

VIRTUAL VISITS RESOURCE GUIDE: ATHENA

RESOURCES FOR VIRTUAL VISITS ON ATHENA

VILLAGE MEDICAL

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

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

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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 are 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?

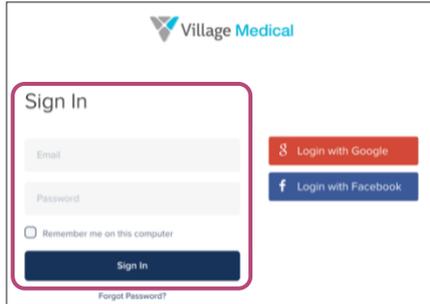
Yes, providers can order follow-up ancillary services during a virtual health visit.

VIRTUAL VISIT PLATFORM RESOURCES

VIRTUAL VISIT PLATFORM RESOURCES

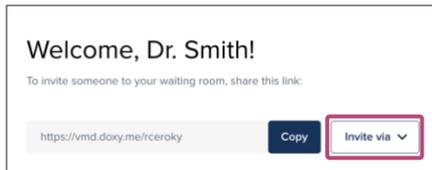
How to Send a Virtual Visit Invite

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

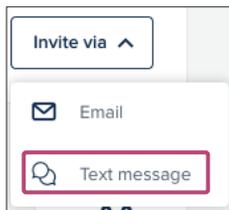


NOTE: The first time you log in, you may need to give your browser permission to access your camera and microphone.

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



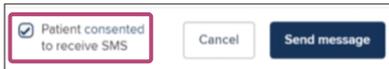
3. Select *Text message*.



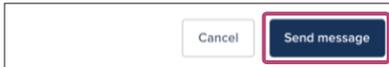
4. Enter the patient's phone number in the **Patient phone number** field.



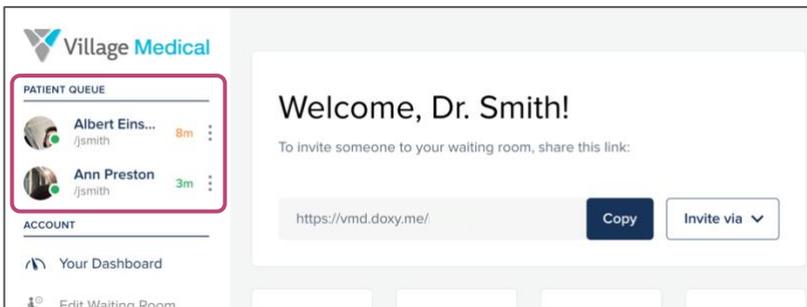
5. Ensure the checkbox for **Patient consented to receive SMS** is selected.



6. Click **Send message**.

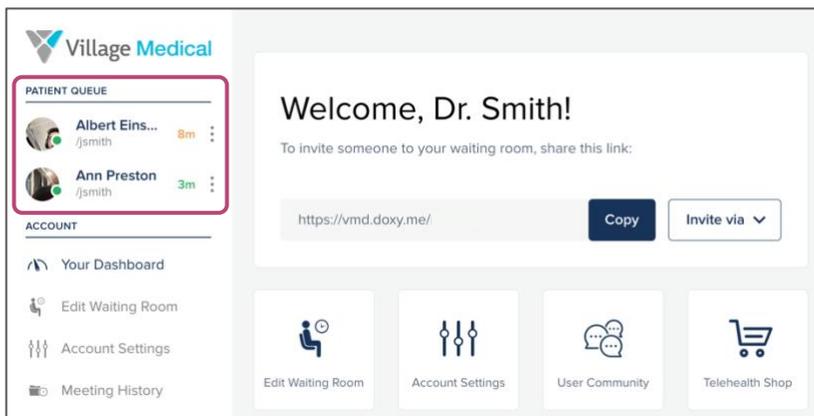


7. At the time of the scheduled appointment, the patient will need to click the shared URL from their device, type in their own name and join the waiting room.
8. Once the patient has joined, the **Provider Dashboard** indicates a patient is in the **Patient Queue** on the left side of the page.



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 virtual visit platform and the patient answers.

STEP 1: Confirm Patient Identity and Introduce Virtual Visit

- a. **Introduce yourself.**
- b. **Confirm 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

- f. **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

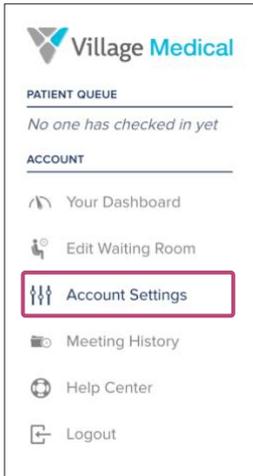
NOTES FOR PROVIDER

- 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 should be conducted in a private location.
- All HIPAA rules apply.

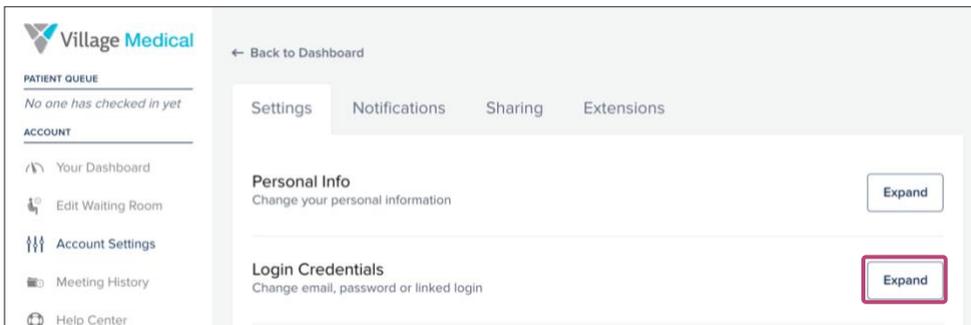
NOTE: If you need to pause the call at any time, the patient will return to the **Patient Queue**, where you will need to click on their name again to resume the visit.

How to Change Your Virtual Visit Platform Password

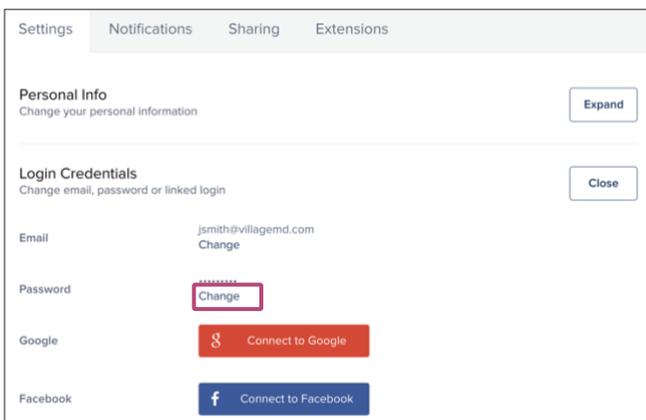
1. Click **Account Settings** in the side navigation menu.



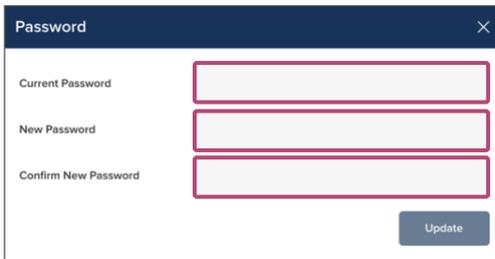
2. Click the **Expand** button in the **Login Credentials** section of the **Settings** tab.



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.



A screenshot of a 'Password' pop-up window. The window has a dark blue header with the title 'Password' and a close button (X). Below the header, there are three text input fields: 'Current Password', 'New Password', and 'Confirm New Password'. Each field is outlined with a red border. At the bottom right of the form is a blue 'Update' button.

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



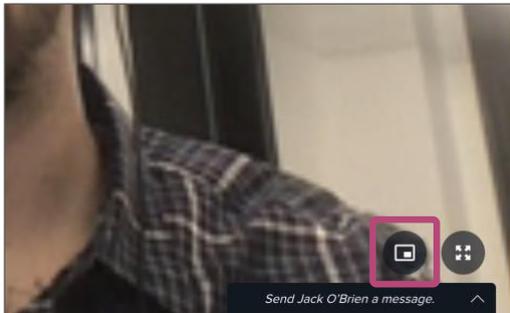
A close-up screenshot of the 'Confirm New Password' text input field. The field contains a series of dots representing masked text. Below the field is a blue 'Update' button with a red border.

Provider Tips

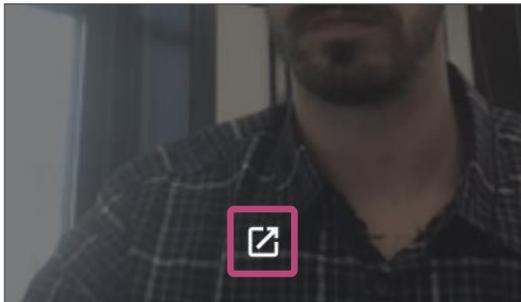
Picture-in-Picture Mode

The virtual visit platform 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.



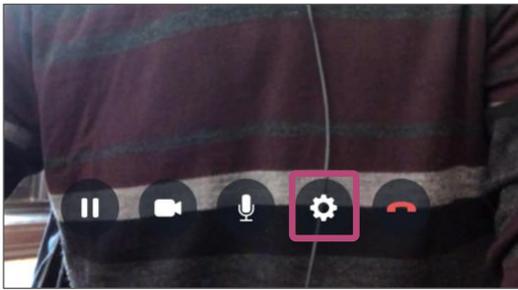
To return to the normal view, click the **Return to Screen**  icon.



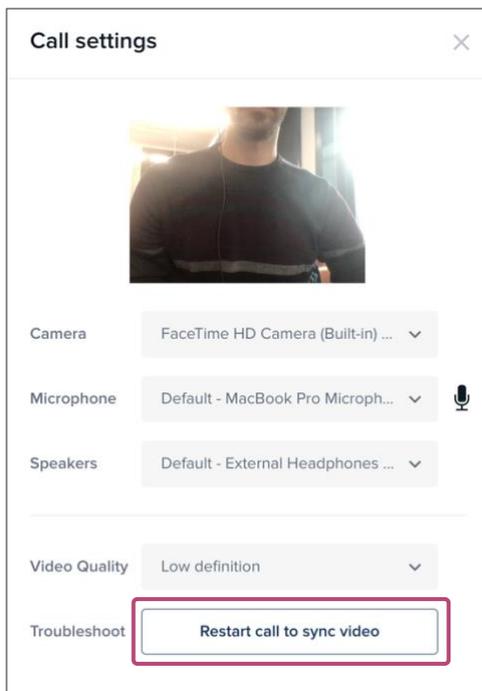
Troubleshooting Audio/Video Issues

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 visit 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!

ATHENA RESOURCES

This section outlines step-by-step guidance for how to conduct the various steps of a visit on Athena. 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 New Virtual Visit

Once you've navigated to a specific patient, you can use the **Scheduling** dropdown to create a new appointment.

1. Search for your patient and go to the patient's **Quickview**.

Find a Patient

Patient Name ZZZTEST

+ Add filter Find

13 results found

| Last name | First name | MI | DOB | ID | SSN | Current Department | Actions |
|-----------|------------|----|------------|--------|-----|----------------------------|--|
| ZZZTEST | Child | | 07/20/1983 | 498717 | | VM_HOU_East Pearland (WAG) | CPI View Quickview Chart Patient Case Add Document Schedule |

2. From the **Scheduling** dropdown, select *Schedule Appointment*.

Child ZZZTEST
36yo F 07-20-1983 #498717 E#181011

Registration Messaging **Scheduling** Billing Clinicals Communicator

Schedule Appointment

Create Walk-in Appointment

Create Appointment Tickler

View Patient Appointments

Appointment Tickler History

Add to Appointment Wait List

Quickview

Patient notes: Patient assessed for COVID 19 during phone call,

3. Use the dropdowns to select the *office location* and the *provider* they will be seeing. The availability for the selected options displays on the calendars below.

Child ZZZTEST
36yo F 07-20-1983 #498717 E#181011

Village Medical - Walgreens

-from- -to- -any appointment type- VM_HOU_East Pearland (WAG) -any provider-

March 2020 April 2020 May 2020

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | |

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| | | | | | 1 | 2 |

NOTE: Do not select the **Appointment Type** at this time. Leave the **Appointment Type** dropdown blank.

- Click on the desired **Day** in the **Calendar**. Available timeslots display below the **Calendar** for the selected day.
 - Days highlighted in **GREEN** are *Available*.
 - Days highlighted in **RED** are *Booked*.
 - Days that are not highlighted (or are **WHITE**) are *Unavailable*.
 - The day highlighted in **YELLOW** is the day currently selected.

Unscheduled Appointment Ticklers

[Tickler by 09/30/2019 with Jones T WAG](#)

<< Previous Available < Previous Day (03/19) Friday, March 20th 2020 is 4 days from today Next Day (03/21) > Next Available >>

| | | |
|------------|-------------|---------------------------------|
| 03/20/2020 | Smith_J_WAG | VM_HOU_East Pearland (WAG) |
| 08:00 AM | | Est Patient 08:00 AM (15min) |

- Select the *checkbox* for the desired time slot.

| | | |
|------------|-------------------------------------|--------------------------------------|
| 03/20/2020 | Smith_J_WAG | VM_HOU_East Pearland (WAG) |
| 10:15 AM | | |
| 10:30 AM | <input checked="" type="checkbox"/> | New Patient 10:30 AM (15min) |
| 10:45 AM | <input type="checkbox"/> | Work In Same Day 10:45 AM (15min) |
| 11:00 AM | | Est Patient 11:00 AM (15min) |

6. Scroll down past the **Appointments** grid and enter information for the appointment:

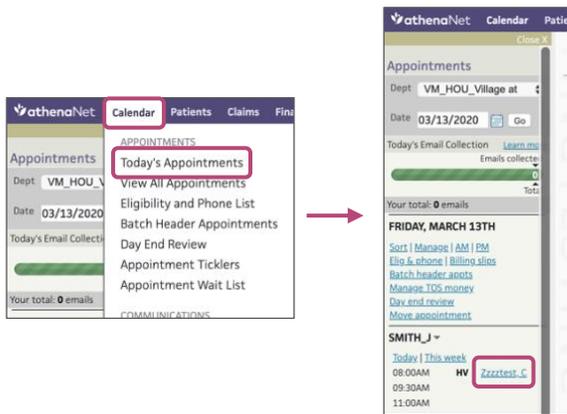
The screenshot shows a form for scheduling an appointment. At the top, there are navigation links: "<< Previous Available" and "< Previous Day (03/19)", and a date indicator: "Friday, March 20th 2020 is 4 days from today". The form fields are: "Appointment type(s)" with a dropdown menu showing "10:30 AM Smith_J_WAG: Telemedicine 15 (15 min)"; "Primary insurance" with a dropdown showing "Aetna (POS II) [38684] 11112145"; "Secondary insurance" with a dropdown showing "Medicare-TX (Medicare) [2800] 1234567"; "Notes/Reason" with a text input field; "Urgency" with a checkbox "This appointment is urgent"; and "Authorization" with a dropdown menu. A checkbox "Add appointment note to homepage" is also present.

