# CMG COMMUNITY MEDICAL GROUP

# THE COVID-19 TELEMEDICINE TOOLKIT

Spring 2020

Dear CMG Members,

CMG has put together the following COVID-19 Telemedicine Toolkit, which contains several resources to support the care of COVID-19 positive patients via telemedicine.

In collaboration with the Yale-New Haven Health system, protocols regarding the care and management of COVID-19 positive patients have been developed with a focus on managing patients discharged back to the community. CMG's Care Management team will notify primary care practices regarding their COVID-19 positive patients to facilitate post-discharge telemedicine visits. In addition, Care Managers and Patient Navigators will contact these patients to monitor symptoms and confirm PCP follow-up has been established.

The toolkit contains a detailed description of the COVID-19 protocol, a Home Management Flow Map with clinical guidelines, and an evidence-based timeline for telemedicine follow-up with COVID-19 positive patients. These resources are designed to address care needs during the critical days following the onset of symptoms. A guide to performing telemedicine visits with COVID-19 positive patients is included, as well as a consent form and checklist to help you document consent to participate in telemedicine visits.

The most current version of CMG's COVID-19 Telemedicine Coding Guide is included for your reference. Please note that carriers continue to provide new billing and coding guidance. You are advised to monitor CMG's newsletter and website to ensure that you have access to the most up-to-date version.

Our hope is that all or some of these resources will support you as you strive to provide the best care for your patients during these challenging times.


Best regards,

Joseph L. Quaranta, MD

CMG President

# Care Management of COVID-19 Patients Discharged From YNHH Inpatient Facilities/EDs

**COVID-19 positive patients who have been discharged from YNHHS inpatient facilities or EDs need follow-up with their primary care providers (PCPs).**

When the COVID-19 pandemic first became a state and local health care crisis, patients were admitted to the hospital or seen in the ED for supportive care. The YNHHS hospitalist service provided post-COVID-19 follow-up visits via telemedicine as these patients were discharged back to the community. In the interim, CMG providers built telemedicine infrastructure and now have the capacity to manage COVID-19 positive or suspect patients.

CMG has worked with YNHHS to obtain a daily report of patients positive for COVID-19 infection. CMG will notify these patients' primary care offices once they have been discharged from the inpatient unit or ED so that their PCPs can perform telemedicine follow-up examinations.

**The CMG care management team will review the daily report and contact the primary care office or answering service to provide the following information:**

- Patient name
- Patient DOB
- Primary insurance
- Date of admission and discharge, or ED visit
- Date symptoms first appeared
- Date of test administration
- Date of positive result

Using clinical judgment and current evidence-based practice for telemedicine visit cadence, CMG clinicians will contact these patients and schedule visits.

CMG's care management team will also contact patients to confirm that the telemedicine visit has been arranged with their PCP, and provide education and support as needed for their health and safety.

