2020

VIRTUAL VISITS RESOURCE GUIDE: ATHENA

RESOURCES FOR VIRTUAL VISITS ON ATHENA VILLAGE MEDICAL



Page 1 / 65 Updated 7/23/2020

Proprietary and Confidential

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.



Cor	$^{+}$	ntc
U.UI	пе	IIIS.

VIRTUAL VISITS – FAQ	5
VIRTUAL VISIT PLATFORM RESOURCES	8
How to Send a Virtual Visit Invite	8
How to Start a Virtual Care Visit	10
How to Change Your Virtual Visit Platform Password	12
Provider Tips	14
Picture-in-Picture Mode	14
Troubleshooting Audio/Video Issues	14
Discourage Multitasking	15
Other Tips for a Successful Virtual Visit	16
ATHENA RESOURCES	17
Virtual Visits	19
How to Schedule a New Virtual Visit	19
How to Check In a Virtual Visit	22
How to Start a Virtual Exam	25
How to Close a Virtual Visit	26
How to Order Labs and Imaging Diagnostic Tests	28
Virtual Annual Wellness Visits (AWVs)	32
Differences Between In-Person AWVs and Virtual AWVs	32
How to Schedule a New Virtual AWV	33
How to Prepare a Patient for a Virtual AWV	36
How to Check In a Virtual AWV	43
How to Start a Virtual AWV	46
How to Close a Virtual AWV	48
How to Order Labs and Imaging Diagnostic Tests	50
Virtual Transitional Care Management Visits	54
Virtual Visits: How they impact the TCM Process	54
How to Prepare a Patient for a Virtual TCM Visit	55
How to Check-In a Virtual TCM	58
How to Start a Virtual TCM	61



How to Close a Virtual TCM63



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



Proprietary and Confidential

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.

Village Medical										
Sign In										
Email	8 Login with Google									
Password	f Login with Facebook									
Remember me on this computer										
Sign In										
Forgot Password?										

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.

$\ensuremath{\mathbb{Q}}$ Invite via Text Message	×
Patient phone number	
■ (201) 555-0123	
Location	
https://vmd.doxy.me/jsmith	~



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.

TIENT QUEUE	Walson D. Could	1.1	
Albert Eins 8m	To invite someone to your waiting room,	[]]! share this link:	
Ann Preston /jsmith 3m		_	
ACCOUNT	https://vmd.doxy.me/	Сору	Invite via 🗸



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.

V	Village Medical
PATIE	NT QUEUE
Noc	one has checked in yet
ACCO	UNT
5	Your Dashboard
¢₀	Edit Waiting Room
ţţţ	Account Settings
10	Meeting History
٩	Help Center
E-	Logout

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

Village Medical	← Back to Dash	board			
No one has checked in yet	Settings	Notifications	Sharing	Extensions	
 Nour Dashboard ♣^o Edit Walting Room 	Personal Ir Change your	1fo personal information			Expand
Account Settings Meeting History Helo Center	Login Crec Change emai	dentials I, password or linked Ic	ogin		Expand

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

Settings	Notifications	Sharing	Extensions
Personal II Change your	n fo personal information		Expand
Login Crec Change emai	lentials I, password or linked lo	gin	Close
Email	jsi Cl	mith@villagemd.co nange	iom
Password	Ċ	nange	
Google		8 Connect t	to Google
Facebook		f Connect to	Facebook



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.

Password	×
Current Password	
New Password	
Confirm New Password	
	Update

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

Confirm New Password	
	lpdate



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 C** icon.





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

Call setting	S		×
Camera	FaceTime HD Camera (Built-in)	~	
Microphone	Default - MacBook Pro Microph	~	Ļ
Speakers	Default - External Headphones	~	
Video Quality	Low definition	~	
Troubleshoot	Restart call to sync video		

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. <u>A virtual E/M visit</u>
- 2. <u>A virtual Annual Wellness Visit (AWV)</u>
- 3. A virtual Transitional Care Management Visit (TCM)



VIRTUAL VISITS



Proprietary and Confidential

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**.

∜athena Net (Calendar	Patients	Claims	Financials	Reports	Quality	Apps	Support	¢						2 ZZZTEST	Q
Find a Pati	ient •	ZZZTES	т													
L						(+)	Add fil	ter F	ind							
13 results found																
Last name	First na	ime		MI D	ов	ID	ss	in .	Current	Department		Actions	Oustomize			
ZZZTEST	Child			0	/20/1983	498717			VM_HO	U_East Pearland	(WAG)	CPI View	Quickview Ch	art Patient Case	Add Document	t Schedule

2. From the Scheduling dropdown, select Schedule Appointment.

VathenaNet Ca	lendar Patients	Claims Fi	nancials	Reports	Quality	Apps	Support	¢
Child 36yo F	ZZZTEST 07-20-1983 #49	98717 E#181	1011 <mark>!</mark>					
Registration •	Messaging •	Scheduling	g 🔻	Billing 🔻	Clinica	ls ▼	Commu	nicator
Incomplete Demogr	aphics (Rule 1305	Schedule Ap	pointme	nt	n file	for thi	s patient. A	Adding a
Quickview		Create Walk-	in Appoi	ntment Tickler				
Provider group	#498717 - Villa	View Patient	: Appoint	ments		De	fault Chart Sha	aring Grou
Also registered in	#181011 - Villa #228877 - Villa	Appointmen	t Tickler	History		De	fault Chart Sha	aring Grou aring Grou
	#774263 - Villa	Add to Appo	intment	Wait List	ickvie	ew De	fault Chart Sha	aring Grou
Patient notes	Patient assess	ed for COVID	19 durin	g phone ca	II,			

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.