- a. Select *Telemedicine 15 (15 min)* from the **Appointment type(s)** dropdown.
b. Enter an *appointment note* in the **Notes/Reason** text box.
7. When complete, scroll to the bottom of the page and click the **Schedule Appointment(s)** button.

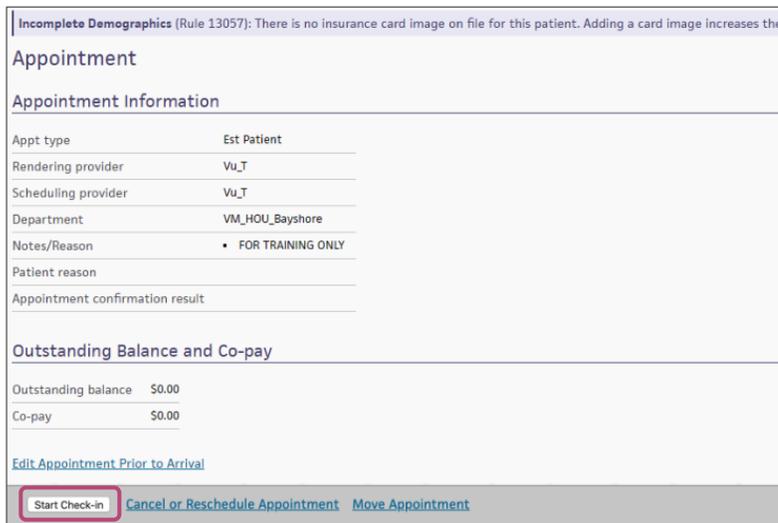
The screenshot shows the bottom section of the appointment scheduling form. It includes: "Patient's condition related to" with four radio button options: "Employment", "Auto accident", "Other accident", and "Another party responsible", each with "Yes" and "No" options; "Referring provider" with a link "Choose/view"; "Recurrence type" with a dropdown menu showing "None"; "Medicare authorization" with two input fields for "Expected procedure codes" and "Expected diagnosis codes", and a "Check" button; and a "Schedule Appointment(s)" button at the bottom.

How to Check In a Virtual Visit

1. Click **Today's Appointments** from the **Calendar** dropdown. Then click the **Patient's Name** within the appointment list.



2. Click **Start Check-in**.



3. In the **Appt type** dropdown, select *Telemedicine 15 (15 min)*.

Check-in

Appointment Information

Appt type: Nurse Visit (15 min) ▼

Scheduling provider: AWV 15 (15 min)

Supervising Provider: Bone Density (15 min)

Primary insurance: DM Education Class 1 (60 min)

Secondary insurance: DM Education Class 2 (60 min)

Notes/Reason: DM Education Class 3 (60 min)

Urgency: DM Education Class 4 (60 min)

Appointment confirmation result: Est CPX (15 min)

Referring provider: Est Patient (15 min)

Done with Check-in: Lab (15 min)

Work In Same Day (15 min)

Xray (15 min)

*If **Appt type** is already selected as *Telemedicine 15 (15 min)*, move on to the next step.

4. In the **Payment and Balances** section, enter *0* in the **Payment** field for the *Copay*.

Payment and Balances [View billing summary](#) | [View patient activity](#) | [Patient account view](#)

Unapplied **\$-1.10**

Due Today **\$30.00**

Patient has a copay due for this visit. [View previous statements](#)

How much will the patient pay? [Collect All](#)

| Today's Visit | Amount Due | Payment |
|--|------------|----------------|
| Copay Office Visit Edit Not Required | \$30.00 | \$ 0.00 |
| Additional payment for today's services | | \$ |
| Total payment | | \$ 0.00 |

[Next](#)

How will the patient pay?

Summary

5. If prompted, select *Other* from the **Reason for different co-pay** dropdown. Enter *Other* in the text field that displays.

How much will the patient pay? [Collect All](#)

| Today's Visit | Amount Due | Payment |
|--|------------|----------------|
| Patient has secondary insurance. Copay may not be required. | | |
| Copay Office Visit Edit Not required | \$30.00 | \$ 0.00 |
| Reason for different co-pay: Other ▼ | | |
| Additional payment for today's services | | \$ |
| Total payment | | \$ 0.00 |

[Next](#)

6. Click **Next**.

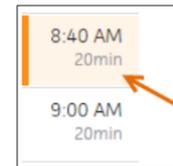
| Today's Visit | Amount Due | Payment |
|--|------------|-------------------------|
| Copay Office Visit Edit Not Required | \$30.00 | \$ 0.00 |
| Reason for different co-pay <input type="text"/> | | |
| Additional payment for today's services <input type="text"/> | | \$ <input type="text"/> |
| Total payment | | \$ 0.00 |

7. Click **Done with Check-in** at the bottom of the screen.

[Done with Check-in](#) [Save](#) [Cancel Check-in](#)

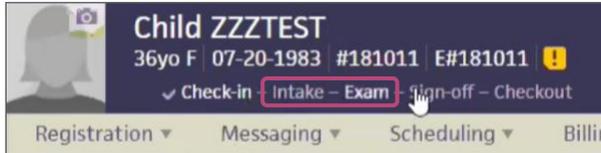
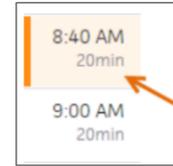
8. Send **Athena Text** to provider, indicating that the patient has been checked in.

9. In the **Clinician** view of the schedule, checked-in patients are indicated with an **orange** bar and highlighting in the schedule.



How to Start a Virtual Exam

1. In the **Clinician** view of the schedule, checked-in patients are indicated with an **orange** bar and highlighting in the schedule.
2. Click the **patient's name** in the schedule or in the **Clinical Inbox** list of encounters.
3. Click **Intake** or **Exam** to continue the intake/exam workflow as normal.



4. Complete the **Review** step in the Exam Stage.
5. Click the **Next** button to proceed to the HPI step. The **History of Present Illness** section appears in the center pane, and the Exam Stage navigation bar changes to highlight HPI.



6. In this section, obtain verbal consent from the patient and 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**.

NOTE: The provider must document the patient's verbal consent to virtual care in the EMR.

How to Close a Virtual Visit

Providers

1. Providers can complete the billing for the encounter using the **Billing** tab in the **Sign-off** stage on the right side of the screen.
2. Complete the **Services** section and select the appropriate *E&M Procedure Code* as normal.

←
Billing

Checkout (checked in by)

Patient Claim: Billing

E03.9: Hypothyroidism, unspecified
3. Chronic kidney disease stage 3 - stable
N18.3: Chronic kidney disease, stage 3 (moderate)

Services [Apply all ICD-10 codes to all](#)

| Procedure Code | Code Description | Modifiers (Non Fee-Affecting) | Units | ICD-10 Codes |
|----------------|------------------------------|-------------------------------|-------|---------------------|
| 99213 | OFFICE/OUTPATIENT VISIT, EST | | | 129 E039 N183 |

3. Add the *E&M Procedure Code* “TELE” to indicate the visit was a virtual visit.

Checkout (checked in by)

Patient Claim: Billing

E03.9: Hypothyroidism, unspecified
3. Chronic kidney disease stage 3 - stable
N18.3: Chronic kidney disease, stage 3 (moderate)

Services [Apply all ICD-10 codes to all](#)

| Procedure Code | Code Description | Modifiers (Non Fee-Affecting) | Units | ICD-10 Codes |
|----------------|------------------------------|-------------------------------|-------|---------------------|
| 99213 | OFFICE/OUTPATIENT VISIT, EST | | | 129 E039 N183 |
| TELE | TELEMED STOP HOLD | | | 129 E039 N183 |

After completing the review, click **Save & Mark Reviewed** on the **Billing** tab (the **Billing Tab Review Complete** option is automatically selected), so billing staff knows the provider has approved the “electronic billing slip.”

Billing Department

1. Once the services have been saved and marked as reviewed, the “TELE” Procedure Code must be marked as *Non-Billable*.

| Procedure Code | Code Description | Modifiers (Non Fee-Affecting) | Units | ICD-10 Codes | Bill? |
|----------------|------------------------------|-------------------------------|-------|----------------------|-------------------------------------|
| 99213 | OFFICE/OUTPATIENT VISIT, EST | | | I129 E039 N183 | <input checked="" type="checkbox"/> |
| TELE | TELEMED STOP HOLD | | | I129 E039 N183 | <input type="checkbox"/> |

2. Click the **Save & Enter Charges** button.

Notes

Provider Review

Billing Tab Review Complete (dbroussard2, 03/18/2020 12:55 PM)

Done with Checkout Save **Save & Enter Charges**

3. Change the *Service Department* to the corresponding *Telemed* department.

Service

Date of Service 03/18/2020

Patient department VM_HOU_Memorial

Service department VM_HOU_Memorial

↓

Service

Date of Service 03/18/2020

Patient department VM_HOU_Memorial

Service department VM_HOU_Memorial (Telemed)

4. Append the appropriate modifier to the procedure code, depending on the payer.

Charge Entry

Patient Claim: Charge Entry

Procedures

99213,GT

99213 OFFICE/OUTPATIENT VISIT, EST, GT: VIA INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATION SYSTEMS RVU: 2.11 \$155.18

5. Click the **Create Claim** button.

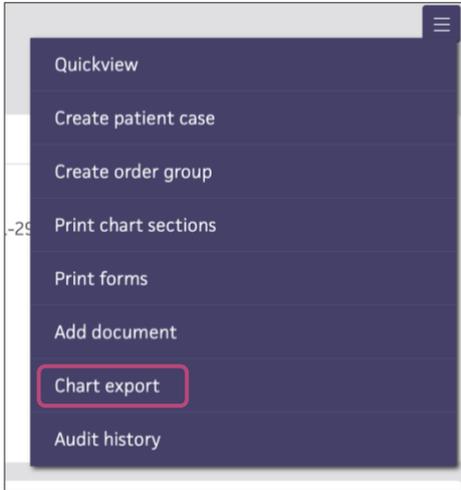
Post date 03/19/2020

Claim note

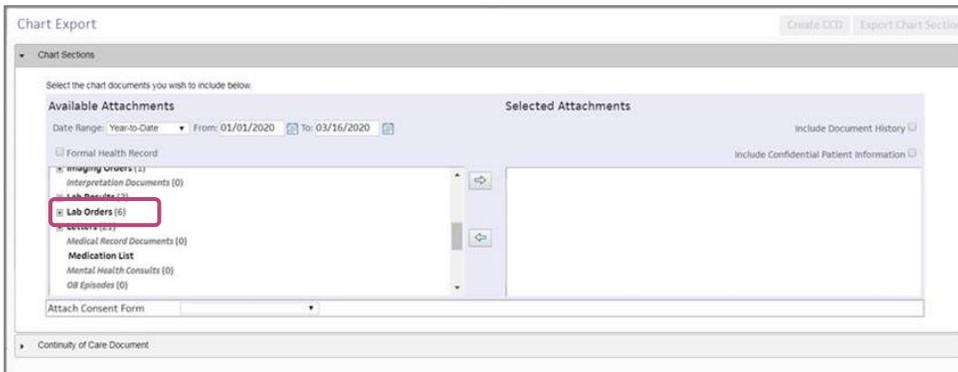
Create Claim

How to Order Labs and Imaging Diagnostic Tests

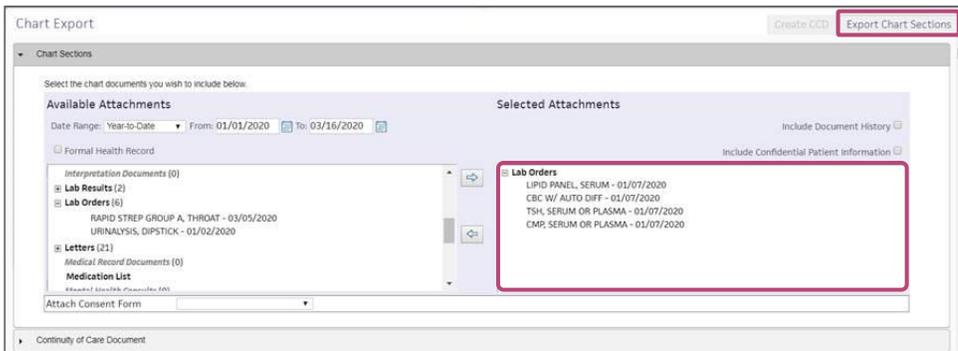
1. Click the **Menu**  in the top right corner of the screen.
2. Click on **Chart Export**.



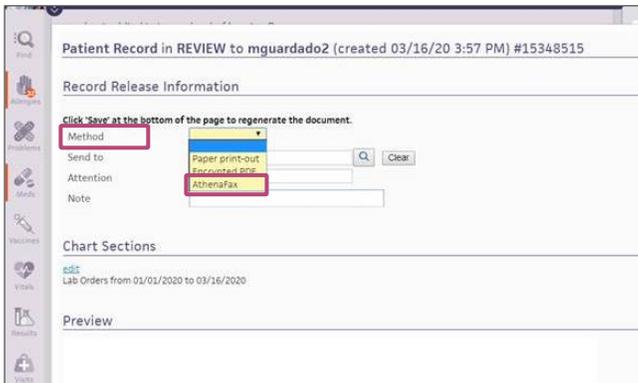
3. The following **Chart Export** prompt will appear. Click the **Plus Sign**  icon next to **Lab Orders** and/or **Imaging Orders**. Select what lab orders and/or imaging orders you want to fax. Double-click to move the order to the right side.



