EHR for HIM - Documentation, Coding, and Telehealth for COVID-19

1. User 1: Will this presentation be available in print?
   Answer:
   a. User 2: It's in the FILES pod for download.

2. User 3: Is U07.1 for ICD-10-PCS users only. For example hospitals. Or are outpatient clinics that use ICD-10-CM supposed to use U07.1 too?
   Answer:
   a. User 23: The U07.1 is for ICD-10-CM. PCS is procedures.
   b. User 2: U07.1 is a diagnosis codes per Jade's responses. FYI in EHR we only map SNOMED to ICD-CM codes.

3. User 4: Since Physical Exam is deferred for Telehealth, what would be the exam level?
   Answer: Are you referring to telehealth or telephone calls? There is guidance on both.

4. User 4: For telephone calls
   Answer:
   a. User 23: There are specific codes for telephone calls. 99441-99443 and 98966-98968. These codes are time-based so the exam is not a factor. It is important that the provider document the time on the phone call with the patient. We have added a spot for start and stop times into their telephone call visit templates.
   b. User 4: For the telemedicine visits, the exam is going to be problem focused or expanded problem focused based on what the provider is able to visualize and document. Obviously there isn't a "physical" exam that is being done, but if they can visualize anything and document it, it should be documented. There should be a statement in the note stating that due to the circumstance and/or type of visit, the physical exam is limited/deferred.

5. User 7: Will this session be repeated if we have to drop off the call early?
   Answer:
   a. User 2: This session is being recorded and will be available to review

6. User 5: Does Telehealth end April 30th? Or is that extended?
   Answer:
   a. Jennifer answered this on Slide 77 - extended to May 31, 2020.

7. User 6: Nutritionist?
   Answer:
   a. User 23: Registered dieticians yes. Be sure that you are using the correct code 9944x vs 9896x

8. User 9: Are we supposed to use the GT modifier on all telephone/virtual visits?
   Answer:
   a. User 24: GT and 95 modifiers are applied to the telemedicine visits

9. User 10: Question on well child visits does the child need to be present during the visit to bill as a well-child exam?
   Answer:
   a. User 26: The patient would have to be present in order for a visit. You would need to check with your state to see if they are permitting this service (well child visits) to be conducted via expanded telehealth.

10. User 11: Will the modifier 95 or GT cover POS 02 as well?
    Answer:
    a. User 24: Modifiers 95 and GT are assigned to the E&M levels for visits that occur via telemedicine. The Place of Service portion should be clarified with your Area BOC.

11. User 12: The 7 days, is it consecutive days or business days?
    Answer:
    a. User 23: The CPT book says "within the previous 7 days". I take as it consecutive, but I have no documentation to back that up.

12. User 13: How are visits conducted in an outside open air tent are these considered face-to-face, office? Also drive through testing- how are these documented coded and billed.
    a. IHS OIT David R Taylor 2*(privately):* Sharon... you may contact me... David.Taylor@ihs.gov is you would like some assistance with configuring E8 Clinics and Tents.

13. User 13: How are visits billed in an outside tent when Provider has a 6 ft. distance visit?
    Answer:
    a. User 23: If the provider is seeing the patient, it would all depend on the services that are provided. If the patient is simply getting labs, it would be treated as you would normally treat your lab only visits according to the "outside the 4 walls" rule. This is a facility level decision as well so please see how your facility wants it set up

14. User 14: Is telephone visit the same as a virtual check in?
    Answer:
    a. User 23: Essentially, yes. The Virtual visits do not have video; audio only.

15. User 15: Since 2014 – non-physician practitioners (such as Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs), Registered Dietitians (RDs), and Doctors of Pharmacy (Pharm Ds)) to be included on the medical staff since we continue to believe that these practitioners, even though they are not included in the statutory definition of a physician, nevertheless have equally important roles to play on a medical staff and in the quality of medical care provided to patients in the hospital. Reference - https://www.govinfo.gov/content/pkg/FR-2014-05-12/pdf/2014-10687.pdf

15. *Cont*. Also noted that RDs based on state laws can order/modify diet orders in hospitals and with nutritional related labs/procedures in hospitals and clinics.
Answer:
   a. User 23: Excellent resource - thank you

16. User 11: I wanted to know if the modifier 95 can be used for home visits.
Answer:
   a. User 23: Depending on the service provided. If there is synchronized audio and video, then either GT or 95 needs to be appended to the E&M.