**COVID-19 Home Management Program**

**Note:** These guidelines do not substitute for the clinical judgment of a licensed professional.
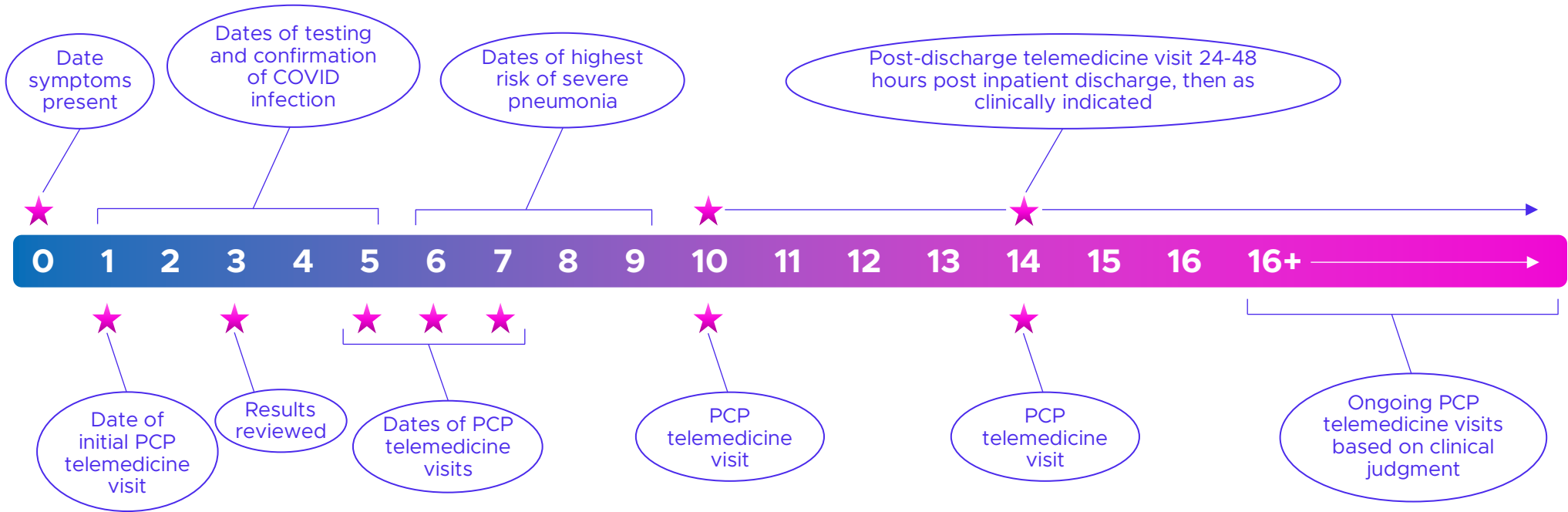
**START: MD/APC evaluation video visit -** *Known Positive pt outreach or pt initiated. Symptoms are Mild, Moderate, or Severe?*

**MD/APC evaluation video visit**

Pt has Moderate/Severe Symptoms or worsening symptoms?

Pt has Severe Symptoms?

If Pt has Mild Symptoms:

**Mild Symptoms**
- cough,
- congestion,
- low grade temp

**Symptoms worsening?**
No / Yes

**Moderate Symptoms**
- Breathing okay (mild dyspnea)
- Chest pain/tightness
- Does not feel well overall
- Coughing
- Headache or sore throat
- Loss of smell or taste (anosmia)
- Diarrhea or vomiting

**Symptoms worsening?**
No / Yes

**Severe**
- Unable to get out of bed
- Dyspneic (RR > 25)
- Chest pain
- Tachycardic ( HR > 110)
- Difficulty completing sentence
- Confused, dehydrated

**Care Plan:**
- Reassure pt
- Self monitor per CDC
- Follow home isolation per Adult Pos Test COVID Tx Guideline
- Minimum: Care Coordinator contact w/results AND day 7 from onset of symptoms medical evaluation from PCP or Telehealth /APC
- Call back for fever or worsening symptoms
- Continued daily outreach calls via CC/RN/MD/APC until symptoms resolve.
- Day 14 evaluate pt for symptom resolution, if not already resolved.
- If symptoms worsen, reassess.

**Care Plan:**
- Care management f/u frequency based on risk assessment and patient needs
- Minimum: Care Coordinator contact w/results AND day 7 from onset of symptoms medical evaluation from PCP or Telehealth /APC
- Continued daily outreach calls and reassessment RN/MD/APC until symptoms resolve.
- Monitor for dyspnea, cough, fever eg. progression to severe
- Monitor ability to eat no dehydration.
- Follow home isolation per Adult Pos Test COVID Tx Guideline
- Day 14 evaluate pt for symptom resolution, if not already resolved.
- If symptoms worsen, treat to level of severity of illness

- Needs ED and hospital admission
- Call before sending to inform "COVID" can self transport
- If ambulance needed must inform "COVID Pt"

**D/C from ED/Hosp.** Return pt to monitoring for Moderate Symptoms

Final clinical assessment to confirm resolution of illness/release to community and return to work

Symptoms have resolved and isolation protocol is complete?

Symptoms have resolved and isolation protocol is complete?

