

***AMBULATORY GUIDELINES
DURING COVID- 19
STAFF AND CLINICIAN INSTRUCTIONS***

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AMBULATORY SCHEDULING GUIDELINES DURING COVID- 19 PRACTICE STAFF AND CLINICIAN INSTRUCTIONS

Pre- Date of Service:

1. Clinician Workflow:

- a. Clinician receives file upcoming of scheduled appointments
- b. Clinician determines if patient needs to be seen and categorizes each patient as follows:
 - i. IN-PERSON VISIT: Necessary/ Remain as scheduled in system
 - ii. TELE- VISIT: Visit can occur via telephone (and shortly there will also be the option for a Telehealth/Video Visit)
 - iii. RESCHEDULE: Visit can be rescheduled future date (e.g. 1-3 months)

2. Practice Staff Workflow:

- a. IN-PERSON VISIT: Staff calls the patient to inform them that their clinician has determined they should keep their previously scheduled in-person appointment.
 - i. Staff confirms the patient will keep in-person appointment
 1. Add Appointment Comment: "Confirmed/in person appt"
 2. Staff performs COVID-19 screening
 - a. If patient has positive COVID-19 screening: Follow clinic guidelines for positive COVID-19 screening via telephone*
 - ii. If patient declines to keep in person appointment:
 1. Offer patient telephone visit
 2. If patient declines telephone visit, reschedule appointment.
 3. Document in Appointment Comments as applicable:
 - a. "Telephone Visit / Best phone: 781-XXX-XXXX"
 - b. "Rescheduled due to COVID"
 4. Add note in WebOMR to document and notify clinician that patient declined in person appointment and will have a Telephone Visit or has rescheduled their appointment to a later date.
- b. TELEPHONE VISIT: Staff contacts patient to transition in-person visit to telephone visit (or in future via video visit)
 - i. Confirm and/or update patient phone numbers
 - ii. Enter comment on appointment: "Telephone Visit / Best phone: 781-XXX-XXXX"
 - iii. Add note in WebOMR to document phone call and patient consent for telephone visit.
 - iv. If patient declines telephone visit:
 1. Reschedule patient and note "Rescheduled due to COVID" in Appointment Comments.
 2. Add note in WebOMR to document that patient refused telephone visit and notify clinician.
- c. RESCHEDULE: Staff contacts patient to reschedule and adds "Rescheduled due to COVID" in Appointment Comments.

AMBULATORY SCHEDULING GUIDELINES DURING COVID- 19 PRACTICE STAFF AND CLINICIAN INSTRUCTIONS

On The Date of Service

1. Staff Workflow:

- a. Telephone Visit: Do **not** check in the patient or cancel the appointment if it is a visit that will be done via Telephone (or Video in the future).

2. Clinician Workflow for documenting and billing a Tele-Visit:

You MUST select the MACRO called “CLINICIAN TELEPHONE or VIDEO VISIT TEMPLATE” during COVID-19.

- a. Clinician log’s into WebOMR
- b. Navigate to “Schedule”.
 - i. Clinician selects Visit Type and reads appointment comments. Calls patient.
 1. *Note: additional instructions for non-English speaking patients to be added*
- c. Select the Patient
- d. Select "Notes" tab
- e. Select "New Note" , and note type of “telephone contact”
- f. Select "Macro Insert" (see page X for macros)
- g. Scroll down and Expand “All other public folders”
- h. Select and expand public folder: “A telephone or video visit”
- i. Select Macro: “Clinician Telephone or Video Visit Template”
- j. Complete note
- k. Sign and finalize note
- l. Navigate to “Tasks”
- m. Select “Billing Queue” tab and “Unbilled Visit” tab
- n. Select the “cancel/disposition visit” link next to the patient name
- o. Select “Telehealth” radio button and select “okay”. This will bring you into E-Ticket to submit charges

Please note: steps f and g are only necessary the first time the macro is accessed. After the first time using it, the “Clinician Telephone or Video Visit Template” will appear at the top of the macro list (under “Recent”)

