

## FHN Telehealth and Telephone Appointment Workflow

**Most Visits can be converted to telehealth, including behavioral health appointments.**

- Schedule as a 20 minute appointment
- New patients can be done by telehealth

**Visits not appropriate for telehealth:**

- Well Child Visits under the age of 24 months
- Well Child Visits that require immunizations
- Prenatal visits
- Depo-Provera visits

**Telephone visits for patients without the ability to do telehealth:**

- Must be established FHN patients (no new patients for telephone)
- Schedule as a 15 minute appointment
- Billing codes:
  - Use “Phone Consult-MCare” for Medicare/Wellcare patients (check in/short appointments)
  - Use Telephone (with appointment length) for other insurances

During morning huddle, provider, nurse, and CC review PVP for 7 days in advance. Patients who are **not appropriate** for telehealth visits will be highlighted. CC's will provide the list of patients to contact that are appropriate for telehealth visits.



PSR staff will contact patient and indicate their appointment is being changed to a telehealth visit. PSR should get their consent for telehealth visit, verify current insurance information, verify patient has a smart phone (confirm cell number) and/or a computer (confirm email address). If they consent, the PSR will modify the appointment type to Telehealth, and put in the cell number or email in the Appointment Notes for provider to contact. **ALL** telehealth appointments will be 20 minutes. PSR may need to adjust patient's appointment time to accommodate 20 minutes, based on the schedule for the day.



If patient does not have a smart phone or computer, PSR can schedule a telephone visit with the provider. Appointment type will be Phone Visit or MCR/Wellcare Phone Visit, depending on their insurance type. PSR will confirm phone number to contact and put in the appointment notes for provider to contact at their scheduled appointment time.



On the day of the telehealth visit, the CC's will denote on the PVP which visits are telehealth or telephone. Provider can check the appointment notes for patient's contact information for this visit.

If the appointment is by telephone, MA/LPN should contact the patients and gather all information indicated below. Verify the contact number for provider to call at the time of the appointment. Inform patient provider will call them at their appointment time.

For a regular telehealth visit, the MA/LPN will initiate the doxy.me visit with the patient. He/she will:

Ask the patient, "Are you in a safe/private space for your visit?"  
Open telehealth visit in Centricity, either: FP, Peds, BH

The MA/LPN will obtain the following information using the Initial Intake Form:

- Smoking status
- Recent healthcare history
- PAM Assessment
- Depression screening
- Anxiety screening
- Preferred Learning style
- SBIRT

The chief complaint should be documented, and allergies and medications need to be reviewed and documented (check the appropriate box).

Once complete with the Telehealth intake, the MA/LPN will place the patient into the provider queue (virtual waiting room). MA/LPN can inform patient they are transferred to the virtual waiting room. Remind the patient that the provider may be finishing another visit but will be with them shortly.

Provider will be able to see if patient is in "queue" which indicates patient is available. Provider can begin their portion of the patient visit.

**Required: Use quick text in HPI .tele – which documents consent**

If a possible COVID-19 case, please use COVID-19 screening form. If candidate for COVID-19 testing, please order and hold to COVID-19 Desktop for drive thru.

Most insurances will reimburse for telehealth visits; insurance guidance was provided and can be referenced for billing information. Most other insurances cover telephone (based on length of visit) and telehealth appointments, including new patients and behavioral health.

Please use the appropriate billing code found in EHR. Remember – for established patient, if the History + Assessment + Plan meets criteria for an E/M code, then the visit can bill for that code. This is regardless of what is documented in the physical.

When the telehealth or telephone visit is complete, provider will close the telehealth visit. The provider will send the visit to the PSR and the CC. PSR will schedule next appointment and CC will follow up if provider indicates patient would benefit from a “huddle”. If provider wants patient to be seen within 8 weeks, it will be another telehealth visit. If greater than 8 weeks, it will be an office visit.