Date symptoms present

Dates of testing and confirmation of COVID infection

Dates of highest risk of severe pneumonia

Post-discharge telemedicine visit 24-48 hours post inpatient discharge, then as clinically indicated

0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 16+

Date of initial PCP telemedicine visit

Results reviewed

Dates of PCP telemedicine visits

PCP telemedicine visit

PCP telemedicine visit

Ongoing PCP telemedicine visits based on clinical judgment

★ = DATE OF TELEMEDICINE VISIT

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This graphic, intended for use in a primary care setting, is based on data provided by the CDC as of **April 27, 2020**. It will be revised as more relevant data emerges.

## 1 Set up
Prepare yourself and decide how to connect.

**Have current CDC COVID-19 isolation guidance on hand:** CDC 10 Things PDF *Document is available in multiple languages.*

**Video is useful for:**
- Severe illness
- Anxious patients
- Comorbidities
- Hard of hearing

**Scan health record for risk factors like:**
- Asthma
- Cardiovascular disease
- CKD
- COPD
- Diabetes
- Liver disease
- Pregnancy
- Smoking
- Steroids or other immunosuppressants

## 2 Connect
Make video link if possible; otherwise, call on the phone.

**Check video and audio:**
*Can you hear/see me?*

**Confirm patient's identity:**
- Name
- Date of birth

**Check where patient is:**
*Where are you right now?*

**Note patient's phone number in case connection fails.**

**If possible, ensure the patient has privacy.**

## 3 Get started
Quickly assess whether sick or less sick.

**Rapid assessment:**
If they sound or look very sick, such as too breathless to talk, go direct to key clinical questions

**Establish what the patient wants out of the visit:**
- Clinical assessment
- Referral
- Documentation
- Reassurance
- Advice

## 4 History
Adapt questions to patient's own medical history.

**Contacts:**
- Close contact with known COVID-19 case
- Immediate family member unwell
- Occupational risk

**History of current illness:**
Date of first symptoms

**Most common presentation:**
- Cough - usually dry, but sputum is not uncommon
- Fatigue
- Fever – up to 50% of patients do not have fever at presentation
- Shortness of breath

## 5 Examination
Assess physical and mental function as best as you can.

**Over phone ask caregiver or patient to describe:**
- State of breathing
- Color of face and lips

**Over video look for:**
- General demeanor
- Skin color
- Mentation

**Check respiratory function – inability to talk in full sentences is common in severe illness:**
*How is your breathing?*
*Is it worse today than yesterday?*
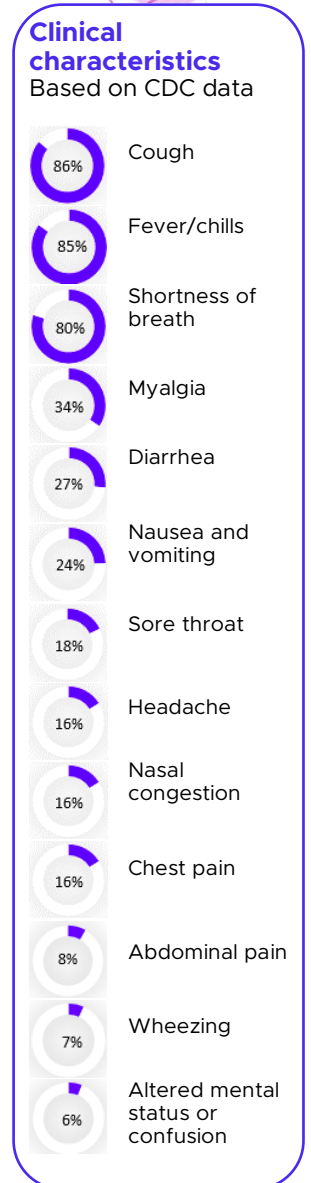*What does your breathlessness prevent you doing?*

**Patient may be able to take their own measurements if they have equipment at home.**
- Blood pressure
- Oxygen saturation
- Peak flow
- Pulse
- Temperature

Interpret self-monitoring results with caution and in the context of your wider assessment.

