CORONAVIRUS DISEASE 2019
(COVID-19)

MGPS Telehealth Services Guidelines
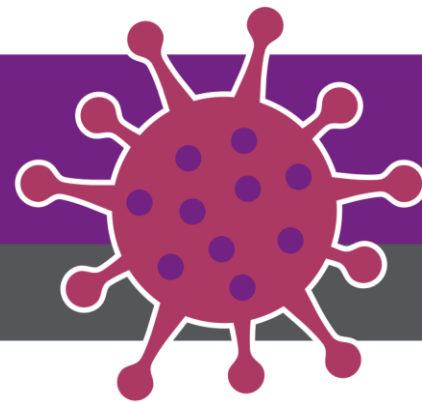
Trinity Health

Audience: MGPS Patient Access Registration, CBO and Coding Teams	
Revision Date: 4/28/2020	
Version: Version #7	

Trinity Health's approach to Telehealth needs to be consistent across all our practices and consider the various types of tools that we currently have access to:

1. Asynchronous & Step-Up Telephone Visits (Zipnosis): Currently, Zipnosis is being used as a "screener" to quickly assess members in relation to COVID19. At several Ministries Zipnosis is also being offered to members to assess low acuity visits (e.g. Pink eye) as an alternative to traditional office visits. Volumes at these RHMs has ranged from 30-50 visits per month and is purely a cash visit, not billed to insurance. This tool is very protocol driven and does not necessarily lend itself well for new patients or those not seeking acute care. It has proven to be invaluable as a triage tool for testing.

2. Synchronous telephone visits: Several RHMs have utilized this approach. In this model, a patient has a scheduled telephone visit with their provider. We believe that this is an excellent option both for primary care and for specialty care, but only for a subset of clinical items that lend themselves to this type of visit. Even though the visit is via telephone, all documentation and billing will be performed in the RHMs EMR.

3. Synchronous video visits: This is the preferred virtual medicine option. There are some potential logistical issues with this approach. Our informatics team has identified QliqSoft as the preferred application for these visits and is currently in the process of implementing to the RHMs as quickly as possible.

4. Inpatient Care: We must also consider how we manage e-consultations between our providers not only in the ambulatory setting but also in the acute care space.

We are aware of the desire to use other applications such as FaceTime or Skype. While these options are currently available, the limitations on such are not based on Trinity Health or our providers but what capability our patients have. Although preferred to telephone, using video will pose some limitations for many of our patients. Additionally, we prefer a HIPAA-compliant approach, which QliqSoft offers. Other considerations include the bandwidth of our network, provider home internet connections, and communication to our patients. While we work through these items, our ask is that each Division and/or Practice develop some categories of patients who lend themselves to the above and who do not. Also, we must recognize that for new patients and for some chronic care visits, telehealth may not be the best option and we must continue to serve these patients the traditional way, in the office. Providers will make the final determination if a new patient is a candidate for a telehealth visit.

We will keep you updated on new developments related to telehealth. We appreciate everyone's collaboration and interest. The following is current guidance and attempts to provide a high-level guideline for a patient

workflow during a telehealth visit. The guidelines are not system (EHR) specific and may vary depending on the telehealth partner/system the RHM is utilizing.

Please note, when references are made to the "PROCESS MAP", it is reference to the "MGPS Telehealth Care Delivery OP Process Maps" saved to the Trinity Health COVID-19 intranet site under the "Revenue Excellence" section.

1. **Patient Scheduling and Registration (PLEASE REFER TO NOTATION "3" IN PROCESS MAP)**:

    a. **System Setup** - Prior to starting to provide telehealth services add at least two new visit types to your EMR which will   describe the type of telehealth visit provided; **telephone visit type** and a **telehealth visit type**.

    b. **Patient Interaction for Scheduling** - The following modes of "appointment" creation exist in the Telehealth environment:

        i. Patient calls clinic to make an appointment

        ii. Clinic calls patient to re-schedule appointment that provider has deemed as a candidate for telehealth services

    The following will need to be staffed by a pool of providers to manage patient needs/volumes:

        iii. Asynchronous submissions received via our partner Zipnosis that can be responded to asynchronously, step-up to a telephone call and (if RHM enabled) step-up to video call.

