



To: All WRS Users
From: WRS Development Team
Date: 04/09/2020 (**UPDATED – Version 4**)
Re: Release of Patient Telehealth & Self-Check-in Module

WRS has expedited the release of new Telehealth functionality to assist providers in conducting remote patient encounters during the COVID-19 Pandemic. We are pleased to offer this functionality to all current clients at no cost until June 30, 2020.

Please complete the [Telemedicine Signup Form](#) to enable the functionality below in your practice immediately.

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Sign Up for Telehealth Service

Note: In order to use this functionality, your practice must be enrolled in Telehealth functionality. It will be offered free-of-cost until June 30, 2020. Complete the Telehealth Signup Form for setup.



Patient Email Collection

Collection of patient email address is at the center telehealth workflow. It's essential to check and/or enter the patient's email when scheduling an appointment. More information on patient email collection can be found in eLearning – [Single email tied to multiple patients user guide](#).

Check Hardware & Software Setup

Be sure to setup the device (PC, MAC, iPad or Cell Phone) that you plan to use for the telehealth visit. All setup requirements and testing suggestions are detailed in the following videos and PDF documents.



Front Desk Headset

It is strongly suggested that a front desk representative is equipped with a noise-cancelling headset with microphone. This allows the front desk user to join the telehealth session in advance of the encounter (30-minutes prior) and privately assist patients with Telehealth setup, Self Check-in and collection of intake data. This should happen 30-minutes before the actual encounter with the provider.



[Setup Patients & Providers Desktop Use PDF](#)

[Setup for Patients & Providers Mobile Use PDF](#)



[Setup for Patients & Providers Desktop Use VIDEO](#)

[Setup for Patients & Providers Mobile Use VIDEO](#)

New Telehealth (System Default) Appointment Type

A new Telehealth (System Default) Appointment Type is now available in your practice. You will see this under **Administration>Scheduler Setup>Practice Appointment Type**.

Schedule a Telehealth Appointment

IMPORTANT NOTE: Success with the Telehealth Workflow requires use of the Telehealth (System Default) Appointment Type. Use of any other appointment type will prevent the complete Telehealth workflow.

All previously created (non-default) custom “Telehealth” appointment types should be renamed to avoid user confusion. All appointments made with these custom types should be adjusted to use the Telehealth (System Default) Appointment Type.

Practice Appointment Type Administration			
			SSAPPOINTMENT TYPES <input type="text"/>
<input type="checkbox"/> Active Types	<input type="checkbox"/> Deactivated		
◆ TYPE NAME	◆ DESCRIPTION	◆ ABBREVIATION	◆ LENGTH(MIN)
Established patient	Established Pa	est	15
New patient visit	New Patient Vi:	new	15
Office Procedure (System Default)	Office Procedu	pro	1
Surgery (System Default)	Surgery	sur	10
Telehealth (System Default)	Telehealth App	tel	10

New Appointment ✕

Thursday 03/19/2020 From 08:00 AM To 08:20 AM

Location WRS HEALTH TRAINING **Resource** test, Provider

Patient KEIRA BEDNAR **Appointment Type**

Notes Enter Comments

Send Email Notification

- Established patient
- New patient visit
- Office Procedure
- Surgery
- Telehealth**

(1) To make a Telehealth Appointment just use your existing Appointment Scheduling workflow.

(2) Simply select "Telehealth" under the dropdown Appointment Type Box.

Review Patient Email & Self-Check-In Workflow

Once you have scheduled a patient using the new Telehealth Appointment Type, the patient will receive a Telehealth Appointment Confirmation Email and Appointment Reminder Emails. These emails include links to PDFs and videos that explain the use of the Patient Self Check-In process (desktop and iPad only):

YOUR telehealth Appointment is Scheduled

Date: 03/20/2020, Friday
Time: 7:10 PM
Appointment Type: Telehealth
Provider: Lawrence Gordon
Video Visit: [Click this link](#)

Step 1 - Prepare Your Device. Do Now

Please do this now. Setup for your visit now.
Hardware and Software Instructions

USING A COMPUTER WORKSTATION	USING A PHONE OR MOBILE DEVICE
<ul style="list-style-type: none">• PC Set up Video• PC Set up PDF	<ul style="list-style-type: none">• Mobile Set up Video• Mobile Set up PDF