17. User 5: We have incomplete visits due to Lab COVID19 code. Since the COVID lab is attached with a 87635 CPT. Are we ok to code out?
Answer:
   a. User 23: Recommend waiting for the test results to come back, then code and release.

18. User 16: Did you get information on telephone calls initiated by providers, if they can be coded with telephone codes 99441-99443?
Answer:
   a. User 25: Per CMS, telephone services, must be initiated by the patient, parent or guardian, not the provider. Tina Valencia will follow up.

19. User 17: Patient encounter via telemedicine but provider asks patient to come inside the clinic to provide a specimen, would billing be separate. On coding side would do we combine the visits.
Answer:
   a. User 26: So this would be similar to the scenario described in the FAQ's (Question: Should on-site visits conducted via video or through a window in the clinic suite be reported as telehealth services? How could a physician or practitioner bill if this were telehealth?) Please see this guidance - it wouldn't be considered a telemed visit.

20. User 18: Is there definitive guidance on using E8 PHE?
Answer:
   a. User 27: Yes ... Public Health Emergency. The Definition is found in the "Standard Code Book"
   b. User 27: A clinic that provides health services in response to a public health emergency at the national, regional, or local level. Such as, but not limited to, epidemic, pandemic or natural disasters.

21. User 19: New codes be inactive in future or will they be a part of coding and documentation forever?
Answer:
   a. User 28: If CPT or ICD-10 code is marked inactive by the respective authority this information is always preserved in a patch. Always part of the legal health record

22. User 20: If the nurses are doing the lab for COVID-19, would the need an ordering provider for labs? Or would we just use the nurse are the primary provider?
    Answer:
    a. User 27: The Nurse is the Primary Provider and the Ordering Physician the Ordering Provider. If Using "Standing Orders or Policy Orders or Nurse Initiated Protocols (CMS does not define) ... The Nurse Initiated Protocol MUST be Authenticated within 48 Hours. Authentication Used to be 24 Hours. Configuration of "Authentication" within EHR is based upon Organization Policy AND takes a bit of configuration time.

23. User 20: I mean would the labs need an ordering provider?
    Answer:
    a. User 27: Policy Orders or Standing Orders or Nurse Initiated Protocols (CMS Does Not Define) are based upon Organizational Policy and Protocols. The EHR Policy Order or Protocol MUST be authenticated within 48 Hours (Used to be 24). EHR Configuration for Policy Orders and Authentication takes some time. The Provider Authenticating the Order is the Ordering Provider for the Test.

24. User 7: For the drive thru testing (nursing contact only), is there an EHR note generated? Is there a co-signer needed? How are the orders placed in E.H.R.?
    Answer:
    a. User 23: Per David Taylor: The Nurse is the Primary Provider and the Ordering Physician the Ordering Provider. If Using "Standing Orders or Policy Orders or Nurse Initiated Protocols (CMS does not define) ... The Nurse Initiated Protocol MUST be Authenticated within 48 Hours. Authentication Used to be 24 Hours. Configuration of "Authentication" within EHR is based upon organizational Policy AND takes a bit of configuration time.

25. User 21: Has IHS receive any wavier not to bill Employees and non-Ben employees for COVID testing, screening and visits
    Answer:
    a. User 23: At our facility, we as coders were informed tests for staff were to be sent through 68 - Employee Health clinic so they will not go through billing.

26. User 22: For PT and OT (Telehealth) based on your presentation. The PT and OT can still bill out PT/OT CPT codes with the 95 or GT modifier?? Instead of using CPT codes 99441-99443?
    Answer:
    a. User 26: Please check with your state for specifics -- Arizona BOC (acting) is Cheryl Lynn King

27. User 11: Will there be a list of emails that can be contacted for questions later? Answer:
    a. User 2: You may always email the Coding ListServ, and you may also use the documented in the download pod.

28. User Unk: Is anyone familiar with AZ AHCCCS codes? There is a telephonic list of approved CPTs, should we be referring to those? Is that what you mean by contacting your area person, you said Cheryl?
    a. User 2: Yes that would be Cheryle King, email me if you need more follow up: Janice.Chase@ihs.gov