♥athenaNet Calendar Patients Claims	Financials Reports Quality Apps	Support 🗘
36y0 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	S M T W T F S	S M T W T F S
1 2 3 4 5 6 7		



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

- 4. 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.

зьуо н 07-20-	1983 #498717 E#181011 <mark></mark>			
Village Medical - Walgreen	s 🔶			
from- \$to- \$any a	appointment type-	J_East Pearland (WAG) \$ Smith_J_WAG	\$	
March 2020	April 2020	May 2020	June 2020	
S M T W T F 1 2 3 4 5 8 9 10 11 12 15 16 17 18 12 22 23 24 5 26 7 29 30 31	S S M T W T F S 6 7 1 2 3 1 2 3 1 2 3 1 1 2 3 1 1 2 3 1 1 5 6 7 8 9 10 1 <td>S M T W T F S 4 3 4 5 6 7 8 9 10 11 12 13 14 15 16 10 11 12 13 14 15 16 255 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31</td> <td>S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30</td> <td>slots available booked Multi-Resource</td>	S M T W T F S 4 3 4 5 6 7 8 9 10 11 12 13 14 15 16 10 11 12 13 14 15 16 255 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	slots available booked Multi-Resource
Unscheduled Appoir <u>Tickler by 09/30/201</u>	9 with Jones T WAG			
<< Previous Available	< Previous Day (03/19)	Friday, March 20th 2020 is 4 days from today	<u>Next Day (03/21) ></u>	<u>Next Available >></u>
		03/20/2020Smith_J_WAG VM_HOU_East Pearland (WAG)		
		08:00 AM		
		Est Patient		
		08:00 AM (15min)		

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





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

<	< 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			

- 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.

Authonzation	Ţ
Patient's condition related to	EmploymentYesNoAuto accidentYesNoOther accidentYesNoAnother party responsibleYesNo
Referring provider	▷ <u>Choose/view</u>
Recurrence type	None 💠
Medicare authorization Enter '' for lookup	Expected procedure codes Expected diagnosis codes
	Check
	Schedule Appointment(s)



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.

Incomplete Demographics (Rule 1	3057): There is no insura	ance card image on file for this patient. Adding a card image increases the
Appointment		
Appointment Information	n	
Appointemente information		
Appt type	Est Patient	
Rendering provider	Vu_T	
Scheduling provider	Vu_T	
Department	VM_HOU_Bayshore	
Notes/Reason	FOR TRAINING ONLY	
Patient reason		
Appointment confirmation result		
Outstanding Balance and	Со-рау	
Outstanding balance \$0.00		
Co-pay \$0.00		
Edit Appointment Prior to Arrival		
Start Check-in Cancel or Resc	hedule Appointment	Move Appointment



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

	imation
Appt type	Nurse Visit (15 min)
Scheduling provider	AWV/ 15 (15 min)
Supervising Provider	Bone Density (15 min) DM Education Class 1 (60 min)
Primary insurance	DM Education Class 2 (60 min) DM Education Class 3 (60 min)
Secondary insurance	DM Education Class 4 (60 min)
Notes/Reason	Est Patient (15 min) Lab (15 min) New Patient (15 min)
Jrgency	NP/EST CPX (15 min)
Appointment confirmation result	Pre Op Physical (15 min) PULMONARY (45 min)
Deferring provider	TCM (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*.

applied	\$-1.10		
Due Today \$30.00	Patient has a copay due for this visit. <u>View previous statements</u>		
How much wi	II the patient pay? Collect All		
Today's Visit		Amount Due	Payment
Copay Office Vis	it Edit Not Required	\$30.00	s o
Additional payme	ent for today's services		s
Total payment			\$ 0.00
			Next
How will the	patient pay?		
-			

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.

How much will the patient pay? Collect All			
Today's Visit	Amount	Due	Paymer
Copay Office Visit Edit Not Required	s	30.00	\$ 0.0
Reason for different co-pay	\$		
Additional payment for today's services			\$
Total payment			\$ 0.0

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



- 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.

Review — HPI — RC	S PE	A/P	Sign-off
-------------------	------	-----	----------

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 <u>must</u> 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.

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 (m	oderate)			
Services			Appl	y all ICD-10 codes to all
Procedure Code	Code Description	Modifiers (Non Fee-Affecting)	Units	ICD-10 Codes
E&M				
99213	OFFICE/OUTPATIENT VISIT, EST	_ ⊗ ⊕		1129 🛞
				E039 🛞
				N183 🛞 🕀

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

Cheo	tient Claim: Billing				(checked in by
E 3. Chr	103.9: Hypothyroidism, unspecified ronic kidney disease stage 3 - stable 418.3: Chronic kidney disease, stage 3 (mod	erate)			
Serv	ices			Apply	all ICD-10 codes to all
	Procedure Code	Code Description	Modifiers (Non Fee-Affecting)	Units	ICD-10 Codes
E&M					
	99213	OFFICE/OUTPATIENT VISIT, EST	 ③ ④ 		1129 ⊗ E039 ⊗ N183 ⊗ ⊕
	TELE 🛞 🕕	TELEMED STOP HOLD			1129 ⊗ 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

Billing Department

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

Ser	vices					
				Apply	all ICD-10 codes to all services	⊜ <u>Print</u>
	Procedure Code	Code Description	Modifiers (Non Fee-Affecting)	Units	ICD-10 Codes	Bill?
E&/	И					
	99213	OFFICE/OUTPATIENT VISIT, EST $ \mathbb{O} $	⊗ ⊕		1129 & E039 & N183 & +	×
	TELE 🛞 🟵	TELEMED STOP HOLD	⊗ ⊕		129 8 E039 8 N183 8 +	

2. Click the Save & Enter Charges button.

Notes	
Provider Review	olete (dbroussard2, 03/18/2020 12:55 PM
Done with Checkout	ave Save & Enter Charges

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

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

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

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

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** icon 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.

