

## Scheduled, Chargeable Telephone Visits: Quick Reference

\*\*\* Telephone Visit (chargeable) should be utilized by MD/APPs only and are used to replace in-person visits. These cannot be created by the provider. They must be scheduled and arrived by the front desk or triage staff.

Other clinical staff will not have the security to close these encounters. If they have begun using this visit type they will need to route the encounter to a MD/APP for closing.

\*\*\*Telephone Call (no charge) and internal Communication encounters should continue to be used as they have previously.

### Patients:

- Are registered Duke patients with working telephone number(s)
- Meet clinical criteria for a phone visit (i.e., no hands-on interaction) or would benefit from use of phone.

### Providers/Clinicians:

- Will be available to all DPC providers
- Should conduct telephone visits in private space with limited noise or distractions, compliant w/ HIPAA
- Ask the patient to provide two-patient identifiers to verify the patient's identity (i.e. name, DOB)

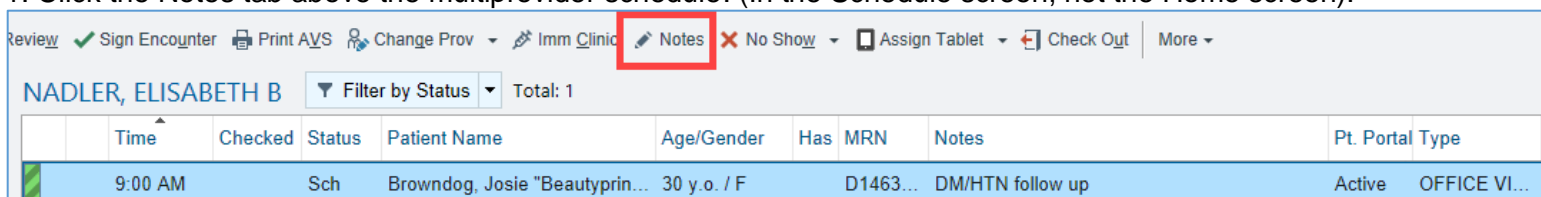
### Scheduling Workflow:

There are three ways that patients can be scheduled for a telephone visit.

1. A triage nurse or provider may decide based on a MyChart Message or Patient Call that the patient needs to be scheduled for a telephone visit.
2. A patient may call and request a telephone visit.
3. Providers may request that a current office visit on their schedule be changed to a Chargeable telephone encounter. Providers are encouraged to review their schedules a day or two in advance. Patients who should not be seen in the office can be rescheduled for a later date or the visit can be changed to a telephone visit.

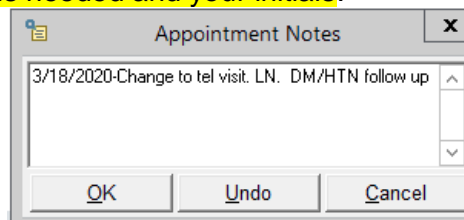
For the 3<sup>rd</sup> scenario above, here is how you communicate with the front desk that the visit needs to be changed from an Office Visit to a Telephone visit:

1. Click the Notes tab above the multiprovider schedule. (In the Schedule screen, not the Home screen).

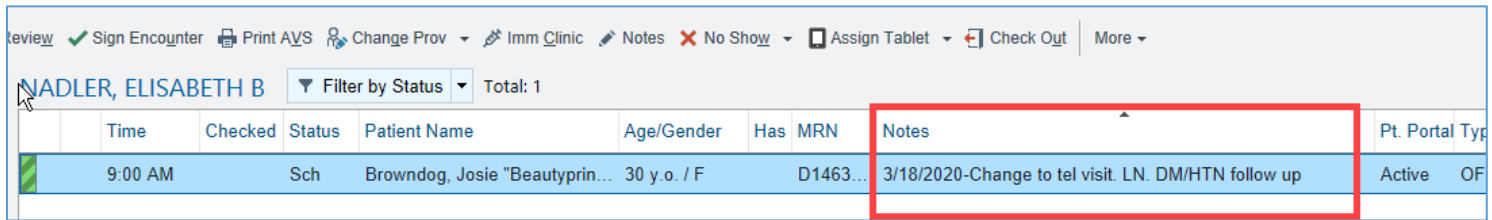


Time	Checked	Status	Patient Name	Age/Gender	Has	MRN	Notes	Pt. Portal	Type
9:00 AM		Sch	Browndog, Josie "Beautyprin...	30 y.o. / F		D1463...	DM/HTN follow up	Active	OFFICE VI...

