VIRTUAL VISIT RESOURCE GUIDE: APRIMA

RESOURCES FOR VIRTUAL SERVICES ON APRIMA

VILLAGE MEDICAL

This document serves as a master resource for virtual visits delivered using Aprima and can be used by all clinics across all markets that use Aprima.

The processes outlined in this document have been developed in the time of COVID-19. They will be revised at a later date to ensure compliance with any new laws and legislation post-pandemic.

Contents

VIRTUAL VISITS – FAQ

What is a virtual visit?

A virtual visit is a videoconference between a provider and a patient at home. The patient can meet with their provider remotely via their camera-enabled device. Examples: cellphone, tablet, laptop.

Why are we fast-tracking virtual visits during the COVID-19 emergency?

We're working to ensure the safety of all our patients during the COVID-19 pandemic. Virtual visits will help keep patients out of the clinics and minimize exposure to the virus. Virtual visits from the comfort of their home will also be a preferred mode of service for all patients in this time of social distancing and stay at home orders.

Which patients are eligible for a virtual visit?

Patients with acute symptoms, fever, upper respiratory symptoms (cough, runny nose, sore throat), chronic condition follow-up needs, or concerns around visiting the practice in person will be the primary focus for virtual visits.

How are patients identified and scheduled for virtual visits?

Patients are identified and scheduled for virtual visits by the contact center in response to a patient-driven visit request. In addition, the contact center should offer a virtual visit to any patients requesting a cancellation or attempting to reschedule an existing appointment.

What instructions will patients receive during scheduling?

During the scheduling process, patients will be informed that they will receive a text message from one of our providers asking them to join their virtual visit within 30 minutes of their scheduled appointment time. Patients will also be reminded to be on a camera-enabled device and connected to a reliable internet connection. Additionally, patients will be notified that the same copays and deductibles that apply to an office visit apply to a virtual visit. In the case of an AWV, patients will be given the above instructions and also reminded that a nurse from the physician's team will call them in advance of the virtual visit, to go through a medication review, health assessments and other services to prepare them for the visit with the provider.

IF PATIENTS INQUIRE ABOUT THEIR OUT-OF-POCKET RESPONSIBILITY: Inform them that normal copays, deductibles and/or coinsurance will apply unless their health plan has specified otherwise. We will not attempt to collect the patient's responsibility prior to/at time of service, but will rather manage that process subsequent to their visit.

How will scheduled patients be added to provider schedules?

Patients electing a virtual visit may be scheduled into any available provider time slot. In addition, the contact center may "overbook" one appointment per provider per hour with a virtual visit if no slots are available. Please designate these "overbooked" visits as virtual visits on the schedule. Patients should be advised that they will see their own primary care provider if available, but they may see the first available provider should their PCP not be available.

What is the process for initiating a virtual visit?

When a provider is ready to initiate a virtual visit, they will login to their virtual waiting room. Before initiating a virtual visit, the provider should ensure the patient's chart is ready for exam in the EMR and that all check-in activities have been completed. Once the provider confirms the patient chart is ready for the visit, the provider will send a link to the patient via text message. The provider will be notified via email when the patient accesses the virtual waiting room and is ready for the visit.

How should the visit be introduced to the patient?

Patients will be provided a brief overview of virtual-visit expectations while in the virtual waiting room. Once connected live with the patient, the provider must secure verbal consent from the patient and document patient consent in the EMR prior to proceeding. If the patient does not consent, the virtual visit session must be concluded.

How should the visit be documented?

Providers should document in the patient's chart as if the visit were in-person. Patient consent should be documented in the chart, typically as part of the HPI. At the close of the visit, the provider should add the virtual visit CPT code. Once this is completed, the provider should save and exit the encounter as usual.

Can ancillary services be ordered during virtual visits?

Yes, providers can order follow-up ancillary services during a virtual health visit.

NOTE: The terms "virtual visit" and "telehealth" are used interchangeably in this document.

VIRTUAL VISIT PLATFORM RESOURCES

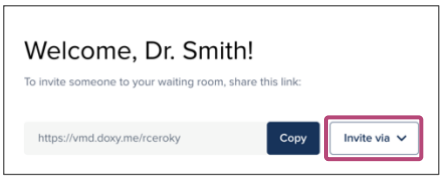
VIRTUAL VISIT PLATFORM RESOURCES

How to Send a Virtual Care Invite

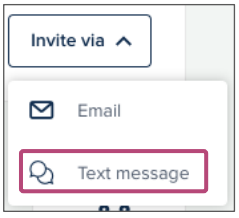
1. Go to vmd.doxy.me/sign-in using Chrome. Enter your email address and password. Click **Sign In**. The **Provider Dashboard** displays.

NOTE: The first time you log in, you may need to give your browser permission to access your camera and microphone.

2. Click the **Invite via** dropdown.



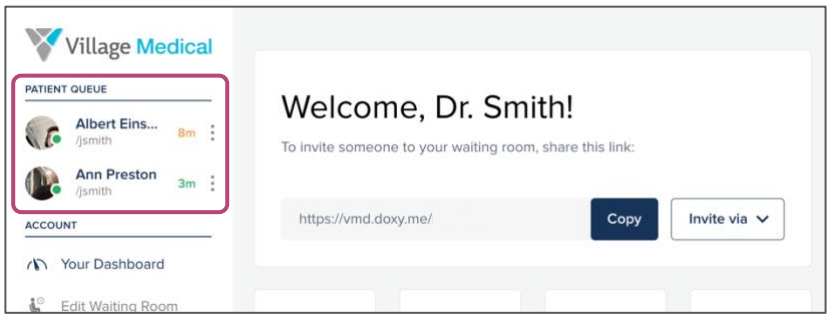
3. Select **Text message**.



4. Enter the patient's phone number in the **Patient phone number** field.

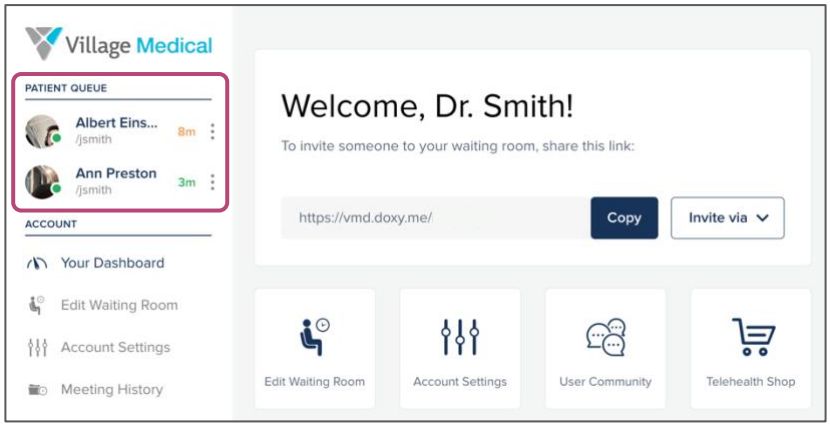
5. Click **Send message**.

6. At the time of the scheduled appointment, the patient will need to click the shared URL from their device, type in their own name and join the waiting room.
7. Once the patient has joined, the **Provider Dashboard** indicates a patient is in the **Patient Queue** on the left side of the page.



How to Start a Virtual Care Visit

1. Patients awaiting care are visible in the **Patient Queue** on the left side of the screen.



2. Hover over a patient name and click **Start Call** to meet with a patient.

3. Verbal Consent

WHEN: Verbal consent should be confirmed IMMEDIATELY after you click "Start call" on the Virtualvirtual visit platform and the patient answers.

STEP 1: Confirm Patient Identity and Introduce Virtual Visit

a. **Introduce yourself**.

b. **Confirm the patient's identity** (two patient identifiers – first and last name, and DOB).

STEP 2: Inform and Attain Patient Consent

a. **Intro/benefits**: You may be familiar with virtual care, or telehealth. In short, it's a convenient and timely alternative for you and me to communicate in real time even though we're in two different locations. (During the COVID-19 emergency, indicate that this is a patient safety measure to ensure patients do not need to come into the clinic.)

b. **Risks.** We work hard to ensure every patient's visit goes smoothly. However, like any other health care service, there are potential risks we want you to know about. Although our connection is secure and encrypted, there's a rare chance those protocols could fail. In rare instances, there may be issues with technology, such as connection issues, as well.

c. **Privacy/billing.** The in-person office policies you've already been made aware of apply to virtual visits as well. Examples include our Notice of Privacy Practices and billing policies.

d. Do you have any questions about what we've just discussed?

e. **Verbal consent**: [Patient name], do you consent to receiving health care services via virtual visit today?

STEP 3: Document Consent

a. **Document verbal consent in EMR**. Check the statement "*I confirm that I received verbal consent from the patient for the virtual visit*" on the Reason for Visit section of the Patient Chart.

STEP 4: Begin Virtual Visit

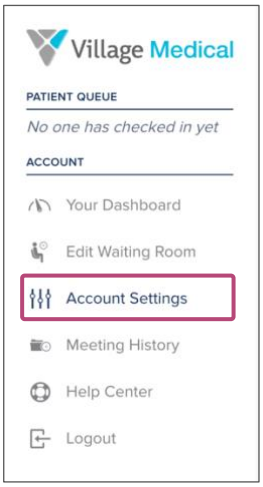
NOTES FOR PROVIDER

- If the patient does not consent to the virtual visit, use your best judgment as to how to handle the case, based on reason for visit
- The virtual visit visit should be conducted in a private location
- All HIPAA rules apply

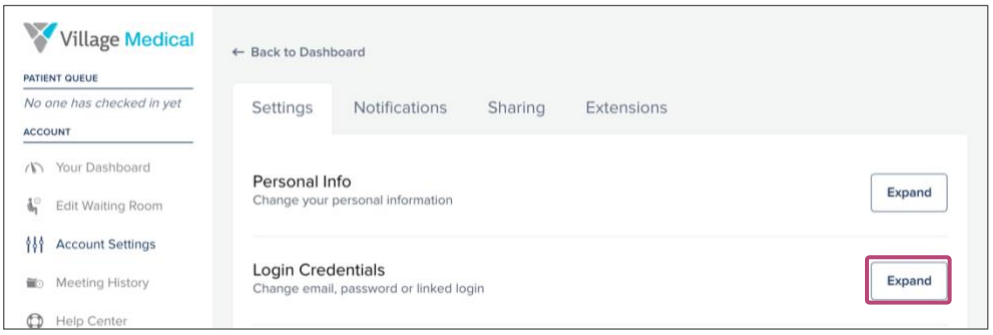
NOTE: If you need to pause the call at any time, the patient will return to the Patient Queue, where you will need to click on their name again to resume the visit.

How to Change Your Virtual Visit Platform Password

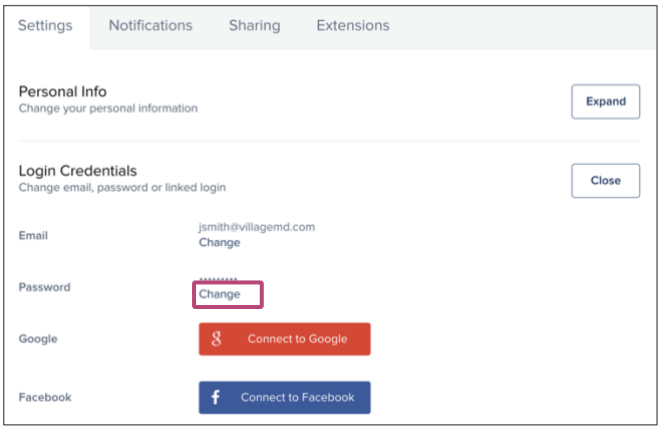
1. Click **Account Settings** in the side navigation menu.



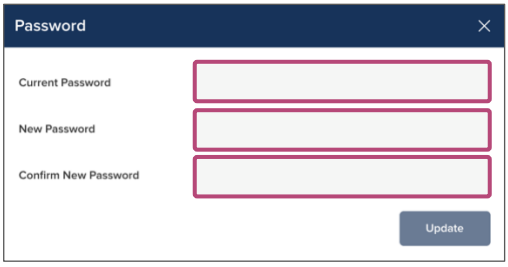
2. Click the **Expand** button in the **Login Credentials** section of the **Settings** tab.