Charl Sections		
Select the chart documents you wish to include below.		
Available Attachments	Selected Attachments	
Date Range: Year-to-Date • From: 01/01/2020 😭 To: 03/16/2020 😭		include Document History
C Formal Health Record		Include Confidential Patient Information
(in interpretation Documents (0)	* 😒	
Lab Orders (6)		
Addical Record Documents (0) Medication List Montal Health Consults (0)	() ()	
OB Episodes (0)		
Attach Consent Form		

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



it export			Export chart se
Charl Sections			
Select the chart documents you wish to include below			
Available Attachments		Selected Attachments	
Date Range: Year-to-Date • From: 01/01/2020 🔯 To: 03/16/2020 🔯			include Document History 🗔
Formal Health Record			Include Confidential Patient Information 🗍
Interpretation Documents (0) III Lab Results (2) Lab Orders (6) INAND STREP GROUP A, THRCAT - 03/05/2020 URINAXES, DIPSTICK - 01/02/2020 III Letters (2) Medical Researd Documents (0) Medication List Manual (Lab Constants (0)	• •	Lib Orden Lip O PANEL SEILM - 01/07/2020 CEC WI AUTO DIF - 01/07/2020 TSN SEILM OR PLASMA - 01/07/2020 CMR SEILM OR PLASMA - 01/07/2020	
Attach Consent Form			

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

Record Release	e Information		
lick 'Save' at the bot	tom of the page to regenerate the	document.	
Method Send to	Paper print-out	Q. Clear	
Attention	Encounted PDE AthenaFax		
Note			
Chart Sections			
dit ab Orders from 01/0:	1/2020 to 03/16/2020		

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

Patient Record	in REVIEW to mguardado2 (created 03/16/20 4:12 PM) #15349259	
Record Releas	Information	Î
Click 'Save' at the bo Method	Albenairax •	
Send to Fax Number	Q Clear	
Attention Note		
Chart Sections	/2020 to 03/16/2020	
Preview		
 Submit Delete Leave in REVIEW hide actions 	Action note Pin to Top?	



• 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.

Method	AthenaFax •			
Send to	quest	Q	Clear	
Fax Number	[none]			
Tun Humber	QUEST DIAGNOSTICS PSC: 1	2385 KINGSRIDE	AVE, HOUSTON	
Attention	TX 77024, Ph (713) 973-274	6, Fax (713) 973-2	284	
Note	DRUG QUEST PHARMACY: 3 HOUSTON TX 77063, Ph (71	802 SOUTH GESSN 3) 785-3400	NER SUITE 500	
	QUEST DIAGNOSTICS PSC: 6 BELLAIRE TX 77401, Ph (713	565 WEST LOOP 5) 660-0419, Fax (7	OUTH STE 302 713) 662-0361	2
	QUEST DIAGNOSTICS PSC: 8	200 WEDNESBUR	Y LN STE 450,	

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

Patient Record	in REVIEW to mguardado2 (cr	eated 03/16/20 4:12 PM) #15349259	
Record Release	e Information		
Click 'Save' at the bot Method Send to Fax Number	tom of the page to regenerate the document AttenaFax • (713) 973-2284	Q OUEST DIAGNOSTICS PSC: 12385 KINGSRIDE AVE, HOUSTON TX 77624, Ph (713) 973-2746, Fax (713) 973-2284	lear
Note			
Chart Sections			
edit Lab Orders from 01/0	1/2020 to 03/16/2020		
Preview			_
Submit		Action note	
 Delete Leave in REVIEW 	to mguardado2	Fin to Top?	
hide actions			

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	x
Current Password	
New Password	
Confirm New Password	
	Update

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

Confirm New Password	•••••	
		Undeto
		Opdate



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.



Proprietary and Confidential

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		
Rooming Patien	t: All tasks completed by Me	edical Assistant (MA)		
Record patient vitals* measured	No vitals taken; only pain	During COVID-19 outbreak, vitals do not		
(Height, Weight, BP, pulse, pain)	scale noted	need to be reported		
Documentation * (pharmacy, allergies,		MA will document vaccines, but not tee up		
problem list, medications, vaccines,	SAME	orders or administer vaccines during		
social history, family history, HRA,	SAIVIE	COVID-19 period		
vaccines)				
Medication Review*	SAME	Pull over meds needed for refill		
Tests*		Mini-Cog: MA will administer 3-word test		
- STEADI (fall risk assessment)	SAME	over phone + give instructions for "clock;"		
- PHQ-9 (depression screening)		provider will review "clock" during virtual		
- Mini-Cog (cognitive impairment)		visit		
Prov	uder Visit: All tasks complete	ed 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;	SAME			
includes Advance Directive				
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	Telehealth code may vary for each		
	code	EMR/market		
	Logistical Differences			
IN-PERSON AWV		VIRTUAL AWV		
Patient checks in at front desk	Patient is checked in virtual virtual visit	ly by Provider via virtual visit platform before		
Patient is roomed by MA in office	Patient is roomed by MA via	a telephone (intake process)		
Patient signs HIPAA forms at check-in	MA documents patient verbal consent for ensuing virtual visit with			
Patient is seen by PCP in office	Patient is seen by PCP virtua	ally using virtual visit platform		
Patient leaves office with Written	AWV documentation is pus	hed via portal or mailed to patient after the		
Action Plan and documentation	virtual visit	and the portar of manea to patient after the		

*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 AWV

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**.

