

**BREAKOUT SESSION**

**12<sup>TH</sup>**  
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**OCTOBER 28-30, 2024**

*Business and Leadership Track:*

# **How to Integrate Telehealth into the Workflow of the Organization**

**Wednesday, October 30**  
**10:00 AM - 10:45 AM**

# Integrating Telehealth Into the Primary Care Workflow

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# Choosing Software and Equipment

- Platforms: Doxy.me, Pexip
- Broadband Requirements
- Telehealth Carts
- Laptops, Dual screens, Headphones

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MEDICAL TECHNOLOGY

# Training

- Telepresenters: AHEC Telehealth Presenter Certification
- Providers: Telehealth Etiquette
- Schedulers: Appointment Prep
- Patients: Digital Literacy

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MEDICAL TECHNOLOGY

# Procedures

- Scheduling
- Appropriate visit types
  - Patient Initiated acute visits
  - Follow-ups
  - Referrals
  - Behavioral Health
  - OUD/MAT
  - Well Visits

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# Staffing and Support

- Providers
- Nursing Staff
- Telepresenter
- Telehealth IT support

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# Additional Benefits of Integrated Telehealth

- Gap closures: HEDIS and UDS
  - Well visits: pediatric, adult, Medicare AWWV
  - Tobacco Screening and Intervention
  - Depression Screening and Intervention
  - Depression Remission
  - Nutrition and Physical Activity Counseling
  - ADD/ADHD follow-up

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# Workflow: Patient in Office/Provider Offsite

- Patient checks in and is roomed by nursing staff.
- All work-up complete (vitals, screenings, standing order labs, etc.)
- Patient connected to Provider via tablet or iPad
- Provider communicates with nursing staff to close out visit and complete any orders (labs, injections, etc.)



# Workflow: Patient at Home/Provider in Office

- Patient checks in by entering Doxy.Me room via texted link
- Nurse can complete workup (screenings, etc.)
- Provider conducts remainder of visit on laptop
- Provider gives patient any follow-up instructions

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# Required Documentation

- Consent
- Originating Site (location of patient)
- Distant Site (location of provider)
- Mode of Transmission
- Time

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# The Billing Story

- What?
- Where?
- How?
- When?
- Why?

# Billing Clues for “What?”

## Clue #1- Visit Types

S2SP	Site to Site Televisit Provider
S2SPTELPsy	Site to Site Telepsychiatric 30
S2SPTPSY60	Site to Site Telepsychiatric 60
BHHEALOWIC	BH Healow Integrated Consult
BHHEALOWNP	BHTV HEALOW NEW PATIENT
BHHELOWCPD	BH Healow Care Plan Development
BHHELOWF/U	BH Healow Follow Up

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# Billing Clues for “What?”

## Clue #2- Telehealth Specific Coding

486070	99213	MAT Followup Televisit Level 3
428548	99213	Telehealth Visit Established Patient Level 3
485480	99213	Telehealth Visit Established Patient Level 3

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# Billing Clues for “Where?”

## Clue #1- Originating Site & Distant Site

- Built template for requirements

## Clue #2- Facility Location

- Created facilities for telehealth to assist with coding, reporting, and scheduling

4 | Telehealth Little River

# Billing Clues for “Where?”

“Where” workflow continued:

- Central Scheduling places the appointment on the provider’s telehealth schedule and a placeholder on the nursing schedule (i.e. S2STele & S2SP)
- The nursing note includes all on site services (i.e. Vitals, HEDIS Measures for Vitals, In House Lab results, etc.)
- Nurse pulls in telehealth template for the provider and fills out all pieces except for the time
- Provider completes the progress note, places any orders, and adds the start/stop time

# Billing Clues for “How?”

## Clue #1- Technology Employed

- Nursing enters information into telehealth template

## Clue #2- Is the technology audio only or audio/visual?

# Billing Clues for “When?”

Clue #1- Date of Service

Clue #2- Start & Stop Time

- Nursing enters times into telehealth template

# Billing Clues for “Why?”

Clue #1- Reason

Clue #2- Consent

Clue #3- Chief Complaint

- Nursing enters reason and consent into telehealth template
- Added new reasons “Post Covid”

- The Patient Requested due to barriers with transportation
- The Patient Requested due to concerns of exposure during the coronavirus pandemic
- The Patient Requested due to physical limitations to travel
- The Patient Requested due to appointment availability
- The Patient Requested due to health restrictions
- The Patient Requested due to provider availability

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# Telehealth Template

## Chief Complaint(s):

- abdominal pain

## HPI:

## Telehealth Visit

**Reason:** This telemedicine consult was requested by the referring healthcare provider and was completed using real-time videoconferencing with the patient .

**Consent:** The patient has verbally consented to conduct this medical encounter by way of electronic telemedicine (audiovisual) means .

**Technology Employed:** Tablet or Ipad .

**Patient Location is:** Home .

**Provider location is:** Myrtle Beach .

**Start Time:** 3:20 PM .

**Stop Time:** 4:00 PM .

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# Billing Role

- Interprets the “story” and ensures correct coding
- Adds modifiers required per payer rules
  - 95;FQ;GT
- Makes any other adjustments per payer guidelines
- Combines claims if needed (payers vary)
- Actions the provider for clarification as needed



# Place Of Service

- Telehealth default facility is POS 02 (telehealth)
- Billers adjust the POS (if needed) after reviewing the components and applying payer rules (i.e. POS 10 patient home)
- System rules are built to automate a change of POS for payers known to require a different POS on their telehealth claims
- Billers add Q3014 originating site fee (if it applies)



# Follow Up

Detailed billing cheat sheets for FQHC's in SC by payer and service type can be provided upon request

Contact info: [Jblankenship@Irmcenter.com](mailto:Jblankenship@Irmcenter.com)

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