**TIPS FOR TELEHEALTH FELLOWS CLINICS July, 2020**

**1. ATTENDING PHYSICIAN PRESENCE AND BILLING**

**PLEASE NOTE THE PUBLIC HEALTH EMERGENCY (PHE) SITUATION IS RAPIDLY EVOLVING SO THIS GUIDANCE MAY NOT STAY UP TO DATE**

**Telehealth services provided outside of the PHE**

For purposes of payment, E/M services billed by teaching physicians require that the medical record must demonstrate:

• That the teaching physician performed the service or was physically present during the key or critical portions of the service when performed by the resident; and

• The participation of the teaching physician in the management of the patient

Services provided via telehealth have the same requirements as a face to face service. The expectation is the resident/fellow and attending are in the same location participating in the encounter together.

EX: The resident/fellow initiates the telehealth visit, completes history and limited examination. Goes out of the visit and the attending provider enters the visit with or without the resident/fellow. They confirm the key and critical portions of the service. The resident/fellow documents, the attending provider attests to the resident documentation and bills according to the complexity of care (MDM).

EX: The resident/fellow and attending initiate the visit, the resident gathers history and the remainder of the visit is spent answering questions regarding the treatment plan. The resident documents the encounter and the attending attests to the service and indicates the total time they spent during the encounter. (time is the element that will be updated for ambulatory services)

The attending can only bill for their time. They cannot bill for time spent by the resident when they are not present.

**Telehealth services provided during the current PHE**

The supervision rules do not change during the PHE. The same level of participation is required by the attending but can be satisfied via two- way audio/visual supervision.

**FAQ**

**If I’m billing an E/M service provided with my resident based on time as the key component do I need to be present for the entire time?**

**Response:** No. However, you can only bill for the time you spent with the patient or in services related to the visit. Under teaching physician rules when billing an E/M based on time only the time of the attending is counted for billing.

**Has CMS changed the rules for E/M visits to allow billing based on medical decision making (MDM) or time? Is that true?**

**Response:** CMS is allowing office outpatient E/M rules that go into effect January 1, 2021 to be used during the PHE for visits performed via telemedicine (synchronous interactive audiovisual technology) only. Face-to-face visits would continue to follow the current documentation and billing guidelines (1995 or 1997). Total time is all time spent by the attending on a calendar day providing the service, including record review, documentation, etc.

**2. TELEMEDICINE TIPS FOR FELLOWS’ CLINICs**

1. Starting the visit:
	1. Safety:
		1. Obtain a phone number and address in case the call drops off and there is an emergency requiring you to go to send help to the patient. This also lets you know they are in Washington State.
	2. Confidentiality:
		1. Identify who is in the room. Ask patient if they are in a confidential space where they can discuss their medical care. If patient is driving, in the grocery store, or otherwise in a non-private or safe location, let them know you will need to reschedule the visit.
		2. If planning to talk with parent and youth separately, you will need to establish whether there are two confidential spaces. Sitting in a parked car can work if no rooms are available.
	3. Consent:
		1. Discuss the risks and benefits of virtual health and obtain verbal consent (suggested script below)
* *You have chosen to receive care through the use of telemedicine. Telemedicine enables health care providers at different locations to provide safe, effective, and convenient care through the use of technology. As with any health care service, there are risks associated with the use of telemedicine, including equipment failure, poor image resolution, and information security issues. Additionally, telemedicine risks include not having an in-person physical exam, being unable to get vital signs, or being unable to administer standard ratings scales/testing.*
* *Do you understand the risks and benefits of telemedicine as I have explained them to you? [Yes/No/Unknown]. (If answer is No, discuss the risks above and how telemedicine is not advantageous for acute illness, emergencies, any medical procedure or exam requiring hands-on ability. The result of the telemedicine visit actually may be to recommend the patient being seen in person. The benefits are eliminating travel, usually appointments scheduled sooner).*
* *Do you consent to the use of telemedicine for this visit? [Yes/No/Unknown] - (This emphasizes that there is always an option to be seen in-person and not virtually.)*
1. Your Zoom room:
	1. Your Zoom room is like an office----each clinic visit has a specific zoom code assigned to it that lives in the patient summary section of CIS within the telemedicine scheduled visit when you open the chart in CIS. The link takes you directly to the zoom meeting for that patient visit/encounter.
	2. As a result, other caregivers, residents, fellows, or ancillary staff can access the meeting by clicking on the zoom link embedded in the visit.
2. Patient management:
	1. Moving visits is fairly simple for you and the patient. But just remember that you need to consider time management in a different way than for in-person visits as you may the next patient checked in and logged into their visit and you may not know they are waiting.
3. Multidisciplinary visits:
	1. As the host, you can put people in and out of the waiting room. This is very useful with multidisciplinary visits as it can give you 5 minutes to discuss.
	2. You can also leave the Zoom room and let the SW, RD or other provider meet with parent or child alone. You can then meet with the other family member on Jabber. To do this:
		1. Make the SW or RD cohost🡪right click on the “more” in the participants box, choose “Make cohost”
		2. To leave meeting, click “leave meeting” in the right corner and then click “leave meeting” in the popup rather than “end meeting for all”
		3. To reenter🡪hit the orange “New meeting” button on Zoom. No need to type your own Zoom ID.