    c. **Telehealth Care Interactions** - The following are the types of telehealth visits that are available, or will be available soon at your RHM, to our patients **(PLEASER REFER NOTATION "4" IN PROCESS MAP)**:

        i. Synchronous Audio/Video (QliqSoft)- Follow our telehealth partner's guidelines regarding scheduling a patient. This includes new or re-scheduled appointment.

        ii. Synchronous Audio (Telephone) – Utilize your provider's recommendation as to whether the patient is a candidate for audio only.

        iii. Asynchronous (Zipnosis) - Requests will come in via our Asynchronous telehealth partner Zipnosis. Asynchronous "visits" will be received after the patient completes the questionnaire related to the protocol that they selected (COVID-19, Insect bites, Sore Throats, etc.). Three responses may be available within Zipnosis:

            1. Asynchronous, the provider will simply reply to the patient, like an email.

            2. Telephone, the patient requests an Audio only visit, or their responses to the protocol may trigger Zipnosis to notate the patient needs an Audio visit, or the provider deems an Audio visit is necessary then the "step-up" to Telephone is available within Zipnosis (all calls made within Zipnosis masking phone numbers).

            3. Some RHM's may have the ability to "step-up" within Zipnosis to an Audio/Video visit as well.

    No matter the patient interaction type, all registration/demographic/insurance information will need to be obtained post visit when handled through Zipnosis. If the RHM does not have

Audio/Video "step-up" available, then those visits will need to be scheduled over the phone with the patient by the practice utilizing QliqSoft.

d. **Care Consents** - For any scheduled telehealth visit, the registering of a patient will be the same as a regular office visit.   To avoid downstream errors, ensure that you have collected all demographic, insurance and consents (MSPQ, HIPAA, Consent to Treat, Financial Agreement) for an office visit. When obtaining verbal consent please follow the guidance in the "Collection of Verbal Consent" document posted to the Trinity Health COVID-19 Intranet page:

   i. Go to the following link: http://www.trinity-health.org/covid19-resources
   ii. Scroll down to the "Resources By Department" sections
   iii. Click on the "Revenue Excellence" section
   iv. Find the "**COVID-19 Patient Verbal Consent**" document

For Asynchronous (Zipnosis) visits, Registrars will be required to utilize the information provided by the patient in the Zipnosis portal:

- For ESTABLISHED patients, registration and billing will be the same as a regular office visit, where verification of information will need to be performed and the patient called if Insurance eligibility is not found POST VISIT.
- For NEW patients contact the patient POST VISIT to complete the registration and allow for the billing of insurance.

The Patient MUST consent to receiving a call (including on their cellphone) from the provider's office to collect additional information during the registration process in the telehealth partner's portal.

Visit summaries from Zipnosis will also need to be printed and scanned into the patient medical record.

e. **Patient Residual Collection** - During Covid-19 collection of CO-PAYS/DEDUCTIBLES are waived when the visit is related to COVID-19 Screening or Testing. Trinity Health is recommending the use of these guidelines outlined below. **(NOTICE: Always inform the patient that they may be responsible for their portion of Trinity Health's reimbursement if the visit is NOT RELATED to COVID-19 screening/testing, or if the patient WILL BE treated for COVID-19 or other symptoms)**

   1. **Patient is asymptomatic:** Patient Access colleagues are advised not to collect for co-payments/deductibles. The patient is presenting for the sole purpose to be tested and is not being treated for any symptoms. If the patient has other services that would require a full E/M, then collection is warranted.

2. **Patient is symptomatic:** If the patient is looking for treatment of symptoms and/or diagnosis of a suspected case of COVID-19, Patient Access colleagues are advised to collect the co-payment/deductible. Exceptions to this guidance should be made in accordance to clinical leadership and infection control protocols.

Non-COVID-19 Patient Care

For all cases unrelated to COVID-19, it is the expectation that Patient Access colleagues continue to collect co-payment/deductibles at the time of service.

Per the Trinity Health Guidelines and in alignment with both federal and payer guidance, all Trinity Health ministries should not collect copayments for medical visits related to COVID-19 testing. The goal of this guidance is to encourage patients to be tested for COVID-19, without placing any undue barrier on the individual for any reason. As such, Patient Access colleagues will not attempt point-of-service (POS) collections related to medical visits for patients presenting with an order for testing for COVID-19 or if the visit results in an order for testing for COVID-19.