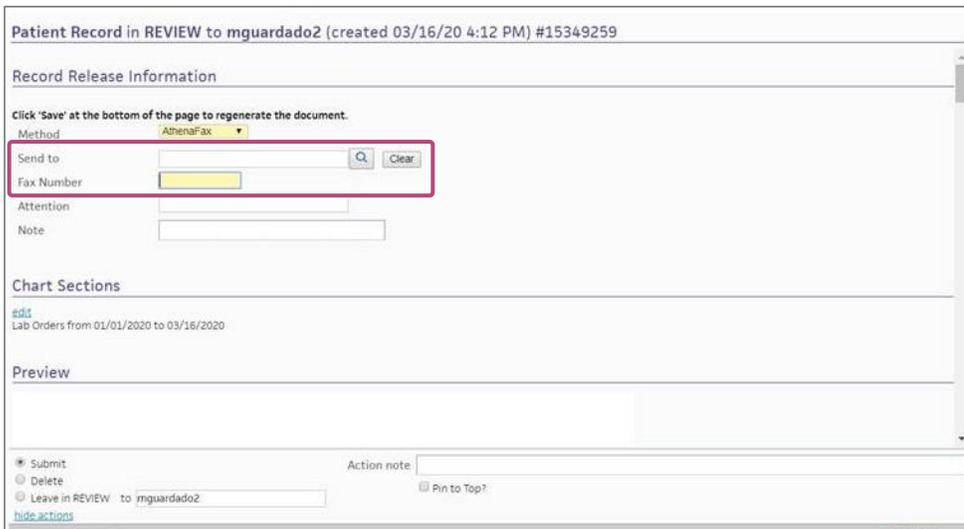
4. Once you have all the orders that need to be faxed, click on **Export Chart Sections** at the top right corner.



5. Select **AthenaFax** in the **Method** dropdown on the page that displays.



6. You can either enter a fax number in the **Fax Number** section or search for a recipient in the **Send to** section.



- When searching via **Send to**, type your search terms in the text box. Then scroll through the results to find the desired recipient and click on the name.

Click 'Save' at the bottom of the page to regenerate the document.

Method: AthenaFax

Send to: quest

Fax Number: [none]

Attention:

Note:

Chart Sections

QUEST DIAGNOSTICS PSC: 12385 KINGSRIDE AVE, HOUSTON TX 77024, Ph (713) 973-2746, Fax (713) 973-2284

DRUG QUEST PHARMACY: 3802 SOUTH GESSNER SUITE 500, HOUSTON TX 77063, Ph (713) 785-3400

QUEST DIAGNOSTICS PSC: 6565 WEST LOOP SOUTH STE 302 BELLAIRE TX 77401, Ph (713) 660-0419, Fax (713) 662-0361

QUEST DIAGNOSTICS PSC: 8200 WEDNESBURY LN STE 450, HOUSTON TX 77063, Ph (713) 973-2746, Fax (713) 973-2284

7. Once the recipient is entered correctly, click **Save** at the bottom of the screen.

Patient Record in REVIEW to mguardado2 (created 03/16/20 4:12 PM) #15349259

Record Release Information

Click 'Save' at the bottom of the page to regenerate the document.

Method: AthenaFax

Send to: QUEST DIAGNOSTICS PSC: 12385 KINGSRIDE AVE, HOUSTON TX 77024, Ph (713) 973-2746, Fax (713) 973-2284

Fax Number: (713) 973-2284

Attention:

Note:

Chart Sections

Lab Orders from 03/01/2020 to 03/16/2020

Preview

Submit, Delete, Leave in REVIEW to mguardado2, Pin to Top?

Save, Cancel, Audit History

8. 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.

Password

Current Password

New Password

Confirm New Password

Update

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

Confirm New Password

Update

VIRTUAL ANNUAL WELLNESS VISITS

An annual wellness visit (AWV) 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)

Differences Between In-Person AWVs and Virtual AWVs

This document 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 |
| <i>Rooming Patient: All tasks completed by Medical Assistant (MA)</i> | | |
| 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 |
| <i>Provider Visit: All tasks completed by PCP</i> | | |
| Complete Preventative Screening Schedule *(Quality Measures) | SAME | Review patient's "clock" from Mini-Cog |
| Personalized Health Advice* and education based on risk factors; <i>includes Advance Directive</i> | 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 |
| <i>Logistical Differences</i> | | |
| 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 | |

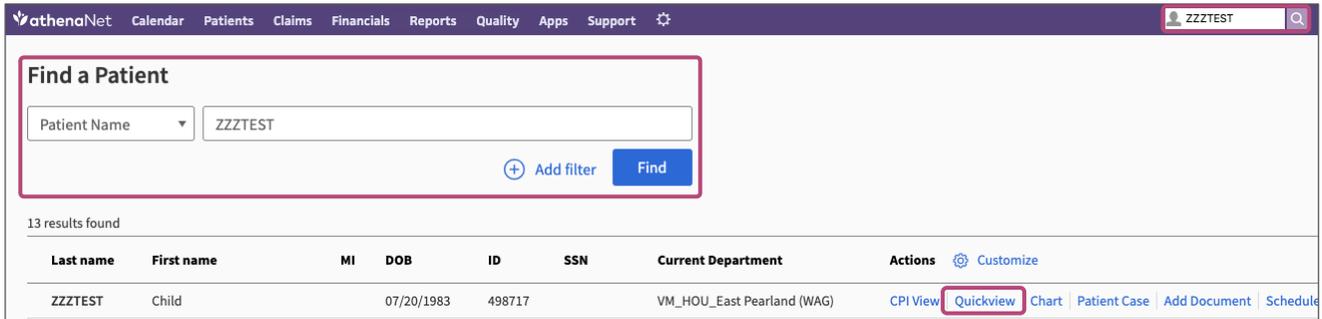
***Required for CMS compliance**

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

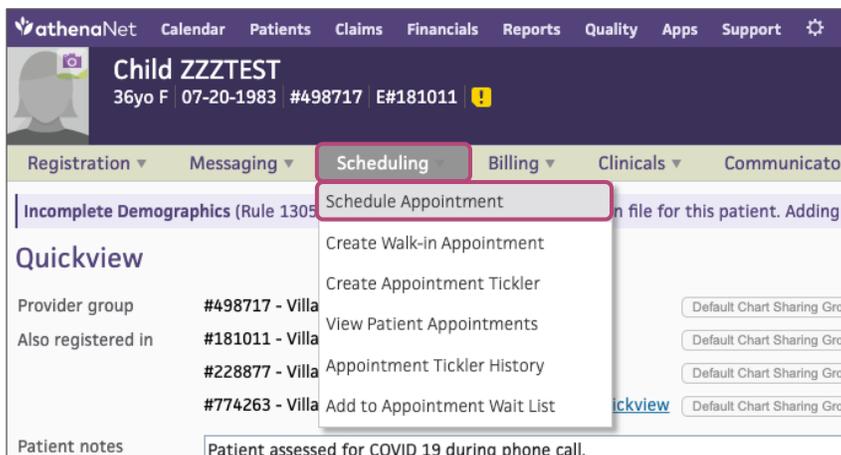
How to Schedule a New Virtual AWW

Once you've navigated to a specific patient, you can use the **Scheduling** dropdown to create a new appointment.

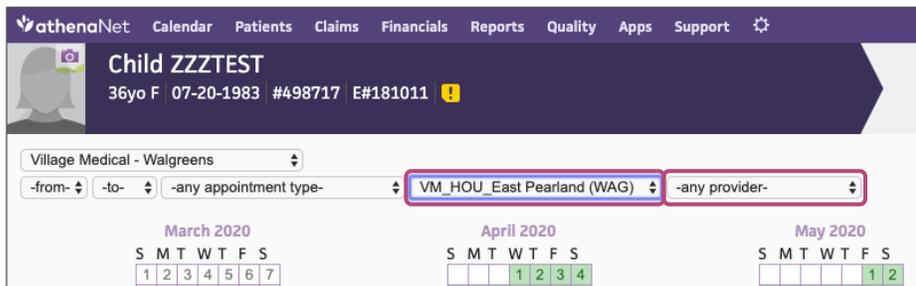
1. Search for your patient and go to the patient's **Quickview**.



2. From the **Scheduling** dropdown, select *Schedule Appointment*.



3. Use the dropdowns to select the *office location* and the *provider* they will be seeing. The availability for the selected options display on the calendars below.



NOTE: Do not select the **Appointment Type** at this time. Leave the **Appointment Type** dropdown blank.

- Click on the desired **Day** in the **Calendar**. Available timeslots display below the **Calendar** for the selected day.
 - Days highlighted in **GREEN** are *Available*.
 - Days highlighted in **RED** are *Booked*.
 - Days that are not highlighted (or are **WHITE**) are *Unavailable*.
 - The day highlighted in **YELLOW** is the day currently selected.

Village Medical - Walgreens

-from- -to- -any appointment type- VM_HOU_East Pearland (WAG) Smith_J_WAG

March 2020 April 2020 May 2020 June 2020

Unscheduled Appointment Ticklers

Tickler by 09/30/2019 with Jones T.WAG

<< Previous Available < Previous Day (03/19) Friday, March 20th 2020 is 4 days from today Next Day (03/21) > Next Available >>

03/20/2020 Smith_J_WAG
VM_HOU_East Pearland (WAG)

08:00 AM

Est Patient
08:00 AM (15min)

- Select the *checkbox* for the desired time slot.

03/20/2020 Smith_J_WAG
VM_HOU_East Pearland (WAG)

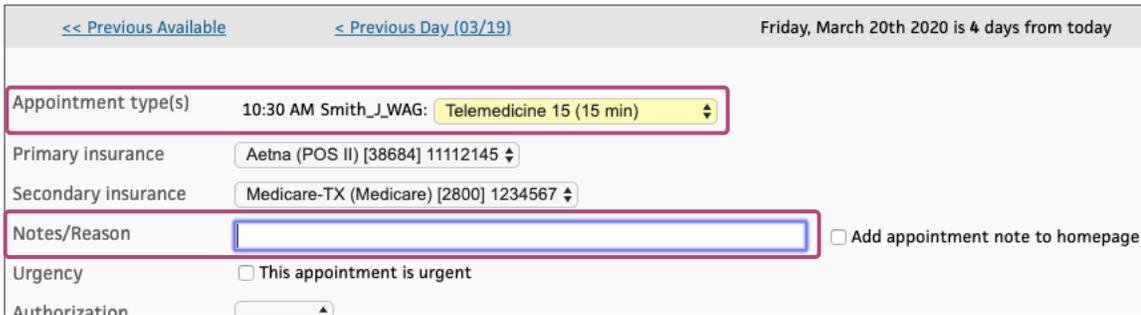
10:15 AM

10:30 AM New Patient
10:30 AM (15min)

10:45 AM Work In Same Day
10:45 AM (15min)

11:00 AM Est Patient
11:00 AM (15min)

6. Scroll down past the **Appointments** grid and enter information for the appointment:



<< Previous Available < Previous Day (03/19) Friday, March 20th 2020 is 4 days from today

Appointment type(s) 10:30 AM Smith_J_WAG: Telemedicine 15 (15 min)

Primary insurance Aetna (POS II) [38684] 11112145

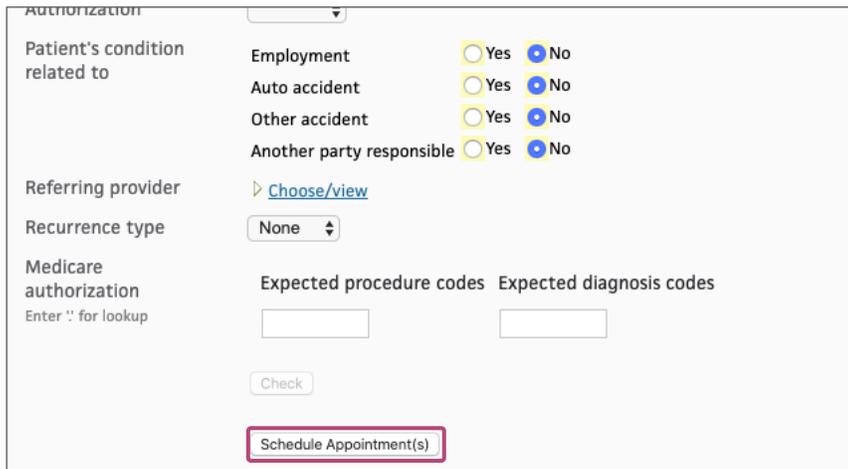
Secondary insurance Medicare-TX (Medicare) [2800] 1234567

Notes/Reason Add appointment note to homepage

Urgency This appointment is urgent

Authorization

- c. Select *Telemedicine 15 (15 min)* from the **Appointment type(s)** dropdown.
- d. Enter an *appointment note* in the **Notes/Reason** text box.
7. When complete, scroll to the bottom of the page and click the **Schedule Appointment(s)** button.



Authorization

Patient's condition related to

Employment Yes No

Auto accident Yes No

Other accident Yes No

Another party responsible Yes No

Referring provider [Choose/view](#)

Recurrence type

Medicare authorization

Enter " for lookup

Expected procedure codes

Expected diagnosis codes

8. **SCRIPT:** Inform the patient they will receive a phone call from a nurse at the provider's clinic to prepare them for the visit. The nurse will confirm their identity, go through their medications, update their patient chart with recent hospitalizations and specialist visits, walk them through a Health Risk Assessment and complete the paperwork before their provider virtual visit. This allows the provider to focus entirely on them when they connect virtually.

How to Prepare a Patient for a Virtual AWV

This process can occur telephonically (if conducted by an MA) or via virtual visit (if conducted by a provider).

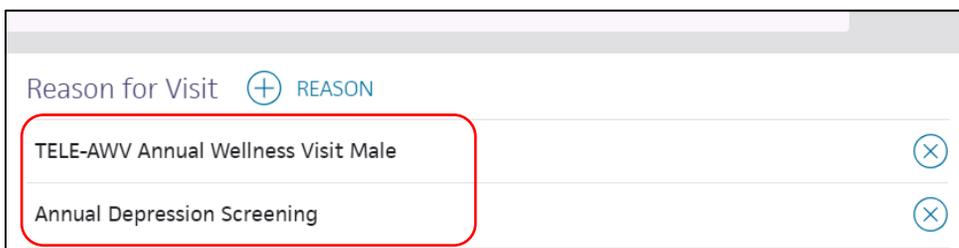
Telephonic Preparation

If it's conducted telephonically, the call should occur any time *after* it has been scheduled on the provider's calendar, and *before* the scheduled AWV appointment time. It can happen days prior to the scheduled appointment, as a pre-visit planning activity.

