Telemedicine (VIDEO VISITS) at Texas Tech Physicians (TTP), v1.3

Utilizing to Perform Telemedicine Visits for our Patients

1: Overview & Required Equipment

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  [Recommended]
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- [Recommended]
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7: Using FaceTime as Emergency Backup to Zoom

10: Telemedicine in the Inpatient Setting

3. Medical Decision Making

Number of Diagnoses or Treatment Options

Identify each problem or treatment option mentioned in the record. Enter the number in each of the categories in Column D in the table below. (There are maximum number in two categories.)

Amount and/or Complexity of Data Reviewed

For each category, enter the number identified below in the circles in the column. Total the points.

Number of Diagnoses or Treatment Options

Problem(s) Status	Number	B X C = D Points	Result
Self-limited or minor (stable, improved or worsening)	Max = 2	1	
Est. problem (to examiner); stable, improved	Max = 1	1	
Est. problem (to examiner); worsening		2	
New problem (to examiner); no additional workup planned	Max = 1	3	
New prob. (to examiner); add. workup planned		4	
		TOTAL	

Multiply the number in column B by the number in column C. Put the product in column D.
Enter a total for column D.
Bring total to **line A** in Final Result for Complexity (table below)

Amount and/or Complexity of Data Reviewed

Review and/or order of clinical lab tests	1
Review and/or order of tests in the radiology section of CPT	1
Review and/or order of tests in the medicine section of CPT	1
Discussion of test results with performing physician	1
Decision to obtain old records and/or obtain history from someone other than patient	1
Review and summarization of old records and/or obtaining history from someone other than patient and/or discussion of case with another health care provider	2
Independent visualization of image, tracing or specimen itself (not simply review of report)	2
TOTAL	

Bring total to **line C** in Final Result for Complexity (table below)

Risk of Complications and/or Morbidity or Mortality

Use the risk table below as a guide to assign risk factors. It is understood that the table below does not contain all specific instances of medical care; the table is to be used as a guide. Circle the most appropriate factor(s) in each category. The overall measure of risk is the highest level circled.

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	• One self-limited or minor problem, e.g., cold, insect bite, tinea corporis	• Laboratory tests requiring venipuncture • Chest x-rays • EKG/EEG • Urinalysis • Ultrasound, e.g., echo • KOH prep	• Rest • Gargles • Elastic bandages • Superficial dressings
Low	• Two or more self-limited or minor problems • One stable chronic illness, e.g., well controlled hypertension or non-insulin dependent diabetes, cataract, BPH • Acute uncomplicated illness or injury, e.g., cystitis, allergic rhinitis, simple sprain	• Physiologic tests not under stress, e.g., pulmonary function tests • e.g., barium enema • Superficial needle biopsies • Clinical laboratory tests requiring arterial puncture • Skin biopsies	• Over-the-counter drugs • Physical therapy • Occupational therapy • IV fluids without additives
Moderate	• One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment • Two or more stable chronic illnesses • Undiagnosed new problem with uncertain prognosis, e.g., lump in breast • Acute illness with systemic symptoms, e.g., pyelonephritis, pneumonitis, colitis • Acute complicated injury, e.g., head injury with brief loss of consciousness	• Physiologic tests under stress, e.g., cardiac stress test, fetal contraction stress test • Diagnostic endoscopies with no identified risk factors • Deep needle or incisional biopsy • Cardiovascular imaging studies with contrast and no identified risk factors, e.g., arteriogram, cardiac cath • Obtain fluid from body cavity, e.g., lumbar puncture, thoracentesis, culdocentesis	• Minor surgery with identified risk factors • Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors • Prescription drug management • Therapeutic nuclear medicine • IV fluids with additives • Closed treatment of fracture or dislocation without manipulation
High	• One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment • Acute or chronic illnesses or injuries that may pose a threat to life or bodily function, e.g., multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure • An abrupt change in neurologic status, e.g., seizure, TIA, weakness or sensory loss	• Cardiovascular imaging studies with contrast with identified risk factors • Cardiac electrophysiological tests • Diagnostic endoscopies with identified risk factors • Discography	• Elective major surgery (open, percutaneous or endoscopic with identified risk factors) • Emergency major surgery (open, percutaneous or endoscopic) • Parenteral controlled substances • Drug therapy requiring intensive monitoring for toxicity • Decision not to resuscitate or to de-escalate care because of poor prognosis

Final Result for Complexity

Draw a line down any column with 2 or 3 circles to identify the type of decision making in that column. Otherwise, draw a line down the column with the 2nd circle from the left. After completing this table, which classifies complexity, circle the type of decision making within the appropriate grid in Section 5.

Final Result for Complexity

A	Number diagnoses or treatment options	Minimal	Limited	Multiple	Extensive
B	Highest Risk	Minimal	Low	Moderate	High
C	Amount and complexity of data	≤ 1 Minimal or low	2 Limited	3 Multiple	≥ 4 Extensive
	Type of decision making	STRAIGHT-FORWARD	LOW COMPLEX.	MODERATE COMPLEX.	HIGH COMPLEX.

4.4 Time

For coordination of care or counseling, determine the prognosis, differential diagnosis, risks, benefits of treatment, instructions, compliance, risk reduction or discussion with family.

