


Telephone Visit Workflow – Clinical Staff

Telehealth visits (whether by phone or video) are for established GCRMC patients and do not require that the patient calls in to initiate the call. We are not currently able to accommodate new patients for telehealth visits. Telephone and Telemedicine visits should only be used in medically appropriate circumstances. To mitigation professional liability and licensing risk exposures, physicians should not use telehealth when the prevailing medical standard of practice calls for an in-person encounter.

In the event of medical emergencies, patients should be directed to hospital emergency room or dial 911.

Important – patient should have been checked in by phone by the Front Desk before beginning this workflow. Patient should be in Ready for Staff status.

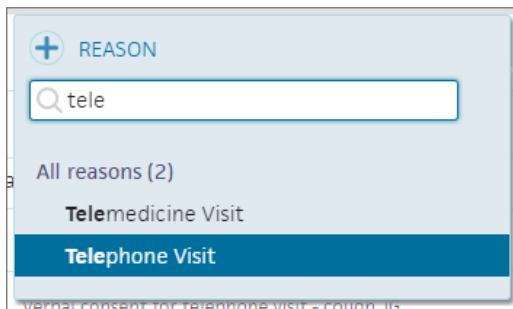
3:00 PM 20min		Courtney Test 31yo F	Ready For Staff <small>Verbal consent for telephone visit to 575-446-5764 for cough - JG</small>
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****If provider is not using an MA for Intake, see Provider Only Visit section of this document**

MA and Provider Visit

If provider is using an MA for Intake and patient has been transferred to MA, visit can proceed. If patient is waiting for call after having been checked-in, Front Desk should call patient and transfer to MA.

1. **IMPORTANT: Do not skip this step! This is where you validate you are speaking with the right person!** Verify DOB and other unique items including phone and email. Ask the patient to tell you information and make sure it matches the chart. Do not read the information on the screen to the patient and ask if it is correct.
2. MA enters Encounter from the Homepage and launches Intake.
3. **IMPORTANT: Add Reason for Visit “Telephone Visit” (NOT “Telemedicine Visit”)**



REASON

tele

All reasons (2)

Telemedicine Visit

Telephone Visit

4. **Add additional Reason For Visit items as needed.**
5. **IMPORTANT: Before completing additional Intake panels go to Procedure Documentation Panel and complete the consent form with the patient.** If MA is doing Intake, the provider will need to remember to complete the Total Visit Time field.

Telephone Visit Workflow – Clinical Staff cont'd

The screenshot shows the EHR interface for a Telephone Visit. The left sidebar contains a list of intake panels. The 'Procedure Documentation' panel is highlighted with a red box. The main area displays the 'Telephone Visit' form, which includes fields for consent, patient information, and location.

The Telephone Visit consent has dropdowns to choose from in most fields. The only free-text field is the one that reads “Please indicate name/title etc. of all persons on the telephone call.”

6. Complete all other applicable Intake panels.

NOTE: It is appropriate to ask the patient to report some vitals but you must use the Notes field to report that the information came from the patient.

The screenshot shows the EHR interface for the Vitals section. The form includes fields for Height (Ht), Weight (Wt), BMI, Blood Pressure (BP), Pulse, O2Sat, RR, Temperature (T), and Pain Scale. The 'Patient reported from home during telephone visit.' checkbox is highlighted with a red box.

7. COVID-19 Screener is in the Social History panel.
8. MA clicks **Done with Intake** and the patient shows as **Ready for Provider**.
9. If provider is ready MA transfers the call to the provider. Otherwise, ensure best phone number is in Reason for Visit section and hang up with patient.
10. Provider proceeds with Exam portion of visit.
11. **IMPORTANT:** Please add the total time of the visit on the Telephone Visit template. You will find this in the PE section of the Exam under “Procedure Documentation”

Telephone Visit Workflow – Clinical Staff cont'd

Ready For Provider

Review — HPI — ROS — **PE** — A/P — Sign-off

Physical Exam + Next

Procedure Documentation +

Telephone Visit ×

☐ Verbal Consent to treat was obtained from the patient or guardian.