Step 2 - Self CheckIn 30-Min Before Visit

At least 30 minutes before your appointment
Please self check in using [Patient Online Check In Module](#)

<i>Important Note - This link is valid ONLY on the day of your appointment.</i>	Check-In Module Tutorial Video
	Check-In Module Instructions PDF



[Patient Self Check-in PDF](#)



[Patient Self Check-in VIDEO](#)

Patient Self Check-In

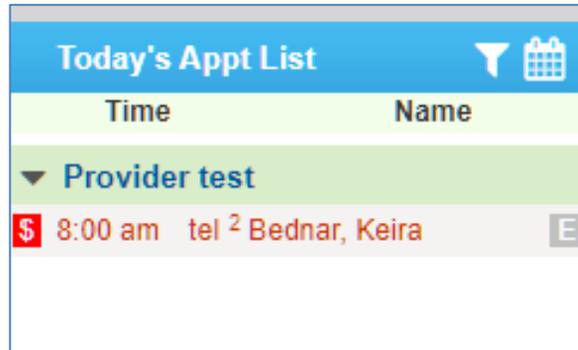
This emails also contain a link for Patient Self Check-In. Upon clicking the Patient Online Check In Module link, the patient will be asked to enter Last Name and DOB. If they match a patient in today's schedule, they will be taken to a series of automated Check-In screens. This is called the Patient Check-In Module.

The screenshot shows the 'Patient Check-In' page at ehr.wrshealth.com/checkin/#/patient. The page features the ENT Specialty Care logo and a progress bar with four steps: Step 1 Log in (highlighted), Step 2 Patient Profile, Step 3 Pharmacy, and Step 4 Questions. The main form area is titled 'Patient Check-In' with the instruction 'Let's start. Simply Follow the instructions shown below'. It contains two input fields: 'Last Name' with the value 'test' and 'Date of Birth' with the value '09/18/1956'. A large green 'Login' button is positioned below the input fields.

During Self Check-in, patients confirm demographic and contact info, enter a preferred pharmacy, pay a co-pay due and check-in from their desktop PC/Mac. The process includes approximately 6 screens and should take them only a few minutes.

The screenshot shows the 'Patient Check-In' page at the 'Complete and confirm the account(s) information below' stage. The progress bar now shows six steps: Step 1 Log in (checked), Step 2 Patient Profile (highlighted), Step 3 Pharmacy, Step 4 Questions, Step 5 Co-Pay, and Step 6 Finished. The main form area is titled 'Patient Check-In' and contains two sections: 'PATIENT CONTACT' and 'EMERGENCY CONTACT'. The 'PATIENT CONTACT' section displays a profile card for 'Test Christa' with a checkmark, including her date of birth (09/18/1956), email (christasidoti+12@gmail.com), phone (845 678 2416), and address (123 goshen ln, goshen, NY 10924). An 'Edit' button is next to the address. The 'EMERGENCY CONTACT' section has a table with columns for NAME, PHONE, and RELATIONSHIP, and an 'Add' button. Below the table, it states 'No Emergency Contact is on file'. A large green 'Next' button is at the bottom right, and a red 'Cancel' button is at the bottom left. A progress indicator shows 17% completion.

