

Compliance Updates Q&A

April 3, 2020

Q1: How do I document the time spent (in a telehealth visit) for primary care exception care?

- To use time spent to code, you have to meet that threshold of time. That's going to be Attending's time only. You will want to use the documentation of the Resident in the medical decision-making, but not include the Resident's time, as Resident time is not considered for time based codes. For example, if a Resident spent 10 minutes, and the Attending spent 5 minutes, then you account only for the 5 minutes spent by the Attending. The time would also need to be documented at the top of your encounter, so the coder can readily see the visit is being billed based on time.

Q2: What needs to be included in the note?

- The total time spent for the encounter by the Attending needs to be documented.

Q3: When was this stated?

- The Interim Final Rule was published on March 26th, but they are allowing the visits back to March 1st.

Q4: Are Residents not allowed to conduct phone visits?

- Residents are not allowed to conduct phone visits.

Q5: Are Fellows not allowed to conduct phone visits?

- Fellows are not allowed to conduct phone visits.

Q6: Do we just need to clearly document that a Resident is interacting with a patient?

- Yes

Q7: Does everything need to be documented whether the encounter is on Zoom or a Texas Tech system?

- Yes

Q8: Can we use students for telemed purposes instead of being in close proximity to the patient? Could we use them as a facilitator in patient visits? For example, could students direct traffic through Zoom appointments, clinical flow?

- You could use students if they are sufficiently trained. Just remember that they are volunteers, not staff.

Q9: How will waivers of co-pays be handled in the TTUHSC system?

- There are not clear guidelines with respect to insurance and payment. One thing available for clinic visits is to identify telemedicine visits. The Lubbock campus has put this in place, which has ramifications for provision of care as well as coding and billing. We are trying to find a balance between the rules we know and the rules as they may evolve. As far as the revenue side, we can put some appointment types in place. If people use those appointment types, we could put a mechanism in place so people could screen those appointment types. Maybe we need a work group. I think we need to ask the group to consider a write-off process. The billing director in Amarillo said that the insurances would normally tell us what would be covered, what would be a co-pay, what would be a deductible. I don't know if they are ready to do that, yet. We can discuss this with the coding and revenue people and then report back next Friday.

Q10: What does direct supervision mean?

- Direct supervision means that the Teaching Physician must be in the same office building or facility when and where the service is provided and must be immediately available to furnish assisted direction. In the COVID environment, the Teaching Physician would be available via interactive telecommunications technology.

Q11: Under the new COVID rules, does the Teaching Physician have to be present via interactive video during the encounter for a PCE clinic?

- No, Primary Care Exception (PCE) - Residents may furnish all levels of office E/M telehealth services to beneficiaries under PCE.
- Requirements for teaching physicians under the PHE:
 - Teaching physicians may not supervise more than four residents at any given time.
 - Must direct the care from such proximity as to constitute immediate availability.
 - Supervision can be provided in person or virtually through audio/video real-time communications technology.
 - Not have other responsibilities (including the supervision of other personnel) at the time the service was provided by the resident
 - Have the primary medical responsibility for patients cared for by the residents
 - Ensure that the care provided was reasonable and necessary
 - Review the care provided by the resident during or immediately after each visit. This must include a review of the patient's medical history, the resident's findings on physical examination, the patient's diagnosis, and treatment plan (i.e., record of tests and therapies)

- Document the extent of his/her own participation in the review and direction of the services furnished to each patient. (Source: TTUHSC Telemedicine Guidelines v1.3)

Q12: What if the visit conducted in a PCE clinic by a Resident were a Level 4 visit? What should the Teaching Physician then do? Would a Level 4 or 5 follow that same workflow as a Level 1, 2, and 3?

- See Q11

Q13: For non-PCE clinics, do Teaching Physicians have to be present for key and critical portions?

- The Teaching Physician can use interactive video to meet the requirement for being *present* during key and critical portions of the patient encounter.

Q14: Are we permitted to use Google Duo to conduct a telemedicine visit? What other apps are allowed?

- Google Duo is allowed under the OCR rules since they are encrypted at both ends. FaceTime, Google Duo, and others that are technically allowed should be your last choice because the way these services are designed they will allow the patient to contact you back. There is no way to prevent the patient from FaceTiming you back, even if you use a generic email or a no-reply email, anything you connect to your Apple ID to FaceTime the patient from your personal device, as long as you are still using your Apple ID, they can FaceTime you back and interrupt your future sessions with patients. So, it is for emergency use only. So, those others should be our primary choice for video visits.

Q15: How is consent obtained?

- Guidance is available on the guidebooks that have been published for telephone visits.

Q16: Can we have a telephone origin visit or a Zoom visit with a new patient?

- Yes

Q17: Have there been any updates for providing care for out-of-state patients?

- If the state is not participating in the CMS waiver, then the provider must have a license in that state.

Q18: On the New Mexico website, it still says you have to be licensed in New Mexico in order to provide coverage. Is that still the case?

- Yes

*Xin Wang – This is the Compliance Updates page:

https://www.ttuhscc.edu/compliance/covid_compliance_updates.aspx