3. Click the **Change** link in the password section.



4. In the **Password** pop-up, enter your *current password*, then enter your *new password* in the **New Password** text box and again in the **Confirm New Password** text box.



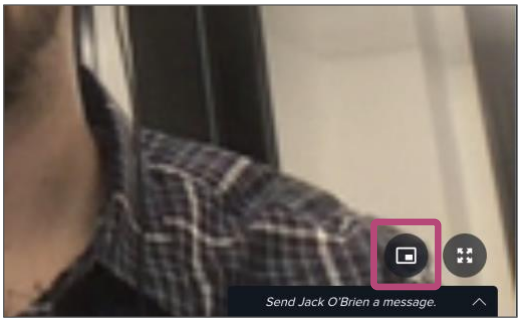
5. Click the **Update** button when complete.

Provider Tips

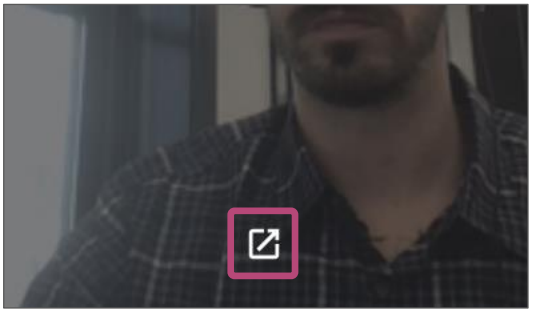
Picture-in-Picture Mode

Doxy supports **Picture-in-Picture** mode while using *Chrome*. This allows the provider conducting the call to lock the patient's video to the front of their screen while they use another browser window or program (e.g., the EMR, to document the visit).

To use **Picture-in-Picture** mode, click the **Minimize** icon in the lower right corner of the screen. The resulting window can be moved and resized to fit your workflow, while remaining at the front of your desktop.



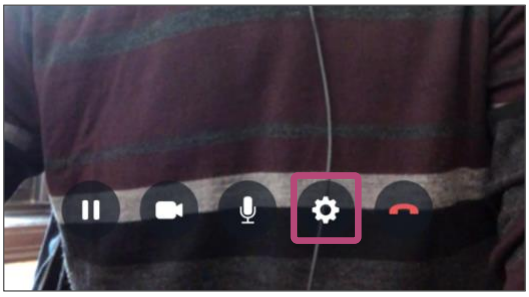
To return to the normal view, click the **Return to Screen** icon.



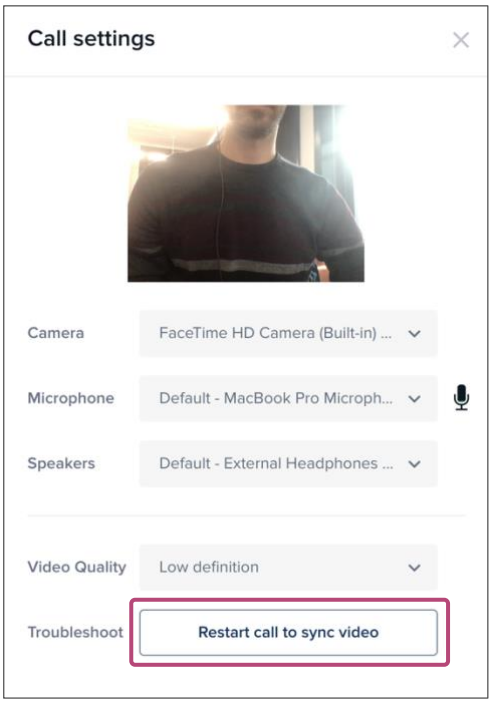
Troubleshooting Audio/Video Issues

During a virtual visit, the provider can initiate a "restart," which can solve most audio and video issues.

To restart a call, first hover over the patient's video with your mouse and click the **Gear** icon.



The **Call settings** display. Click the **Restart call to resync video** button.



Discourage Multitasking

Audio and video quality can suffer if the patient decides to start using other apps/browser windows while on their phone during a call. Ensure patients are focused only on the call.

Other Tips for a Successful Virtual Visit

- The outgoing message from the virtual platform will show your name as the invitee. Patients may think this is spam. If a patient has not checked into the virtual waiting room within 30 minutes of your invite, reach out to the patient via phone and ask them to join the virtual visit.
- Start the visit by introducing yourself and thanking the patient for joining a virtual visit. Let the patient know we're happy to help them avoid any non-essential office visits. Patients typically are appreciative of and grateful for proactive outreach.
- Start the conversation by telling the patient you're going to review their chart. You should review and reconcile all medications and ask the patient to outline their current issues/concerns. Having a longitudinal health record from a known provider is a unique benefit to Village Medical virtual visits. This adds value and comfort to the patient.
- As a provider, you can toggle between the virtual video and the patient's chart. However, regardless of the screen you're looking at, the patient will continue to see you. If you're in the chart for an extended duration, it's possible to move your image out of the video screen. If you do this for extended charting, make sure to inform the patient that you're documenting in the chart.
- Provide as much familiarity to a patient as possible. Remember to wear a lab coat during the visit; patients will expect the same professionalism you provide in person. Also, remember that patients will see what is behind you, so try to make it as clinical if possible – e.g., an exam room or a shelf of books.

Be in a private area – HIPAA still applies!

APRIMA RESOURCES

This section outlines step-by-step guidance for how to conduct the various steps of a visit on Aprima. The instructions will vary based on visit type. The various visit types covered will increase over time. Currently, these include:

1. A virtual E/M visit
2. A virtual Annual Wellness Visit (AWV)
3. A virtual Transitional Care Management Visit (TCM)

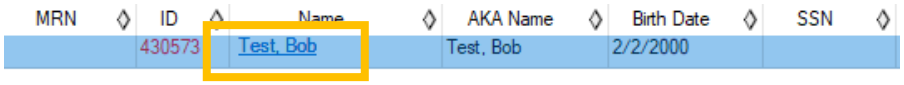
VIRTUAL VISITS

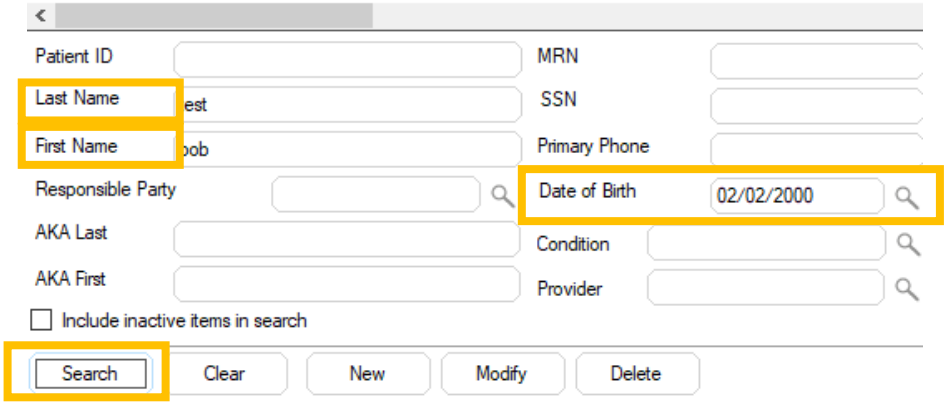
Virtual Visits

A virtual visit covers all E/M appointments.

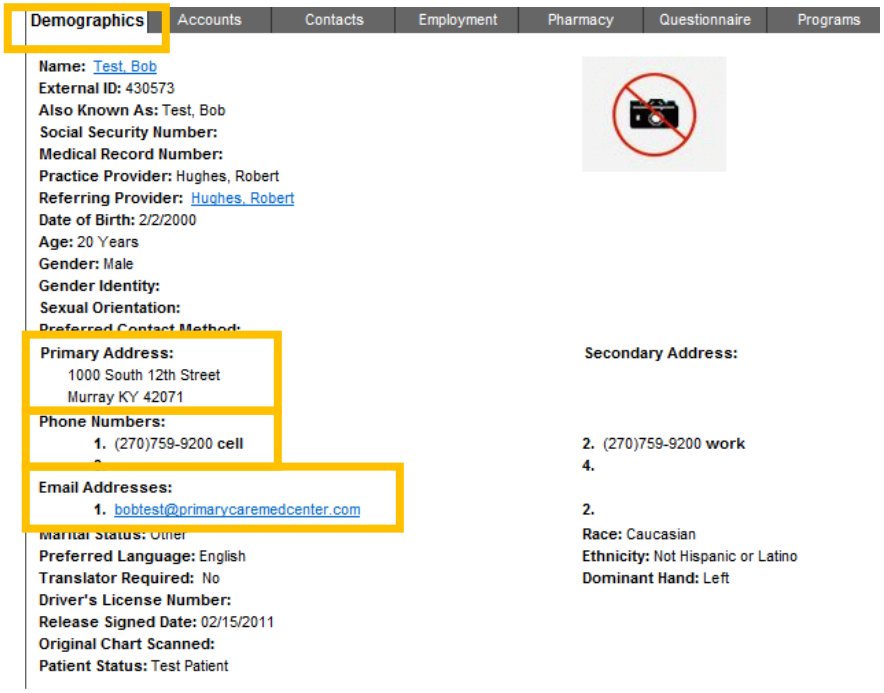
How to Schedule a Virtual Visit

1. Search for your patient and click on the **patient's name** (hyperlink); this will take you to the patient's **demographic overview**.

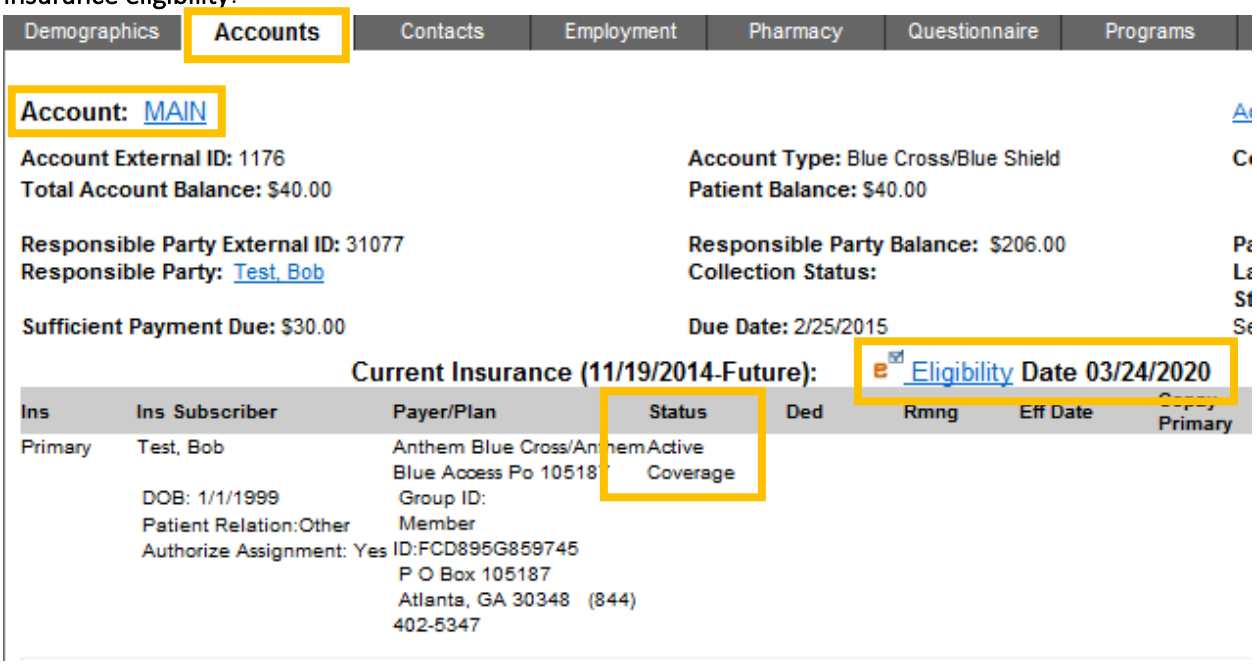




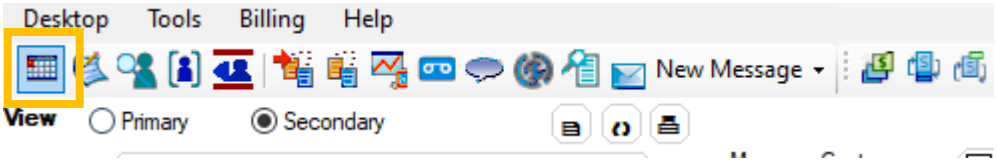
2. Once in the patient's demographics, verify the following:
   - Mobile phone number.
   - Email address.
   - Home address.