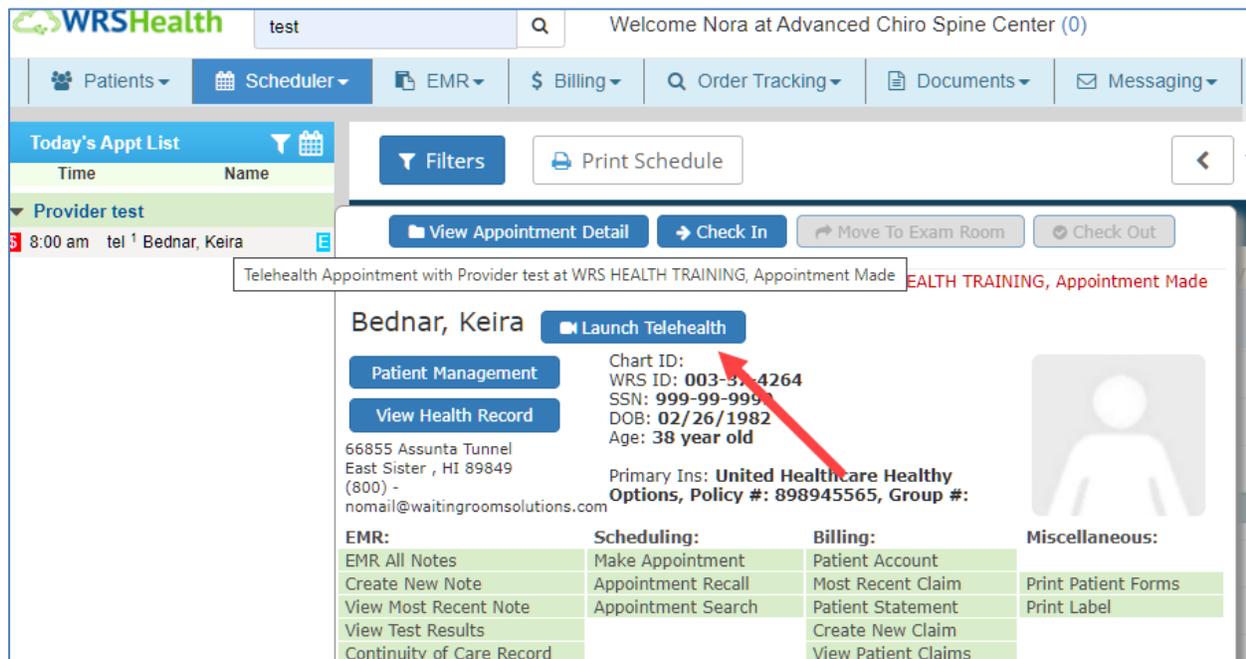
Once the patient has completed Check-In their appointment status in WRS under Today's Appointments will automatically be updated to WRS to Step 2- Check-In.



You can then move them to Step 3 Move to Exam Room and begin the telehealth video portion of the visit by clicking on the telehealth link (below)

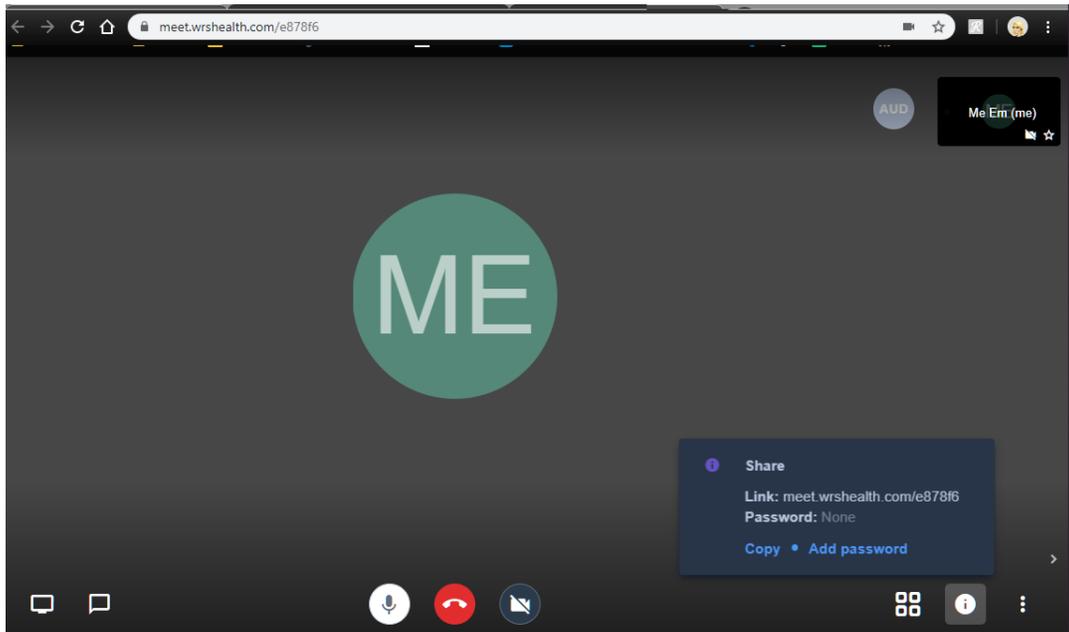
Launching a Telehealth Video Session

Once the patient has been Moved to Exam Room in WRS, simply mouse over the patient name and press the **Launch Telehealth** button on the Patient Information Box. This will take you to the patient's telehealth video room in your browser window.