For any patient for dates of service on or after (3/18) who present at any care setting and already have an order for testing or have an evaluation and management type of service that results in an order for COVID-19 testing, Patient Access colleagues are advised not to charge patients any co-insurance and/or deductible amounts for those services. As such, the beneficiary cost-sharing will be waived for COVID-19 testing-related services.

Further details available in the "COVID-19 Co-Payments and Deductibles" document posted to the Trinity Health COVID-19 Intranet page:

    i.   Go to the following link: http://www.trinity-health.org/covid19-resources

   ii.   Scroll down to the "Resources By Department" sections

  iii.   Click on the "Revenue Excellence" section

  iv.   Find the "**COVID-19 Co-Payments and Deductibles**" document

2. **Zipnosis Process**
   a. The patient will enter the Zipnosis portal and enter the following information **(PLEASE REFER NOTATION "1" IN PROCESS MAP)**: Legal Last Name, Legal First Name, Sex, DOB, Address (Street, City, State, Zip), Phone #, email, Establish a "Password"
   b. Click a box that they acknowledge the relevant consents **(Each RHM will need to confirm that the consent meets their needs. Consent for a post visit follow-up from the provider's office to collect additional information must be secured)**

c. The patient will then receive an email and they will need to confirm their account creation

d. The patient will then go through one of the available Zipnosis protocols. Examples are as follows **(this list is customizable by RHM and is not limited to below examples)** ==**(PLEASER REFER TO NOTATION "2" IN PROCESS MAP)**==:

     i. COVID-19 (Coronavirus), Respiratory infections, and allergies

     ii. Eye, ear, and mouth problems

     iii. Injuries and pain

     iv. Insects

     v. Medication to prevent an illness or infection

     vi. Quit Tobacco

     vii. Skin and nail problems

     viii. Stomach problems

     ix. Travel medication

     x. Women's health

e. Once the patient selects the protocol, they will be presented with a series of questions to answer. Each question presented is based on how they have answered the previous questions.

f. Once the patient has completed the protocol questions, it will be submitted to the provider(s).

g. Providers will then clinically review the answers to the protocols that the patient submitted and either reply to the patient within Zipnosis or recommend the patient for a "step-up" visit via phone or audio/video. **NOTE: Refer to the "Documentation Requirements" on page 9 for details around what is necessary to support billing.**

3. **Billing for Telehealth Services**

a. An example telehealth "Super Bill"/"Charge Ticket" that providers can utilize when providing telehealth services has been posted to the Trinity Health COVID-19 Intranet page ==**(PLEASE REFER TO NOTATION "6" IN PROCESS MAP)**==:

     i. Go to the following link: http://www.trinity-health.org/covid19-resources

     ii. Scroll down to the "Resources By Department" sections

     iii. Click on the "Revenue Excellence" section

     iv. Find the "**Telehealth Charge Ticket-Super Bill**" document

Please note that the CPTs included in this Super Bill is not ALL INCLUSIVE of what can be billed out as Telehealth, as CMS is making constant changes. We will be updating the COVID-19 site as quickly as possible when changes are published by CMS.

If the "Super Bill"/"Charge Ticket" is too cumbersome for providers to utilize, a report is available out of Zipnosis of all the patients seen by a provider for a given date range. Also, you may have your providers

maintain a list of patients, with DOB, to be given to Registrars/Coders/Charge Entry personnel, so that they are able to identify the patient in the telehealth portal and complete a registration, enter charges, bill insurance, and scan documentation into the EMR for all visits that are completed.

b. Telemedicine services may be grouped into three categories: Telehealth visits (Audio/Visual), Virtual check-ins, E-visits, and Telephone Visits. While each of these categories has specific billing requirements outlined by Medicare (which are also constantly changing), the 1135 waiver grants exceptions, reductions or enforcement discretion for some of the requirements starting with dates of service on or after March 6, 2020. Please refer to the CMS website for specifics as changes are made daily: https://www.cms.gov/newsroom/press-releases/cms-news-alert-march-31-2020

c. For state specific updates see: https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/federal-disaster-resources/index.html

d. Ensure provider documentation and the CPT selected matches the type of visit performed **(PLEASE REFER TO NOTATION "7" IN PROCESS MAP)**:

    i. Telehealth Visit **(Requires synchronous Audio/Video interaction with patient)**

        o Physicians CAN provide Telehealth from their homes.

