the inpatient virtual visit guidelines for SNF
SNF Facility Telehealth (Video) Visits

- **Initial** Nursing Home visits are currently **not** reimbursable via Video Visit (*1st visit by clinical specialty group for a Nursing home admission/encounter*)
- **Subsequent** Video Visits **are** reimbursable only once every 30 days (*subject to change given current climate*)
- Consultants providing service in Nursing Home, can use the Inpatient Video Consult codes (see preceding slide “Inpatient Telehealth (Video) CONSULTS”)

<table>
<thead>
<tr>
<th>Category of Service</th>
<th>Telehealth Code/Modifier</th>
<th>Level of History</th>
<th>Level of Exam</th>
<th>Complexity of MDM</th>
<th>Typical Time Communicating with Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use for subsequent nursing home video visits</td>
<td>99307-GT</td>
<td>Problem Focused</td>
<td>Problem Focused</td>
<td>Straightforward</td>
<td>10 min</td>
</tr>
<tr>
<td></td>
<td>99308-GT</td>
<td>Expanded problem focused</td>
<td>Expanded problem focused</td>
<td>Low</td>
<td>15 min</td>
</tr>
<tr>
<td></td>
<td>99309-GT</td>
<td>Detailed</td>
<td>Detailed</td>
<td>Moderate</td>
<td>25 min</td>
</tr>
<tr>
<td></td>
<td>99310-GT</td>
<td>Comprehensive</td>
<td>Comprehensive</td>
<td>High</td>
<td>35 min</td>
</tr>
</tbody>
</table>
What services can be provided via telehealth?

- In general, Medicare and Medicaid cover office visits, psychotherapy, consultations, and certain other medical/health services furnished via telehealth.

- The Medicare list of approved telehealth services is located at: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

- The Indiana Medicaid list of approved telehealth services is located at: http://provider.indianamedicaid.com/ihcp/Publications/providerCodes/providerCodes.asp (click “Telemedicine Services Codes”).

- If you have a question about coding and/or documentation, please contact either Sarah Throop at stthroop1@iuhealth.org or Angie Hite at ahite1@iuhealth.org.
Appendix
## Telehealth physician and ops leaders 3/23/20

<table>
<thead>
<tr>
<th>Region</th>
<th>Telehealth point</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISR</td>
<td>Christina Chadwell, Dr. Mimi Jacobs, Dr. Lee McHenry, Dr. Sahand Rahnama (Dermatology); Dr. Mara Nitu</td>
<td>Ambulatory: virtual visits, formal telehealth consult inpatient implementation of virtual health options</td>
</tr>
<tr>
<td>WCR</td>
<td>Susan Ardnt, Hannah Davis</td>
<td>inpatient implementation of virtual health options</td>
</tr>
<tr>
<td>SCR</td>
<td>Elizabeth Thompson, SLA for Medical Specialties</td>
<td>inpatient implementation of virtual health options</td>
</tr>
<tr>
<td>ECR</td>
<td>Dr. Naasha Gheyara, Dr. Chris Gamble</td>
<td>inpatient implementation of virtual health options</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Virtual hub</th>
<th>Medical leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual hub</td>
<td>Michele Saysana, MD</td>
</tr>
<tr>
<td>Telehealth behavioral health</td>
<td>Anne Gilbert, MD</td>
</tr>
</tbody>
</table>
Consent in AmWell: what patient sees and consents
Consent for Telemedicine Consultation

INFORMED CONSENT FOR TELEMEDICINE CONSULTATION

TELEREMOTE IS NOT MEDICAL EMERGENCIES. FOR MEDICAL EMERGENCIES, CALL EMERGENCY PERSONNEL (911) OR GO TO AN EMERGENCY ROOM. I WILL NOT RELY ON TELEMEDICINE FOR IMMEDIATE CARE NEEDS.

I understand that if I decide to use telemedicine as part of my care, I need to read and understand the information below.

I understand and acknowledge that the care I receive will be provided by physicians (or other licensed practitioners) who are NOT AGENTS or EMPLOYEES of INDIANA UNIVERSITY HEALTH, INC. and are not controlled or supervised by INDIANA UNIVERSITY HEALTH, INC.

Scope of Service

Telerelease for the purpose of this consent covers audio/video conferences between the patient and the provider to deliver diagnosis, consultation, treatment, transfer of medical data, or education. I understand that the Telerelease is only available to me if I am a resident of Indiana. I agree to inform any providers I leave out of the State of Indiana.

Procedure

If I choose to participate in a telerelease session, then I will communicate directly with the provider using my personal equipment with the required technology elements to participate in a teleconference.