Patient has been informed of what a Telephone visit is: Telephone care is the practice of using audio only telecommunication technology to evaluate, diagnose and care for patients at a distance.

This telephone visit is medically necessary to prevent the community spread of Covid-19.

The patient has been informed that there is a potential for data loss due to technical failure, but that all efforts will be made to complete the visit as necessary.

Patient has been informed and acknowledged by that Gerald Champion Regional Medical Center will bill their insurance but it may not be a covered benefit.

Present on this telephone call are .

Patient's location during this call was . Provider's location during this call was .

Total Visit Time minutes.

12. In the Sign-off stage, expand the Billing tab to right of the screen.



13. Choose one of the following appropriate codes in the E&M field ensuring the level matches the total visit time you placed in the Telephone Visit procedure template in step 9.

Services

Procedure Code

E&M

⊖ ⊕

[none]

99441 - PHONE E/M PHYS/QHP 5-10 MIN

99442 - PHONE E/M PHYS/QHP 11-20 MIN

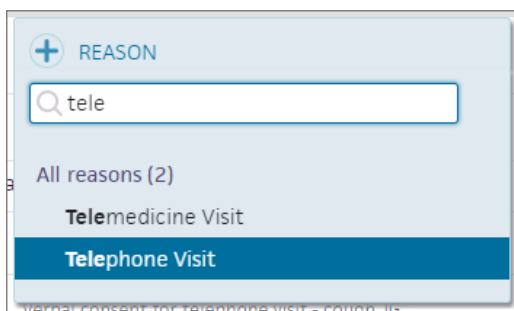
99443 - PHONE E/M PHYS/QHP 21-30 MIN

14. Sign and Close the Encounter document.

Telephone Visit Workflow – Clinical Staff cont'd

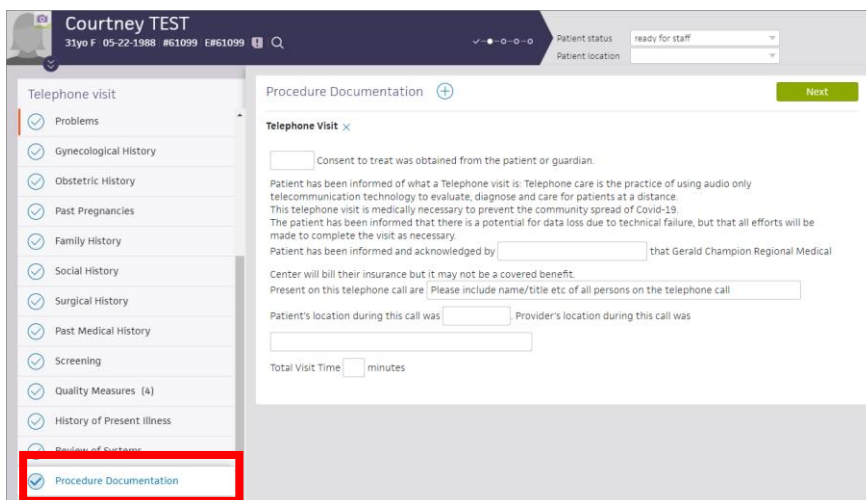
Provider Only Visit

15. **IMPORTANT: Do not skip this step! This is where you validate you are speaking with the right person!** Verify DOB and other unique items including phone and email. Ask the patient to tell you information and make sure it matches the chart. Do not read the information on the screen to the patient and ask if it is correct.
16. Provider enters Encounter from the Homepage. Visit will open in Intake stage if MA is not involved. This allows you easy access to the COVID-19 screener in the Social History panel of Intake.
17. **IMPORTANT: First add Reason for Visit “Telephone Visit” (NOT “Telemedicine Visit”)**



A screenshot of a software interface showing a dropdown menu for selecting a reason for visit. The menu is titled '+ REASON' and contains a search bar with the text 'tele'. Below the search bar, it says 'All reasons (2)'. Two options are listed: 'Telemedicine Visit' and 'Telephone Visit', with 'Telephone Visit' highlighted in blue.