	Time:		Yes	No
Does documentation reveal total time?	Face-to-face in outpatient setting / In inpatient		Yes	No
Does documentation describe the content of counseling or coordinating care?			Yes	No
Does documentation reveal that more than half of the time was counseling or coordinating care?			Yes	No

If all answers are "yes", select level based on time.
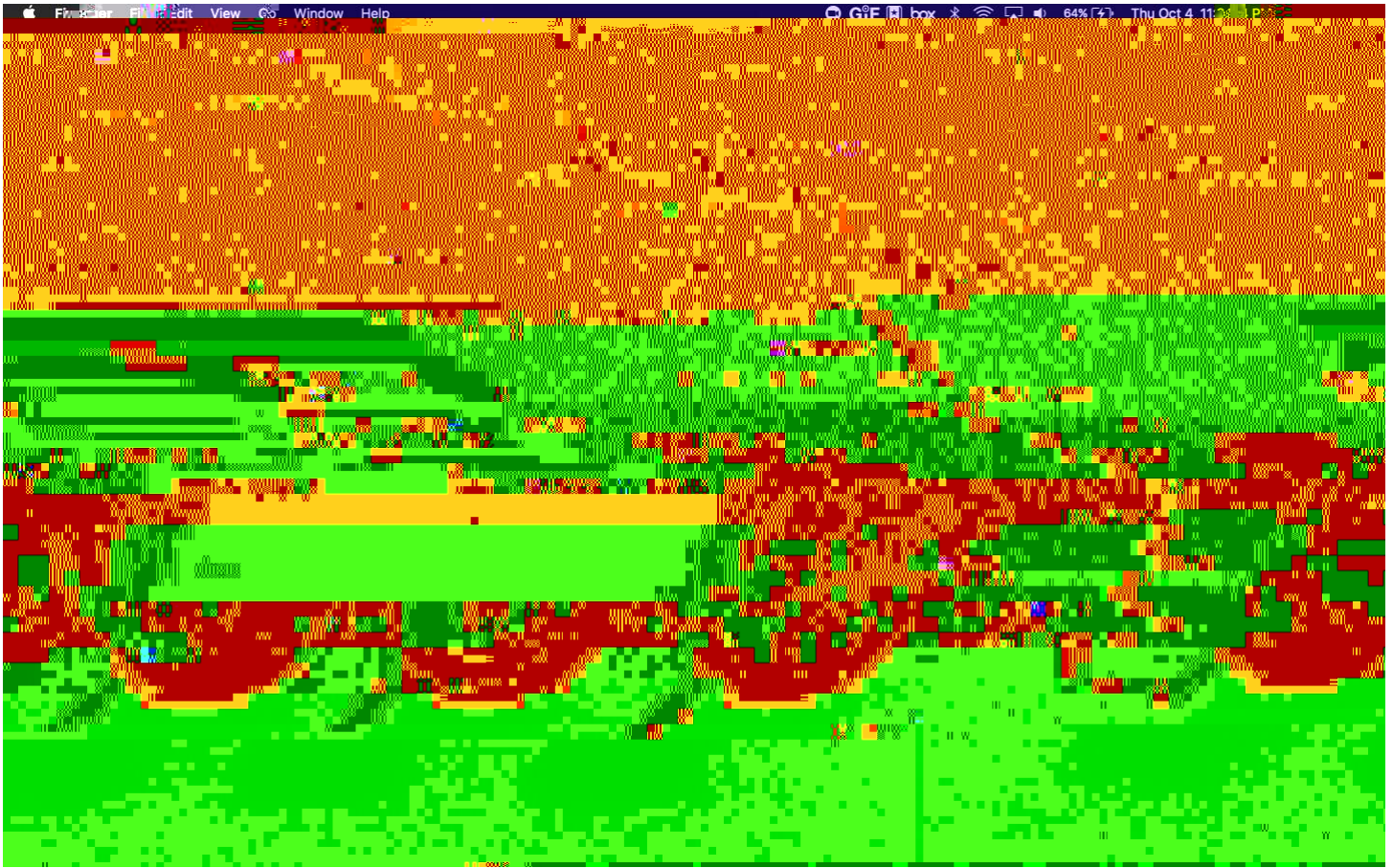
Zoom Setup Instructions:

Downloading Zoom on your Personal Device:

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Setup Account to be able to schedule meetings FOR certain providers.

Now to move on to how to schedule visits.

To Schedule Meetings:

Settings to allow Breakout Rooms:

Telemedicine

<u>CMS Rules under the Emergency Declaration</u>

(HHS <u>will not</u> conduct audits to ensure a prior relationship existed during this
public health emergency)

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Place of Service (POS) on the Claim

March 1, 20<u>20,</u>_____

TIP: File corrected claims for telehealth services that have already been billed to update the place of service. You might want to hold on to your nonMedicare claims for a few days to see if these payors will now follow Medicare's new guidelines.

MEDICARE

Service	HCPCS/CPT Code

DIFFERENTIATION BETWEEN TELE- SERVICES (HSC s use of telemedicine encompasses the services here)	Telehealth(CMS)	Telephone services	E-visits	Virtual check-ins	Remote patient monitoring