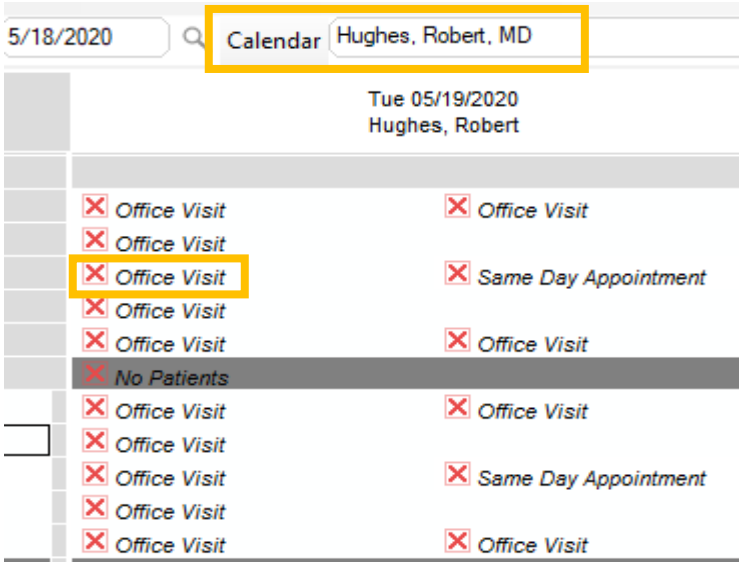
3. Once demographics have been verified, please move to the patient's account information to verify insurance eligibility:



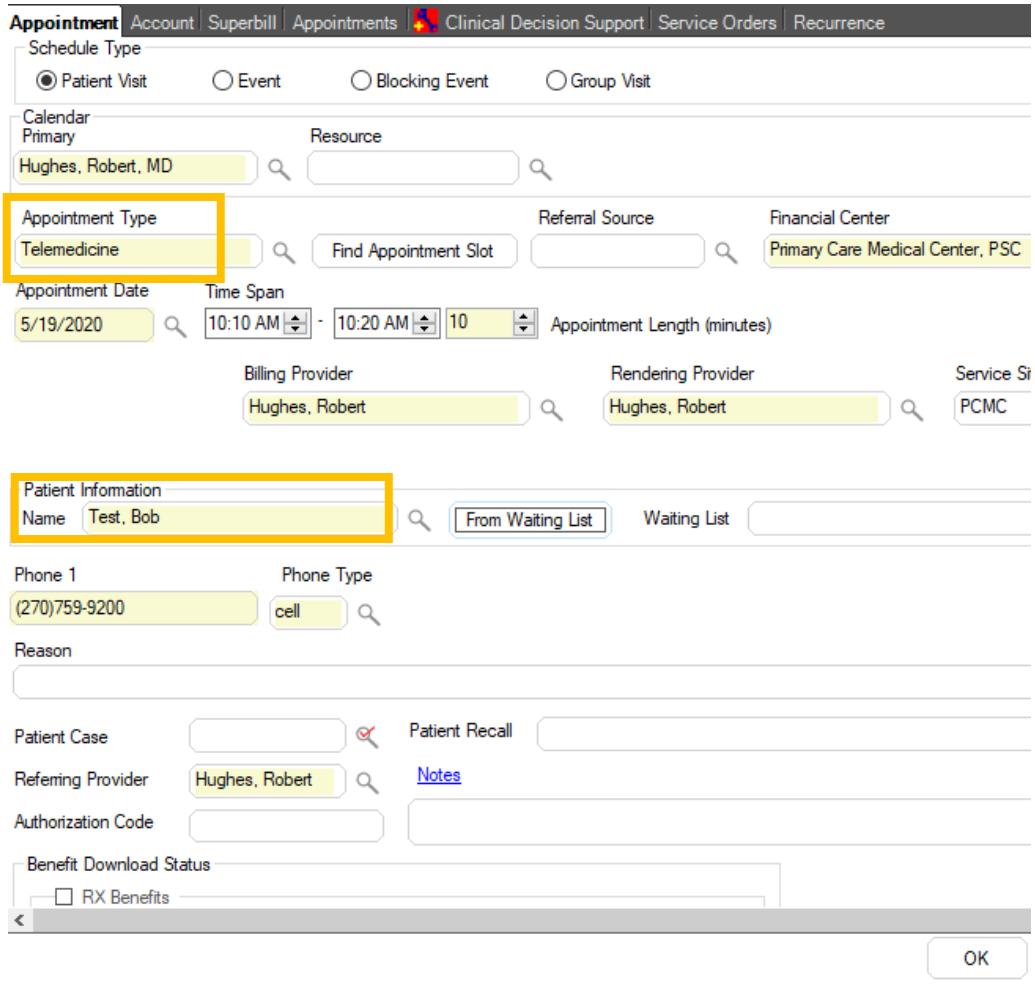
4. Once you've verified the patient information, proceed with scheduling the patient on the providers schedule:
   - Click on the calendar icon



   - Search for the requested provider's schedule.
   - Click on an Office Visit Appointment template.

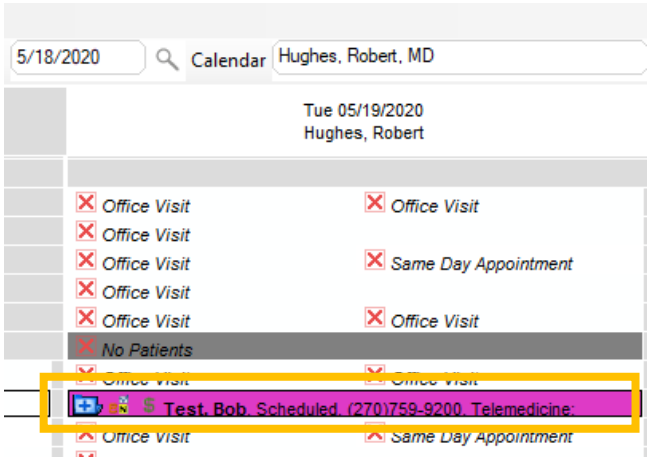


5. Once you're within the appointment:
   - Change the **appointment type** to reflect *Telemedicine*.
   - Insert the *patient name* from your search engine – the other fields will populate once you select the appropriate patient.
   - Click **OK**.

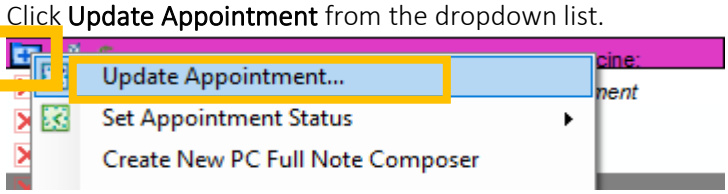


6. Once you've scheduled the patient:

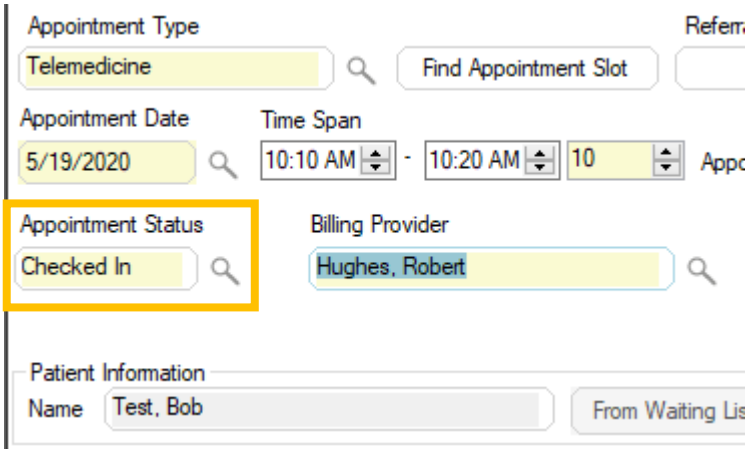
- The appointment will reflect on the **providers schedule**.



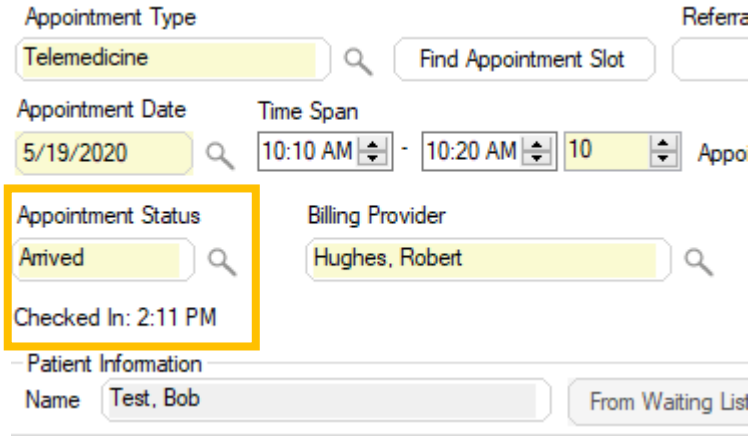
7. Once on the calendar:
   - Click on the **+ sign** next to the appointment.
   - Click **Update Appointment** from the dropdown list.



8. Check in the patient.
   - Then click **OK**.



9. Go back into the appointment and *arrive* the patient.
   - Then click **OK**.

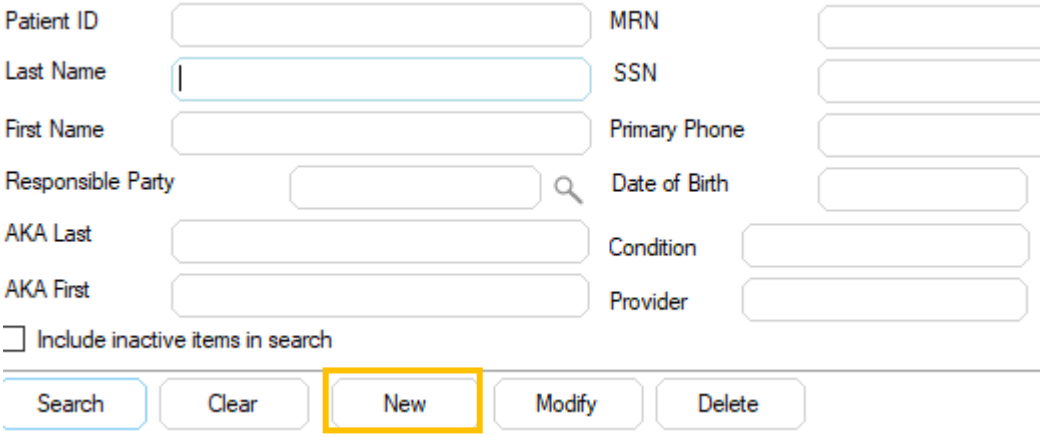


10. Once the patient appointment is in **"**arrived**"** status, this will alert the provider and/or nurse that the patient's demographic and insurance information has been verified and the patient is set for their virtual visit.

