

Provider Guidance: Physicians and Advance Practice Providers Direct-to-Patient Telehealth during COVID-19 Outbreak

This document provides clarity on VUMC's telehealth guidelines as of April 9, 2020.

During the COVID-19 outbreak, patients can be seen while they are at home via telehealth within My Health at Vanderbilt. Telehealth options are available for in-network patients. See the "Out of Network and Uninsured Patients" section below for important information on avoiding claims denials and patient surprise bills.

Patients complete telehealth visits from their My Health at Vanderbilt (MHAV) account. Providers access telehealth visits via the Epic Whiteboard. Patients who do not have an active MHAV account should enroll at www.myhealthatvanderbilt.org.

State Licensure for Physicians

State licensure and scope of practice are determined by each state. VUMC has secured temporary/emergency licensure for all billing physicians in Kentucky and for those who formally requested emergency licensure in Mississippi. We are currently working with Alabama to obtain emergency licenses for those physicians who completed the licensure paperwork. Note that these emergency licenses are valid only during each state's specific COVID-19 Emergency Period. Mississippi restricts physicians to providing services to established patients. New patient visits require a standard, full license in that state. Providers should verify that they have been licensed in a state, either on temporary/emergency basis or otherwise, before completing a telehealth visit with a patient located outside Tennessee. Please visit the [Clinical Guidance Resources](#) on the VUMC COVID-19 website for the most updated status on state licensure requirements.

For teaching physicians, see also the Direct-to-Patient Telehealth guidance specific to Teaching Physicians and Residents. Residents have limited Tennessee licenses and may not conduct telehealth visits outside of Tennessee.

State Licensure for Advanced Practice Providers

APRNs and PAs may provide care for patients who are physically located in Tennessee or any other state where the provider is currently licensed. Many APRNs and PAs have also been granted temporary emergency licenses in Kentucky and may care for patients physically located there. At the present time, APRNs (but not PAs) may also provide care to their established patients located in Alabama without an Alabama license. Please see the Provider Training and Resources section of this document for guidance on therapy providers, registered dietitians and nurse educators.

Please visit the [Clinical Guidance Resources](#) on the VUMC COVID-19 website for the most updated status on state licensure requirements.

Prepare your computer or device for Telehealth

Telehealth visits are completed via eStar.

- Instructions for Canto for iOS: <https://getestar.vumc.org/pdf/cantoiOS.pdf>
- Note: Haiku is not Android-compatible.
- Instructions for personal computer:
 - Download the latest version of VMWare at: <https://virtual.VUMC.org>
 - Select: "Install VMware Horizon Client"
 - Select: "eStar" (Do not select "Win10 CWS-Prod")

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- Reminder: make sure to enter eStar from VMware, rather than from the HTML link

Technology

It is essential to ensure appropriate documentation, protect patient privacy and maintain cybersecurity efforts. Therefore, VUMC providers should continue to use the existing VUMC telehealth platform within eStar. This means providers and patients should communicate using My Health at Vanderbilt and eStar.

Use of Alternative Video Technologies

In the event that a provider and patient are unable to connect via My Health at Vanderbilt, and the provider and patient wish to continue with a telehealth visit (instead of converting to an audio-only discussion) the following applications may be used as a backup method to provide an audio/visual connection: Zoom, Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Whatsapp video chat, or Skype. VUMC has not approved use of either doxy.me or Doximity.

In the unlikely event that one of these applications is needed, the provider must include the .TelemedicinePlatform smart phrase in the clinical documentation:
“At patient request, *** audio/visual application was utilized to complete this encounter.”

The provider must also select the appropriate encounter type (Telemedicine) and coding modifiers described below. In addition, the provider must notify the patients that, while VUMC believes these applications to be secure, platforms outside MHAV potentially introduce privacy risks.

The use of these alternate applications should be used only as a last resort, and only during the COVID-19 pandemic. Providers may use the approved alternate video technologies with patients who do not have a MHAV account. Providers are prohibited from using any public-facing remote communication products, such as TikTok, Facebook Live, Twitch, or a chat room like Slack.

Selecting the Correct Billing Department

When completing telehealth visits, you must be logged into the same Epic department you would use for an in-person visit for the patient you are seeing.

Documentation Requirements

Use the following smart phrase at the beginning of your note, and complete the wildcards (use F2 to tab between *** wildcards) **.telemedattestation**. This inserts the following phrase:

This consultation was provided via telemedicine using two-way, real-time interactive telecommunication technology between the patient and the physician. The interactive telecommunication technology included audio and video. The patient was offered telemedicine as an option for care delivery and consented to this option.

Include the following information in your note:

- Patient location: ***, Tennessee (or other state, if applicable)
- Provider location during the telehealth encounter
- Other participants, such as trainee or scribe, present with provider, with patient’s verbal

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consent:***

- Other participants present with patient: ***
- HPI and other histories as you normally would
- Applicable exam elements that you can obtain via observation

In the event you are unable to establish a video connection and need to complete the visit with audio discussion only, use smart phrase **.phonevisit**. This inserts the following phrase:

Audio phone call visit. I spent *** on this call with the patient actively engaging in patient care and decision making.

Coding

The following codes are currently approved for telehealth visits when the patients are at home: 99024, 99201-99205, 99211-99215, 99495-99496, G0438, and G0439. Medicare has approved additional codes, which can be accessed at [CMS Telehealth General Information](#).

All telehealth encounter coding must include the **GT and CR modifiers**.

In the event you are unable to establish a video connection and need to complete the visit with audio discussion only, phone-only codes should be used. These include 99441-99443.

Telephone-only encounter coding requires the **CR modifier but not the GT**.

Prescribing

Prescribing rules, particularly those related to controlled substances, vary by the state where your patient is located during the telehealth visit and also by the scope of your license. You need to understand and follow each state's prescribing laws for telehealth visits. During the COVID-19 Emergency Period, the DEA and Tennessee have both temporarily authorized prescribing of controlled substances via a telehealth visit, provided that:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
- The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; AND
- The practitioner is acting in accordance with applicable Federal and State law.

Other existing controls around prescribing opioids in the State of Tennessee remain in place. For those physicians who have obtained emergency licenses in Alabama, note that Alabama does not authorize the prescription of opioid medications via telehealth visits.

Out of Network and Uninsured Patients

New out of network patients and new uninsured patients will undergo the same Office of Outpatient Referral Assistance screening process as they would for in-person new patient appointments. Without this careful screening, the out of network and uninsured patients may receive an unexpected bill because insurance plans will deny coverage of the telehealth service where VUMC is out-of-network or the clinician providing the service is not an enrolled provider. Patients may also receive a bill for

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telehealth visits if their individual insurance plan considers telemedicine visits as “non-covered services.” To avoid “surprise billing” to these patients, please verify coverage and communicate the insurance coverage, or lack thereof, with the patient if you don’t obtain OORA approval prior to the encounter.

Provider’s Work Location & Privacy Considerations

Providers can conduct telehealth visits from any private setting where the provider has full access to eStar. This includes the provider’s home. It is best to find a room with a door so that you have control over who can hear your conversation. Family members or others in your home or off-site workspace are typically not members of VUMC’s trained workforce and should not be able to see or hear your telehealth visits.

Provider Training and Resources

On-demand and live training sessions are available via [The Learning Exchange](#) by searching for “COVID Telehealth”.

Additional Coding guidance is available at [Code and Modifier Use During COVID Pandemic Period](#)

Technical Assistance

Please call the VUMC Help Desk with questions at 343-4357, Option 4, or submit a request to Pegasus at <https://pegasus.mc.vanderbilt.edu/>