∜athena Net	Calendar	Patients (Claims	Financials	Reports	Quality	Apps	Support	¢							ZZZTEST	Q
Find a Pat	ient •	ZZZTEST															
						+	Add fil	ter F	ind								
13 results found																	
Last name	First nan	ne		MI DO	в	ID	ss	N	Currer	it Department		Actions	Oustom	ize			
ZZZTEST	Child			07,	20/1983	498717			VM_HC	0U_East Pearlar	nd (WAG)	CPI View	Quickview	Chart	Patient Case	Add Document	Schedule

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

∜athena Net	Calendar Patient:	s Claims Fin	ancials Rep	orts Quality	Apps	Support	¢
Chil ^{36yo}	d ZZZTEST F 07-20-1983 #4	98717 E#1810	011 <u>!</u>				
Registration •	Messaging •	Scheduling	Billing	g 🔻 Clinica	als 🔻	Commu	nicator
Incomplete Demo	ographics (Rule 130	5 Schedule App	ointment	n file	e for th	is patient. /	Adding a
Quickview		Create Walk-i	n Appointmer ntment Tickle	nt r			
Provider group	#498717 - Vil	la View Detient			D	efault Chart Sh	aring Group
Also registered in	#181011 - Vil	la view Patient /	Appointment	S	D	efault Chart Sh	aring Group
	#228877 - Vil	la Appointment	Tickler Histo	ry	D	efault Chart Sh	aring Group
	#774263 - Vil	la Add to Appoir	ntment Wait I	ist <mark>ickvi</mark>	ew D	efault Chart Sh	aring Group
Patient notes	Patient asses	sed for COVID 1	9 during pho	ne call,			

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.

♥athenaNet Calendar Patients Cla	ims Financials Reports	Quality Apps Support 🗘
Child ZZZTEST 36yo F 07-20-1983 #49871	/ E#181011 <mark>!</mark>	
Village Medical - Walgreens		
-from- 🛊 -to- 🛊 -any appointment type-	VM_HOU_East Pea	arland (WAG) 💠 -any provider-
March 2020	April 202	20 May 2020
S M T W T F S 1 2 3 4 5 6 7	S M T W T	F S S M T W T F S 3 4 1 2

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



- 4. 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.

	3500 E 07-20-14	W2 #AUV717 6#191011 -				
	30y0 - 07-20-13	<u>92 #436717 E#</u> 161011 <mark>(:</mark>				
Village I	Medical - Walgreens	\$				
-from- \$	-to- 💠 -any ap	pointment type-	HOU_East Pearland (WAG)	Smith_J_WAG	\$	
	March 2020	April 202	D M.	ay 2020	June 2020	
<	S M T W T F 1 2 3 4 5 6 8 9 10 11 12 13 15 16 17 18 15 20 22 23 24 25 26 27 29 30 31	S S M T W T 7 14 5 6 7 8 9 19 12 28 19 20 21 22 23 26 27 28 29 30	F S M T 3 4	W T F S 1 1 2 5 6 7 8 9 2 13 14 15 16 920 21 22 23 6 27 28 29 30	S M T W T F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	slots available booked
Unsch	eduled Appoint ler by 09/30/2019 v	ment Ticklers with Jones T WAG				
<u><< Pr</u>	evious Available	< Previous Day (03/19)	Friday, March 20th 20	020 is 4 days from today	Next Day (03	3/21) > Next Available >>
			03/20/2020Smith_J VM_HOU 08:00 AM	WAG _East Pearland (WAG) ent (15min)		

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





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

<	< 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.

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	None 💠
Medicare authorization Enter '' for lookup	Expected procedure codes Expected diagnosis codes
	Check
	Schedule Appointment(s)

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 <u>before</u> the scheduled AWV appointment time. It can happen days prior to the scheduled appointment, as a pre-visit planning activity.

 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. <u>Note</u>: 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*.

Reason for Visit						
None recorded	Q Tele					
Newly referred pa	All reasons (4)					
NOTE	TELE-AWV Annual Wellness Visit Male					
This appointment	TELE -AWV Annual Wellness Visit Female					
Reason for Visit 🕂 REASON						
TELE-AWV Annual Wellness Visit Male						
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)



5. 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.

History of Present Illness 🕂 😥	
I confirm that I received verbal consent from the patient for the virtual visit.	

- 6. 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.
- 7. 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**.

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	\otimes
Pharmacy	Village Family Pharmacy Primary	
Lab	Village Medical - Laboratory Primary	
Imaging	None recorded	

• Review and confirm *Care Team* and *Pharmacy*. Edit by clicking on the **plus sign**.

8. 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**.

Reason for Visit 🕂 REASON	Next
TELE-AWV Annual Wellness Visit Male	\otimes
\Box Newly referred patient or a patient being referred back (i)	
E NOTE	
This appointment is urgent	



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.