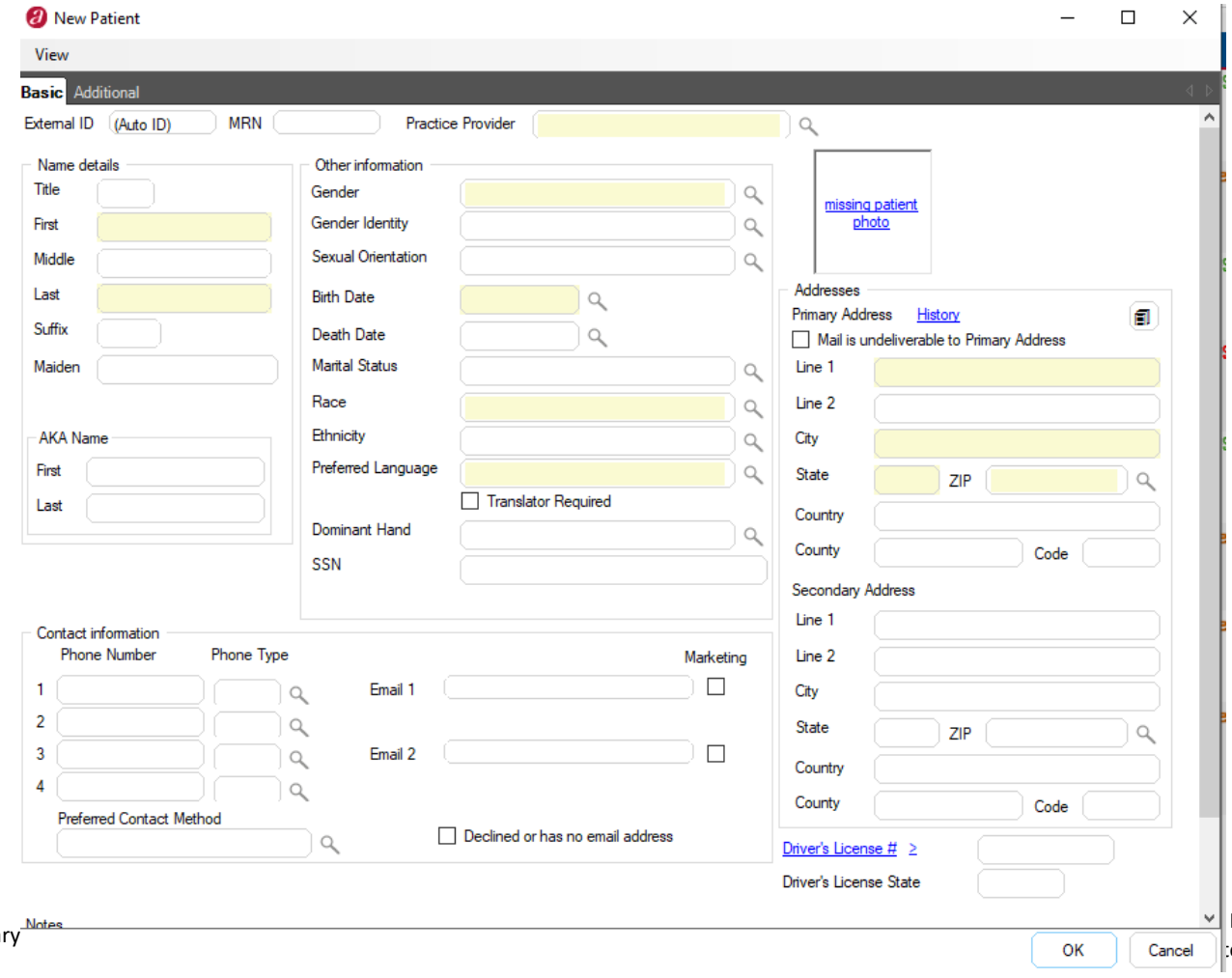
How to Schedule a New Patient Virtual Visit

1. To create a new patient within Aprima:
   - Click on the **Find Patient** icon within your Aprima task bar.

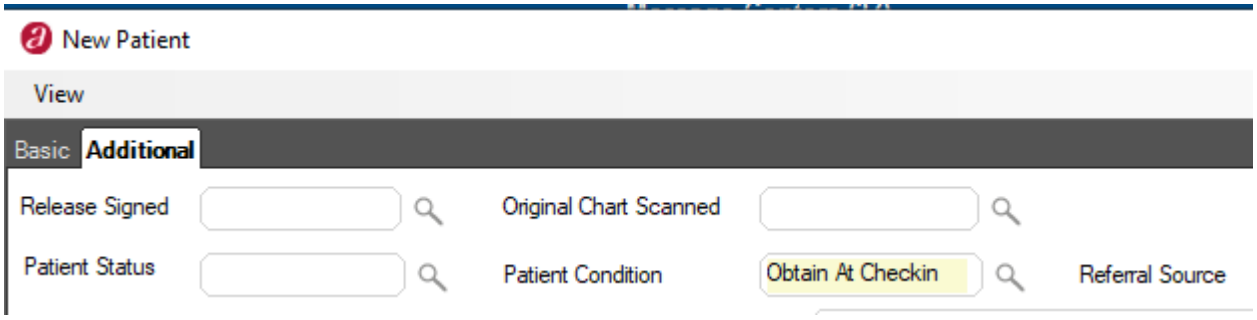
2. If the patient is new, you'll need to create a new patient.



3. You'll need to fill in all the required yellow fields within the demographics **Basic** tab.

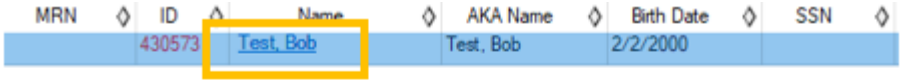


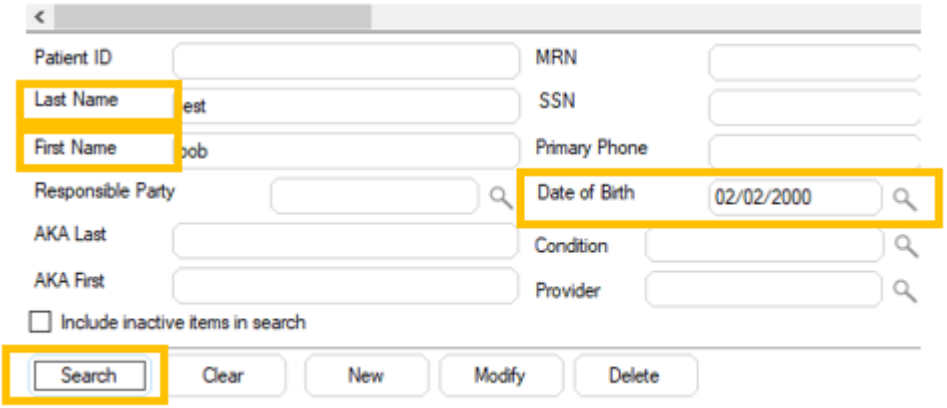
4. You'll need to fill in the required field within the **Additional** tab and then click **OK**.



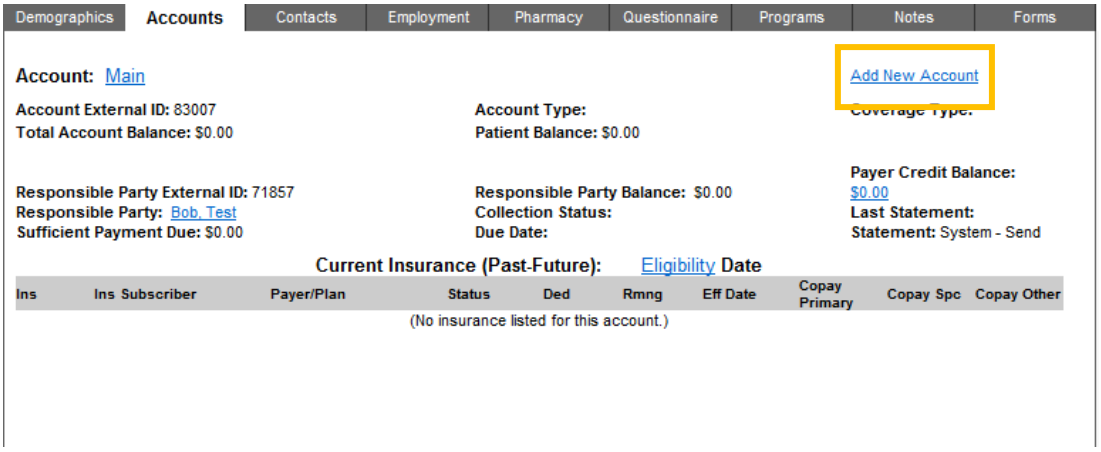
5. Once you've created the patient, you'll need to go back into your **Find Patient** icon to search for the patient:

6. Search for your patient and click on the **patient's name** (hyperlink); this will take you to the patient's **demographic overview**.

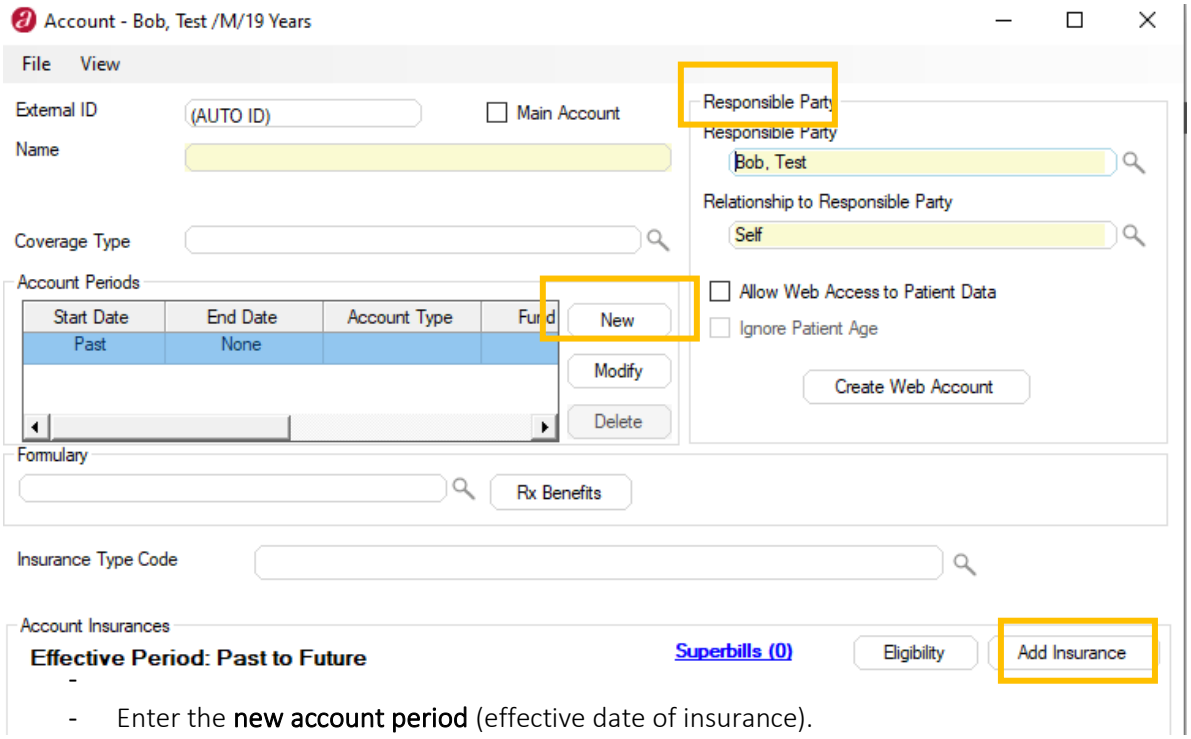




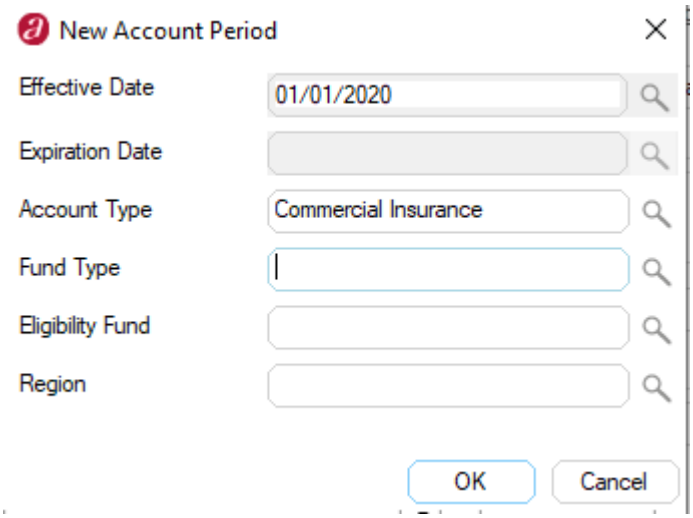
7. Once you're within the patient's demographics, click on the **Accounts** tab to add the patient's insurance into the system.