During the Telerelease consultation, I will be able to hear and see the provider and any voice and image will be seen and heard by the provider at the provider’s location. The provider will control the transmission of images and other information from the provider's location using a computer. I understand that I will operate and control the audio/video computer equipment on my end of the transmission and am responsible for any unsecured disclosure of any personal information that may occur on my end of the transmission.

Neither the video nor the audio from the Telerelease consultation will be recorded and neither will be stored within my medical record.

Facts About

There are potential risks associated with the use of telemedicine. These risks include, but may not be limited to the following:

- A telemedicine consultation may not be as safe as a face-to-face visit since I will not be in the same room as my physician. I understand that for physical examination and certain diagnostics that I will report, including my temperature, pulse, blood pressure, and blood sugars. I understand that account reporting is essential for the clinical visit and will advise my physician at the date of the virtual appointment. I understand that I am not responsible for my own health care information. I understand that if I am unable to provide the requested information, I may not be permitted to proceed with the consultation.

- Information transmitted to the consulting provider may not be sufficient to allow the appropriate analysis and consultation. The consulting provider may fail to see me in person or to refer me to another local provider for care. Examples of this might be if images are not sufficiently clear in internet connections or are interrupted.

- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.

- IU Health takes steps to safeguard personal patient information. However, like other internet sites, IU Health cannot guarantee that it is completely secure from people who may attempt to use security measures or intercept transmissions over the Internet. I understand that these communications, like most Internet communications, could be intercepted without my knowledge or permission.

- Alternative

I understand that instead of this telerelease consultation I may seek face-to-face consultation with this provider.

NOTICE OF PRIVACY PRACTICES

This Notice describes how “protected health information” about you may be used and disclosed, and how you can gain access to this information. Please review it carefully.

Protected health information is any information about you that may be maintained in any form by the provider and that relates to inpatient, outpatient, or other health care you receive from that provider. The following lists some of the types of protected health information that we maintain.

- Certain communications with you about a treatment, payment, or health care service provided to you
- Other communications that are not part of the treatment, payment or health care service provided to you

If you have any questions about this Notice or our information practices, you should contact our Privacy Officer at the address listed above.

Payment

You have the right to request an accounting of disclosures. This is a list of disclosures made by IU Health of your protected health information, excluding disclosures for treatment, payment, or health care service provided to you. Your request must be submitted in writing to our Privacy Officer at the above address. We will provide you with a summary of the disclosures that we made within the accounting period specified by you. You are charged a fee for copies of your privacy practices and/or payment of health care service provided to you.

Use and disclosure of your protected health information are necessary for the purpose of providing healthcare services to you. Your protected health information may be used and disclosed to your healthcare providers and to benefit the health care and services you receive from us. This includes the coordination and management of your healthcare with other providers. For example, IU Health may use your protected health information, as minimally necessary, to contact a home health agency that provides care to you.

IU Health will use and disclose your protected health information to provide, coordinate or manage your healthcare and any related services. This includes the coordination and management of your healthcare with other providers. For example, IU Health may use your protected health information in order to provide you with coordinated care. IU Health may disclose your protected health information to the extent necessary to contact a health care provider who is responsible for providing care to you.

IU Health may use and disclose your protected health information to contact you on behalf of the health care provider who is responsible for providing care to you. IU Health may also disclose your protected health information to the provider if you agree to be contacted on behalf of the health care provider. IU Health may also disclose your protected health information to a public health authority. IU Health may also disclose your protected health information to a health care provider who is responsible for providing care to you.

If you have any questions about this Notice or our information practices, you should contact our Privacy Officer at the address listed above.

IU Health will provide this Notice to you at the time of your visit. This Notice may be changed at any time. The revised Notice will be available from our Privacy Officer.
Current Tools Used in Virtual Health

1. AmWell
   - Virtual hub
   - Provider (direct to consumer) scheduled appointments

2. Avizia
   - Kiosks in hospitals, connect through virtual hub

3. Twistle
   - Live in operational surgery
   - Prepared in testing for COVID team members

4. OCR approved platforms – see also IU Health portal, IUHP Video Visit Guide and Rev cycle FAQ

Considered in all cases
- Security threats
- Cerner EMR (documentation, billing, orders)
- Billing platforms
AmWell resources (3/23/20)

- Telehealth 101: Introduction to Telehealth (a lot of very basic info and American Well history until about 7:45)
- HEENT Exam (7:59)
  - https://vimeo.com/299521270/9cacdf013f
- Assessing Patient Appearance (2:58)
  - https://vimeo.com/299518268/ef61e372d6
- Abdominal Exam (6:12)
  - https://vimeo.com/299518181/af86f112f7
- Respiratory Exam (6:26)
  - https://vimeo.com/299518092/57040bcff1
- Musculoskeletal Exam (14:17)
  - https://vimeo.com/299517644/9a6161601d