



Best Practices for Using Telemedicine for Nephrology Patients

Prepared by Drs. Amy Wilson, David Hains, and Michelle Starr at IU School of Medicine and Riley Hospital for Children

Note: These recommendations are based on our experience, and do not substitute for the local regulations and policies of your institution. Please discuss with your local personnel, administration and billers before using. Please note also that billing requirements currently (i.e. under COVID relief) are substantially less restrictive than prior, especially as regards requirements of patient location.

General Tips for Telemedicine visits:

- * Based on the current requirements, there are multiple available platforms for telemedicine visits. Ideally, would use a platform with end-to-end encryption to ensure HIPPA compliance. Many institutions have their own telemedicine platform. However, business-quality platforms meet this standard (eg. Zoom, WebEx, Skype for Business). Other options (FaceTime, Skype) are currently allowed during COVID-19, but patients should be informed of security limits prior to use.
- * Use a case (or other stand) to support iPad or Phone. Position so your camera is pointed at you, and you are visible on screen. Troubleshoot ahead of time using your device camera on selfie mode to make sure you are visible and that **your surroundings look professional**, especially if you are using at home or non-office setting.
- *Background noise is far more a nuisance on virtual visit platforms compared to in-person clinic visits. Ensuring you are alone in a room with a closed door significantly improves the audio quality.
- *We are currently seeing patients by telehealth that we do not think should wait 3 months before a clinic visit. This includes our transplant patients, CKD patients, as well as new consults and/or established patients with other reasons for nephrology care, where physical examination or vitals are not essential for management decisions.
- *Chart your visit as usual other than physical examination.

Documenting a Physical Exam:

- *When possible, request patient to take blood pressure and/or obtain weight (depending on the reason for clinic visit) prior to (or during the visit). If including these home-obtained vitals as part of your physical, document that they were obtained by patient using home equipment.
- *Physical exam is obviously limited, as would be expected in telehealth. You do need to document that the patient was participatory in the visit to bill. We typically would use something like the following as a tele physical examination:

"_ is a _ male in no evident distress; he participates appropriately for age in the telemedicine visit. BP taken by the family on a home cuff during the tele visit is _ mmHg in RUE. His pupils are equal & round. Nares and oropharynx are clear with moist mucous membranes on limited exam via video. Speaks in full sentences with no overt increased work of breathing; respirations are comfortable. Cap refill is _ sec. There is no overt facial or extremity edema; patient/parent demonstrate _ pretibial pitting edema. Neuro: face is symmetric; speech is fluent; he answers questions appropriately with cognition appropriate for age."

Billing for Tele:

- 1) While it is allowable to bill based on standard rules for medical complexity, it is difficult to meet criteria for more than a level 2 visit given limited physical examination. Therefore, we typically bill for telemedicine visits based on time spent.
- 2) As with any time-based billing, one must note both your time spent and that >50% of total was spent in counseling for this time-based billing to work reliably. We utilize dot phrases similar to that below.

I spent _ minutes, of which greater than >50% was in face-to-face counseling, in care of this

patient including review of medical records, obtaining history, & discussion of assessment and plan with patient and family.

3) Document both the location of the patient and the location of the provider. Recent regulation changes have allowed for patients to be in their homes, due to COVID-19, but we have expressly been stating this in our notes. Consider using something similar to this:

This visit was provided via telemedicine by Dr. __. The patient was at his/her home under the 2020 Coronavirus Preparedness and Response Supplemental Appropriations Act (HR. 6074), and Dr. __ was at (enter location).

4) To bill, use the appropriate CPT code for the visit provided, with the addition of a –GT (telemedicine) modifier.

EVALUATION AND MANAGEMENT SERVICES						
OUTPATIENT SERVICES	CPT Code	COMPONENTS			Normal Time Expended	
		History	Exam	Medical Decision Making		
New Patient Visit – LEVEL 1	99201	PF	PF	SF	10	
New Patient Visit – LEVEL 2	99202	EPF	EPF	SF	20	
New Patient Visit – LEVEL 3	99203	D	D	LC	30	
New Patient Visit – LEVEL 4	99204	C	C	MC	45	
New Patient Visit – LEVEL 5	99205	C	C	HC	60	
Est. Patient Visit – LEVEL 1	99211	N/A	N/A	N/A	5	
Est. Patient Visit – LEVEL 2*	99212	PF	PF	SF	10	
Est. Patient Visit – LEVEL 3*	99213	EPF	EPF	LC	15	
Est. Patient Visit – LEVEL 4*	99214	D	D	MC	25	
Est. Patient Visit – LEVEL 5*	99215	C	C	HC	40	
Initial Consultation – LEVEL 1	99241	PF	PF	SF	15	
Initial Consultation – LEVEL 2	99242	EPF	EPF	SF	30	
Initial Consultation – LEVEL 3	99243	D	D	LC	40	
Initial Consultation – LEVEL 4	99244	C	C	MC	60	
Initial Consultation – LEVEL 5	99245	C	C	HC	80	

Consultation codes not applicable to Medicare Beneficiaries use new patient visit codes.