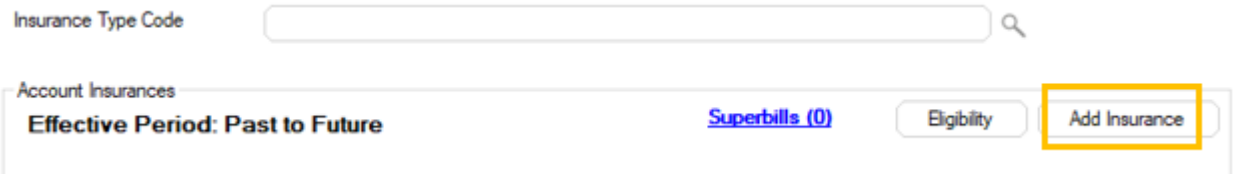
8. From the **Add New Account** screen, you'll need to:

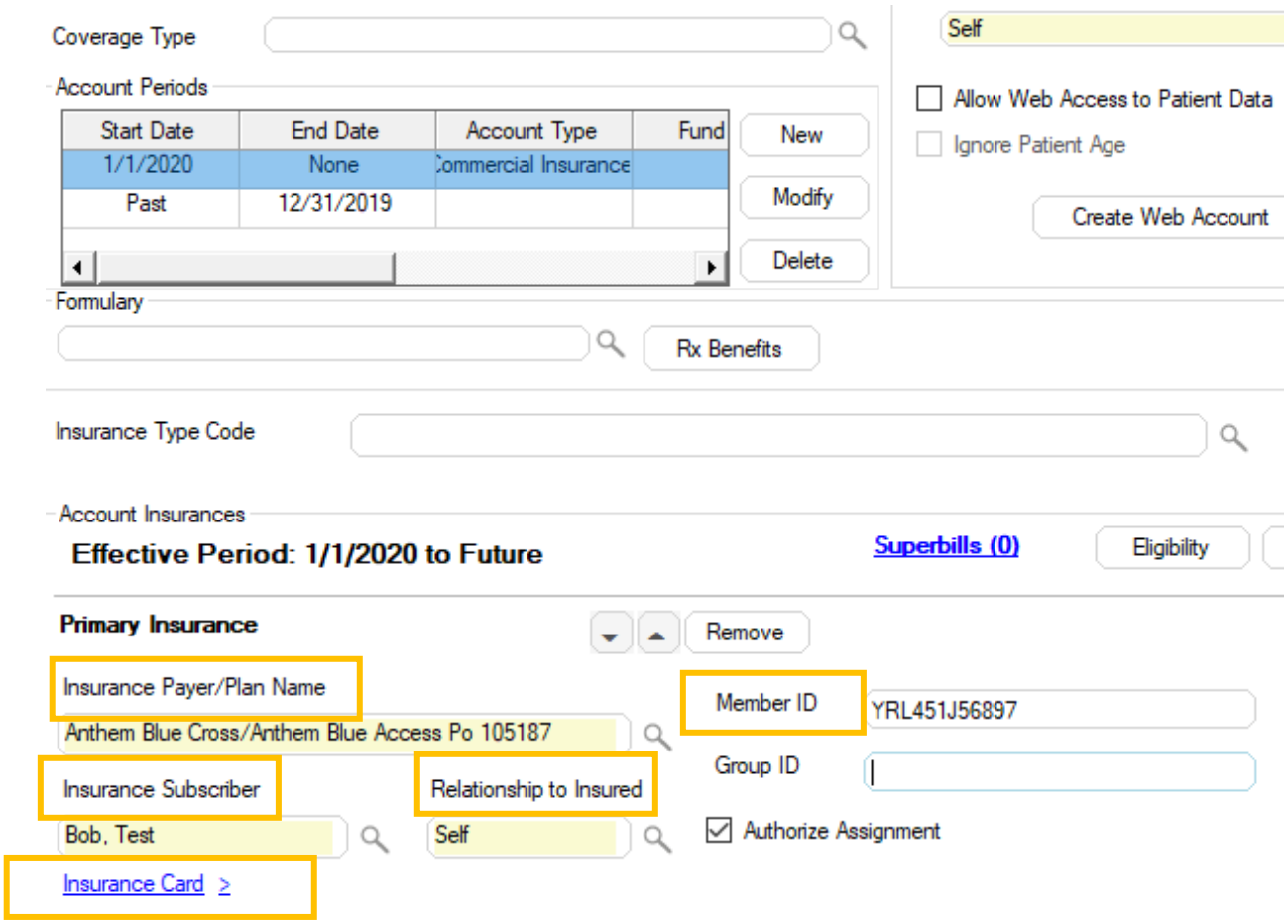


- Enter the **new account period** (effective date of insurance).
- Enter the **account type** (Commercial, Medicaid, Medicare, Medicare Replacement, etc.).

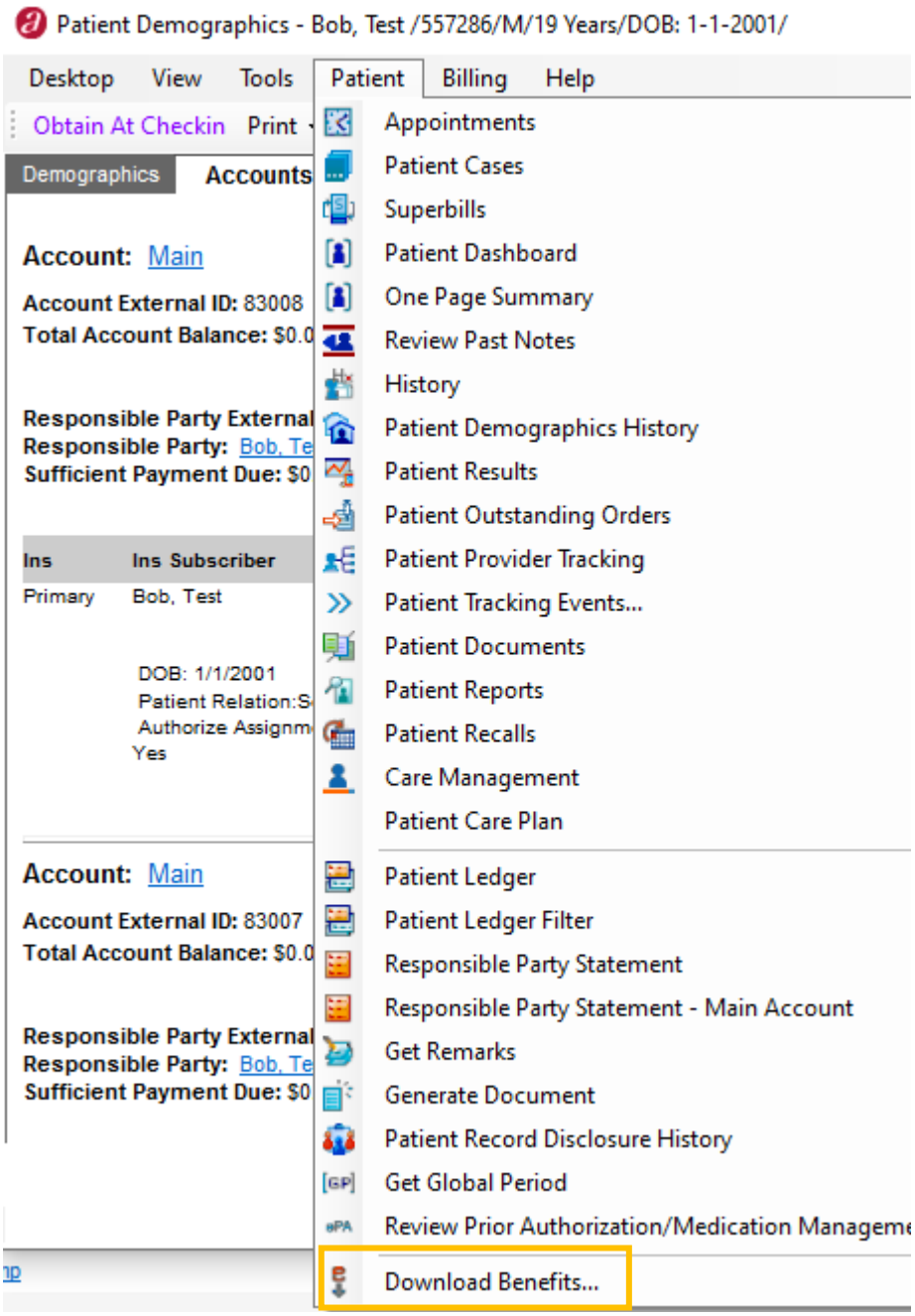


- Make certain the responsible party is the patient – unless it's a minor; then the parent and/or legal guardian would need to be the responsible party.
- Add insurance.
- Input the insurance payer/plan name.
- Enter the Member ID.
- Enter the Group ID.
- Enter the insurance subscriber and their relationship to the patient.
- Click on the **Insurance Card** hyperlink to scan the card in (should you have a physical copy of the card at hand).



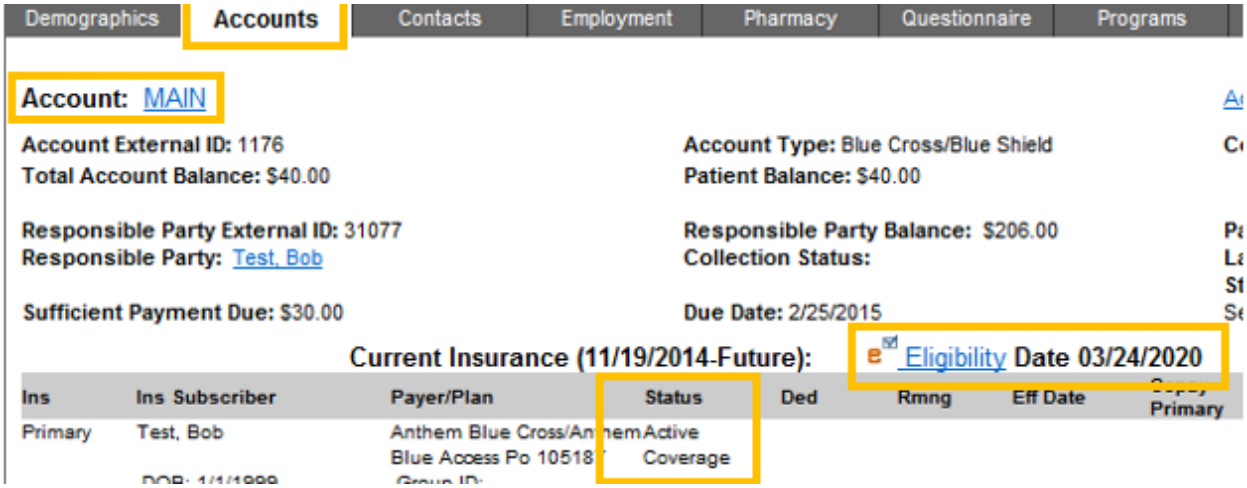


9. Once you've input the patient's insurance information, you can download the patient's eligibility:
   - Click **Patient** within the demographics screen.
   - Select **Download Benefits** from the dropdown list.



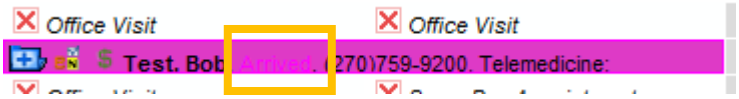
- The typical turnaround time for benefits to be downloaded is less than three minutes. Should the benefits not download, please use your insurance verification portals to verify.

