# Virtual Visits & Telephonic Visits & Telehealth Provider Cheat Sheet

This is provided as guidance to help providers that are transiting to telephone/telehealth visits. A reminder to manage as you would in a face to face through the different mediums.

## Definitions & Billing Instructions

1. **Virtual Visit** – A visit between a provider and patient within the buildings of ACH using video to promote social distancing. These should be coded as a face-to-face visit would be (**E&M codes**New Patient**99201-99205**Established Patient**99212-99215**) and add the dummy code *99211VV.*
2. **Telephonic Visit** – A visit between a provider and a patient through telephone. These should be coded and just add the dummy code *99211TPH.* Currently place the dummy codes into the billing section. Put in the following E&M Code: **G0071 -**Virtual Communication Technology-based services: Established patients, routine follow-up AND COVID-19 symptoms: FQHC Billable Providers:  MD/FNP/PA/CNM/LCSW/PSY.
3. **Telehealth Visit** - A visit between a provider and a patient through telehealth not to be confused with a virtual visit. This is a visit between a provider and a patient that is not within ACH buildings. These should be coded and just add the dummy code *99211TPH.* Currently place the dummy codes into the billing section. Put in the following E&M Code: **G0071 -**Virtual Communication Technology-based services: Established patients, routine follow-up AND COVID-19 symptoms: FQHC Billable Providers:  MD/FNP/PA/CNM/LCSW/PSY.
4. **COVID19 Visit** – Any visit between a provider and patient where the patient is suspected to have COVID19. This can be added in addition to other dummy codes. Add dummy code COVID. Currently place the following dummy codes into the billing section. Hold off on putting billing codes until clearer guidance comes out per payor.

**ICD-10 Codes for Related COVID 19 Visits:**

* 1. **Signs and Symptoms:**
     1. R05 - Cough
     2. R06.02 - Shortness of Breath
     3. R50.9 - Fever, Unspecified
     4. R06.00 – Difficulty Breathing
  2. **Acute Bronchitis:**
     1. J20.8 - Acute Bronchitis due to other specified organisms
     2. J40 - Bronchitis, not specified as acute or chronic along with B97.29 - Other coronavirus as the cause of diseases classified elsewhere
  3. **Lower Respiratory Infection:**
     1. J22 - Unspecified acute lower respiratory infection, NOS with B97.29 - Other coronavirus as the cause of diseases classified elsewhere
     2. J98.8 - Other specified respiratory disorders with B97.29 - Other coronavirus as the cause of diseases classified elsewhere
  4. **Acute Respiratory Distress with confirmed COVID-19:**
     1. **​**J80 - Acute respiratory distress syndrome and B97.29 - Other coronavirus as the cause of diseases classified elsewhere
  5. **Possible Exposure to COVID-19:**
     1. ​Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out
  6. **Actual Exposure to COVID-19:**
     1. **​**Z20.828 - Contact with and (suspected) exposure to other viral communicable diseases
  7. **Recent Travel –**Z71.84

* 1. **Do Not Use:** 
     1. **B34.2**
     2. *If a provider documents "suspected", "possible" or "probable" COVID-19, DO NOT ASSIGN CODE B97.29.  Assign a code(s) explaining the reason for encounter (such as fever or Z20.828.*

## Telephone Visit & Telehealth Visit needed steps:

1. It is important to ask and confirm that the patient is in NC. Visits can only happen in state.
2. Verbal Consent must be obtained to bill and treat the patient over the phone prior to starting the visit
3. Inform the patient that this is a no touch exam and no physical assessment will be done.
4. At the end, if any F/U is needed please document concrete questions or assessments needed to be done by the MA. The MA legally cannot do anything more than ask and document the answers to the questions. This must be concrete and noted in the chart.

## No Touch Exam Quick Text

Enter the quicktext .notouch

**Examination**

**General Examination**

**General Appearance:**  well developed and well-nourished, hydrated, alert and oriented, NAD.

**Skin:**  normal, no rash or skin lesions on exposed skin, moist, warm.

**Eyes:**  Conjunctiva normal, pupils normal in size, no eyelid edema or discoloration.

**Chest:**  normal shape and expansion.

**Neurologic Exam:**  alert and oriented x 3, gait normal.

**Musculoskeletal:**  symmetric and general strength intact.

**Psychology**

**Eye contact:**  normal

**Mood:**  normal

**Affect:**  normal

**Speech:** normal

## Clinical Guidance for Virtual, Telephone, & Telehealth visits

The following is a helpful tool for some chief complaints and guidance for performing a virtual, telephone, & telehealth visits. It is important to note that the No Touch Exam Template is added to each virtual, telephone, & telehealth visit.