## 6 Decision and action
Advise and arrange follow-up.

**Which pneumonia patients to send to hospital? Clinical concern, such as:**
- Temperature >100.4˚F
- Respiratory rate >20 breaths per min
- Heart rate > 100 beats per min with new confusion
- 02 saturation ≤94 (if oximetry available for self-monitoring)

| Likely COVID-19 but well, with mild symptoms | Likely COVID-19, unwell, deteriorating | Relevant comorbidities | Unwell and needs admission |
|---|---|---|---|
| **Self-management: fluids, acetaminophen** | **Arrange telemedicine follow-up. Monitor closely if pneumonia suspected.** | **Proactive, whole patient care** | **Follow ambulance and ED protocols** |

**Reduce spread of virus. Follow the CDC's current COVID-19 isolation guidance.**

**Safety netting:**
- If living alone, someone to check on them.
- Maintain fluid intake.
- Seek immediate medical help for red flag symptoms.

## Clinical characteristics
Based on CDC data

| % | Characteristic |
|---|---|
| 86% | Cough |
| 85% | Fever/chills |
| 80% | Shortness of breath |
| 34% | Myalgia |
| 27% | Diarrhea |
| 24% | Nausea and vomiting |
| 18% | Sore throat |
| 16% | Headache |
| 16% | Nasal congestion |
| 16% | Chest pain |
| 8% | Abdominal pain |
| 7% | Wheezing |
| 6% | Altered mental status or confusion |

## ⚠ Red flags

**COVID-19:**
- Severe shortness of breath at rest
- Difficulty breathing
- Pain or pressure in the chest
- Cold, clammy, or pale and mottled skin
- New confusion
- Decreasing cognition
- Blue lips or face
- Little or no urine output
- Coughing up blood

**Other conditions, such as:**
- Neck stiffness
- Non-blanching rash
- Gastrointestinal distress

This document is an adaptation of a resource provided by The BMJ. The full article can be found at: https://bit.ly/BMJremcon.

# Consent to Participate in Telemedicine Consultation

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**Patient Name:** _____  **Medical Record No:** _____

**Purpose**:

This form is intended to obtain a patient's verbal consent to participate in a telemedicine consultation and to document the consent discussion in the patient's medical record.

**Documentation of Consent**:

- "Discussed with patient the treatment methods and limitations of treatment using a telemedicine platform and patient consented to the receipt of such telemedicine services."
- "Asked whether the patient consents to telemedicine provider's disclosure of records concerning the telemedicine interaction to patient's primary care provider and patient consented to such disclosure." [if applicable]


_____     _____     _____

**Provider's Signature**              **Date**                 **Time**


_____     _____     _____

**Witness Signature***                **Date**                 **Time**


**\*A witness confirming consent of the patient is suggested, but <u>not required</u>.**

**Purpose**:

This document is intended to serve as a checklist for practices about the kind of information you should communicate to your patients when obtaining a verbal consent to participate in a telemedicine consultation.

**Checklist:**

1. Explain that you wish to engage in a telemedicine consultation.
2. Explain how the video conferencing technology will be used to affect such a consultation and will not be the same as a direct patient/health care provider visit due to the fact that the patient will not be in the same room as his/her health care provider.
3. Explain that there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties and that the health care provider or the patient can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
4. Explain that the patient's healthcare information may be shared with other individuals for scheduling and billing purposes and that others may also be present during the consultation other than the patient's health care provider and consulting health care provider in order to operate the video equipment. Explain further that the above-mentioned people will all maintain confidentiality of the information obtained and that the patient will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of the patient's medical history/physical examination that are personally sensitive to the patient; (2) ask non-medical personnel to leave the telemedicine examination room; and (3) terminate the consultation at any time.
5. Ask the patient whether he/she consents to the provider's disclosure of the patient's records concerning the telehealth interaction to the patient's primary care provider.
6. Explain the alternatives to a telemedicine consultation to the patient, and that in choosing to participate in a telemedicine visit some parts of the exam involving physical tests may be conducted by individuals at the patient's location at the direction of the consulting health care provider.
7. Explain the scope of the relationship and whether it will be ongoing or whether this is a one-time telemedicine consultation in which case the responsibility of the telemedicine consulting provider will conclude upon the termination of the video conference connection.
8. Explain that there may be monetary fees associated with a telemedicine consultation for which the patient may be responsible.
9. Ensure that the patient has had the opportunity to ask questions in regard to this procedure and that any questions have been answered and the risks, benefits and any practical alternatives have been discussed with the patient in a language in which the patient understands.
10. Explain that the patient has the right to revoke this consent at any time.