2. In box, type **date of request, what is needed and your initials**:

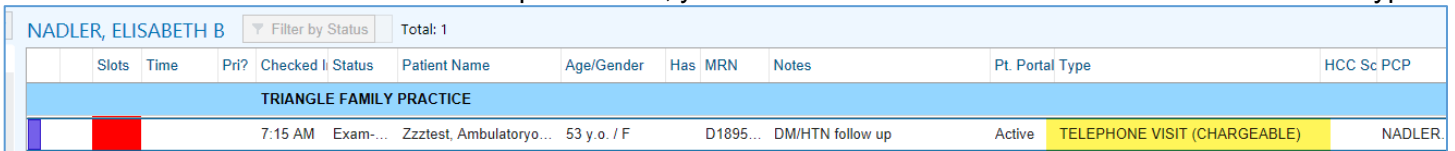


3. You will now see this in Notes column on your schedule.



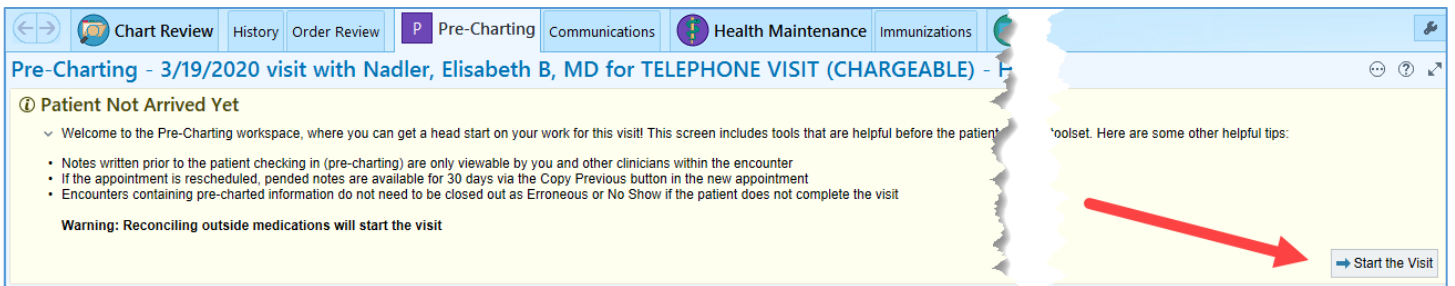
Time	Checked	Status	Patient Name	Age/Gender	Has	MRN	Notes	Pt. Portal Typ
9:00 AM		Sch	Browndog, Josie "Beautyprin...	30 y.o. / F		D1463...	3/18/2020-Change to tel visit. LN. DM/HTN follow up	Active OF

4. The schedulers and triage staff can see this on their view as well and can make the change. If the patient agrees to a telephone appointment, convert the visit type to "Telephone Visit (Chargeable)." Once they have made the change, they will put the date they made the change, "Done" and their initials. Once the visit has been converted from an Office to a Telephone Visit, you will see it on the schedule in the column called "Type"



Slots	Time	Pri?	Checked I	Status	Patient Name	Age/Gender	Has	MRN	Notes	Pt. Portal Type	HCC Sc PCP	
TRIANGLE FAMILY PRACTICE												
	7:15 AM		Exam-...	Exam-...	Zzztest, Ambulatoryo...	53 y.o. / F		D1895...	DM/HTN follow up	Active	TELEPHONE VISIT (CHARGEABLE)	NADLER

**Documentation:** At the time of the visit, open the encounter as you would a regular office visit encounter. The patient's telephone number is easily available in Storyboard. If the patient has already been arrived by the front desk, you will go directly into the Telemedicine encounter. If they have not been arrive, you will land in Precharting. Just click the Start the Visit, and you're good to go.



Pre-Charting - 3/19/2020 visit with Nadler, Elisabeth B, MD for TELEPHONE VISIT (CHARGEABLE) - H