1. If the MA is doing the pre-visit prep a day or two before the scheduled visit, the MA will have to use the **Exam Prep** functionality in Athena. Before calling the patient, open the scheduled patient appointment and use the **Exam Prep** function to prepare the patient's chart for an AWV visit. **Note:** the chart view will not look like the **Nurse In-Take** view and instead will look more like the **Provider Exam** view. The screenshots below provide an example of this view.

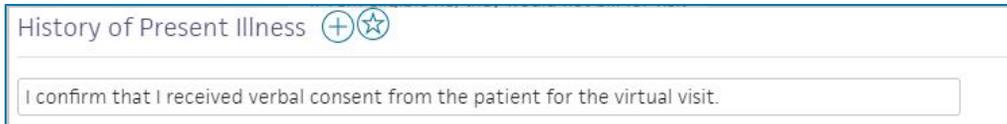
If the MA is doing pre-visit prep the day of the visit, they can check in the patient and click on **Go to In-Take** and follow the process.

2. Before calling the patient, in **Reason for Visit**, type and select *TELE-AWV Annual Wellness Visit Male/Female*. Also add in *Annual Depression Screening*.

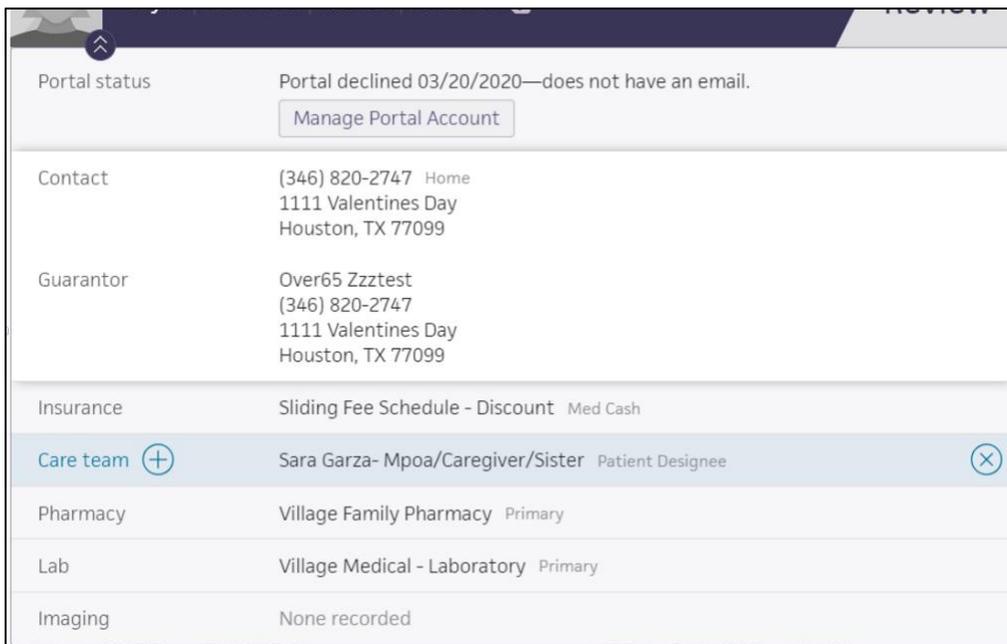


3. Call the patient, introduce yourself and review the purpose of the call
4. Confirm the patient's identity (first/last name and DOB)

- Secure **verbal consent** for the telephonic and virtual visit from patient. This will be automatically documented in the HPI section. If the patient does not agree, do not proceed, and offer to schedule the patient for an in-office AWV in two months.



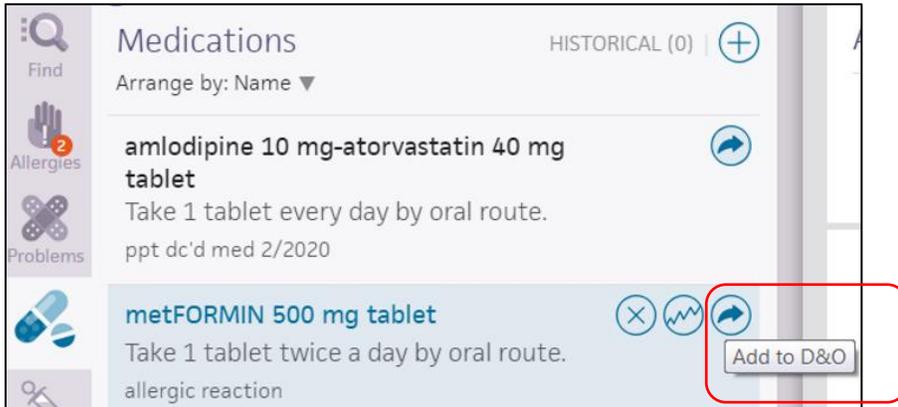
- Start by administering the **Mini Cog** test. Give the patient three words to remember – Apple, Penny and Table. Ask the patient to recall these words at the end of the call. Also, instruct the patient to have pen/paper handy and then draw a regular clock and set the time to 10 minutes after 11 o'clock. Instruct the patient to have this clock ready to show the provider at the time of the virtual visit.
- Follow typical rooming/intake steps for AWV. Start by confirming **Patient Preferences** by clicking **dropdown arrows** below the **patient picture** OR in the **patient preference** tab in the intake view:
 - Review and confirm the *cellphone number* and email in **Contact**.
 - Review and confirm *Care Team* and *Pharmacy*. Edit by clicking on the **plus sign**.



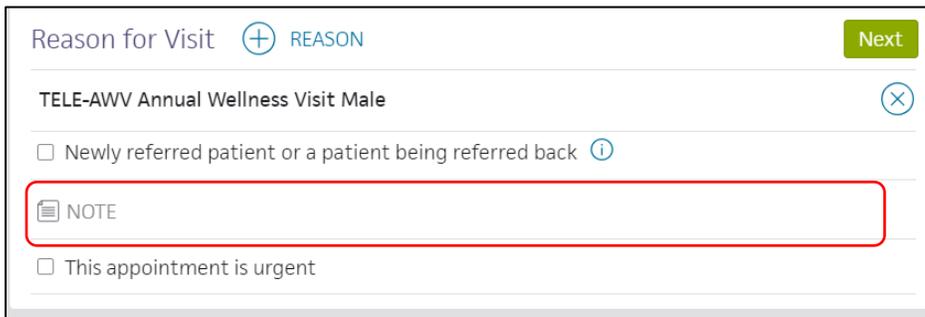
| | |
|---------------|---|
| Portal status | Portal declined 03/20/2020—does not have an email. Manage Portal Account |
| Contact | (346) 820-2747 Home 1111 Valentines Day Houston, TX 77099 |
| Guarantor | Over65 Zzztest (346) 820-2747 1111 Valentines Day Houston, TX 77099 |
| Insurance | Sliding Fee Schedule - Discount Med Cash |
| Care team (+) | Sara Garza- Mpoa/Caregiver/Sister Patient Designee (x) |
| Pharmacy | Village Family Pharmacy Primary |
| Lab | Village Medical - Laboratory Primary |
| Imaging | None recorded |

- Review and confirm **Allergies, Medications, and Vaccines**. Make changes as needed.

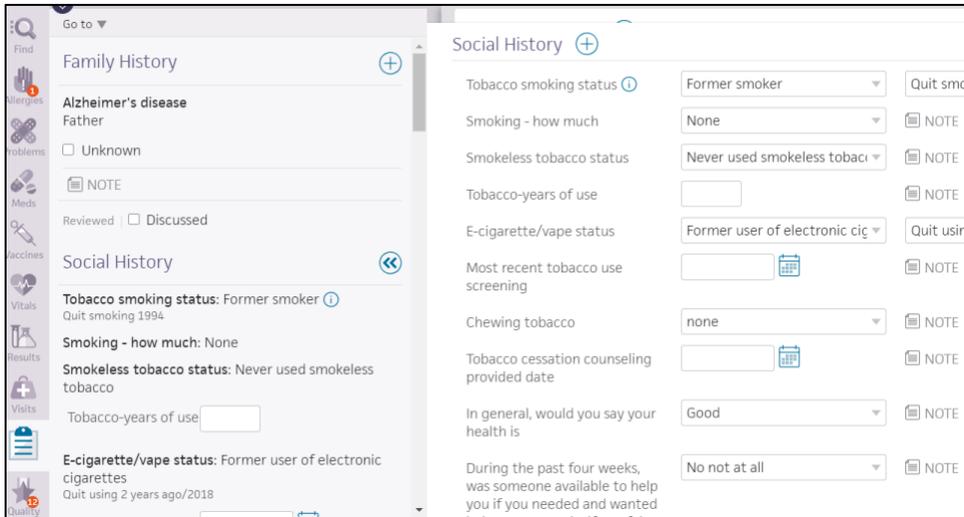
9. If med refills are required, tee this up as an order for the provider.



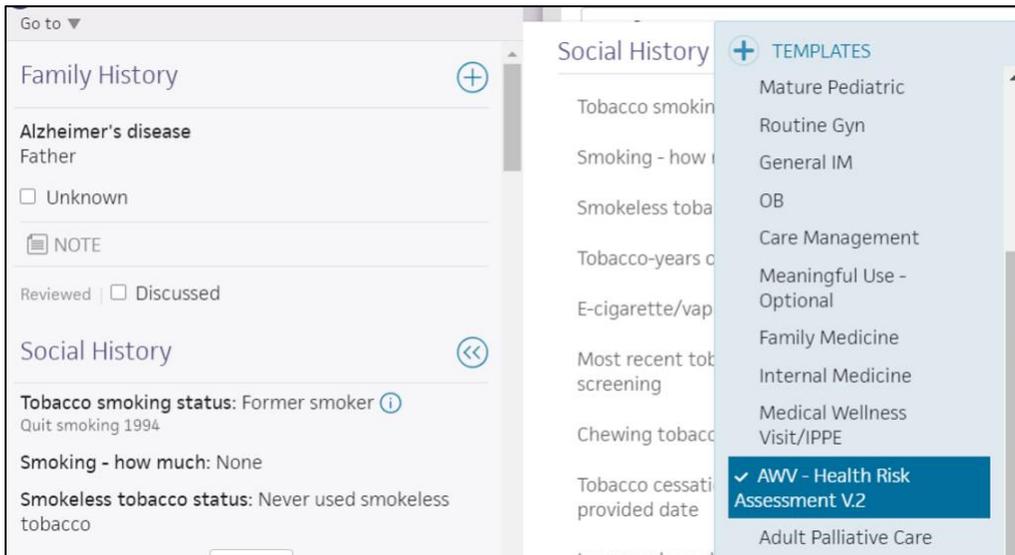
10. **Vitals** will not be required for AWVs during the COVID-19 period, except for capturing the **pain scale**. Ask if they are in any pain on a scale from 0 (No Pain) to 10 (Extreme Pain). Document the *pain scale number* in the **Note** section under **Reason for Visit**.



11. Complete the **Health Risk Assessment (HRA)** with the patient in the **Social History** section. Before you begin, let the patient know you will be asking a series of personal questions related to their health and well-being.



12. Make sure **Social History** is only pulling in questions for **AWV – Health Risk Assessment V.2**.



13. Complete the **Prevention screening** questionnaires – **STEADI Fall Risk** and **PHQ-9** – in the **Review** section of the chart. Remember to score **questionnaires** at the end.

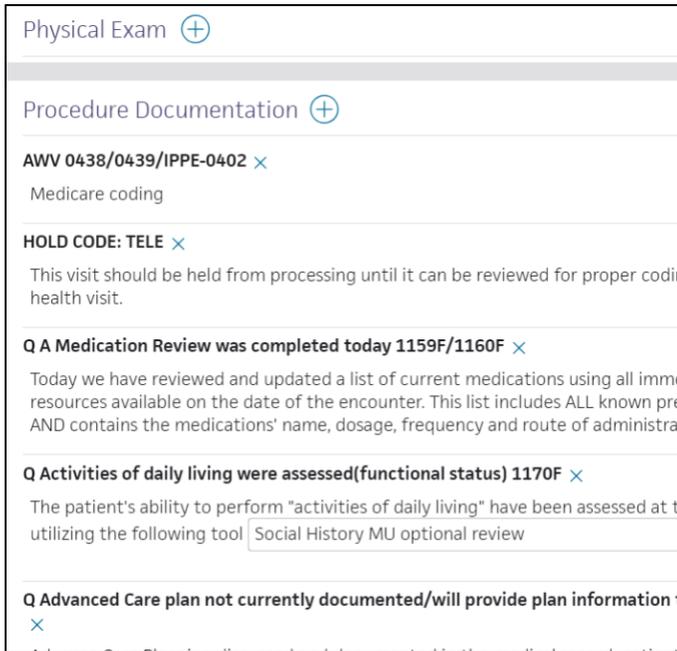
| | Not at all | Several days | More than half the days | Nearly every day |
|--|-----------------------|-----------------------|-------------------------|-----------------------|
| 1. Little interest or pleasure in doing things | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Feeling down, depressed, or hopeless | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Trouble falling or staying asleep, or sleeping too much | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Feeling tired or having little energy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Poor appetite or overeating | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