        o E/M Codes: 99202- 99215

        o Coded based upon total documented time spent or medical decision making

Telehealth (Video Call)							
NEW PATIENT	wRVU		**ESTABLISH**	wRVU		**Transition of Care/ AWV**	wRVU
99202	20 min	0.93	99212	10 min	0.48	99495- TCM	within 14 Days	2.11
99203	30 min	1.42	99213	15 min	0.97	99496- TCM	within 7 Days	3.05
99204	45 min	2.43	99214	25 min	1.5	G0438- AWV	Initial	2.43
99205	60 min	3.17	99215	40 min	2.11	G0439-AWV	subsequent	1.5

wRVU are estimates

- Cannot do welcome to Medicare

        o Medicare requires MODIFIER 95 (please review local payer guidelines for their specific rules)

        o *Medicare is considering these visits the same as in-person visits and are paid at the same rate as regular, in-person visits.*

        *Access AAPC wRVU Calculator: https://www.aapc.com/resources/widgets/rvu-calculator-widget.aspx to keep track of your own wRVU's.

Please note that CMS has recently opened up the list of services that can be performed via Telehealth, per the information at the following link: https://www.cms.gov/newsroom/fact-sheets/additional-backgroundsweeping-regulatory-changes-help-us-healthcare-system-address-covid-19-patient

Notice the following from the release: "CMS will now pay for more than 80 additional services when furnished via telehealth. These include emergency department visits, initial nursing

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facility and discharge visits, and home visits, which must be provided by a clinician that is allowed to provide telehealth."

Please reference the FAQ for more specifics around the included CPT codes as well:

1. Go to the following link: http://www.trinity-health.org/covid19-resources
2. Scroll down to the "Resources By Department" section
3. Click on the "Revenue Excellence" section
4. Find the **"Covered Telehealth Services for PHE for the COVID-19 pandemic effective March 1 2020"** document

ii. Virtual Check-in Visit **(Telephone)**
   o Coded by time
   o Available to New & Established patients
   o Medicare has provided guidance to **NOT** utilize place of service "02" and to bill these with the same POS that would have been used if the patient was seen face-to-face. Please consult with your local payers on their billing guidelines for these services.

Telephone only		
All Payors		wRVU
99441	5-10 min, **Physician or APP**	0.25
99442	11-20 min, **Physician or APP**	0.5
99443	21-30 min, **Physician or APP**	0.75
98966	5-10 min, **Clinical Staff**	
98967	11-20 min, **Clinical Staff**	
98968	21-30 min, **Clinical Staff**	
No Modifier needed		

*Access AAPC wRVU Calculator: https://www.aapc.com/resources/widgets/rvu-calculator-widget.aspx to keep track of your own wRVU's.

iii. E-Visit **(Asynchronous)**
   o New or Established patients, Patient-initiated communication
   o Online digital evaluation and management service over 7 days
   o Coded by CUMULATIVE time spent over 7 days
   o No modifier 95
   o YES to modifier GT for Commercial only
   o Not for the non-evaluative electronic communication of test results, scheduling of appointments, or other communication that does not include E/M.
   o Medicare has provided guidance to **NOT** utilize place of service "02" and to bill these with the same POS that would have been used if the patient was seen face-to-face. Please consult with your local payers on their billing guidelines for these services.

E-Visit- using EHR patient portal		
Physician, NP, PA CPT & HCPCS Codes		
All Payors		wRVU
99421	5-10 min	0.25
99422	11-20 min	0.50
99423	21+ min	0.80
CNS, LSMW, CP, CMN CPT		
98970	5-10 min	
98971	11-20 min	
98972	21+ min	

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iv.   Virtual Check-Ins (MEDICARE ONLY)

- Covers virtual check-ins (also called "brief communication technology-based services") with your doctors and certain other practitioners.

- Virtual check-ins allow the provider to communicate with a patient using a device like a phone, integrated audio/video system, or captured video image without needing to be face-to-face.

Virtual Check-In			
Brief communication technology-based services			
Medicare			wRVU
G2012	5-10 min	$14.80	0.25
G2010	Image review	$12.27	0.18

- Medicare allows the following modes of communicating with the patient:
  - Phone
  - Audio/visit
  - Secure text messages
  - Email
  - Use of a patient portal

- The patient must be the one to start these types of visits.