Q.	Go to 🔻				
Find	Family History		Social History (+)		
			Tobacco smoking status 🛈	Former smoker 🔻	Quit smo
	Father		Smoking - how much	None v	🗐 NOTE
roblems	Unknown		Smokeless tobacco status	Never used smokeless tobace	NOTE
600	NOTE		Tobacco-years of use		🗐 NOTE
Meds	Reviewed Discussed		E-cigarette/vape status	Former user of electronic cic 🔻	Quit usin
/accines	Social History		Most recent tobacco use		NOTE
Vitals	Tobacco smoking status: Former smoker 🕕		screening		
TA.	Quit smoking 1994		Chewing tobacco	none v	NOTE
Results	Smokeless tobacco status: Never used smokeless tobacco		Tobacco cessation counseling provided date		🗐 NOTE
Visits	Tobacco-years of use		In general, would you say your health is	Good v	🗐 NOTE
	E-cigarette/vape status: Former user of electronic cigarettes Quit using 2 years ago/2018	•	During the past four weeks, was someone available to help you if you needed and wanted	No not at all	🗐 NOTE

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

Go to 🔻		- ·		
	· ^	Social History	+ TEMPLATES	
Family History	(\pm)	Tabaaaaaaaalia	Mature Pediatric	
Alzheimer's disease		IODACCO SMOKIN	Routine Gyn	
Father		Smoking - how i	General IM	
Unknown		Smokeless toba	OB	
I NOTE		Tabaaaa	Care Management	
Reviewed Discussed		E-cigarette/vap	Meaningful Use - Optional	
Social History	0		Family Medicine	
Social History	0	Most recent tot screening	Internal Medicine	
Tobacco smoking status: Former smoker () Quit smoking 1994		Chewing tobacc	Medical Wellness Visit/IPPE	
Smoking - how much: None			AWV - Health Risk	
Smokeless tobacco status: Never used smokeless	5	Tobacco cessati provided date	Assessment V.2	
tobacco		In general word	Adult Palliative Care	



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.

v-v-v-•-• Review	▼ HPI	ROS	PE	— A/P —	Sign-off
Intake					
Gyn History Updates None recorded					
Screening 🕂					
PHQ-2/PHQ-9 Not scored		re to a	occess	s auestio	nnaire
STEADI Fall Risk Not scored				4	
STEADI Fall Risk Not scored Screening Questionnaires M PHG-2/PHG-9 GAD-7 95C-17 95C-17 95C-17 Vuch SMMS NHI Stroke Scale Svaderbit Parent Svaderbit Parent Svaderbit Parent Svaderbit Parent Svaderbit Rester	CLICK THE CAGE-AD Braden Scale Entry Childhood S Connor 3 Parter Connor 3 Parter MostE Montreal Cognitiv	creening port r re Assessment		Mood Disorder MANA® Mini-Cog AUDIT-C COC LB Screen CCD Lad Screen STEADI fall Risk Vanderbilt Total Syr	nptoms Score
STEADI Fall Risk Not scored Screening Questionnaires PHQ-2/PHQ-9 Adde-7 PS-17 PS-	CLICK THE Braden Sole Early Childhood S Athma Control Connors 3 Partle Connors 3 Partle MMSE Montreal Cognitiv 1 PSS will need to score this questionnain the following problems? Not at all	creening port r e Assessment e again,) Several days	More than	Mood Disorder MNNA® MINI-Cog AUDIT-C COC Lad Screen CCD Lad Screen STRDI Fall Risk Vanderbilt Total Syn SAFE-T	mptoms Score
STEADI Fall Risk Not scored Screening Questionnaires \$\$ PHQ-2/PHQ-9 \$\$ GA-7 \$\$ 95C17 Youth \$\$ UM5 \$\$ UM5 Scale \$\$ UM6mbit Parent \$\$ Uwindmith	CLICK THE CAGE-AD Braden Scale Braden Scale Connors 3 Parent Connors 3 Parent Connors 3 Parent MMSE Connors 3 Parent MMSE MMSTeal Cognitiv FPSS will need fo score this questionnais the following problems? Not at all	creening port r e Assessment several days	More than half the days	Mood Disorder MMN ⁴ Mini-Cog AUDITC CDC TB Screen CDC TB Screen CDC TB Screen STADL THA Risk Vanderbilt Total Syn SAFE-T Nearly every day	mptoms Score

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

History of Present I	Ilness 🕂	€			N
I confirm that I received	l verbal conse	nt from the patient	for the virt	ual visit. yes	
Mini Cog ×				All Normal	Clea
Functional Ability					
Add note					
Reported by Patient	▼				
Opioid Use Assessment	×			All Normal	Clea
Opioid Use Assessment					
Current Use of Opioids	no use of op	pioids (no further qu	uestions req	uired)	
	Morphine	Codeine (Tylenol #3	3/#4) Fent	anyl (Duragesic)	
	Methadone	Tramadol (Ultram	1)		
	Oxycodone	(Oxycontin, Percoce	et) Hydron	norphone (Dilauc	lid)
	Hydrocodor	ne (Vicodin/Norco)	Meperidin	e (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**.