14. In the **HPI** section, complete the **Opioid Use Assessment**.

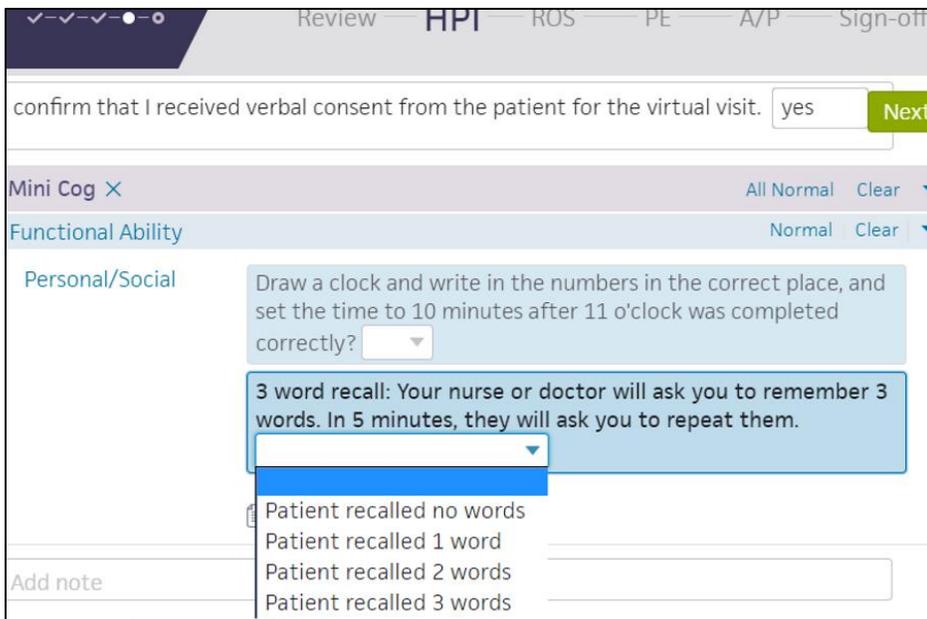
Current Use of Opioids: no use of opioids (no further questions required)

- Morphine
- Codeine (Tylenol #3/#4)
- Fentanyl (Duragesic)
- Methodone
- Tramadol (Ultram)
- Oxycodone (Oxycontin, Percocet)
- Hydromorphone (Dilaudid)
- Hydrocodone (Vicodin/Norco)
- Meperidine (Demerol)
- Pain Pumps
- Other:

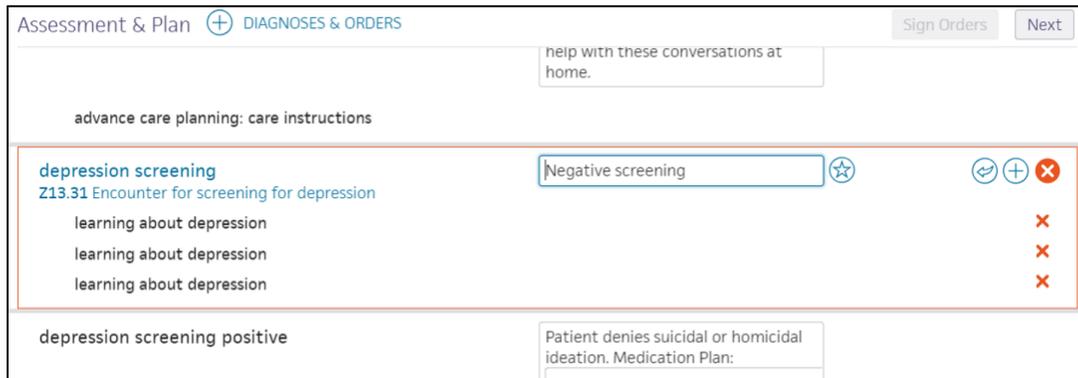
15. In the **Physical Exam (PE)** section of the chart under **Procedure Documentation**, remove assessments that do not apply based on the patient's screenings.



16. Ask the patient to recall the three words that were shared at the beginning of the call, and document accordingly in the **HPI** section under **Mini Cog**.



17. In the **A/P** section, remove orders that do not apply to patient and save **Exam Prep**.



Assessment & Plan (+) DIAGNOSES & ORDERS Sign Orders Next

help with these conversations at home.

advance care planning: care instructions

depression screening
Z13.31 Encounter for screening for depression
learning about depression
learning about depression
learning about depression

Negative screening (star icon) (refresh icon) (+ icon) (delete icon)

depression screening positive
Patient denies suicidal or homicidal ideation. Medication Plan:

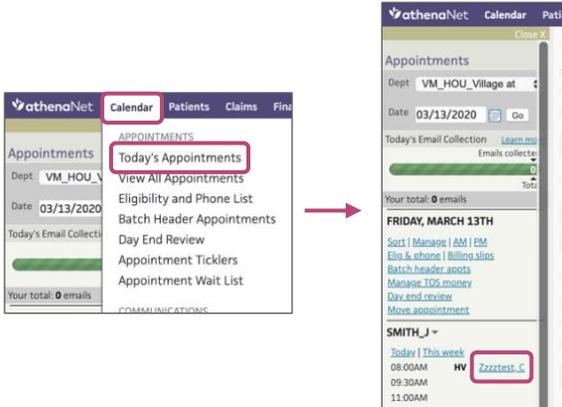
18. Before ending the call:

- a. Thank the patient for their time.
- b. Remind them to have their drawn clock ready to show the provider at the time of their virtual visit.
- c. Inform them that they will receive a text message with the link to their scheduled appointment. At the time of the appointment, they will need to click the link from their device, type in their name and join the virtual waiting room.
- d. The provider will call the patient when they are ready.

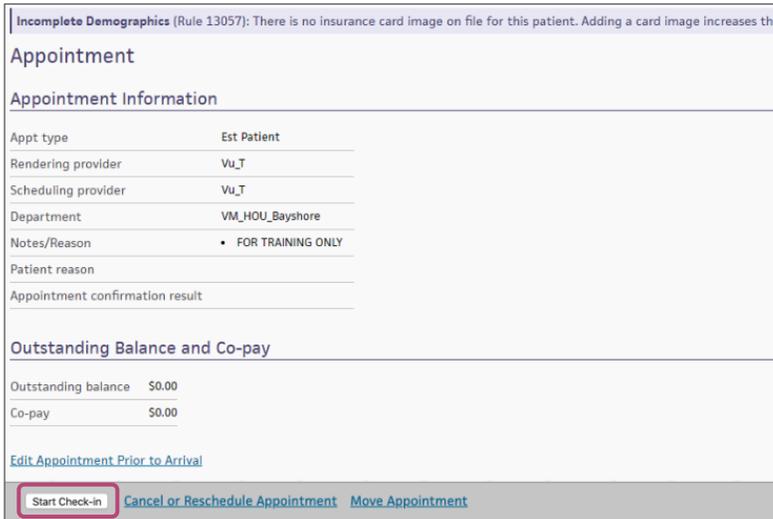
How to Check In a Virtual AWV

The MA will check in the patient upon completion of the preparation phase.

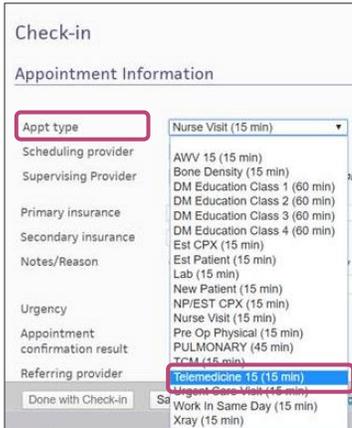
1. Click **Today's Appointments** from the **Calendar** dropdown. Then click the **Patient's Name** within the appointment list.



2. Click **Start Check-in**.



- In the **Appt type** dropdown, select *Telemedicine 15 (15 min)*.



Check-in

Appointment Information

Appt type: Nurse Visit (15 min)

Scheduling provider: AWW 15 (15 min)

Supervising Provider: Bone Density (15 min)

Primary insurance: DM Education Class 1 (60 min)

Secondary insurance: DM Education Class 2 (60 min)

Notes/Reason: DM Education Class 3 (60 min)

Urgency: DM Education Class 4 (60 min)

Appointment confirmation result: Est CPX (15 min)

Referring provider: Est Patient (15 min)

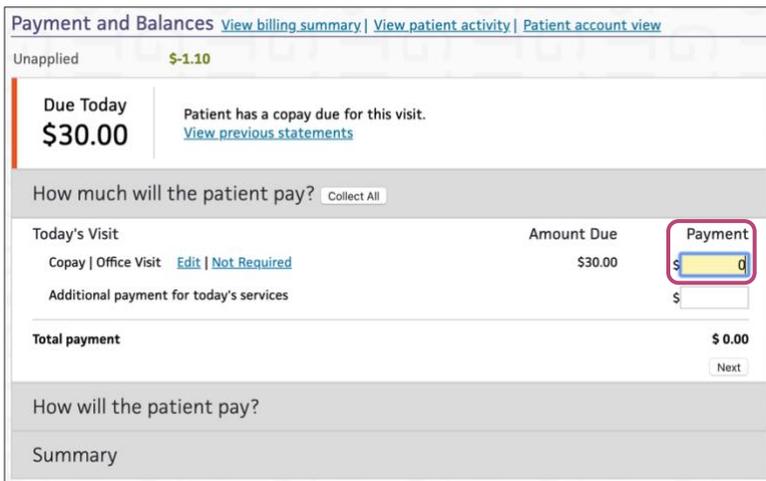
Done with Check-in: Lab (15 min)

Work In Same Day (15 min)

Xray (15 min)

*If **Appt type** is already selected as *Telemedicine 15 (15 min)*, move on to the next step.

- In the **Payment and Balances** section, enter 0 in the **Payment** field for the *Copay*.



Payment and Balances [View billing summary](#) | [View patient activity](#) | [Patient account view](#)

Unapplied **\$-1.10**

Due Today **\$30.00**

Patient has a copay due for this visit. [View previous statements](#)

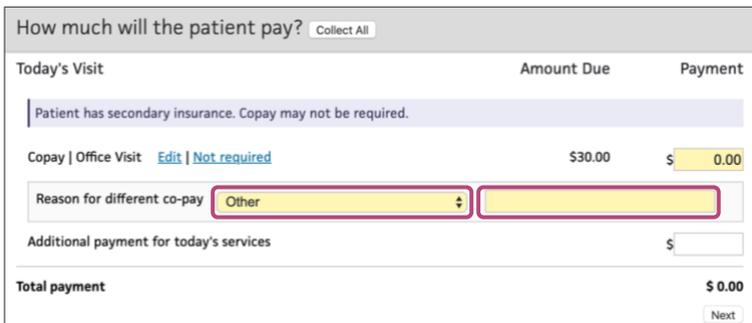
How much will the patient pay? [Collect All](#)

| Today's Visit | Amount Due | Payment |
|--|------------|----------------|
| Copay Office Visit Edit Not Required | \$30.00 | \$ 0 |
| Additional payment for today's services | | \$ |
| Total payment | | \$ 0.00 |

How will the patient pay?

Summary

- If prompted, select *Other* from the **Reason for different co-pay** dropdown. Enter *Other* in the **text field** that displays.



How much will the patient pay? [Collect All](#)

| Today's Visit | Amount Due | Payment |
|--|------------|----------------|
| Patient has secondary insurance. Copay may not be required. | | |
| Copay Office Visit Edit Not required | \$30.00 | \$ 0.00 |
| Reason for different co-pay: Other | | |
| Additional payment for today's services | | \$ |
| Total payment | | \$ 0.00 |

Next

6. Click **Next**.

How much will the patient pay? [Collect All](#)

| Today's Visit | Amount Due | Payment |
|--|------------|-------------------------|
| Copay Office Visit Edit Not Required | \$30.00 | \$ 0.00 |
| Reason for different co-pay <input type="text"/> | | |
| Additional payment for today's services | | \$ <input type="text"/> |
| Total payment | | \$ 0.00 |

[Next](#)

7. Click **Done with Check-in** at the bottom of the screen.

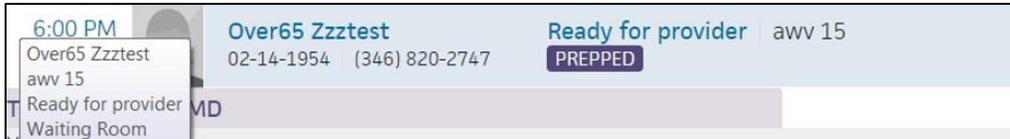
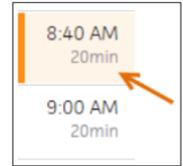
[Done with Check-in](#) [Save](#) [Cancel Check-in](#)

8. Send **Athena Text** to provider, indicating that the patient has been checked in.

How to Start a Virtual AWV

This section covers how the virtual AWV is completed by the provider.

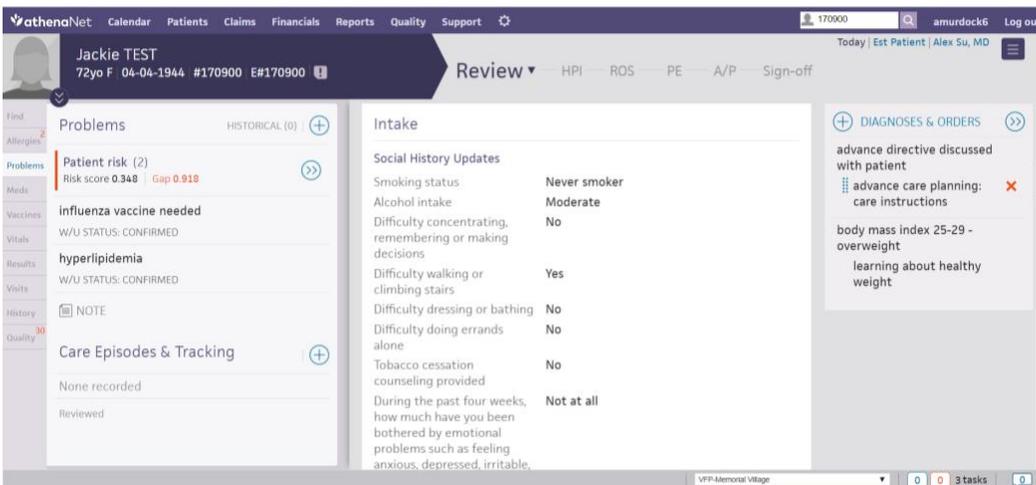
1. In the **Clinician** view of the schedule, checked-in patients are indicated with an **orange** bar and highlighting in the schedule.
2. Click the patient's name in the schedule or in the **Clinical Inbox** list of encounters. Notice that the patient was prepped for the AWV visit by an MA.



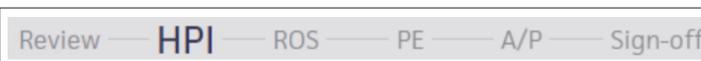
3. Click **Exam** to continue the exam workflow as normal.