18. Add additional Reason For Visit as needed.
19. **IMPORTANT: Before completing additional Intake panels go to Procedure Documentation Panel and complete the consent form with the patient.** Provider will need to remember to complete the Total Visit Time field at the end of the visit.



A screenshot of a software interface showing the 'Procedure Documentation' panel. The panel is titled 'Courtney TEST' and includes a sidebar with various intake panels. The 'Telephone visit' panel is selected, and the 'Telephone Visit' consent form is displayed. The form includes fields for patient status, patient location, consent to treat, patient information, and total visit time. The 'Procedure Documentation' panel is highlighted with a red box.

The Telephone Visit consent has dropdowns to choose from in most fields. The only free-text field is the one that reads “Please indicate name/title etc. of all persons on the telephone call.”

20. Complete any other applicable Intake panels if you would like.

NOTE: It is appropriate to ask the patient to report some vitals but you must use the Notes field to report that the information came from the patient.

Telephone Visit Workflow – Clinical Staff cont'd

Vitals
Next

Ht
5 ft 4 in
Not Performed -select reason-

Wt
150 lbs
Not Performed -select reason-
Out of Range

BMI
25.7

BP
Not Performed -select reason-

Pulse
bpm

O2Sat
%

RR

T
°F

Pain Scale

Patient reported from home during telephone visit.

21. COVID-19 Screener is in the Social History panel.

22. Provider proceeds with Exam portion of visit.

23. **IMPORTANT:** Please add the total time of the visit on the Telephone Visit template. You will find this in the PE section of the Exam under “Procedure Documentation”

Review
HPI
ROS
PE
A/P
Sign-off
Ready For Provider

Physical Exam
Next

Procedure Documentation

Telephone Visit

Verbal
Consent to treat was obtained from the patient or guardian.

Patient has been informed of what a Telephone visit is: Telephone care is the practice of using audio only telecommunication technology to evaluate, diagnose and care for patients at a distance.

This telephone visit is medically necessary to prevent the community spread of Covid-19.

The patient has been informed that there is a potential for data loss due to technical failure, but that all efforts will be made to complete the visit as necessary.

Patient has been informed and acknowledged by verbal acknowledgment that Gerald Champion Regional Medical Center will bill their insurance but it may not be a covered benefit.

Present on this telephone call are patient only.

Patient's location during this call was Home. Provider's location during this call was Normal clinic location

Total Visit Time
minutes

Telephone Visit Workflow – Clinical Staff cont'd

24. In the Sign-off stage, expand the Billing tab to right of the screen.



25. Choose one of the following appropriate codes in the E&M field ensuring the level matches the total visit time you placed in the Telephone Visit procedure template in step 9.

A screenshot of a web form titled 'Services'. Under the heading 'Procedure Code', there is a section for 'E&M'. A dropdown menu is open, showing a list of codes. The first option is '[none]'. The second option, '99441 - PHONE E/M PHYS/QHP 5-10 MIN', is highlighted in blue. Below it are '99442 - PHONE E/M PHYS/QHP 11-20 MIN' and '99443 - PHONE E/M PHYS/QHP 21-30 MIN'. To the left of the dropdown, the labels 'Proced' and 'Tele' are partially visible.

Services	
Procedure Code	
E&M	9944
	[none]
	99441 - PHONE E/M PHYS/QHP 5-10 MIN
Proced	99442 - PHONE E/M PHYS/QHP 11-20 MIN
Tele	99443 - PHONE E/M PHYS/QHP 21-30 MIN

26. Sign and Close the Encounter document.

This workflow document ends here. For the billing workflow, see “Telephone Visit Workflow – Billing Staff”