√ - √ - √ - 0	Keview –	HPI	- ROS	PE	— A/P ——	Sign-c	off
confirm that I received	d verbal consent	from the pa	tient for t	he virtual	visit. yes	Ne	ext
Mini Cog $ imes$					All Normal	Clear	•
Functional Ability					Normal	Clear	•
Personal/Social Draw a clock and write in the numbers in the correct place, and set the time to 10 minutes after 11 o'clock was completed correctly?					, and		
	3 word recall: words. In 5 mi	Your nurse on nutes, they	or doctor will ask yo	will ask yo ou to repe	u to rememl at them.	per 3]
Add note	Patient recal Patient recal Patient recal Patient recal	led no word led 1 word led 2 words led 3 words	s				



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	Negative screening	@⊕⊗
learning about depression		×
learning about depression		×
learning about depression		×
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.

		VathenaNet Calendar I Close X
∜athena Net	Calendar Patients Claims Finz	Appointments Dept VM_HOU_Village at : Date 03(13/2020 C
Appointments Dept VM_HOU_X Date 03/13/2020 foday's Email Collection four total: 0 emails	APPOINTMENTS Today's Appointments Eligibility and Phone List Batch Header Appointments Day End Review Appointment Ticklers Appointment Wait List	Today's Email Collection Learning Emails collection Your total: 0 emails FRIDAY, MARCH 13TH Sott (Manage) (Adl (MA Elio 5, chone (Billion Jiles Batch header anots Manage (TOS money Day and review Move acconstruct
		SMITH_J - Today This week 08:00AM HV 09:30AM 11:00AM

2. Click Start Check-in.

Incomplete Demographics (Rule	13057): There is no insur	ance card image on file for this patient. Adding a card image increases the
Appointment		
Appointment Informatio	n	
Appt type	Est Patient	
Rendering provider	Vu_T	
Scheduling provider	Vu_T	
Department	VM_HOU_Bayshore	
Notes/Reason	FOR TRAINING ONLY	
Patient reason		
Appointment confirmation result		
Outstanding Balance and	l Co-pay	
Outstanding balance \$0.00		
Co-pay \$0.00		
Edit Appointment Prior to Arrival		
Start Check-in Cancel or Rese	chedule Appointment	Move Appointment



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

Nurse Visit (15 min)
Nurse visit (15 min)
AWV 15 (15 min)
Bone Density (15 min)
DM Education Class 1 (60 min)
DM Education Class 2 (60 min)
DM Education Class 4 (60 min)
Est CPX (15 min)
Est Patient (15 min)
New Patient (15 min)
NP/EST CPX (15 min)
Nurse Visit (15 min)
Pre Op Physical (15 min)
PULMONARY (45 min)
TCM (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*.

applied	\$-1.10		
Due Today \$30.00	Patient has a copay due for this visit. View previous statements		
How much wi	II the patient pay? Collect All		
Today's Visit		Amount Due	Payment
Copay Office Vis	it Edit Not Required	\$30.00	s 0
Additional payme	nt for today's services		\$
Total payment			\$ 0.0
			Next
How will the p	patient pay?		

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		s
Total payment		\$ 0.00
		Next



6. Click Next.

Today's Visit	Amount Due	Pay	men
Copay Office Visit Edit Not Required	\$30.00	\$	0.00
Reason for different co-pay	\$		
Additional payment for today's services		\$	

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



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.

	6:00 PM Over65 Zzztest awv 15	Over65 Zzztest 02-14-1954 (346) 8	Ready for pro	ovider awv 15
Т	Ready for provider Waiting Room	ИD		

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*.



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



8. 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.

Mini Cog $ imes$			All Normal	Clear	•
Functional Ability			Normal	Clear	•
Personal/Social	Draw a cloc and set the correctly?	k and time T	write in the numbers in the correct place to 10 minutes after 11 o'clock was comp	e, leted	
	3 word reca words. In 5	Yes No	nurse or doctor will ask you to remembe s, they will ask you to repeat them.	er 3	

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

Patient Ins	structions
It was good t	to speak with you virtually today for your Medicare Annual Wellness Visit.
You have bee vegetables, r cardiovascula	en provided some information on healthy nutrition, including a diet rich in fruits and minimizing simple carbohydrates, salt, and saturated fats. I want to encourage regular ar exercise such as walking at least 30 minutes daily, 5 times per week.
Please remer also been pro reduce healt	mber to schedule any preventive health measures that we talked about today. You have ovided education on fall prevention and community-based lifestyle interventions to help ch risks and promote healthy living in your Annual Wellness folder.
Screening Re	ecommendations
1. Vaccines	
Pneumonia:	
Influenza:	Ordered Recommended today Next one
2. Mammogr	No further need
3. Colorectal	Cancer Screening:

- 10. Sign-off on the AWV diagnoses and orders.
- 11. 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.

Billing

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).

Services					
Procedure Code	Code Description	Modifiers (Non Fee-Affecting)	Units	Apply all ICD-10 codes to all services ICD-10 Codes	<mark>⊜Print</mark> Bill?
Missing Procedure Code		$\bigcirc \otimes \oplus$		Z7189 ⊗ Z1331 ⊗ R4589 ⊗ ⊕	
Procedures				Apply all ICD-10 codes	
AWV 0438/0439/IPPE-0402 Missing Procedure Code Missing Diagnosis		◎ ⊕		$\otimes \oplus$	
HOLD CODE: TELE TELE 🛞 🕀 A Missing Diagnosis	TELEMED STOP HOLD			$\bigcirc \otimes \oplus$	

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*.