### Depression Anxiety

1. HPI
2. Vital:
   1. Perform a PHQ2/9
   2. If HR is important to management, coach patient to how to count pulse while you time
3. EXAM:
   1. Insert No Touch Exam Template

### Acute Respiratory Illness

1. HPI:
   1. Assess risk for flu or coronavirus infection based on h/o flu shot, travel history or contact history
   2. Inquire about an experience with shortness of breath
   3. Note comorbidities like asthma, COPD
2. Vitals:
   1. Assess pulse by coaching the patient on how to take their own pulse
   2. Assess respiratory rate and work of breathing
   3. Inquire about recent documented or subjective fever
3. EXAM:
   1. Assess appearance of the individual; mildly ill, moderately, severe
   2. Note presence of nasal secretions or stuffy nose
   3. Note redness in oropharynx
   4. Ask patient to press on neck to palpate lymph nodes for swelling or tenderness
   5. Ask patient to show respiratory effort and to take a deep breath or cough
   6. Ask patient to show anything else that they feel is important for your assessment
   7. Insert No Touch Exam template
4. ASSESSMENT
   1. Use scores like Modified Strep Score to make diagnosis of strep pharyngitis and consideration of empiric antibiotics (on apps like QRX)
   2. Consider likelihood of influenza and consider treatment with antiviral if comorbidity
   3. Rate degree of illness and likelihood of COVID-19;
   4. Encourage “distancing” and supportive therapy for mild, moderate illness
   5. Recommend emergency evaluation based on severity of symptoms

### UTI Symptoms

1. HPI:
   1. The new onset of frequency and dysuria, with the absence of vaginal discharge or irritation, has a positive predictive value of 90 percent for UTI
   2. Inquire regarding previous UTI and most recent UTI
2. VITALS
   1. Assess pulse by coaching the patient on how to take their own pulse
   2. Assess respiratory rate and work of breathing
   3. Inquire about recent documented or subjective fever
3. EXAM:
   1. Assess appearance of the individual; Mildly ill, moderately, severe
   2. Assess discomfort of patient – appears more uncomfortable
   3. Insert No Touch Exam template
4. Assessment
   1. Short-term outcomes of managing suspected UTIs by telephone are comparable with those managed by usual office care.

### HTN

1. VITALS
   1. Home BP data
   2. Home Weight data
   3. Assess pulse by coaching the patient on how to take their own pulse
   4. Assess respiratory rate and work of breathing
2. EXAM:
   1. Assess appearance of the individual
   2. Assess work of breathing
   3. Assess edema if indicated
   4. Insert No Touch Exam Template Assessment
3. PLAN:
   1. Orders next appropriate labs
   2. Refill meds for appropriate duration (90 days?)
   3. Set alert for next visit? F/U

### Diabetes

1. VITALS
   1. Assess pulse by coaching the patient on how to take their own pulse
   2. Assess respiratory rate and work of breathing
   3. Inquire about recent documented or subjective fever
2. EXAM:
   1. Assess appearance of the individual
   2. Assess work of breathing
   3. Assess edema if indicated
   4. inquire about compliance etc. This visit may be an opportunity to inquire about social habits (etoh, tobacco), diet and exercise
   5. Insert No Touch Exam template
3. PLAN
   1. Orders next appropriate labs
   2. Refill meds for appropriate duration (90 days?)
   3. Set alert for next visit? F/U

### RASH

1. HPI:
   1. Onset, constant/intermittent, location,
   2. pain/itching/bleeding
2. VITALS:
   1. Assess pulse by coaching the patient on how to take their own pulse
   2. Assess respiratory rate and work of breathing
   3. Inquire about recent documented or subjective fever
3. EXAM
   1. Insert No Touch Exam template
   2. Describe area of concern

### Abdominal/Nausea/Vomiting

1. HPI:
   1. Caution regarding any history points which may suggest need in person evaluation
2. VITALS
   1. Assess pulse by coaching the patient on how to take their own pulse
   2. Assess respiratory rate and work of breathing
   3. Inquire about recent documented or subjective fever
3. EXAM:
   1. Insert No Touch Exam template
   2. Describe area of concern
   3. Patient may palpate and demonstrate area of concern

### Headache

1. HPI:
   1. Caution regarding any history points which may suggest need in person evaluation
2. VITALS:
   1. Assess pulse by coaching the patient on how to take their
   2. own pulse
   3. Assess respiratory rate and work of breathing
   4. Inquire about recent documented or subjective fever
3. EXAM:
   1. Insert No Touch Exam template
   2. Describe area of concern
   3. Patient may palpate and demonstrate area of concern

### Ortho

1. HPI:
   1. Caution regarding any history points which may suggest need in person evaluation
2. VITALS:
   1. Assess pulse by coaching the patient on how to take their own pulse
   2. Assess respiratory rate and work of breathing
3. EXAM:
   1. Insert No Touch Exam template
   2. Describe area of concern
   3. Patient may palpate and demonstrate area of concern