

**ASPN Workforce Committee: Crash-Course on Telehealth**

**March 26, 2020**

Sample Language 1:

This was a virtual (video/audio visit) in lieu of in-person visit due to the coronavirus emergency.

Patient/Family members identity was confirmed and confidentiality/privacy confirmed prior to visit. Verbal informed consent was obtained from the patient's legal guardian or patient when appropriate to conduct this virtual visit. They authorized me to provide medical care and voiced understanding of the risks, benefits, and alternatives of virtual care. Guardian understands the limitations inherent of a virtual visit, that they may choose to be seen in person if desired or needed, and that they may halt the virtual visit at any time for any reason.

Originating Site: \*\*\*

Distant Site: \*\*\*

I certify that this visit was done via secure two-way simultaneous audio and video transmission with informed consent of the patient and/or guardian. Over 50% of the time was counseling or coordinating care.

Sample Language 2: (auto-text using dropdowns)

**Present for Televisit**

Patient/Family: Parent/guardian only OR Patient only OR Patient & parent/guardian

Providers/Team Members: \_

**Visit Details**

Consent for visit to be conducted by Telehealth: Verbal consent from parent/guardian OR patient

Consent for treatment: Verbal consent from parent/guardian OR patient

Modality: Audio-Visual OR Audio only

Patient/Family Physical Location: Personal residence in state of \_

Provider Physical Location: Personal residence in state of \_

Supervising faculty attending: Personal residence in stage of \_

**Time Attestation**

Time call/video started: \_

Time call/video ended: \_

Total time: \_ minutes

TYPE OF SERVICE	WHAT IS THE SERVICE?	HCPSC/CPT CODE	Patient Relationship with Provider
<b>MEDICARE TELEHEALTH VISITS</b>	A visit with a provider that uses telecommunication systems between a provider and a patient.	Common telehealth services include: <ul style="list-style-type: none"> <li>• 99201-99215 (Office or other outpatient visits)</li> <li>• G0425-G0427 (Telehealth consultations, emergency department or initial inpatient)</li> <li>• G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)</li> </ul> For a complete list: <a href="https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes">https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</a>	For new* or established patients.  *To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency
<b>VIRTUAL CHECK-IN</b>	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> <li>• HCPCS code G2012</li> <li>• HCPCS code G2010</li> </ul>	For established patients.
<b>E-VISITS</b>	A communication between a patient and their provider through an online patient portal.	<ul style="list-style-type: none"> <li>• 99421</li> <li>• 99422</li> <li>• 99423</li> <li>• G2061</li> <li>• G2062</li> <li>• G2063</li> </ul>	For established patients.

Sample physical exam for telehealth visits:

**General:** No apparent distress. Awake, alert, well-appearing.

**HEENT:** Normocephalic and atraumatic. Mucous membranes are moist. No periorbital edema. Facial muscles move symmetrically.

**Neck:** Neck is symmetrical with trachea midline.

**Eyes:** Conjunctiva and eyelids normal bilaterally. Pupils equal and round bilaterally.

**Respiratory:** breathing unlabored, no tachypnea.

**Cardiovascular:** No edema, no pallor, no cyanosis.

**Abdomen:** Non-distended.

**Skin:** No concerning rash or lesions observed on exposed skin.

**Extremities:** Wide range of motion observed. No peripheral edema.

**Neuro:** Mood and behavior appropriate for age.

**Musculoskeletal:** Symmetric and appropriate movements of extremities.