Serv	ices					
				ARRIX	all ICD-10 codes to all services	ePrint
	Procedure Code	Code Description	Modifiers (Non Fee-Affecting)	Units	ICD-10 Codes	Bill?
E&N	1					
	99213	office/outpatient visit, est $ \mathbb{O} $	◎ ④		129 (8) E039 (8) N183 (8) (+)	8
	TELE 🛞 🏵	TELEMED STOP HOLD $ \mathbb{O} $	◎ ⊕		129 & E039 & N183 & +	

4. Click the Save & Enter Charges button.

	71010
Notes	
Provider Review	
🗹 Billing Tab Review Com	plete (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 Patient department Service department	03/18/2020 VM_HOU_Memorial VM_HOU_Memorial V
	Ļ
Service Date of Service Patient department Service department	03/18/2020 VM_HOU_Memorial V (VM_HOU_Memorial (Telemed) V

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**.

	=
	Quickview
1	Create patient case
	Create order group
29	Print chart sections
	Print forms
	Add document
	Chart export
	Audit history

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.

harf Sections		
Select the chart documents you wish to include below.		
Available Attachments	Selected Attachments	
Date Range: Year-to-Date • From: 01/01/2020 🚮 To: 03/16/2020		Include Document History 🖾
Formal Health Record		Include Confidential Patient Information 🕀
in integration Decoments (0) integration Decoments (0) in tab Beck (2)	* 🔿	
E Lab Orders (6)		
Medical Record Documents (0) Medication List Mental Health Comults (10)	<u><u></u></u>	
OB Episodes (0)	-	
Attach Consent Form •		



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

t Export			Create CCD Export Chart Sect
hart Sections			
Select the chart documents you wish to include below.			
Available Attachments		Selected Attachments	
Date Range: Year-to-Date • From: 01/01/2020 📄 To: 03/16/2020 🔯			Include Document History 😳
E Formal Health Record			Include Confidential Patient Information
Interpretation Documents (0) E Lab Beralts (2) E Lab Orders (6) RoAPID STREP GROUP A, THROAT - 03/05/2020 URNAUSS, DIFSTICK - 01/02/2020 E Letters (21) Andicial Recard Documents (0) Medication List Extension Extension formation (0)	• •	IS UB DOYCET LIPID DWALL SERUM - 01/07/2020 CBE WI AUTO DIF - 01/07/2020 TSH, SERUM OR FLASMA - 01/07/2020 CMP, SERUM OR PLASMA - 01/07/2020	
Attach Consent Form			

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.

Record Releas	e Information		
Click 'Save' at the bo Method	ttom of the page to regenerate the c	locument.	
Send to Fax Number		QCear	
Attention Note			
Chart Section	\$ 11/2020 to 03/16/2020		
Chart Section edit Lab Orders from 01/4 Preview	\$ 91/2020 to 03/16/2020		
Chart Section dit ab Orders from 01/0 Preview	\$ 01/2020 to 03/16/2020		



• 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.

Method	AthenaFax 🔻		
Send to	quest	Q	Clear
Fax Number	[none]		1
rux number	QUEST DIAGNOSTICS PSC: 123	185 KINGSRIDE	AVE, HOUSTON
Attention	TX 77024, Ph (713) 973-2746,	Fax (713) 973-2	284
Note	DRUG QUEST PHARMACY: 380 HOUSTON TX 77053, Ph (713)	2 SOUTH GESSN 785-3400	NER SUITE 500,
100 m			and a second design of the second
	QUEST DIAGNOSTICS PSC: 656 BELLAIRE TX 77401, Ph (713) 6	55 WEST LOOP 5 560-0419, Fax (7	OUTH STE 302 713) 662-0361

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

Patient Record	in REVIEW to mguardado2 (cr	eated 03	/16/20 4:12 PM) #15349259	×
Record Release	e Information			Î
Click 'Save' at the bot Method Send to Fax Number Attention Note	tom of the page to regenerate the document AthenaPax (713) 973-2284	Q QUEST	DIAGNOSTICS PSC 12385 KINGSRIDE AVE, HOUSTON TX 77624, Ph (713) 973-2746, Fax (713) 973-2284 CReat	
Chart Sections				-
Preview	1 EDED 10 103 197 EDED			-
# 6.4m2				
Delete Leave in REVIEW hide actions	to mguardado2	Action note	□ Pinto 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	x
Current Password	
New Password	
Confirm New Password	
	Update

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





VIRTUAL TRANSITIONAL CARE MANAGEMENT VISITS

Page 53 / 65 Updated 7/23/2020

Proprietary and Confidential



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
Trans	itional Care Managem	ent 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: A	All tasks completed by I	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
Provide	r Visit: All tasks comple	eted 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 Difference	25
IN-PERSON TCM Visit		VIRTUAL TCM
Patient checks in at front desk	Patient is checked in v	virtually before virtual visit
Patient is roomed by MA in office	Patient is roomed by N	MA via telephone (intake process)
Patient signs HIPAA forms at check-in	MA documents patier provider	nt verbal consent for ensuing virtual visit with
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 virtual visit	pushed via portal or mailed to patient after the

*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 <u>before</u> the scheduled TCM appointment time. It can happen days prior to the scheduled appointment, as a pre-visit planning activity.

 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. <u>Note</u>: 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

Reason for Visit			
None recorded	Q tcm		
Newly referred pa	All reasons (2)		
	hospital follow up - TCM (HOU)		
I NOTE	TELE-hospital follow up - TCM (HOU)		
This appointment	19 di gene		

- 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.