10. Once benefits are downloaded, it should look like this:

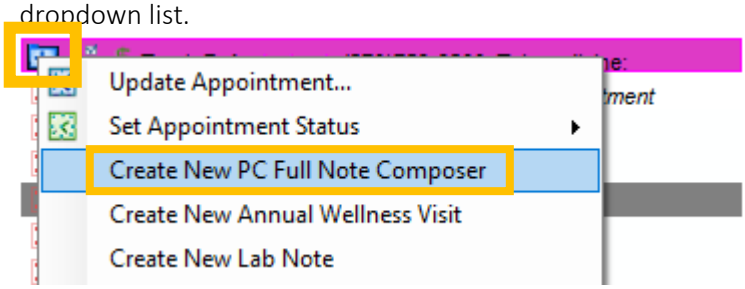


How to Start a Virtual Exam

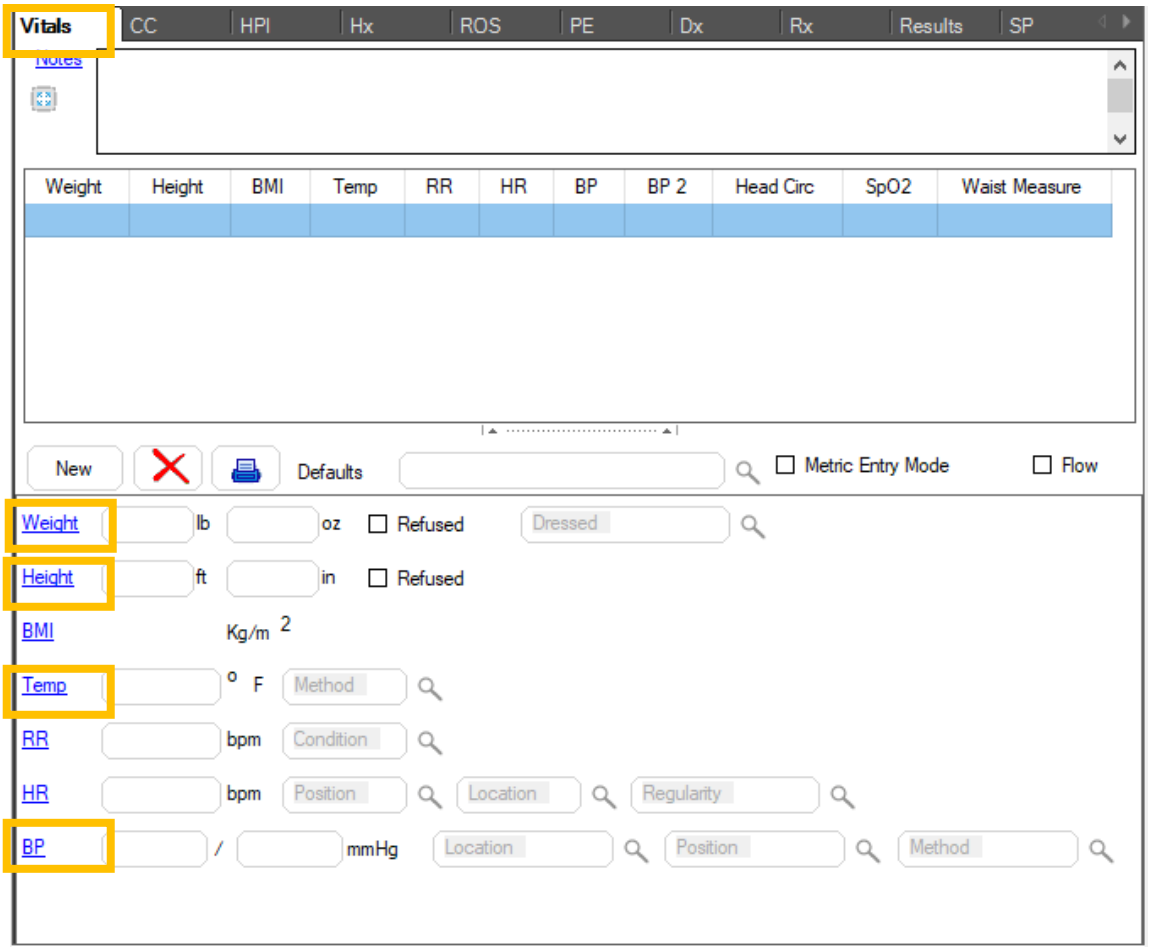
1. In the **Clinician view** of their schedule, arrived patients are indicated with a pink "arrived status."



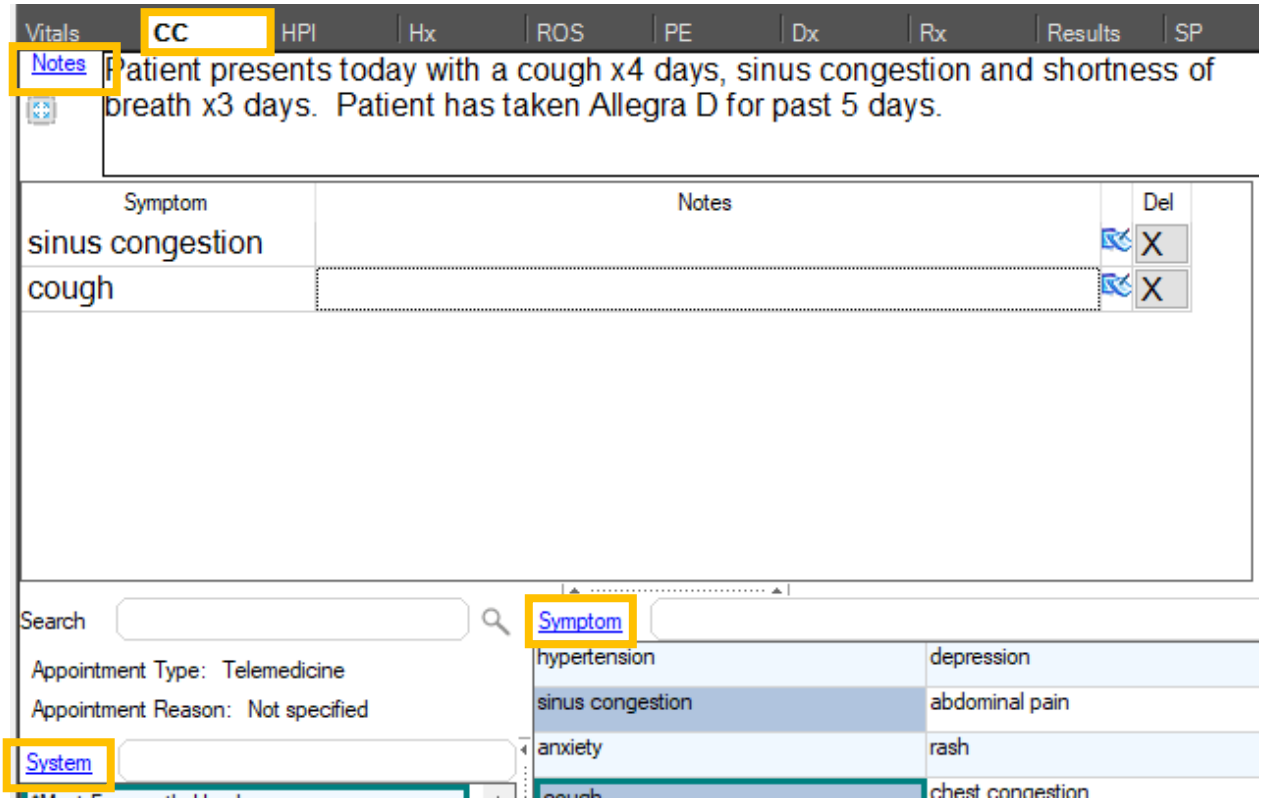
2. Click the **+ sign** next to the patient's name and select **Create New PC Full Note Composer** from the dropdown list.



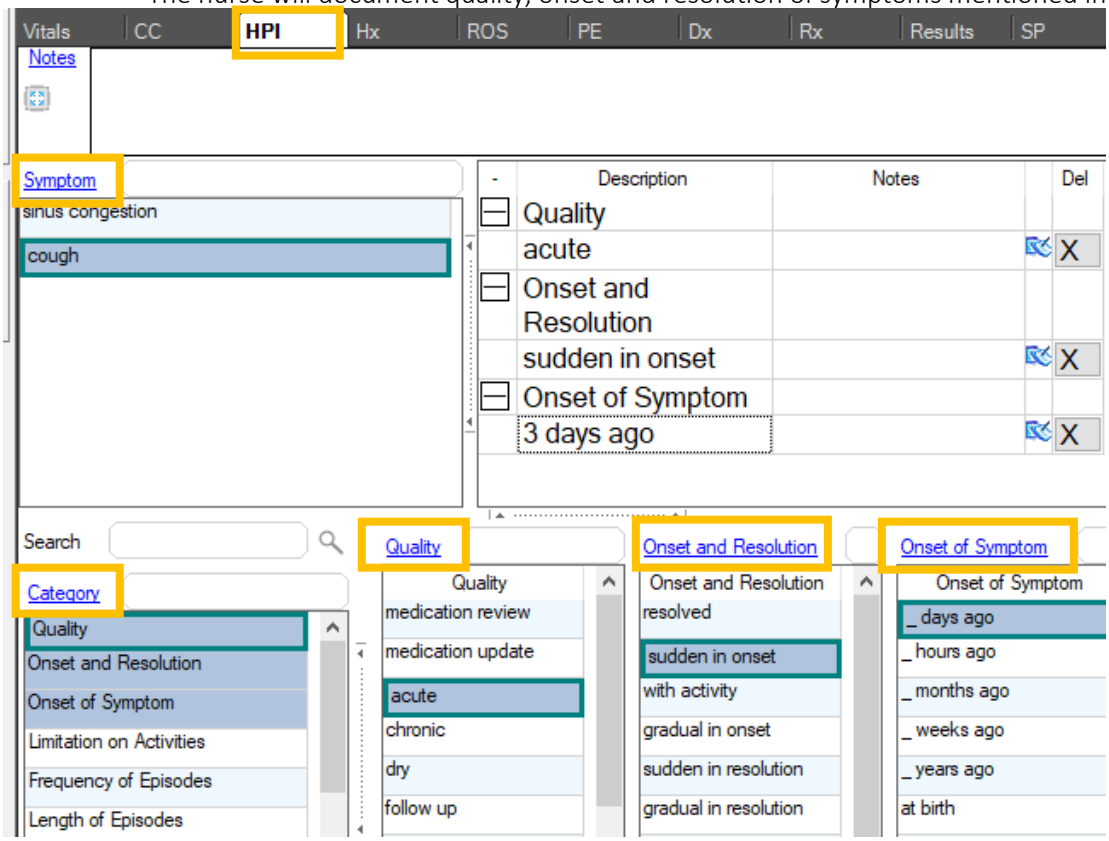
3. The nurse will open the full note to triage the patient for their provider.
   - The nurse will obtain the vitals the patient is able to report (height, weight, BP if they have the equipment, temperature, etc.).



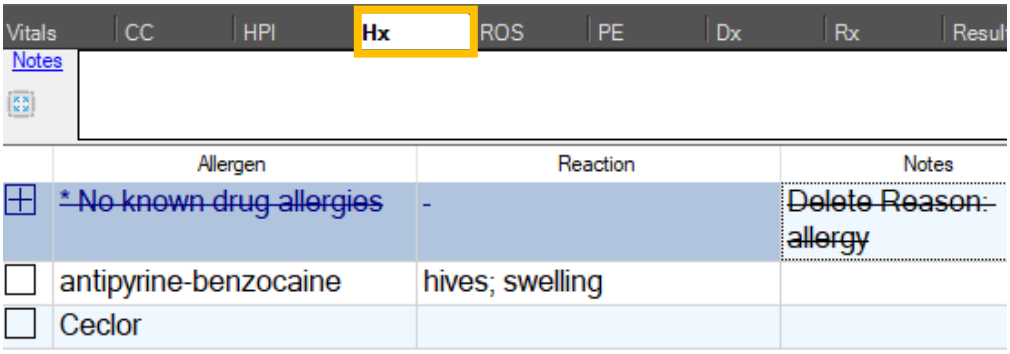
4. The nurse will obtain the chief complaint once vitals have been obtained, under the **CC** tab, next to their **Vitals** tab.

