

Clinician Guidance: Physicians and Advance Practice Providers Direct-to-Patient Telehealth

This document provides clarity on VUMC's telehealth guidelines as of May 1, 2020.

The decision to utilize telehealth is determined by the physician or advance practice provider and the patient. The patient may decline a telehealth visit based on personal preference, choosing an in-person visit subject to scheduling availability. Clinicians may also decline to provide a telehealth visit, choosing an in-person visit based on their medical judgment. State licensure requirements, VUMC policies or other applicable regulations may also require care be provided as an in-person visit. In all cases, in-person visits should be scheduled when there is not clear agreement regarding telehealth scheduling between the patient and clinician.

To assure documentation and billing requirements are satisfied, patients may complete telehealth visits only from their My Health at Vanderbilt (MHAV) account. See "Telehealth Financial Clearance" section below. Clinicians access telehealth visits via the Epic Whiteboard. Patients who do not have an active MHAV account should enroll at www.myhealthatvanderbilt.org prior to scheduling a telehealth appointment. Clinicians may conduct telehealth visits using applications other than MHAV only in very limited circumstances. See "Use of Alternative Video Technologies," below.

Many new and return patients may be evaluated via telehealth, and individual divisions and service lines will need to determine clinically appropriate use cases. Factors supporting the use of telehealth include the patient's access to transportation, and/or medical conditions which make it clinically inadvisable for the patient to travel to and from the clinical care environment. Additional relevant factors which support use of telehealth include:

- For established patients
 - Routine follow up of established conditions
 - Hands on physical examination or diagnostic testing not required
- For new patients
 - Lower acuity
 - Chief complaints with data driven medical decision making that do not require hands on physical examination or diagnostic testing

Situations that suggest in-person visits needed:

- For established patients
 - Assessment of a new clinical issue or complaint requiring hands on physical examination or diagnostic testing
 - Concern for need to escalate care
- For new patients
 - If there is an element of the care that requires hands on physical examination or diagnostic testing
 - High acuity or concern for need to escalate care

Divisions and service lines should consider setting peer practice guidelines. Alternating telehealth visits with in-person visits may be appropriate for many patients.

Telehealth options are available for in-network patients. See the "Out of Network and Uninsured Patients" section below for important information on avoiding claims denials and patient surprise bills. Over time, updated guidelines will likely be issued based on relevant regulatory changes. These changes may affect approved site of service (including home) for clinicians and patients, rural and health

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professions shortages, geographic restrictions, payment parity for professional fees, and state medical licensure pending relevant policy.

Telehealth Financial Clearance

Like in-person visits, telehealth patient appointments must be financially cleared prior to the visit and any patient co-payment must be collected prior to or at the time of service.

During the scheduling process, the VUMC representative must:

- Confirm the patient has an active 'My Health at Vanderbilt' (MHAV) account. If needed, the representative will assist the patient in creating the MHAV account.
- Verify demographic and insurance information, including a positive real-time eligibility verification (if available for the applicable payer). If the patient does not have in-network insurance or is not insured, the patient will be referred to the Office of Outpatient Referral Assistance (OORA) and the appointment will not be scheduled.
- Obtain patient credit card information to be stored in the MHAV portal. Inform the patient that any co-payment will be charged at the time of the visit. Patients who have active coverage under TennCare, Workers Compensation, Third Party Liability, Medicare + secondary insurance, or other plans that do not have pre-visit cost sharing do not need to have a credit card on file.

After scheduling, any required authorizations will be obtained as part of the normal patient workflow.

At least twenty-four hours before the scheduled telemedicine visit, final financial clearance functions will occur including:

- If the appointment was scheduled more than 30 days prior to the appointment date, execute another real-time eligibility verification.
- For patients covered by traditional Medicare, complete the Medicare Secondary Payer Questionnaire.
- Validate that the patient's credit card is still present and active in MHAV.
- Patients will be contacted as necessary via telephone to obtain any missing information.
- If final financial clearance cannot be performed, the patient visit will be cancelled.

After patient check-in, the VUMC representative will charge the co-payment amount to the stored credit card on file. Telehealth visits that result in an order for a COVID-19 diagnostic lab test or antibody test are not subject to cost-sharing. VUMC's Revenue Cycle will refund any already-collected copayments for this visit.

State Licensure and Professional Liability

A clinician may only provide telehealth visits for a patient if the clinician is appropriately licensed in the state in which the patient is physically located at the time the telehealth visit is conducted. Clinicians or VUMC representatives scheduling on the clinician's behalf must confirm the patient's planned location and appropriate licensure prior to scheduling a telehealth visit. In addition to professional licensure requirements, clinicians engaged in telemedicine are subject to all other laws and regulations of the

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state in which the patient is physically located at the time of the telehealth visit. This includes, but is not limited to, laws and regulations related to scope of practice, confidentiality, advertising, consumer protection, record-keeping and record-retention, informed consent, drug prescriptions, quality improvement or peer review privileges, and professional liability.