Note that each patient will have a different video room. The link will consist of meet.wrshealth.com and a unique set of 6 digits for each patient:

meet.wrshealth.com/a23b5c



Revenue Cycle Management for Telehealth Visits

Updated Revenue Cycle Management Guidelines for Telehealth and Telemedicine Under COVID-19 Public Health Emergency (PHE) Waivers

Medicare Part B

CMS issued an [Interim Final Rule \(IFC\)](#) that was published in the April 6, 2020 Federal Register. The Interim Final Rule introduces a new crop of temporary regulatory waivers and new rules to equip the American Health Care System with maximum flexibility in responding to the Coronavirus (COVID-19) which was declared a public health emergency (PHE) and overall pandemic. All of these articles, updates, and different issue dates from the middle of March through April 6th have led to a great deal of confusion.

Here is an updated guide for “Non-Traditional Telehealth Services” for “Dates of Service” on or after March 1, 2020 and for the duration of the emergency period.

Telehealth means that the service is an **audio/video** encounter between the provider and the patient while **Telemedicine** means that an **audio only** (phone call) encounter took place between the provider and the patient.

Practitioner Locations: Medicare has temporarily waived the requirements that providers must be licensed in the state that they are providing services in during the PHE. However, state requirements may still apply. Telehealth and Telemedicine services can take place over state lines, if the services do not violate state laws. Medicare is allowing practitioners to render telehealth services from their home without reporting their home address on their Medicare enrollment, while continuing to bill from their currently enrolled location (their office) during the PHE, as stated on the CMS website under [PHE Waivers](#).

TELEHEALTH

In order to bill the approved Telehealth CPT codes which, include E&M codes, along with a list of 80 expanded codes for the PHE, the encounter must be conducted via an **audio/video** application. Please note: WRS Health has an integrated Telehealth Module within the EHR.

Coding: You can find the [list of approved telehealth CPT codes](#) under the PHE. Any of the CPT codes in the list issued by CMS can be provided using an **audio/video** method. This includes E&M codes such as home visits, ED visits, and inpatient visits, to name a few. CMS has indicated in the [Interim Final Rule](#) (page 135), that E&M services performed via telehealth can use either MDM or time to determine their levels.

Place of Service: In [traditional telehealth](#) the patient goes to an “Originating site” which is paid a facility fee. However, during the PHE, the “Originating site” is not being used. With the PHE exceptions, the provider and the patient are directly connecting, and CMS has determined the provider should not be paid the lower facility rate, which does not include payment for practice expense, for visits that are usually performed in the office. As a result, the instructions during the PHE are to use the location where the in-person encounter would normally be furnished. This means telehealth care that replaces:

Office Visits	99201-99215	would have POS 11
Home Visits	99341-99350	would have POS 12
ED Visits	99281-99285	would have POS 23
Subsequent Hospital Visits	99231-99233	would have POS 21

Modifiers: Most telehealth visits during the PHE will be appended with the 95 modifier to tell the carrier that this visit was performed using a telemedicine audio/video encounter as opposed to an in-person encounter. If your payers reject a telehealth claim and the 95 modifier is not appropriate, ask about modifier GT. The goal is to append the appropriate modifier to inform the Medicare Part B that the service was not an in-person encounter. Here are the common modifiers used for telehealth:

- 95 (Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System) (*See Appendix P in the CPT® 2020 Professional Edition, American Medical Association, p. 896*)
- GQ (via asynchronous telecommunications system) (*See HCPCS Level II Expert® 2020 Edition, p. 472*)
- GT (via interactive audio and video telecommunication systems) use for billing under Critical Access Hospital (CAH) (*See HCPCS Level II Expert® 2020 Edition, p. 473*)
- G0 (Telehealth Services for Diagnosis, Evaluation, Or Treatment, Of Symptoms of An Acute Stroke) (*See HCPCS Level II Expert® 2020 Edition, p. 465*)

TELEMEDICINE

Telemedicine is **audio only**. Since Telemedicine codes are never used for face-to-face encounters, **no modifier or special places of service are needed**. The provider should use the place of service where they usually provide the service. For example, if they are at home when taking the call, but they usually take the calls in the office, the POS is 11. CMS has also created the ability to provide telephone audio only services under telemedicine as part of the PHE. These services are not supported under the list of telehealth CPT codes and have specific CPT codes assigned to them.