- The communication must not be related to a medical visit within the past 7 days and must not lead to a medical visit within the next 24 hours (or the soonest appointment available).

v.   Depending on the payer, telehealth services provided at the distant site should be submitted utilizing POS 11 with a Telehealth Modifier (i.e. 95) or submitted using the telehealth Place of Service (POS) code 02 which indicates that the services were provided via telehealth and meet the telehealth requirements.

e. Please review your local payer guidelines to verify how they want Telehealth to be annotated.

f. For appropriate modifiers to be used when billing telehealth services, as well as a full summary of the Interim Final Rule for COVID, please refer to the "COVID Interim Final Rule 2020" powerpoint published to the Trinity Health COVID-19 website in the following location:

   i.   Go to the following link: http://www.trinity-health.org/covid19-resources

   ii. Scroll down to the "Resources By Department" sections

   iii. Click on the "Revenue Excellence" section

   iv. Find the **"COVID Interim Final Rule 2020"** document

g. Ensure that your fee schedule is updated with COVID-19-Approved Telehealth Codes, along with ensuring CPTs that are allowed to be performed via Telehealth are billable within the billing system.

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    h. For specific guidance around certain specialties, a "Telehealth FAQ" has been posted to the Trinity Health COVID-19 intranet site under the "Revenue Excellence" section

        i. Go to the following link: http://www.trinity-health.org/covid19-resources

        ii. Scroll down to the "Resources By Department" sections

        iii. Click on the "Revenue Excellence" section

        iv. Find the **"Revenue Excellence Telehealth FAQ's (ACUTE & MGPS)"** document

4. ==***Updated*** <u>Example Payer Grid</u>== **--- Please refer to your local payers' guidelines for billing regulations when billing Telehealth. Verify the POS and Modifier combinations that they are requiring.**

As of 3/30/20, Medicare has provided guidance that they want all Telehealth services billed with POS 11, and modifier "95" on all charges that were provided via Telehealth.

https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf

Payer	Aetna	BCBS of MI	Medicaid of MI	Medicare Advantage	UHC
99201-99205, 99211-99215	» Copays Waived » Modifier 95	»Covered* » No Modifier	»Covered* » Modifier GT	» Covered » Modifier varies, check with payer	» Covered » Modifier GT
G0438-G0439	» Copays Waived » Modifier 95	»Covered* » No Modifier	Not Covered	» Covered » Modifier varies, check with payer	» Covered » Modifier GT
99495-99496	» Copays Waived » Modifier 95	»Covered* » No Modifier	»Covered* » Modifier GT	» Covered » Modifier varies, check with payer	» Covered » Modifier GT
99497-99498	» Copays Waived » Modifier 95	»Covered* » No Modifier	»Covered* » Modifier GT	» Covered » Modifier varies, check with payer	» Covered » Modifier GT
99406-99407, G0436-G0437	» Copays Waived » Modifier 95	» 99406-99407 Covered* ONLY » No Modifier	» 99406-99407 Covered* ONLY » Modifier GT	» Covered » Modifier varies, check with payer » Modifier varies by payer	» Covered » Modifier GT

Revenue Excellence is posting Regional Payer Coverage documents to the Trinity Health COVID-19 intranet site

    a. Go to the following link: http://www.trinity-health.org/covid19-resources

    b. Scroll down to the "Resources By Department" sections

    c. Click on the "Revenue Excellence" section

    d. Search for the "**Coverage Summary**" for your RHM

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5. **Documentation Requirements** <mark>(PLEASE REFER TO NOTATION "5" IN PROCESS MAP)</mark>

   a. Documentation requirements for a telehealth service are the same as for a face-to-face encounter. The information of the visit, the history, review of systems, consultative notes or any information used to make a medical decision about the patient should be documented. Best practice suggests that documentation should also include a statement that the service was provided through telehealth, both the location of the patient and the provider and the names and roles of any other persons participating in the telehealth service. Utilize these guidelines as a guideline:

      i. Documentation requirements for a telehealth service are the same as for a face-to-face encounter.

      ii. The information of the visit, the history, review of systems, consultative notes or any information used to make a medical decision about the patient should be documented.

      iii. Best practice suggests that documentation should also include a statement that the service was provided through telehealth, both the location of the patient and the provider and the names and roles of any other persons participating in the telehealth service.