Clinicians who wish to obtain full licensure in states other than Tennessee must notify and obtain approval from his/her Department Chair, the Office of Risk and Insurance Management, and the Office of the Chief of the Clinical Staff prior to applying for professional licensure in that state. Failure to obtain approval for each state may result in VUMC not providing professional liability coverage for the clinician for telehealth and other activities conducted in that state and disciplinary action under the VUMC Medical Staff Bylaws.

Patient care requires support services beyond the actual direct-to-patient telehealth visit. Telehealth visits should not be conducted with a patient in any state unless the clinician is able to manage, within the clinician's scope of practice, the patient's need for diagnostic imaging and procedures, orders for laboratory testing, orders for physical, speech, and occupational therapies, home health services, behavioral health support, or emergency interventions related to or arising from the telehealth visit. The ability to coordinate care with a primary care clinician or other co-managing clinician local to the patient may be a reasonable way to achieve these needs. Marketing or advertising the availability of telehealth services to patients, potential patients, or referring clinicians by individual clinicians is prohibited by this policy.

Technology

It is essential to ensure appropriate documentation, protect patient privacy and maintain cybersecurity efforts. Therefore, VUMC clinicians should continue to use the existing VUMC telehealth platform within eStar. This means clinicians and patients should communicate using My Health at Vanderbilt and eStar.

Use of Alternative Video Technologies

Applications other than MHAV may be used only where there is a language barrier which precludes use of MHAV. In this case, should the clinician and patient wish to conduct a telehealth visit (instead of an audio-only conversation) the following applications may be used as a backup method to provide an audio/visual connection: Zoom, Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, or Skype. Clinicians are prohibited from using any public-facing remote communication products, such as TikTok, Facebook Live, Twitch, or a chat room like Slack. VUMC has not approved use of either doxy.me or Doximity.

In the unlikely event that one of these applications is needed, the clinician must include the .TelemedicinePlatform smart phrase in the clinical documentation:

“At patient request, *** audio/visual application was utilized to complete this encounter.”

The clinician must also select the appropriate encounter type (Telemedicine) and coding modifiers described below. In addition, the clinician must notify the patients that, while VUMC believes these applications to be secure, platforms outside MHAV potentially introduce privacy risks.

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Prepare your computer or device for Telehealth

Telehealth visits are completed via eStar.

- Instructions for Canto for iOS: <https://getestar.vumc.org/pdf/cantoiOS.pdf>
- Note: Haiku is not Android-compatible.
- Instructions for personal computer:
 - Download the latest version of VMWare at: <https://virtual.VUMC.org>
 - Select: "Install VMware Horizon Client"
 - Select: "eStar" (Do not select "Win10 CWS-Prod")
 - Reminder: make sure to enter eStar from VMware, rather than from the HTML link

Selecting the Correct Billing Department

When completing telehealth visits, the clinician must be logged into the same Epic department which would be used for an in-person visit for the patient the clinician is seeing.

Documentation Requirements

Clinicians are expected to appropriately document the telehealth encounter according to the applicable standard of care and VUMC policy. Use the following smart phrase at the beginning of your note, and complete the wildcards (use F2 to tab between *** wildcards) **.telemedattestation**. This inserts the following phrase:

This consultation was provided via telemedicine using two-way, real-time interactive telecommunication technology between the patient and the physician. The interactive telecommunication technology included audio and video. The patient was offered telemedicine as an option for care delivery and consented to this option.

Include the following information in your note:

- Patient location: ***, Tennessee (or other state, if applicable)
- Clinician location during the telehealth encounter
- Other participants, such as trainee or scribe, present with clinician, with patient's verbal consent:***
- Other participants present with patient: ***
- HPI and other histories as you normally would
- Applicable exam elements that you can obtain via observation

In the event you are unable to establish a video connection and need to complete the visit with audio discussion only, use smart phrase **.phonevisit**. This inserts the following phrase:

Audio phone call visit. I spent *** on this call with the patient actively engaging in patient care and decision making.

Coding

The following codes are currently approved for telehealth visits when the patients are at home: 99024, 99201-99205, 99211-99215, 99495-99496, G0438, and G0439. Medicare has approved additional codes, which can be accessed at [CMS Telehealth General Information](#). Important note: Payers will deny services not approved for telehealth, and VUMC may not be able to bill the patient for those services.

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All telehealth encounter coding must include the **GT and CR modifiers**.

In the event you are unable to establish a video connection and need to complete the visit with audio discussion only, phone-only codes should be used. These include 99441-99443.

Telephone-only encounter coding requires the **CR modifier but not the GT**.

Prescribing

Prescribing rules, particularly those related to controlled substances, vary by the state where the patient is located during the telehealth visit and also by the scope of your license. Clinicians need to understand and follow each state's prescribing laws for telehealth visits.

Clinician's Work Location & Privacy Considerations

During a state of emergency or pandemic, clinicians can conduct telehealth visits from any private setting where the clinician has full access to eStar. This includes the clinician's home. It is best to find a room with a door so that you have control over who can hear your conversation. Family members or others in your home or off-site workspace are typically not members of VUMC's trained workforce and should not be able to see or hear your telehealth visits.

Technical Assistance

Please call the VUMC Help Desk with questions at 343-4357, Option 4, or submit a request to Pegasus at <https://pegasus.mc.vanderbilt.edu/>