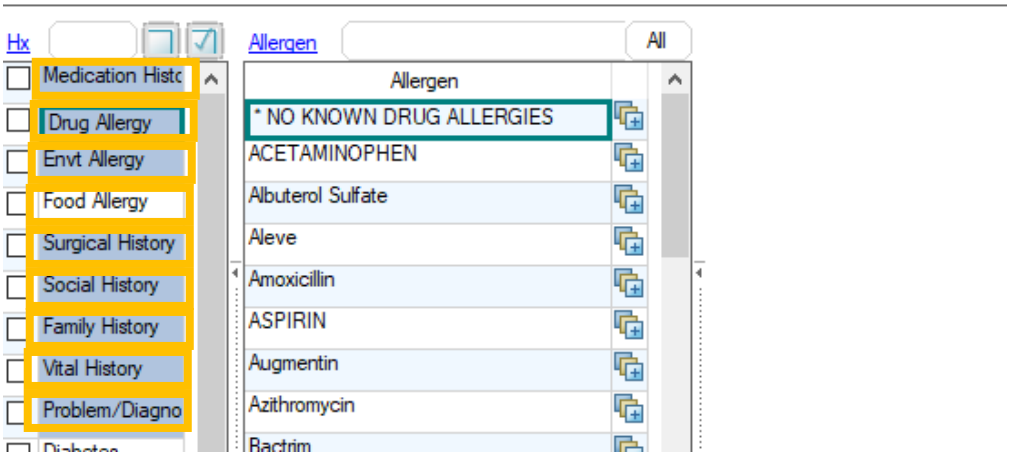


5. The nurse will obtain HPI once the chief complaint has been established, in the **HPI** tab.
   - The nurse will document quality, onset and resolution of symptoms mentioned in the **CC**.



6. The nurse will review the patient's history once the HPI has been established, with the **Hx** tab.
   - Medication HX, drug allergy, environment allergy, food allergy, surgical HX, social HX, family HX, vital HX and problem/DX HX.



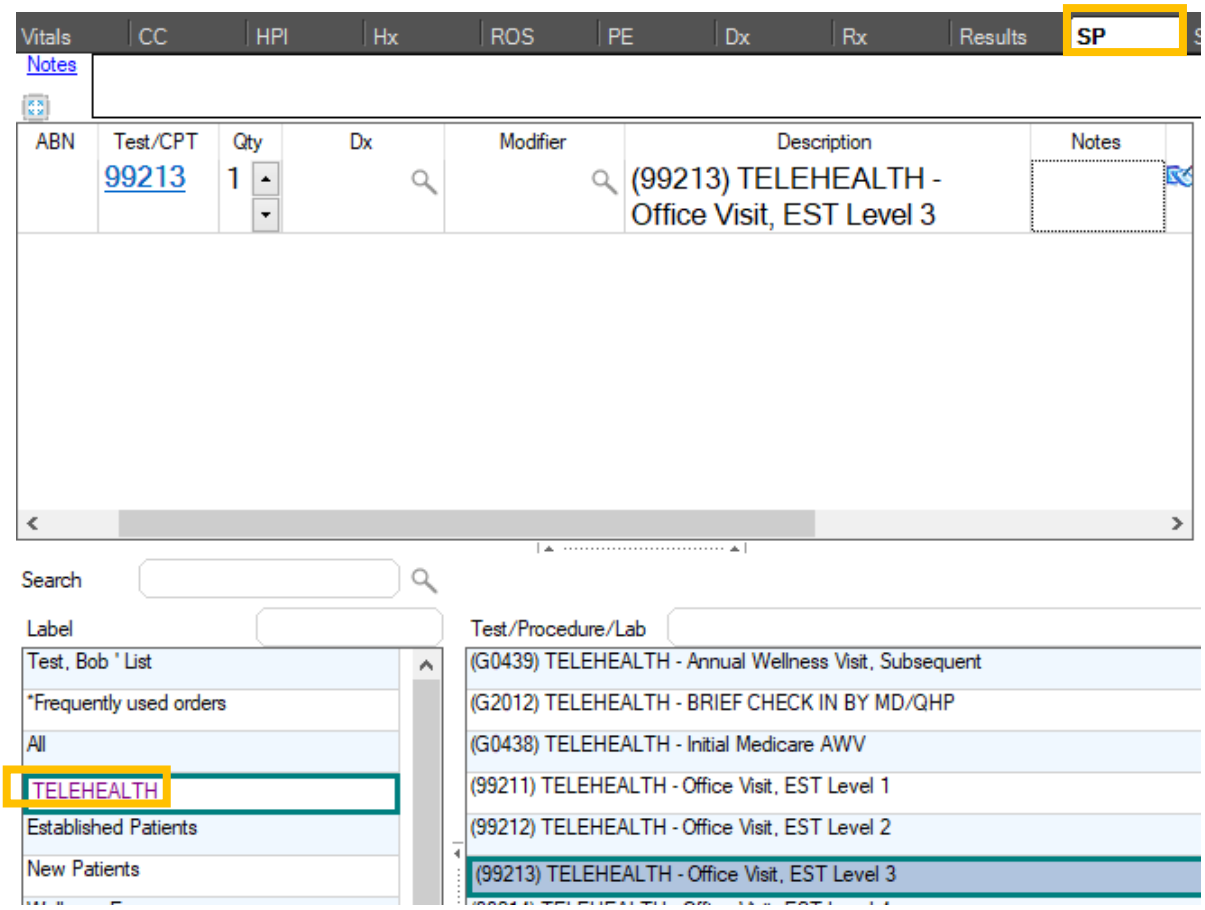


7. The nurse will then have the patient triaged and ready for the provider to see.

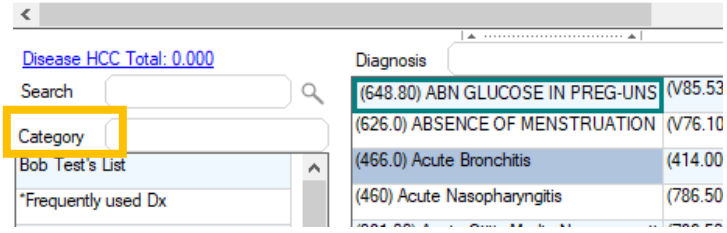
How to Close a Virtual Visit

Providers

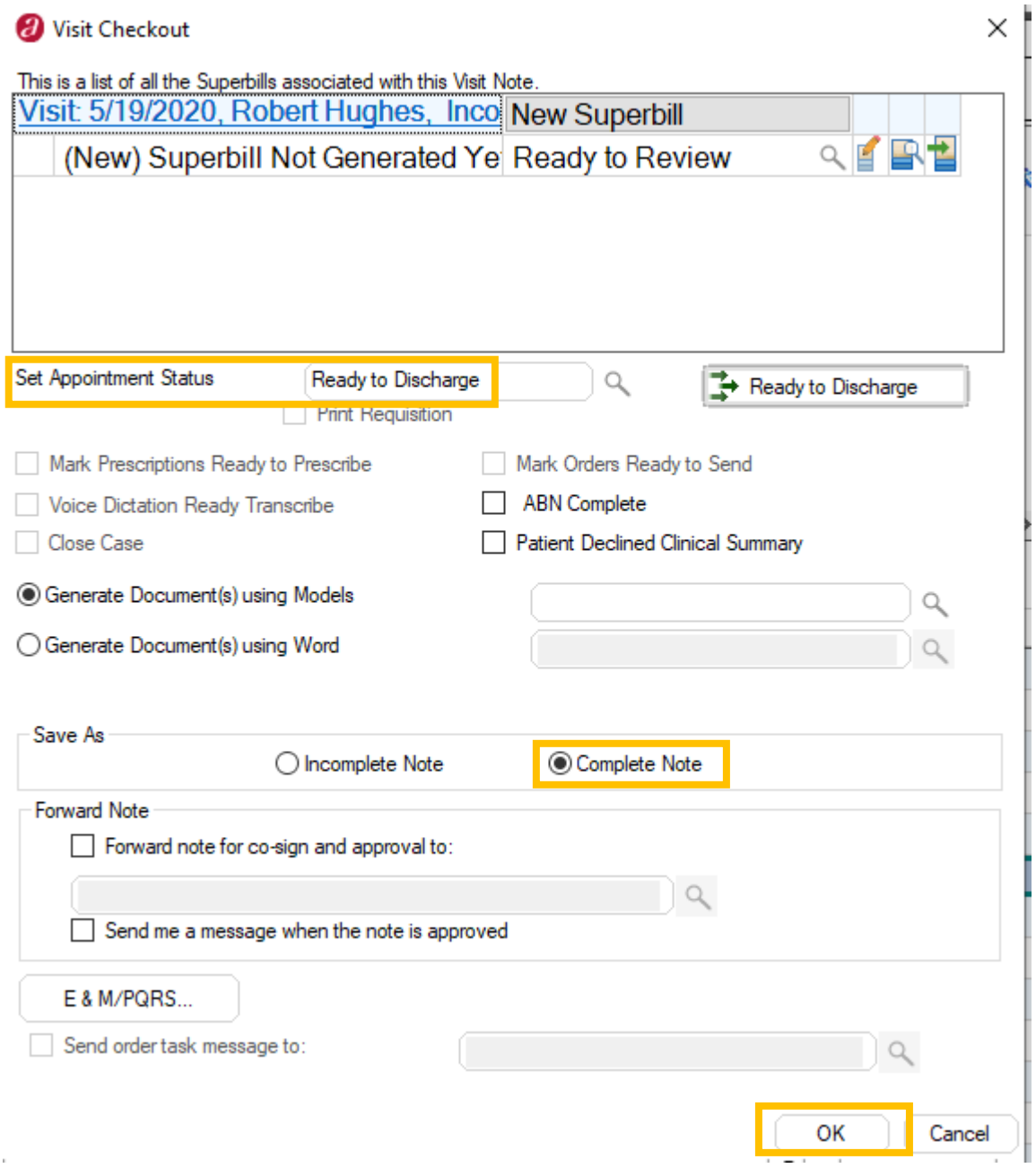
1. Providers will begin their virtual visit. Once they've virtually examined the patient, the provider will complete the billing portion of the visit under the **SP** tab and **Telehealth** billing column. The provider will select the appropriate E/M procedure code as normal.



2. Once the provider has input the E/M procedure code as normal, they'll input the appropriate DX codes under the **Dx** tab.



3. The provider will also document the patient's verbal consent to virtual care in the EMR, under the **Plan** tab.
4. Once the provider has completed the **Dx**, **SP** and **ROS** tabs and is finished with their full note, the provider will:
   - Click **OK.**
   - Complete the note.
   - Click **OK.**
   - This will move the patient's visit to *Ready to Discharge* status and the claim will be sent to the claim validator to scrub.


Visit Checkout
This is a list of all the Superbills associated with this Visit Note.
Visit: 5/19/2020, Robert Hughes, Inco
New Superbill
(New) Superbill Not Generated Ye
Ready to Review
Set Appointment Status
Ready to Discharge
Ready to Discharge
Print Requisition
Mark Prescriptions Ready to Prescribe
Mark Orders Ready to Send
Voice Dictation Ready Transcribe
ABN Complete
Close Case
Patient Declined Clinical Summary
Generate Document(s) using Models
Generate Document(s) using Word
Save As
Incomplete Note
Complete Note
Forward Note
Forward note for co-sign and approval to:
Send me a message when the note is approved
E & M/PQRS...
Send order task message to:
OK
Cancel

VIRTUAL ANNUAL WELLNESS VISITS

An annual wellness visit is a comprehensive, wellness-focused screening that involves the patient in developing a personalized plan of care. It identifies any existing chronic conditions and risk factors that could contribute to the development of new chronic conditions, and focuses on preventing disease and promoting good health.

Virtual Annual Wellness Visits (AWVs)

This section outlines step-by-step guidance for VillageMD PHOs to customize existing AWV templates on the EMR for delivery of virtual AWVs. It contains the following information:

1. Differences between an in-office AWV and a virtual AWV
2. How to prepare your EMR for virtual AWVs
3. Billing for virtual AWVs

Differences Between In-Person AWVs and Virtual AWVs

The table below outlines the tasks required to deliver a compliant virtual AWV during the COVID-19 period.