Sign - 16	Messages - 1	Results - 5	To Do - 284	Print / Route - 2	Billing Queues - 11
Unbilled Visits - 6	Unsigned Tickets - 5				

eVisitTicket Census for [Month] [Year] [Status]

Remove	MRN	Name	DOB	Date of Service	Check In Time	Visit Type	Scheduled Provider	Referring Provider	Bill New Service
Cancel/Disposition Visit	[MRN]	[Name]	[DOB]	03/09/20 3:00 PM	2:55 PM	LONG	BROCKMEYER, DIANE M.		Create Ticket

Cancel/Disposition Appointment

- Reason:**
- Patient Did Not Show
 - Patient Cancelled Appointment
 - Patient Admitted to ED or as Inpatient
 - Telehealth
 - Private
 - Other

HOW TO BILL FOR A TELEPHONE OR VIDEO VISIT DURING COVID-19

- The visit will now appear on the eTicket Census, and is highlighted in blue. Under “Bill New Service”, click on Technical to bill for Telephone or Video Visit codes.

Census for											
<input type="checkbox"/> Remove	MRN	Name	DOB	Type	Admit	Room	Disch	Last Billed	Bill New Service		
<input type="checkbox"/>	Other Visit 1101690	XZMCT_THIRTEEN (F)	12/08/1958	Outpt	03/16/2020	Generic	03/16/2020	03/16/20	Eval&Manage	Procedure	Technical
<input type="checkbox"/>	Other Visit 1101385	XZMCT_TWO (F)	08/21/1973	Outpt	03/16/2020	Generic	03/16/2020		Eval&Manage	Procedure	Technical

- Your Technical Code ticket will look similar to this ticket. The top section left corner displays CCC information about the patient’s visit. It will list you as the Physician at the top.

Physician: Patient: FROG,KERMIT MRN: 0901910 DOB: 09/21/1933 Age: 86 Gestational Age: 182w 4d M Visit Date: 03/18/2020 Current Location: Generic Primary Insurance: 40610 PHCS (PPO)	Service Date: 03/18/20 Patient Type: Technical AOR/Referring MD: <input type="button" value="Lookup"/> Billing Area: 22506 Neurology Standard				
Code	Description	History & Physical	Decision Making	Time	Min.
<input type="radio"/> 99091	Collection & interpretation of physiologic data	each 30 days	--	30+	
<input type="radio"/> 99451	Interprofessional Consult/written report/consultative time	--	--	5+	
<input type="radio"/> 99452	Interprofessional Referral Service: 16-minute threshold	--	--	30	
<input type="radio"/> 99453	Remote monitoring of physiologic parameter(s) (initial) setup/education	--	--	--	
<input type="radio"/> 99454	Device(s) supply with daily recording(s) or programmed alert(s)	each 30 days	--	--	
<input type="radio"/> 99457	Remote physiologic monitoring w/ interactive communication	in calendar month	--	20+	
<input type="radio"/> 99446/99447/99448/99449	Interprofessional Consult (verbal & written)	Enter the number of minutes	of discussion/review	5+	
<input type="radio"/> G2010	Remote Evaluation (recorded video &/or images)	--	--	30	
<input type="radio"/> G2012	Virtual Check-in with medical discussion	--	--	5-10	
<input type="radio"/> PCV01	New Patient Phone Visit (99201), 10 Minutes	--	--	10	
<input type="radio"/> PCV02	New Patient Phone Visit (99202), 20 Minutes	--	--	20	
<input type="radio"/> PCV03	New Patient Phone Visit (99203), 30 Minutes	--	--	30	
<input type="radio"/> PCV04	New Patient Phone Visit (99204), 45 Minutes	--	--	45	
<input type="radio"/> PCV05	New Patient Phone Visit (99205), 60 Minutes	--	--	60	
<input checked="" type="radio"/> PCV12	Established Patient Phone Visit (99212), 10 Minutes	--	--	10	
<input type="radio"/> PCV13	Established Patient Phone Visit (99213), 15 Minutes	--	--	15	
<input type="radio"/> PCV14	Established Patient Phone Visit (99214), 25 Minutes	--	--	25	
<input type="radio"/> PCV15	Established Patient Phone Visit (99215), 40 Minutes	--	--	40	
<input type="radio"/> PCV41	Consultation Phone Visit (99241), 15 Minutes	--	--	15	
<input type="radio"/> PCV42	Consultation Phone Visit (99242), 30 Minutes	--	--	30	
<input type="radio"/> PCV43	Consultation Phone Visit (99243), 40 Minutes	--	--	40	
<input type="radio"/> PCV44	Consultation Phone Visit (99244), 60 Minutes	--	--	60	
<input type="radio"/> PCV45	Consultation Phone Visit (99245), 80 Minutes	--	--	80	
<input type="radio"/> VCV01	New Patient Video Visit (99201), 10 Minutes	--	--	10	
<input type="radio"/> VCV02	New Patient Video Visit (99202), 20 Minutes	--	--	20	