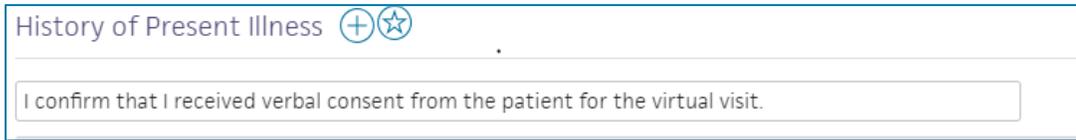
4. Start the virtual call with the patient via the **virtual visit platform** portal.
5. Complete the **Review** step in the **Exam Stage**. First review all the information in the **Review** section and confirm answers as needed, taking note of the *Social History* information, which is all of the **HRA** form and the **Screening** section for the **Depression Screening and Fall Risk**.



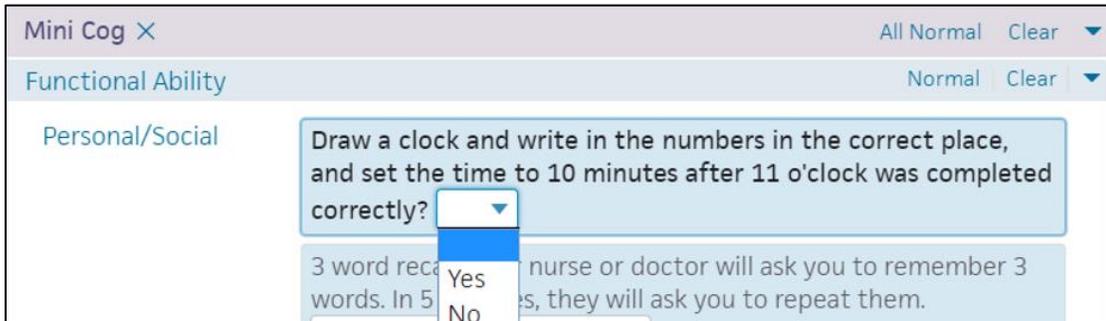
6. Click the **Next** button to proceed to the **HPI** step. The **History of Present Illness** section appears in the center pane, and the **Exam stage navigation bar** changes to highlight **HPI**.



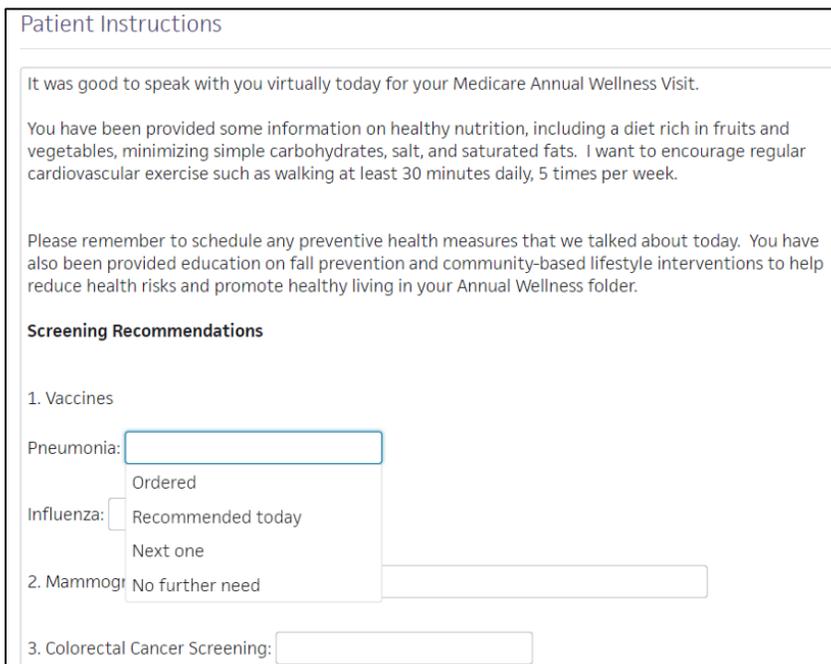
- In this section, confirm verbal consent was captured by the MA as part of the pre-visit process.



- Ask the patient to show the clock the MA had asked them to draw and select *yes/no* in the **Mini Cog** section if the patient completed the clock correctly.



- Complete the **Action Plan** for the patient in the **Assessment and Plan (A/P)** section.



- Sign-off on the *AWV diagnoses and orders*.
- Before ending the call, inform the patient that they will receive information from the visit through their portal. If they do not have a portal, the material will be mailed to them.

How to Close a Virtual AWV

Providers

1. Providers can complete the billing for the encounter using the **Billing** tab in the **Sign-off** stage on the right side of the screen.
2. Complete the **Services** section and select the appropriate *E&M Procedure Code*, if appropriate and *AWV Procedure Code* (G0438 for the Initial Visit and G0439 for a Subsequent Visit).



| Procedure Code | Code Description | Modifiers (Non Fee-Affecting) | Units | ICD-10 Codes | Bill? |
|--|-------------------|-------------------------------|----------------------|-------------------------|--------------------------|
| EBM [Redacted] <input type="text"/> | | <input type="text"/> | <input type="text"/> | Z7189 Z1331 R4589 | <input type="checkbox"/> |
| Procedures AWV 0438/0439/IPPE-0402 [Redacted] <input type="text"/> | | <input type="text"/> | <input type="text"/> | | <input type="checkbox"/> |
| HOLD CODE: TELE TELE <input type="text"/> | TELEMED STOP HOLD | <input type="text"/> | <input type="text"/> | | <input type="checkbox"/> |

After completing the review, click **Save & Mark Reviewed** on the **Billing** tab (the **Billing Tab Review Complete** option is automatically selected), so billing staff knows the provider has approved the “electronic billing slip.”

Billing Department

3. Once the services have been saved and marked as reviewed, the “TELE” Procedure Code must be marked as *Non-Billable*.

| Procedure Code | Code Description | Modifiers (Non Fee-Affecting) | Units | ICD-10 Codes | Bill? |
|-----------------------------------|------------------------------|-------------------------------|----------------------|----------------------|-------------------------------------|
| E&M 99213 <input type="text"/> | OFFICE/OUTPATIENT VISIT, EST | <input type="text"/> | <input type="text"/> | I129 E039 N183 | <input checked="" type="checkbox"/> |
| TELE <input type="text"/> | TELEMED STOP HOLD | <input type="text"/> | <input type="text"/> | I129 E039 N183 | <input type="checkbox"/> |

4. Click the **Save & Enter Charges** button.

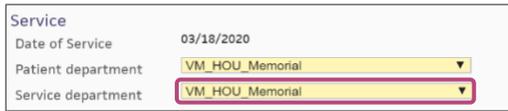
Notes

Provider Review

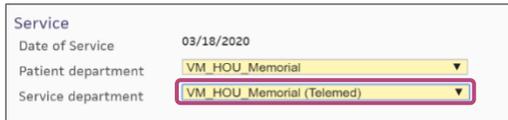
Billing Tab Review Complete (dbroussard2, 03/18/2020 12:55 PM)

Done with Checkout Save **Save & Enter Charges**

5. Change the *Service Department* to the corresponding *Telemed* department.

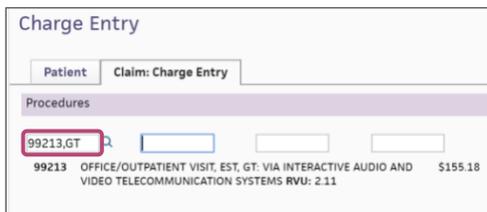


Service
Date of Service 03/18/2020
Patient department VM_HOU_Memorial
Service department VM_HOU_Memorial



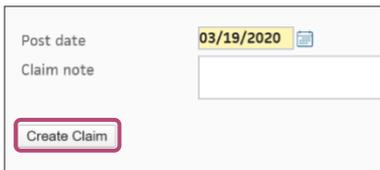
Service
Date of Service 03/18/2020
Patient department VM_HOU_Memorial
Service department VM_HOU_Memorial (Telemed)

6. Append the appropriate modifier to the procedure code, depending on the payer.



Charge Entry
Patient Claim: Charge Entry
Procedures
99213.GT
99213 OFFICE/OUTPATIENT VISIT, EST. GT: VIA INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATION SYSTEMS RVU: 2.11 \$155.18

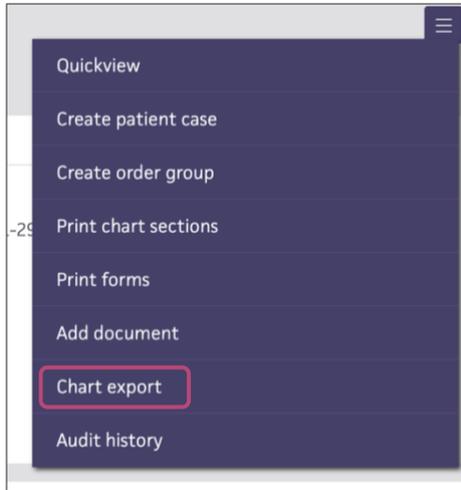
7. Click the **Create Claim** button.



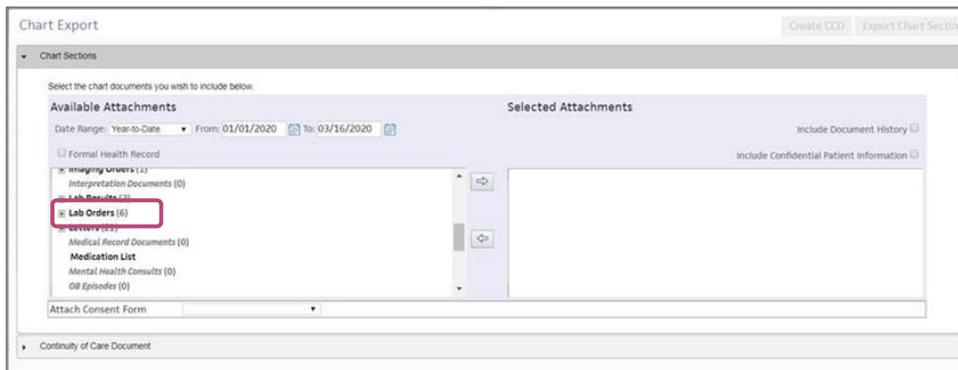
Post date 03/19/2020
Claim note
Create Claim

How to Order Labs and Imaging Diagnostic Tests

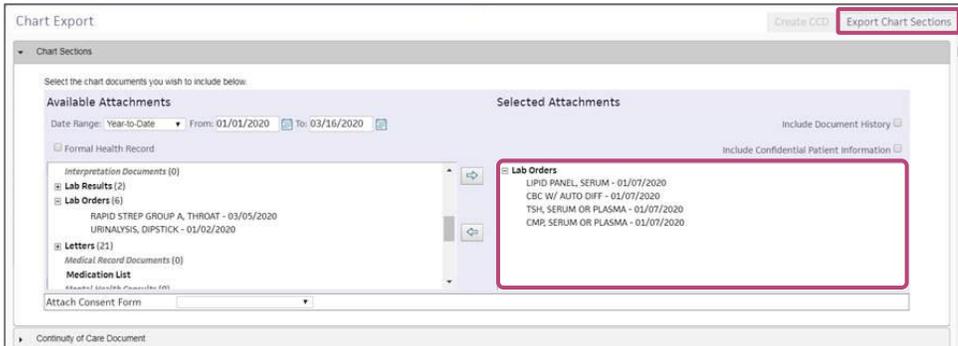
1. Click the **Menu** ☰ icon in the top right corner of the screen.
2. Go to **Chart Export**.



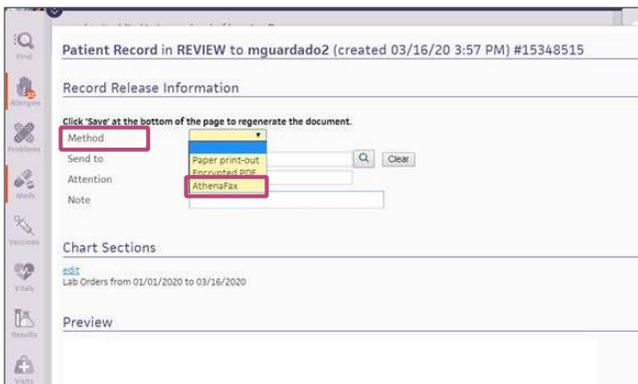
3. The following **Chart Export** prompt will appear. Click the **Plus Sign** ⊕ icon next to **Lab Orders** and/or **Imaging Orders**. Select which lab orders and/or imaging orders you want to fax. Double-click to move the order to the right side.



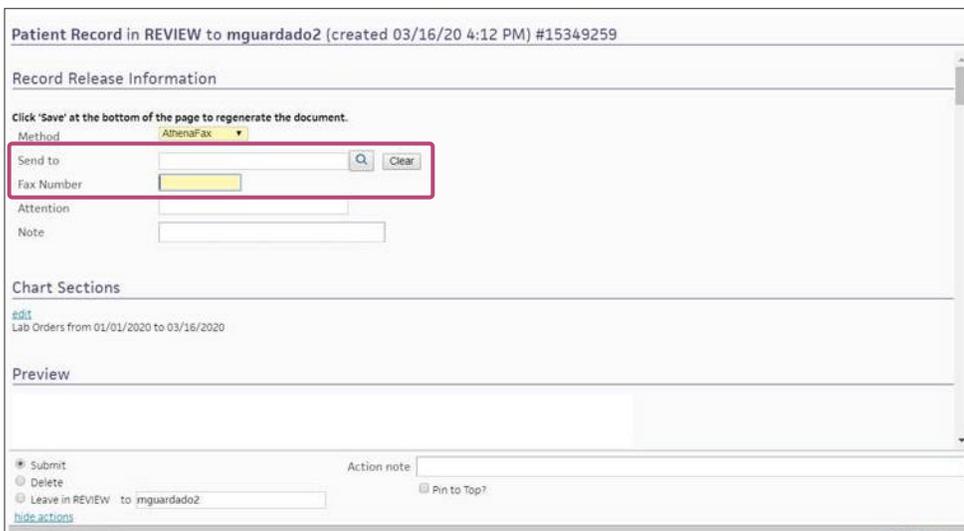
- Once you have all orders that need to be faxed, click on **Export Chart Sections** in the top right corner.



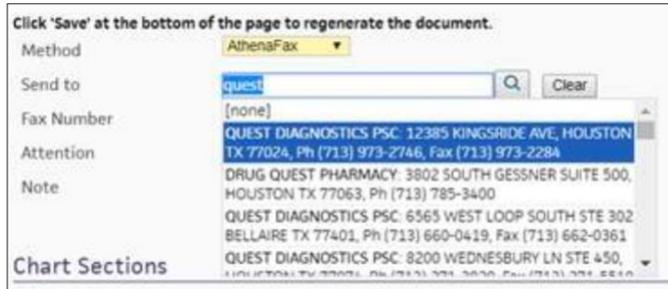
- Select *AthenaFax* in the **Method** dropdown on the page that displays.