Marital status	Married	▼ 🗐 NOTE
Live alone or with others	alone with others	NOTE
Able to care for self	Yes No	I NOTE
Caregiver	Yes No	I NOTE
If yes, who is the caregiver	Private Caregiver	T INOTE
Do you live at home	Yes No	E NOTE
If you don't live at home, where do you live	Group Home	V INOTE
Transportation difficulties	Yes No	I 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

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.





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.

As	sessment & Plan	DIAGNOSES & ORDERS		
1.1	a	Q patient in hospita]	
	1 potential diagnosi	Orders from Village Medical - Laboratory		
	Vitals have not been	Order Sets (1)		for social distancing
		Hospital Follow Up (TCM) order set (1)		
Pa	tient-Supplied R	Diagnoses (50)	•	
No	ne recorded	patient in hospital		
		hospital patient		
Pa	tient Goals 🕀	patient requires hospitalization		



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.

Incomplete Demographics (Rule	13057): There is no insura	ance card image on file for this patient. Adding a card image increases the
Appointment		
Appointment Informatio	'n	
Appt type	Est Patient	
Rendering provider	Vu_T	
Scheduling provider	Vu_T	
Department	VM_HOU_Bayshore	
Notes/Reason	FOR TRAINING ONLY	
Patient reason		
Appointment confirmation result		
Outstanding Balance and	d Co-pay	
Outstanding balance \$0.00		
Со-рау \$0.00		
Edit Appointment Prior to Arrival		
Start Check-in Cancel or Res	chedule Appointment	Move Appointment



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

Nurse Visit (15 min)	1
Nurse Visit (15 min)	
	4
AWV 15 (15 min)	1
Bone Density (15 min) DM Education Class 1 (60 min)	21
DM Education Class 2 (60 min) DM Education Class 3 (60 min)	t
DM Education Class 4 (60 min) Est CPX (15 min)	1
Est Patient (15 min) Lab (15 min)	,
NP/EST CPX (15 min) Nurse Visit (15 min)	
Pre Op Physical (15 min) PULMONARY (45 min)	
Telemedicine 15 (15 min)	h
	Bone Denistly (15 min) DM Education Class 2 (60 min) DM Education Class 3 (60 min) DM Education Class 3 (60 min) DM Education Class 4 (60 min) Est Patient (15 min) Est Patient (15 min) New Patient (15 min) NP/EST CPX (15 min) Nruse Visit (15 min) Pro Op Physical (15 min) PCULMONARY (45 min) TCL (15 cmin) TCL (15 cmin)

*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*.

applied	\$-1.10		
Due Today \$30.00	Patient has a copay due for this visit. View previous statements		
How much wi	II the patient pay? Collect All		
Today's Visit		Amount Due	Payment
Copay Office Vis	t Edit Not Required	\$30.00	s 0
Additional payme	nt for today's services		\$
Total payment			\$ 0.0
			Next
How will the p	patient pay?		

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	Pay	men
Copay Office Visit Edit Not Required	\$30.00	\$	0.00
Reason for different co-pay	\$		
Additional payment for today's services		\$	

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



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



8:40 AM

9:00 AM

20min

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.

History of Present Illness \oplus \otimes .	
I confirm that I received verbal consent from the patient for the virtual visit.	



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	g.
patient in hospital	Patient was Admitted on 03-03-2020
	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 busines
	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
	Nnknown

- 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 ISO.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.



~

Billing

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 E&M tcm S P9495 MODERATE COMPLEXITY TCM VISIT (MODERATE COMPLEXITY DECISION MAKING SEEN WITHIN 14 DAYS OF DISCHARGE OP UIGH COMPLEXITY DECISION MAKING SEEN	Code Description	Modifiers (Non Fee-Affecting)
Procee HOL 99496 - HIGH COMPLEXITY TCM VISIT (HIGH COMPLEXITY DECISION MAKING, SEEN WITHIN 7 DAYS OF DISCHARGE) ▲ Missing Diagnosis	TELEMED STOP HOLD	
Q A Medication Review was completed today 1159F/1160F 1159F S Missing Diagnosis	MEDICATION LIST DOCD	
1160F 🛞 🕀 🔺 Missing Diagnosis	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) $\textcircled{0}$	$\bigcirc \otimes \oplus$
Q Medications obtained, updated, or reviewed G8427 G8427 Set 4 Missing Diagnosis	OBTAINED, UPDATED, OR REVIEWED THE PATIENT'S CURRENT MEDICATIONS $$	$ \boxtimes \oplus$
QS Medication Reconciliation Post Discharge 1111F	dschrg med reconciled w current med list in med record $ \!$	
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*.

				Apply	all ICD-10 codes to all services	⊜ <u>Print</u>
	Procedure Code	Code Description	Modifiers (Non Fee-Affecting)	Units	ICD-10 Codes	Bill?
E&A	٨					
	99213	office/outpatient visit, est $ \Phi $	◎ ⊕		129 8 E039 8 N183 8 +	8
	TELE 🛛 🛞 🕀	TELEMED STOP HOLD	◎ ⊕		1129 (S) E039 (S) N183 (S) (+)	

2. Click the Save & Enter Charges button.

Notes	
Provider Review	
Billing Tab Review Comp	lete (dbroussard2, 03/18/2020 12:55 PM
Done with Checkout S	ave Save & Enter Charges

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



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





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

Post date	03/19/2020
Claim note	
Create Claim	