Many physicians across the US are shifting to telemedicine technology. This refers to using telephone alone or videochats to talk with patients. This is obviously happening at a time when physicians and APPS in the UVMHNMG are learning the basics.

Here is where the Adirondack region is as of today:

1. **Technology**: Zoom is the gold standard technology for videochatting but requires use of an Ipad or laptop (or cellphone!). A desktop computer is also an option. It CANNOT be used on the thin clients used for Epic. Alice Hyde will be getting this soon and it is expected to be in place in the CVPH primary clinics and pulmonary clinic by mid April and then the remaining clinics to follow. Work is planned in Elizabethtown as well. The expectation is that clinic staff will help coach patients through setting up their own Zoom. In a perfect world the video link would be established before the provider enters the room to talk with and “examine” the patient.

During the coronavirus crisis ONLY, it is acceptable to use Skype or Facetime for videochatting with patients.

2. **Actual visit**. For videovisits it is CRITICAL that the provider document that the patient has agreed to participate in a video visit. In a clinic-based setting the support staff can help with this.

3. **Billing**: telephone visits are based on TIME so duration of visits MUST be documented in the note.

   Use CPT code 99441 for visits 5-10 min long
   
   99442 for visits 11-20 minutes
   
   99443 for visits 21-30 minutes. I have no guidance on visits > 30 minutes.

   For videovisits, DURING THE CORONAVIRUS crisis only, you can bill E and M codes for videovisits based on visit complexity. It may be challenging to enter into a computerized billing system and if so you can indicate your intended billing level at the end of the note. If you cannot enter a code with your standard process, try to keep a list of patients, date of service, and billing code for the billing people.

   Videovisits obviously allow a higher level of care and will help contribute to lessening the gaping hole in revenue we are experiencing. HOWEVER patient care is more important than revenue and in my experience many patients do not have access to technology that will allow them to participate in videovisits.

   BOTTOM LINE: do the best you can do. Be humane to all, including yourself. This is a marathon, not a sprint....We realize many providers will get sick and we need to have people be able to spell each others.

   Alison Guile, MD  Regional physican leader/Adirondacks/3/22/2020