**ⓘ Patient Not Arrived Yet**

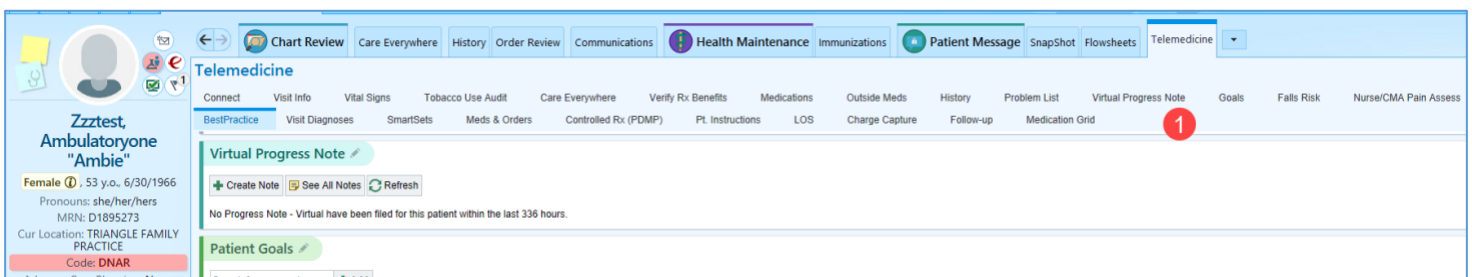
- Welcome to the Pre-Charting workspace, where you can get a head start on your work for this visit! This screen includes tools that are helpful before the patient's arrival.
- Notes written prior to the patient checking in (pre-charting) are only viewable by you and other clinicians within the encounter
- If the appointment is rescheduled, pending notes are available for 30 days via the Copy Previous button in the new appointment
- Encounters containing pre-charted information do not need to be closed out as Erroneous or No Show if the patient does not complete the visit

**Warning: Reconciling outside medications will start the visit**

Toolset. Here are some other helpful tips:

[Start the Visit](#)

The Telemedicine encounter has all of the regular elements of an office visit, but they are in one tab. (We are still working on pinning the note to the sidebar.)



Telemedicine

Connect Visit Info Vital Signs Tobacco Use Audit Care Everywhere Verify Rx Benefits Medications Outside Meds History Problem List Virtual Progress Note Goals Falls Risk Nurse/CMA Pain Assess

BestPractice Visit Diagnoses SmartSets Meds & Orders Controlled Rx (PDMP) Pt. Instructions LOS Charge Capture Follow-up Medication Grid

**1**

**Virtual Progress Note**

Create Note See All Notes Refresh

No Progress Note - Virtual have been filed for this patient within the last 336 hours.

**Patient Goals**

Search for new goal Add

As the provider, you should enter the Reason For Visit/Call in the Visit Info section, any vitals the patient is able to report.

At this time, the Progress Note needs to be launched for each encounter and is called "Virtual Progress Note". (Shown as 1 above).

In your progress note, you now have two new templates to choose from:

**.XTELEPHONECHARGEABLESOAP** –this template is to use for all established patients who do not have respiratory symptoms that require COVID-19 evaluation. It is a standard SOAP note that has been adjusted to include telephone encounter requirements and physical exam portion has been removed. It has synonyms that can be used instead: .TELEPHONECHARGEABLESOAPNOTE or .SOAPNOTETELEPHONECHARGEABLE

Please read through the template the first time you use it to be sure you understand the telephone encounter pieces. All of the elements of the previously rolled out telephone visit consent are included in the template.

The second template is for you to use for any patient where you need to evaluate for possible COVID-19. It is **.COVID19PROVIDERTELEPHONENOTEPRIMARYCARE** and will walk you through the documentation and orders for COVID-19 rule out.