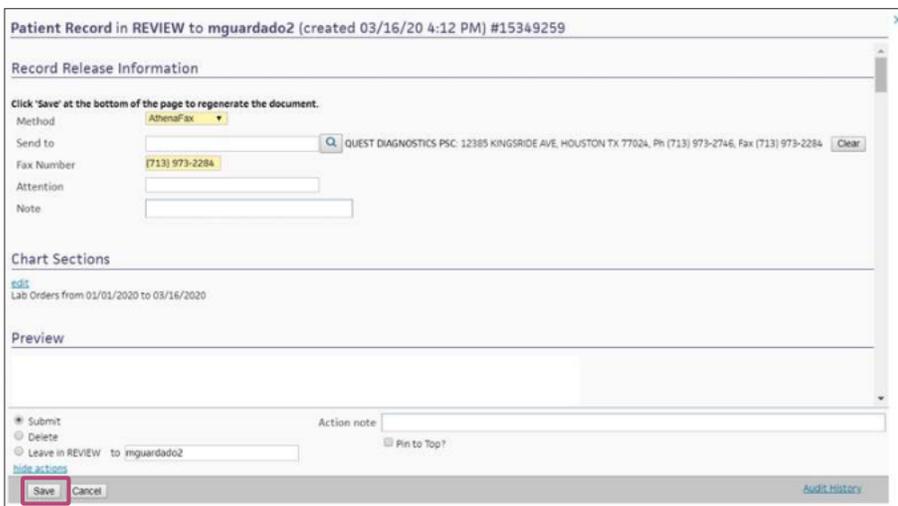
- You can either enter a fax number in the **Fax Number** section or search for a recipient in the **Send to** section.



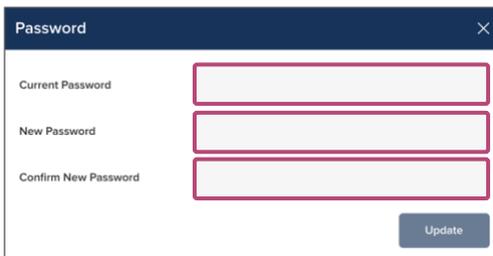
- When searching via **Send to**, type your search terms in the **text box**. Then scroll through the results to find the desired recipient and click on the name.



7. Once the recipient is entered correctly, click **Save** at the bottom of the screen.



8. 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.



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



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 |
|---|---|--|
| <i>Transitional Care Management Team</i> | | |
| 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 |
| <i>Rooming Patient: All tasks completed by Medical Assistant (MA)</i> | | |
| 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 |
| <i>Provider Visit: All tasks completed by PCP</i> | | |
| 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 |
| <i>Logistical Differences</i> | | |
| 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 a Patient for a Virtual TCM Visit

This process can occur telephonically (if conducted by an MA) or as part the virtual visit (if conducted by a provider).

Telephonic Preparation

If it is conducted telephonically, the call should occur any time *after* it has been scheduled on the provider's calendar, and *before* the scheduled TCM appointment time. It can happen days prior to the scheduled appointment, as a pre-visit planning activity.

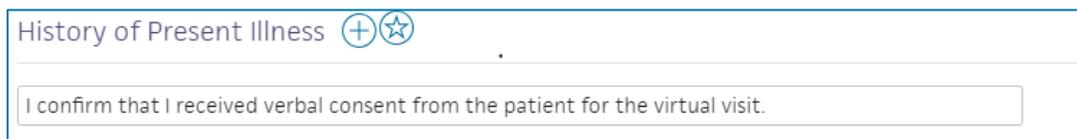
1. If MA is doing the pre-visit prep a day or two before the scheduled visit, MA will have to use the **Exam Prep** functionality in Athena. Before calling patient, open scheduled patient appointment and use the Exam Prep function to prepare patient's chart for a TCM visit. **Note:** the chart view will not look like the Nurse In-Take view and instead will look more like the Provider exam view. The screenshots below provide an example of this view.

If MA is doing pre-visit prep the day of the visit, they can check-in patient and click on "Go to In-Take" and follow process.

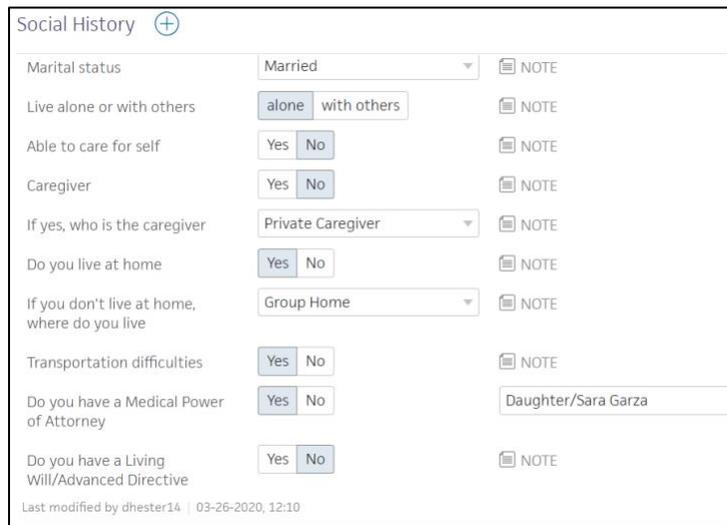
2. Before calling patient, in Reason for Visit, type and select **TELE-AWV Annual Wellness Visit**



3. Call the patient, introduce yourself and review purpose of the call
4. Confirm patient identity (name and DOB)
5. Secure **verbal consent** for the telephonic and virtual visit from patient. This will be automatically documented in the HPI section.



6. Follow general rooming guidelines, review and confirm the following with the patient:
 - a. Patient Preferences – cell phone and email, care team, and pharmacy
 - b. Allergies
 - c. Medications – a thorough medication review so Provider can reconcile with discharge medications; make changes and tee up orders as necessary
 - d. Vaccines
 - e. Social History – specifically questions around marital status, family/care giver support, etc.

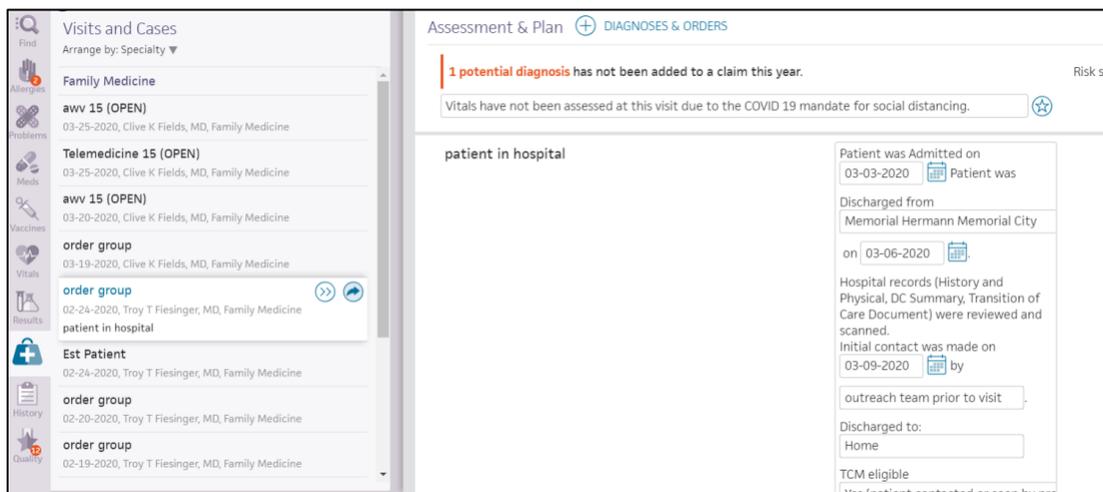


Social History (+)

| | | |
|--|-------------------|---------------------|
| Marital status | Married | NOTE |
| Live alone or with others | alone with others | NOTE |
| Able to care for self | Yes No | NOTE |
| Caregiver | Yes No | NOTE |
| If yes, who is the caregiver | Private Caregiver | NOTE |
| Do you live at home | Yes No | NOTE |
| If you don't live at home, where do you live | Group Home | NOTE |
| Transportation difficulties | Yes No | NOTE |
| Do you have a Medical Power of Attorney | Yes No | Daughter/Sara Garza |
| Do you have a Living Will/Advanced Directive | Yes No | NOTE |

Last modified by dhester14 | 03-26-2020, 12:10

7. If the TCM team received a notification of the patient's discharge, the *patient in hospital* order group will be completed on behalf of the provider with details pertaining to the discharge. This information is required for a TCM visit. Push over this order group into the Assessment and Plan section for physician to review with patient.



Visits and Cases

Assessment & Plan (+) DIAGNOSES & ORDERS

1 potential diagnosis has not been added to a claim this year. Risk score

Vitals have not been assessed at this visit due to the COVID 19 mandate for social distancing.

patient in hospital

Patient was Admitted on 03-03-2020 Patient was

Discharged from Memorial Hermann Memorial City on 03-06-2020

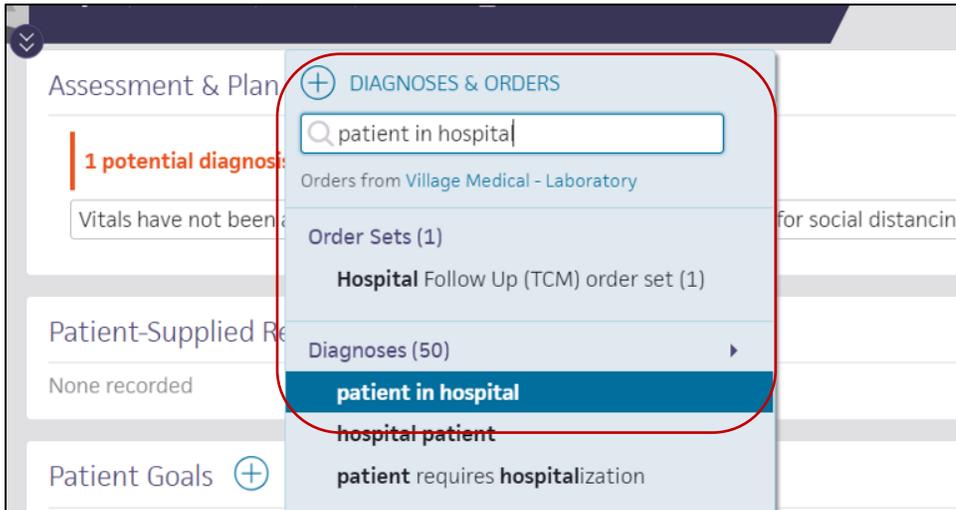
Hospital records (History and Physical, DC Summary, Transition of Care Document) were reviewed and scanned.

Initial contact was made on 03-09-2020 by outreach team prior to visit

Discharged to: Home

TCM eligible Yes (patient contacted or seen by nurse)

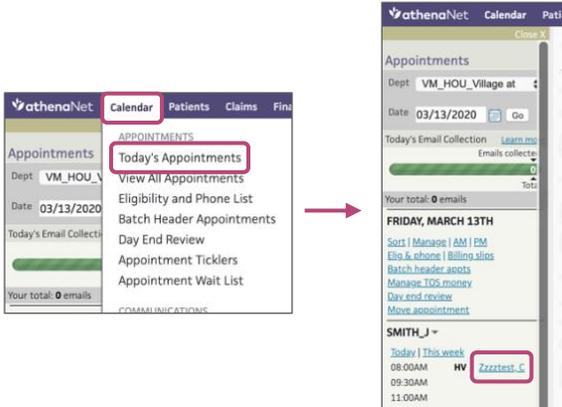
8. If you do not see a completed *patient in hospital* order group, it is because the TCM team did not receive a discharge notification. In this case, while this visit may not be eligible for TCM billing, please continue with preparing the patient to see the Provider. Manually pull in the *patient in hospital* order group with the diagnosis and orders plus sign for Provider to complete with patient during the visit.



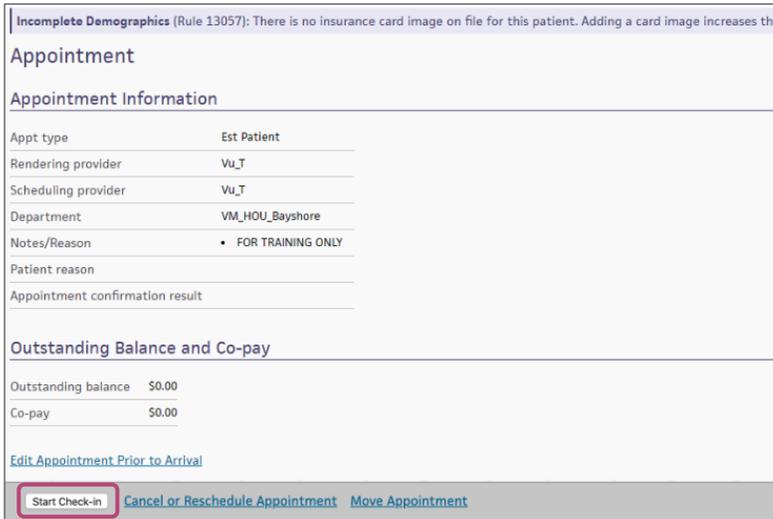
How to Check-In a Virtual TCM

The MA will check-in the patient upon completion of the preparation phase.

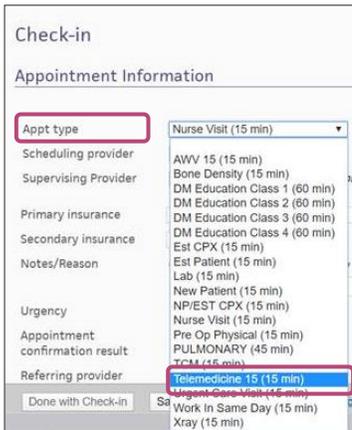
1. Click **Today's Appointments** from the **Calendar** dropdown. Then click the **Patient's Name** within the appointment list.



2. Click Start Check-in.



- In the **Appt type** dropdown, select *Telemedicine 15*.