<input type="radio"/>	VCV01	New Patient Video Visit (99201), 10 Minutes					10
<input type="radio"/>	VCV02	New Patient Video Visit (99202), 20 Minutes					20
<input type="radio"/>	VCV03	New Patient Video Visit (99203), 30 Minutes					30
<input type="radio"/>	VCV04	New Patient Video Visit (99204), 45 Minutes					45
<input type="radio"/>	VCV05	New Patient Video Visit (99205), 60 Minutes					60
<input checked="" type="radio"/>	VCV12	Established Patient Video Visit (99212), 10 Minutes					10
<input type="radio"/>	VCV13	Established Patient Video Visit (99213), 15 Minutes					15
<input type="radio"/>	VCV14	Established Patient Video Visit (99214), 25 Minutes					25
<input type="radio"/>	VCV15	Established Patient Video Visit (99215), 40 Minutes					40
<input type="radio"/>	VCV41	Consultation Video Visit (99241), 15 Minutes					15
<input type="radio"/>	VCV42	Consultation Video Visit (99242), 30 Minutes					30
<input type="radio"/>	VCV43	Consultation Video Visit (99243), 40 Minutes					40
<input type="radio"/>	VCV44	Consultation Video Visit (99244), 60 Minutes					60
<input type="radio"/>	VCV45	Consultation Video Visit (99245), 80 Minutes					80

Currently Selected E&M Codes: Mod1 Mod2 Mod3 Units Primary Diag
VCV12 Established Patient Video Visit (99212), 10 Minutes G40.201

Mod1: Mod2: Mod3: Units:

Currently Selected Diagnoses - First Listed Is Primary
G40.201 EPILEPSY, PARTIAL COMPLEX, NOT INTRACTABLE, W/STATUS EPILEPTICUS NOS

ALL ALLbyNumber Behavioral Cranial Nerves **Epilepsy** General Infectious/Inflammatory Metabolic/Endocrine Movement Disorders Multiple Sclerosis
Neuro-oncology Neuro-ophthalmology Neuromuscular Sleep Spine Trauma Vascular Hold Ticket

Manual Diagnosis Entry: Enter Manual Diagnosis Diagnosis Search Advanced Search

Comment:
It is very important to ensure that all diagnoses submitted on claims forms are fully supported by the patient's medical record, are signature compliant, and are specified up to the last digit.

Submit Another CPT Code

Billing Telephone or Video Visits During COVID-19

There are specific time based codes that we are using for telephone and video visits during COVID-19.

Please do not use any other codes for Telephone or Video visits during this time.

3. Entering the eTicket details:

a) **Service Date:** enter the DOS if it is not automatically displayed. If you are billing for:

- Today, you can use the CCC "T" option. ("T" for today).
- Yesterday, you can use the CCC "T - 1" option.
- Previous days, you can use the correct date or "T - # of days".

b) **Patient Type:** may automatically default to 'technical'.

c) **AOR/Referring MD:** this displays the AOR for the patient. This field must have the Referring MDs name in it.

d) **Billing Area:** select the appropriate Billing Area if it is not automatically displayed.

4. Telephone and Video Visit Code Selection: (PCV and VCV)

The Telephone and Video Visit codes displayed on your eTicket have been approved for use during COVID-19 by HMFP Compliance. Select the appropriate Telephone or Video Visit CPT code for this date of service (DOS). Once you select the code by clicking the radio button to the left, it will also display in the section immediately below the grey code box. (The codes are PCV-12, PCV-13, PCV-14, VCV-12, VCV-13, VCV-14.)