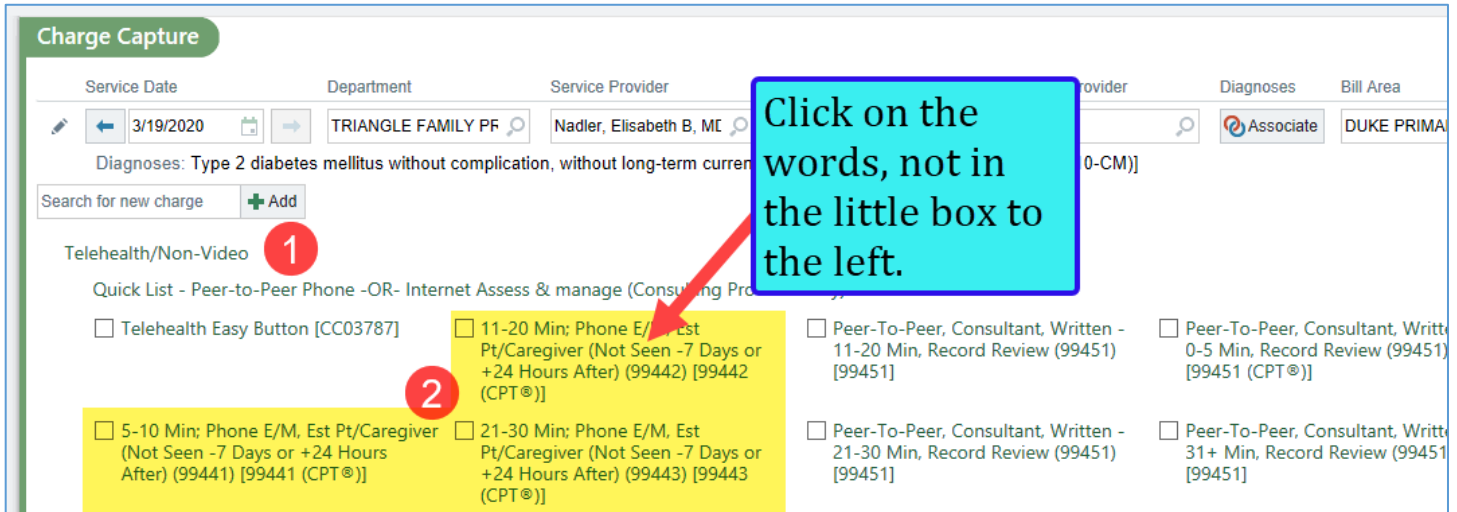
Document as usual. If you have completed all of the usual elements and you can't close the encounter, the most likely reason is because the appointment has not been arrived. Have your clinical staff work with the front desk to get this completed.

**Billing:**

To bill for this encounter, you do not need to put anything in the LOS.

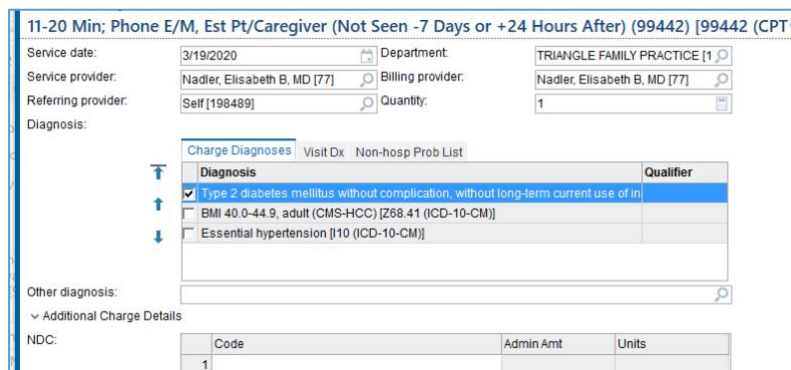
Go to Charge Capture and follow the steps below to charge for the telephone call. There are other possible charges that we may be able to use, but for now, just use the time based charges shown below.

It is still always best in Charge Capture to click the words, not the check box to make sure that the charge is associated with your primary diagnosis.



The screenshot shows the 'Charge Capture' interface. At the top, there are fields for Service Date (3/19/2020), Department (TRIANGLE FAMILY PF), and Service Provider (Nadler, Elisabeth B, MD). Below these are search fields for Diagnoses and Bill Area. A list of charges is displayed, including 'Telehealth/Non-Video' and several time-based charges. A red circle '1' highlights the 'Telehealth/Non-Video' section, and a red circle '2' highlights a specific charge: '11-20 Min; Phone E/M, Est Pt/Caregiver (Not Seen -7 Days or +24 Hours After) (99442) [99442 (CPT®)]'. A blue callout box with a red arrow points to the text of this charge, containing the instruction: 'Click on the words, not in the little box to the left.'

Confirm that the check is next to your primary diagnosis:



This screenshot shows the 'Diagnosis' selection screen. It includes fields for Service date (3/19/2020), Department (TRIANGLE FAMILY PRACTICE), Service provider (Nadler, Elisabeth B, MD), Referring provider (Self), and Billing provider (Nadler, Elisabeth B, MD). A table lists the selected diagnosis: 'Type 2 diabetes mellitus without complication, without long-term current use of insulin [E11.9] (ICD-10-CM)'. A checkmark is visible in the 'Charge Diagnoses' column next to this diagnosis. Below the table, there are sections for 'Other diagnosis' and 'Additional Charge Details'.



**Arrival Workflow:**

Patients can be “arrived” either before or after the appointment on the day of the appointment. CMA is to call and arrive the patient before the provider gets on the phone with the patient (see Standard Work document).

At the end of the day, PSA to check in with the CMA to check that all patients that completed a telephone visit have been “arrived.” Arrive any patients that have not yet been arrived. Ensure that any insurance changes have been updated.