Check-in

Appointment Information

Appt type: Nurse Visit (15 min)

Scheduling provider: AWW 15 (15 min)

Supervising Provider: Bone Density (15 min)

Primary insurance: DM Education Class 1 (60 min)

Secondary insurance: DM Education Class 2 (60 min)

Notes/Reason: DM Education Class 3 (60 min)

Urgency: DM Education Class 4 (60 min)

Appointment confirmation result: Est CPX (15 min)

Referring provider: Est Patient (15 min)

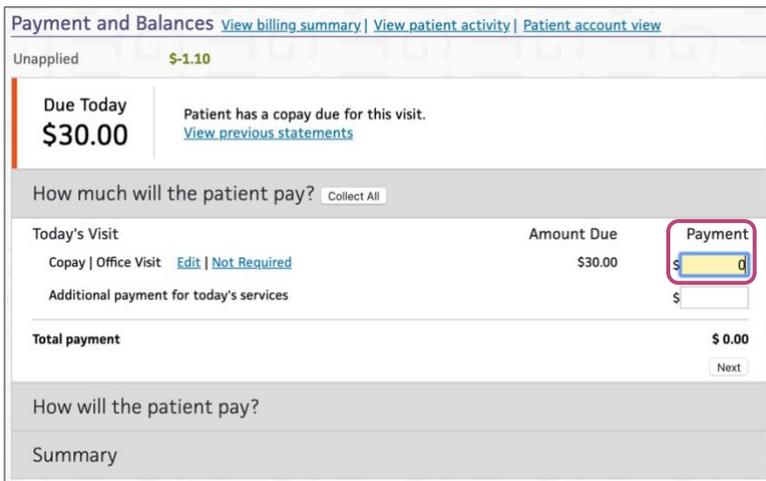
Done with Check-in: Lab (15 min)

Work In Same Day (15 min)

Xray (15 min)

*If **Appt type** is already selected as *Telemedicine 15 (15 min)*, move on to the next step.

- In the **Payment and Balances** section, enter 0 in the **Payment** field for the *Copay*.



Payment and Balances [View billing summary](#) | [View patient activity](#) | [Patient account view](#)

Unapplied **\$-1.10**

Due Today **\$30.00**

Patient has a copay due for this visit. [View previous statements](#)

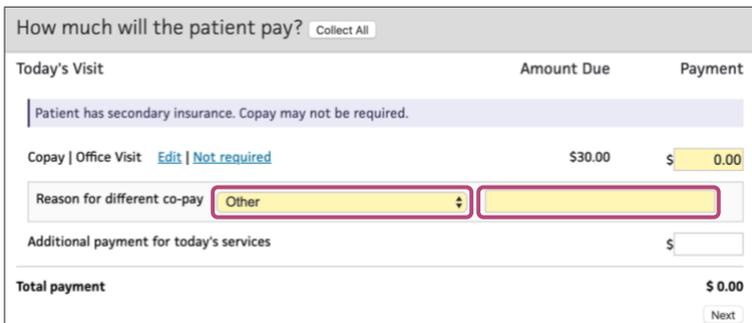
How much will the patient pay? [Collect All](#)

| Today's Visit | Amount Due | Payment |
|--|------------|----------------|
| Copay Office Visit Edit Not Required | \$30.00 | \$ 0.00 |
| Additional payment for today's services | | \$ |
| Total payment | | \$ 0.00 |

How will the patient pay?

Summary

- If prompted, select *Other* from the **Reason for different co-pay** dropdown. Enter *Other* in the text field that displays.

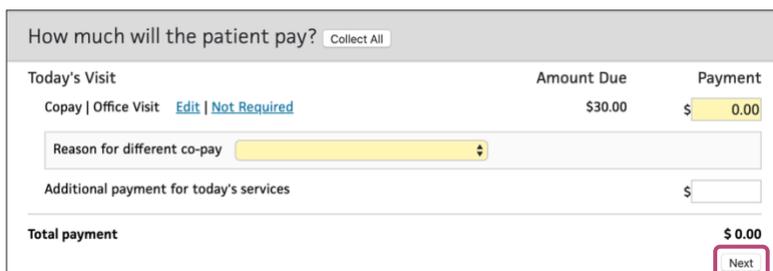


How much will the patient pay? [Collect All](#)

| Today's Visit | Amount Due | Payment |
|--|------------|----------------|
| Patient has secondary insurance. Copay may not be required. | | |
| Copay Office Visit Edit Not required | \$30.00 | \$ 0.00 |
| Reason for different co-pay: Other | | |
| Additional payment for today's services | | \$ |
| Total payment | | \$ 0.00 |

Next

6. Click **Next**.



| How much will the patient pay? Collect All | | |
|--|------------|-------------------------|
| Today's Visit | Amount Due | Payment |
| Copay Office Visit Edit Not Required | \$30.00 | \$ 0.00 |
| Reason for different co-pay <input type="text"/> | | |
| Additional payment for today's services | | \$ <input type="text"/> |
| Total payment | | \$ 0.00 |

[Next](#)

7. Click **Done with Check-in** at the bottom of the screen.



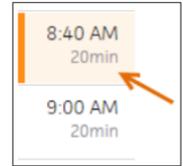
[Done with Check-in](#) [Save](#) [Cancel Check-in](#)

8. Send **Athena Text** to provider, indicating that the patient has been checked-in.

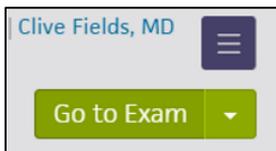
How to Start a Virtual TCM

This section covers how the virtual AWV is completed by the Provider.

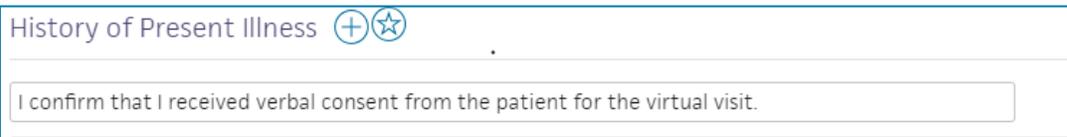
1. In the *Clinician* view of the schedule, checked-in patients are indicated with an **orange** bar and highlighting in the schedule.
2. Click the patient's name in the schedule or in the **Clinical Inbox** list of encounters. Notice patient was prepped for AWV visit by MA.



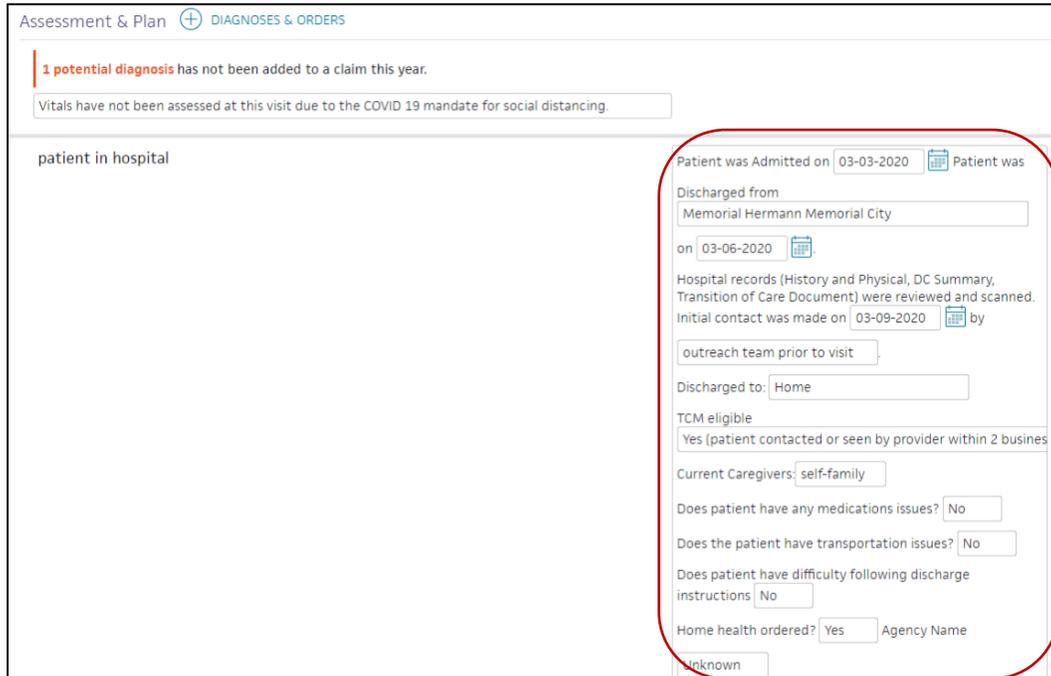
3. Click **Exam** to continue the exam workflow as normal.



4. Start virtual call with patient via virtual health platform
5. Verbal consent was captured by MA as part of the pre-visit intake process. The below statement will appear in the HPI automatically.



6. Review and complete information in the patient in hospital order group in HPI



Assessment & Plan + DIAGNOSES & ORDERS

1 potential diagnosis has not been added to a claim this year.

Vitals have not been assessed at this visit due to the COVID 19 mandate for social distancing.

patient in hospital

Patient was Admitted on 03-03-2020 Patient was Discharged from Memorial Hermann Memorial City on 03-06-2020

Hospital records (History and Physical, DC Summary, Transition of Care Document) were reviewed and scanned. Initial contact was made on 03-09-2020 by outreach team prior to visit

Discharged to: Home

TCM eligible Yes (patient contacted or seen by provider within 2 business days)

Current Caregivers: self-family

Does patient have any medications issues? No

Does the patient have transportation issues? No

Does patient have difficulty following discharge instructions? No

Home health ordered? Yes Agency Name Unknown

7. Complete a thorough medication reconciliation with discharge meds in the discharge summary and existing medications noted in the chart. Take advantage of this virtual visit to ask patient to show you their complete medication regimen – a virtual “brown bag” session.

8. Complete A/P for each discharge diagnosis



| | |
|--|------------|
| chronic obstructive lung disease J44.9 Chronic obstructive pulmonary disease, unspecified | Assessment |
| congestive heart failure I50.9 Heart failure, unspecified | Assessment |

9. Sign-off on diagnoses and orders

10. Before ending call, inform patient that they will receive information from the visit through their portal. If they do not have a portal, the material will be mailed to them.

How to Close a Virtual TCM

Providers

1. Providers can complete the billing for the encounter using the **Billing** tab in the *Sign-off* stage on the right side of the screen.
2. Complete the **Services** section. In the *E&M Procedure Code* section, type TCM and choose appropriate code based on complexity and days from discharge.



| Billing | | |
|--|--|-------------------------------|
| Services | | |
| Procedure Code | Code Description | Modifiers (Non Fee-Affecting) |
| E&M | | |
| <input type="text" value="tcm"/> | | <input type="checkbox"/> |
| [none] | | <input type="checkbox"/> |
| 99495 - - MODERATE COMPLEXITY TCM VISIT (MODERATE COMPLEXITY DECISION MAKING SEEN WITHIN 14 DAYS OF DISCHARGE OR HIGH COMPLEXITY DECISION MAKING SEEN 8-14 DAYS AFTER DISCHARGE) | | |
| Procet | | |
| HOL | | |
| 99496 - HIGH COMPLEXITY TCM VISIT (HIGH COMPLEXITY DECISION MAKING, SEEN WITHIN 7 DAYS OF DISCHARGE) | TELEMED STOP HOLD ⓘ | <input type="checkbox"/> |
| ⚠ Missing Diagnosis | | |
| Q A Medication Review was completed today 1159F/1160F | | |
| <input type="text" value="1159F"/> | MEDICATION LIST DOCD ⓘ | <input type="checkbox"/> |
| ⚠ Missing Diagnosis | | |
| <input type="text" value="1160F"/> | REVIEW OF ALL MEDICATIONS BY A PRESCRIBING PRACTITIONER OR CLINICAL PHARMACIST (SUCH AS, PRESCRIPTIONS, OTCS, HERBAL THERAPIES AND SUPPLEMENTS) DOCUMENTED IN THE MEDICAL RECORD (COA) ⓘ | <input type="checkbox"/> |
| ⚠ Missing Diagnosis | | |
| Q Medications obtained, updated, or reviewed G8427 | | |
| <input type="text" value="G8427"/> | OBTAINED, UPDATED, OR REVIEWED THE PATIENT'S CURRENT MEDICATIONS ⓘ | <input type="checkbox"/> |
| ⚠ Missing Diagnosis | | |
| Q5 Medication Reconciliation Post Discharge 1111F | | |
| <input type="text" value="1111F"/> | DSCHRG MED RECONCILED W CURRENT MED LIST IN MED RECORD ⓘ | <input type="checkbox"/> |
| ⚠ Missing Diagnosis | | |
| Miscellaneous | | |

After completing the review, the click **Save & Mark Reviewed** on the **Billing** tab (the **Billing Tab Review Complete** option is automatically selected), so that billing staff knows that the provider has approved the "electronic billing slip."

Billing Department

1. Once the services have been saved and marked as reviewed, the 'TELE' Procedure Code must be marked as *Non-Billable*.

| Procedure Code | Code Description | Modifiers (Non Fee-Affecting) | Units | ICD-10 Codes | Bill? |
|----------------|------------------------------|-------------------------------|-------|----------------------|-------------------------------------|
| 99213 | OFFICE/OUTPATIENT VISIT, EST | | | I129 E039 N183 | <input checked="" type="checkbox"/> |
| TELE | TELEMED STOP HOLD | | | I129 E039 N183 | <input type="checkbox"/> |

2. Click the Save & Enter Charges button.

3. Change the *Service Department* to the corresponding *Telemed* department.

Service
Date of Service: 03/18/2020
Patient department: VM_HOU_Memorial
Service department: VM_HOU_Memorial

Service
Date of Service: 03/18/2020
Patient department: VM_HOU_Memorial
Service department: VM_HOU_Memorial (Telemed)

4. Append the appropriate modifier to the procedure code, dependent upon the payer.

Charge Entry
Patient | Claim: Charge Entry

Procedures
99213.GT
99213 OFFICE/OUTPATIENT VISIT, EST, GT: VIA INTERACTIVE AUDIO AND VIDEO TELECOMMUNICATION SYSTEMS RVU: 2.11 \$155.18

5. Click the **Create Claim** button.

| | |
|---|--|
| Post date | 03/19/2020  |
| Claim note | <input type="text"/> |
| <input type="button" value="Create Claim"/> | |