In-Person AWV	Virtual AWV[1]	Comments
Schedule patient + inform patient of what to expect	SAME	Scheduler should inform patient of the virtual visit, and that they will receive a call from nurse/MA to do intake prior to scheduled appointment with the provider
Rooming Patient: All tasks completed by Medical Assistant (MA)		
Record patient **vitals*** measured (Height, weight, BP, pulse, pain)	No vitals taken; only pain scale noted	During COVID-19 outbreak, vitals do not need to be reported
Documentation* (pharmacy, allergies, problem list, medications, vaccines, social history, family history, HRA, vaccines)	SAME	MA will document vaccines, but not tee up orders or administer vaccines during COVID-19 period
Medication Review*	SAME	Pull over meds needed for refill
Tests* - STEADI (fall risk assessment) - PHQ-9 (depression screening) - Mini-Cog (cognitive impairment)	SAME	Mini-Cog: MA will administer 3-word test over phone + give instructions for "clock;" provider will review "clock" during virtual visit
Provider Visit: All tasks completed by PCP		
Complete Preventative Screening Schedule *(Quality Measures)	SAME	Review patient's "clock" from Mini-Cog
Personalized Health Advice* and education based on risk factors; *includes Advance Directive*	SAME	
Written Action Plan for patient*	SAME	Encounter Summary should be mailed to patient after a virtual visit
Submit orders	SAME	Vaccines will be added to action plan for completion at the next face-to-face visit
Submit coding for billing	SAME + add telehealth code	Telehealth code may vary for each EMR/market
Logistical Differences		
IN-PERSON AWV	***VIRTUAL AWV***	
Patient checks in at front desk	Patient is checked in virtually by provider via virtual visit platform before virtual visit	
Patient is roomed by MA in office	Patient is roomed by MA via telephone (intake process)	
Patient signs HIPAA forms at check-in	MA documents patient verbal consent for ensuing virtual visit with provider	
Patient is seen by PCP in office	Patient is seen by PCP virtually using virtual visit platform	
Patient leaves office with Written Action Plan and documentation	AWV documentation is pushed via portal or mailed to patient after the virtual visit	

Required for CMS compliance

[1]For the duration of the COVID-19 outbreak. These guidelines will be revisited after the COVID-19 emergency.

How to Prepare Your EMR and Workflows for Virtual AWVs

PHOs should work with the market leads to make the following alterations to the EMR AWV template:

1. SCHEDULING: Add a "telemedicine" option to the "appointment type" menu on the scheduling platform – PHOs should consult with market analytics/tech colleagues to ensure downstream data impacts are anticipated and addressed.
2. VITALS: Create a macros statement within the Vitals section of the AWV template that states "***Vitals not reported during the COVID-19 health emergency period.***" Note that the pain scale can be taken and documented.
3. DOCUMENTATION: Remains unchanged; the MA will document vaccines, but not tee up orders or administer vaccines during the COVID-19 period.
4. HRA: Remains unchanged.
5. TESTS: Remain unchanged. Only alteration: For the Mini-Cog test, MAs will give patients the three words at the beginning of their telephone conversation, and ask them to recall the words at the end of the call. They will also ask the patient to draw the "clock" and ask that the patient share the clock with the provider.
6. ORDER SETS: No changes to regular process. During the COVID-19 health emergency, vaccines will not be ordered; any required immunizations will be added to the action plan for completion at the next face-to-face visit.
7. PATIENT CONSENT: This should be recorded in the section of the EMR the provider will see as soon as they begin their portion of the visit. The text macros should state "***Patient has provided verbal consent to the virtual health visit"*** and should have a YES/NO option for the MA to complete prior to concluding the call with the patient.
8. PATIENT ACTION PLAN: No changes made to the plan. However, instead of handing the patient a printout, the encounter summary will now be mailed to the patient or shared via the patient portal. If it's being mailed via post, MAs or front desk staff will bulk-process all mailings at the end of each week. It's recommended that envelopes used for this purpose have the clinic logo.

Billing for Virtual AWVs

Billing for Virtual AWVs During the COVID-19 Emergency

- A virtual AWV is considered the same as an in-person AWV, and reimbursed at the regular rate.
- During the COVID-19 health emergency, care providers will be able to bill for virtual AWVs performed while a patient is at home.
- Prior authorization requirements for patient eligibility have been lifted.

Guidelines

- Code: G0438 (initial); G0439 (subsequent) + any telemedicine addition.
- Modifier: Place of service (POS) 11-Office.
- Payer-specific modifiers:

Line of Business	Payer	Modifier Required
Medicare	CMS	95
Medicare	Anthem	POS 02 + GQ, GT or GQ
Medicare	Aetna	POS 02 + GQ, GT or GQ
Medicare	United	POS 02 + GQ, GT or GQ
Medicare	Cigna	N/A
Medicare	Humana	POS 02 + GQ, GT or GQ
Medicare	Wellcare	POS 02 + GQ, GT or GQ
Commercial	Anthem	GT or 95 (POS not required)
Commercial	Aetna	POS 02 + 95
Commercial	Humana	POS 02 + 95
Commercial	United	POS 02 + GT, GQ, 95

VIRTUAL TRANSITIONAL CARE MANAGEMENT VISITS

Virtual Transitional Care Management Visits

Virtual Visits: How they Impact the TCM Process

This table outlines the tasks required to deliver a compliant virtual TCM during the COVID-19 period.

Regular TCM	Virtual TCM	Comments
Transitional Care Management Team		
TCM team (CC/CM) calls patient within **48 hours of discharge***	SAME	
CM schedules office visit within 7 or 14 days based on moderate or high complexity	CM schedules virtual visit within 7 or 14 days based on moderate or high complexity	CM should inform patient of the virtual visit, and that they will receive a call from nurse/MA to do intake prior to scheduled appointment with the provider
Rooming Patient: All tasks completed by Medical Assistant (MA)		
Record Patient vitals measured (Height, Weight, BP, pulse, pain)	No Vitals taken. Only pain scale noted.	During COVID-19 outbreak, vitals do not need to be reported
Documentation (pharmacy, allergies, problem list, medications, vaccines, social history, family history, HRA, vaccines)	SAME	MA will document vaccines, but not tee up orders or administer vaccines during COVID-19 period
Medication Review	SAME	Pull over meds needed for refill
Provider Visit: All tasks completed by PCP		
Post Discharge Medication Reconciliation (Quality Measure)	SAME	Provider can administer a "virtual" brown bag
Assess and Evaluate Patient	SAME	
Provide Patient Instructions and Action Plan	SAME	
Submit orders (refills, DME, etc.,)	SAME	
Submit coding for billing	SAME + add telehealth code	Telehealth code may vary for each EMR/market
Logistical Differences		
IN-PERSON TCM Visit	***VIRTUAL TCM***	
Patient checks in at front desk	Patient is checked in virtually before virtual visit	
Patient is roomed by MA in office	Patient is roomed by MA via telephone (intake process)	
Patient signs HIPAA forms at check-in	MA documents patient verbal consent for ensuing virtual visit with provider	
Patient is seen by PCP in office	Patient is seen by PCP virtually using virtual visit platform	
Patient leaves office with Written Action Plan and medications list	Encounter summary is pushed via portal or mailed to patient after the virtual visit	

Required for CMS compliance

For a TCM to be billed, the following must be documented in the medical record:
1. Date the patient was discharged
2. Date of the interactive contact with the patient and/or caregiver (within 48 hours); Attempts to communicate should continue after the first two attempts in the required 2 business days of discharge until successful.
3. Date of the face-to-face office visit and,
4. The complexity of medical decision making: Moderate (99495); High (99496)

How to Prepare Your EMR and Workflows for Virtual TCM Visits

PHO's should work with the market leads to make the following alterations to the TCM workflow and EMR template:

WORKFLOW

1. SCHEDULING: Care Management teams reaching out to the patient within 48 hours of discharge should schedule all office face-to-face TCM visits as *virtual* visits, as soon as EMR capabilities are set up in each market. PHO's should work with Care Management leadership to ensure all care management teams are trained to perform this function.
2. FRONT DESK: Front desk staff should be informed about the need to mail Encounter Summaries to patients who do not have access to their portal, following their TCM virtual visit.
3. CHECK-IN: Patients will be virtually checked in by the MA or provider. Ensure MA's and Providers receive training on this task.

EMR

1. SCHEDULING: Add a "telemedicine" option to the "appointment type" menu on the scheduling platform – PHOs should consult with market Analytics/Tech colleagues to ensure downstream data impacts are anticipated and addressed
2. VITALS: Create a macros statement within the vitals section of the TCM template that states "***vitals not reported during COVID-19 health emergency period.***" Note that pain scale can be taken and documented.
3. DOCUMENTATION: remains unchanged; MA will document vaccines, but not tee up orders or administer vaccines during COVID-19 period.
4. ORDER SETS: no changes to regular process. During the COVID health emergency, vaccines will not be ordered; any required immunizations will be added to the action plan for completion at the next face-to-face visit.
5. PATIENT CONSENT: This should be recorded in the section of the EMR that the provider will see as soon as they begin their portion of the visit. The text macros should state: "***Patient has provided verbal consent to the virtual visit.***"
6. PATIENT ACTION PLAN: No changes made to the plan. However, instead of handing the patient a printout, the encounter summary will now be mailed to the patient or shared via the patient portal. If it is being mailed via post, MA's or front desk staff will bulk process all mailings at the end of each week. It is recommended that envelopes used for this purpose have the clinic logo.

Billing for TCM Virtual Visits

Billing for virtual TCM visits during the COVID-19 emergency

- A virtual TCM is considered the same as in-person TCM and reimbursed at regular rate
- As of January 2019, care providers are able to bill for virtual TCM's performed while a patient is at home

Guidelines

- Code: Moderate Complexity (99495); High Complexity (99496) + any telemedicine addition
- Modifier: Place of service (POS) 02-Telehealth
- Payer-specific Modifiers

Line of Business	Payor	Modifier Required
Medicare	CMS	N/A
Medicare	Anthem	POS 02 + GQ, GT or GQ
Medicare	Aetna	POS 02 + GQ, GT or GQ
Medicare	United	POS 02 + GQ, GT or GQ
Medicare	Cigna	N/A
Medicare	Humana	POS 02 + GQ, GT or GQ
Medicare	Wellcare	POS 02 + GQ, GT or GQ
Commercial	Anthem	GT or 95 (POS not required)
Commercial	Aetna	POS 02 + 95
Commercial	Humana	POS 02 + 95
Commercial	United	POS 02 + GT, GQ, 95

Additional Information

TCM services may not be billed:

- By more than one provider during the same 30-day TCM period
- In conjunction with billing CCM services (TCM and CCM service periods may not overlap)
- In conjunction with reasonable and necessary E/M services on same encounter as TCM (these are to be billed on separate follow-up visits within the TCM period)
- When home health or hospice oversight (CPO) are reported in same month as TCM
- In conjunction with other ancillary codes: prolonged services without direct patient contact, home and outpatient INR monitoring, medical team conferences, education and training, telephone services, ESRD services, online medical evaluation services, preparation of special reports, analysis of data, medical therapy management service during the 30-day TCM period

NOTE: If follow-up face-to-face services are required within the 30-day TCM period, do not bill TCM code more than once, instead bill an E&M code to manage the patient's clinical issues separately

Because the TCM codes describe 30 days of care, in cases when the beneficiary dies prior to the 30th day, practitioners should not report TCM services but may report any face-to-face visits that occurred under the appropriate evaluation and management (E/M) code.

Coding Limitations with TCM

A physician or other qualified health care professional who reports codes 99495 or 99496 may not report the following codes during the period covered by the TCM services codes:

- Care plan oversight services (99339, 99340, 99374-99380)
- Home health or hospice supervision: HCPCS codes G0181 and G0182
- Prolonged services without direct patient contact (99358, 99359)
- Anticoagulant management (99363, 99364)
- Medical team conferences (99366-99368)
- Education and training (98960-98962, 99071, 99078)
- Telephone services (98966-98968, 99441-99443)
- End stage renal disease services (90951-90970)
- Online medical evaluation services (98969, 99444)
- Preparation of special reports (99080)
- Analysis of data (99090, 99091)
- Complex chronic care coordination services (99487, 99489)
- Medication therapy management services (99605-99607) → A pharmacist cannot bill for MTM if they conduct the Med Rec.