5. Diagnosis Code Selection:

Select Diagnosis codes in one of three ways :

- Use the Blue Links below the Diagnosis box to see the division's most used codes by Category
- Enter the Diagnosis code in the Manual Diagnosis Entry field.
- Use the Master ICD10 Diagnosis Dictionary and enter a keyword in the Keyword Lookup field.

Enter all the Diagnosis code(s).

Then Click the Diagnosis code that should be the Primary Diagnosis and Click the Make Primary button.

To delete a Diagnosis code, click the diagnosis and click the Delete button.

6. Submit your ticket:

Review what you have entered and when done Click Submit.

7. Sign Unsigned Tickets:

Remember to sign all your tickets at the end of each day. Use the Sign Unsigned Tickets link at the top of the page.

This will send the ticket the administration group for review.

Sign	Edit	Name	MRN	Service Date	CPT	Description	Diagnoses	Status
<input checked="" type="checkbox"/>	Edit	ZZTESTSYSTEM.KOPFIA	3193211	03/13/2020	VCV12	video visit	L53.9 ERYTHEMA, NOS	Unsigned

[Sign Checked Tickets](#) [Sign All Tickets](#)

Need Help with your ticket?

Please use the feedback located at the top of your screen. The administrators of your division will reply.

Please note, if you have access to multiple specialties, you will need to 'switch configuration' to the appropriate specialty, located at the top of your screen.

HOW TO CONNECT TO INTERPRETER SERVICES TO CONDUCT AMBULATORY VISIT VIA PHONE

For Scheduled Appointments TODAY OR IN THE FUTURE:

- Log in to: BIDMC Portal
- Hover your mouse over “Applications” on the Portal homepage
- Select “Interpreter Services Requests”
- You will be prompted to enter your ITS username and password
- From drop down on the left select “Today’s Appointments” or “Future Appointments” (screen print A)
- Enter MRN number of your patient in the upper right hand corner “Search” option (screen print A)
- Select the patient
- Select EDIT (screen print B)
- Enter your call back phone number (where the interpreter can reach you) under Phone/Pager# (screen print C)
- Select the Interaction type (screen print C)
- Click OK or UPDATE
- Select the appointment again and select “PATIENT READY”
- Wait for the interpreter to call you back

screen print A



screen print B



Screen print C



For Assistance with an UNSCHEDULED Phone Call to the patient:

- Log in to: BIDMC Portal
- Hover your mouse over “Applications” on the Portal homepage
- Select “Interpreter Services Requests”
- You will be prompted to enter your ITS username and password
- Select “New Request” on the top left corner
- Enter the patients MRN
- Complete the fields with the patient’s information. S
- Select “create request” to submit request

Screen print D



Screen print E

A screenshot of a form titled 'Service Location'. The form contains the following fields:

- Medical Record # (text input)
- PT First Name (text input)
- PT Last Name (text input)
- Facility/Floor (dropdown menu)
- Unit/Clinic (dropdown menu)
- Date of Birth (three dropdown menus for day, month, and year)
- Requestor (text input)
- Phone/Pager # (text input)
- Requestor Notes (text area with a character count '(500 chars left)')
- Care Provider (text input)

CLINICIAN TELEPHONE or VIDEO VISIT MACRO

The following are required:

- Consent: I introduced and identified myself, received verbal consent from the patient to proceed with this video and/or telephone visit and made the patient aware that the same confidentiality and information security practices apply.
- I verified the patient's name and date of birth, as well as payer ID if available.
- I also verified the following:
Patient Location: () Work; () Home; () Other:
Physician Location: () Clinic; () Home; () Other:
- If COVID 19 screening required, patient directed to:

Reason for Visit:

Summary of Discussion: *I spent the entirety of this _____ (# of) minute visit discussing the patient's symptoms of: _____ .My assessment and plan is:*

Date and MD signature:

Please navigate to eTicket to select the appropriate code as reflected ab