The first telemedicine code that Medicare created is **G2012** which is for a **Virtual Check-In (VCI)** and it is for a 5-10-minute telephone call. Virtual Check-Ins must be initiated by the patient, but the PHE has made it such that the patient can initiate it during the actual call. G2012 is for established patients and the PHE expanded it to New and Established patients.

Another telemedicine code, **G2010**, is for the **Remote Evaluation of Video or Images Submitted by an Established Patient**. It includes the interpretation with follow-up with the patient within 24 hours.

With the PHE, CMS realized that they needed to provide the option to provide a telemedicine evaluation over the phone with no video that is more substantial than the Virtual Check-In. As a result, CMS added codes **99441-99443** as payable codes to fill the gap. These codes still do not pay very well, but they do provide for longer telephone evaluations by a provider. Medicare also expanded these codes to cover both new and established patients under the PHE waiver.

- **99441** 05-10-minute discussion (this overlaps with G2012)
- **99442** 11-20-minute discussion
- **99443** 21-30-minute discussion

G2012, G2010, 99441-99443 cannot originate from a related E&M service provided in the past 7 days nor can it lead to an E&M service or procedure within the next 24 hours or soonest available appointment.

Telemedicine codes are handled a little different. CMS was contacted because conflicting information has been received for G2012 between carriers, the press releases and the federal register.

- According to CMS, G2012 is technically a Remote Monitoring Code and not a Telehealth code, per the way the code was set up.
- Now that COVID is active and we are in a PHE, CMS somehow reclassified the code as "traditional telehealth" but most of the MACs have not reclassified it as such. This is causing confusion because many MACs wants POS 11, but CMS has indicated that POS 02 is the correct POS.

It is recommended that your carrier be contacted to find out what they require for **Virtual Check-In code G2012** and **Telemedicine codes 99241-99244**.

Documentation Requirements: Telehealth visits must include 5 key elements in addition to what took place during the encounter.

The following must be documented for a telehealth visit:

- **Telehealth modality** - This telehealth service is being performed using [insert type of interactive telecommunications system] (eg: WRS using an iPhone providing audio and video communications)
- **Location of patient** - The patient's location (originating site) is their home
- **Location of provider** - The providers location (can now be their home office due to PHE)
- **Consent of patient** - The patient gave consent for this visit to be seen using telehealth
Note: The consent can be obtained by the staff and can last for a year.

If consent was not obtained during this visit, refer to prior consent date.

If consent was obtained by staff, refer to the staff member's name who obtained the consent.

- **Names of any other people present** - The names of all people that were present at the exam. Very important if it's a child. (eg: Mom, Barbara attended, LPN Marie attended, etc)

Non-Medicare Part B

Non-Medicare Part B payers each have their own rules for Telehealth and Telemedicine. For example, BCBS of AZ requires that POS of 02 be used for Telehealth with a 95 modifier. Each payer has their own very specific rules. A place that practices can start gathering information for each payer is the [American Health Insurance Plan](#) website where they list rules for major payers alphabetically. The rules, unfortunately, do continually change, so coders and billers will have to check with each payer to confirm that the information is correct. The website indicates it has been updated as of April 2, 2020, but it will only be as accurate as the last update each payer sent to AHIP. So, it is recommended to use the AHIP website as a starting point, but make sure the payer's website is also checked, to confirm the accuracy and timeliness of the information on the AHIP website.

On a daily basis, the rules related to Telehealth and payment for telehealth are evolving, and misinformation is abundant. We will keep you updated as information becomes available. You can also visit the AAPC's [Telehealth FAQ](#).

Thank you,

Anthea Sapon, RN, Revenue Cycle Manager