      iv. Like an office visit, it is important to focus on the chief complaint.

      v. Remember to check CURES for drug seeking patients. Currently, DEA-registered practitioners can issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation.

      vi. Be sure to check if anything has changed in their medical or surgical history. Remember, you won't have an MA to help you.

      vii. Try to complete your note and refill or prescribe medication immediately after the visit has ended.

      viii. Be sure to document how much time you spent with your patients.

   b. <mark>***NEW***</mark>Providers providing care to patients with a Medicare Advantage, Medicare ACOs or PACE plan, please refer to the "Telemedicine and Risk Adjustment" document posted to the Trinity Health COVID-19 intranet page:

      i. Go to the following link: http://www.trinity-health.org/covid19-resources

      ii. Scroll down and click on the "Telehealth Resources"

      iii. Find the **"Telemedicine and Risk Adjustment"** document

   c. Providers should ensure they are providing an updated assessment of pre-existing chronic conditions and comorbidities along with adding any additional diagnoses as well as a thoroughly updated treatment plan to the patient's chart.

   d. It is advisable to follow local Medicare Administrative Contractor (MAC) guidance for final instructions on billing and documentation requirements for telehealth services. Additionally, private payers may follow the guidelines set forth by Medicare or may have their own

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e. Below is sample documentation provided by Trinity Health. Use this sample only as a reference.

> Sample Note:
>
> Name DOB
>
> DOS MR#
>
> Last seen by Dr. _____
>
> Mr. Smith contacted the office today via telephone to talk with Dr. X about his change of medication from ABC to DEF. Mr. Smith verbally agreed to a brief communication with me personally to determine if he needs to be seen for a face to face visit. Mr. Smith indicated no concerns with the medication change and felt _____ was appropriate. I asked Mr. Smith _____ and confirmed _____ and _____. No face to face visit is required. Plan to follow up in 3 months unless _____ and or _____ have a cause for concern. Total time spent with patient was _____.
>
> ABC Primary Care, MD

f. ICD-10-CM Official Coding Guidelines have been updated to address diagnoses specifically related to the COVID-19 Coronavirus outbreak. For the latest coding guidelines, utilize the "COVID-19 Coding Guidance" document posted to the Trinity Health COVID-19 intranet site under the "Revenue Excellence" section

    i. Go to the following link: http://www.trinity-health.org/covid19-resources

    ii. Scroll down to the "Resources By Department" sections

    iii. Click on the "Revenue Excellence" section

    iv. Find the **"COVID-19 CODING GUIDANCE"** document

g. Video Physical Exam Example & Tips

Vitals	**home vital signs not available for my review** **OR** have MA enter home vital signs prior to Video Call
Gen	**appears well nourished, no acute distress** Comment on grooming, development.
HEENT	**sclera white, EOMI** Instruct patient to show eyelids/open mouth to camera- comment on oropharynx lips, gums, teeth. External ear inspection. Instruct to palpate for lymph nodes. "Audible congestion heard in voice" "No pus visualized on tonsils."
Resp	**symmetric chest rise, normal respiratory effort and rhythm. No audible wheezing heard.** Comment on accessory muscle use if observed. "Coughing throughout video visit." Instruct to palpate area of intracostal muscles and comment on subjective tenderness.
Cardio	**(need to instruct patient)** Instruct how to do extremity exam to assess peripheral edema. Ask for HR/rhythm readings from health watch.
Abd	(**need to instruct patient)** Instruct patient/family member to apply pressure to abdomen, do CVA maneuver, comment on subjective tenderness. Instruct patient to jump to evaluate for peritoneal signs (Or family tap bottom of feet while laying down).
Musc	**Able to walk normally. Normal movement of upper extremity B/L.** Instruct to do ROM maneuvers. "Can move neck in all directions without pain." "Able to move all extremities without weakness." Comment on visualized joint swelling.
Skin	**No apparent rash on exposed skin of face/Neck.** Can inspect ulcer, lesion, rash, hair as applicable.
Psych	**AAO x 3, affect/mood appropriate** Can administer Mini Mental Status Exam when appropriate.
Neuro	**Patient is speaking in full sentences, symmetric facial movement observed** Can observe gait, instruct to do full CN and strength exam if family member present.

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