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**PLEASE NOTE:** CMG participating carriers recommend a Place of Service code "02" and Modifier "GT" unless otherwise instructed. Please review the Carrier Coverage Guidelines for each carrier.

| TELEHEALTH SERVICES | HCPS/CPT CODES FOR COMMON E&M SERVICES | CARRIER COVERAGE GUIDELINES | |
|---|---|---|---|
| Remote E&M services that involve the use of audio/visual real-time telecommunication technology between a provider and pt. (e.g., Doxy.me, MDLive, FaceTime, smart phones, or Skype) | **99201-99215: New/estab. pt. E&M visits performed as outpt. office**<br>✓ Follow the same documentation guidelines as a face-to-face encounter<br>✓ May be billed on time alone when greater than 50% of total time spent is counseling and/or coordination of care and documented appropriately | • **Aetna Comm/MA**<br>• **Anthem Comm/MA**<br>• **CarePartners**<br>• **Cigna:** w/ POS 11 & Mod. GQ, GT, or 95; add Mod. CR for COVID-19 suspected, exposure, or related<br>• **CTCare Comm/MA:** w/ POS 11 | • **Harvard Pilgrim**<br>• **MC Part B:** w/ POS 11 & Mod. 95; add Mod. CS if COVID-19 Testing-Related Service<br>• **T19:** w/ Mod. 95<br>• **UHC Comm/MA:** w/ POS 11 & Mod. 95 |
| | **99241-99245: New/estab. pt. consultation E&M performed as outpt. office, level 1-5**<br>✓ Follow the same documentation guidelines as a face-to-face encounter<br>✓ May be billed on time alone when greater than 50% of total time spent is counseling and/or coordination of care and documented appropriately | • **Aetna Comm/MA**<br>• **Anthem Comm**<br>• **T19:** w/ Mod. 95 | |
| | **99381-99387/99391-99397: New/estab. pt. comprehensive preventative medicine E&M service**<br>✓ Follow the same documentation guidelines as a face-to-face encounter | • **T19:** w/ Mod. 95 | |

| TELEPHONIC SERVICES | HCPS/CPT CODES FOR COMMON E&M SERVICES | CARRIER COVERAGE GUIDELINES | |
|---|---|---|---|
| Audio only; no visual required. | **G2012:** Brief (5-10 min) communication (e.g., virtual check-in) by phone not originating from other E&M service within the last 7 days or leading to E&M within 24 hrs<br>✓ Document the encounter and total time spent in the pt.'s chart | • **Aetna Comm/MA**<br>• **Anthem MA**<br>• **CarePartners:** w/ POS 02, no Mod.<br>• **Cigna:** w/ POS 11, no Mod. | • **CTCare MA:** w/ POS 11 & Mod. GT or 95; add Mod. CS if COVID-19 Testing-Related Service<br>• **MC Part B:** w/ POS 11 – no Mod.<br>• **UHC Comm/MA:** w/ POS 11 – no Mod. |
| | **99201–99215: New/estab. pt. E&M visits performed as outpt. office**<br>✓ Follow the same documentation guidelines as a face-to-face encounter<br>✓ May be billed on time alone when greater than 50% of total time spent is counseling and/or coordination of care and documented appropriately | • **Cigna:** w/ POS 11 & Mod. GQ, GT, or 95; add Mod. CR for COVID-19 suspected, exposure, or related<br>• **Harvard Pilgrim:** w/ Mod. GQ | • **UHC Comm/MA:** w/ POS 11 & Mod. 95 |
| | **99241-99245: New/estab. consultation E&M performed as outpt. office, level 1-5**<br>✓ Follow the same documentation guidelines as a face-to-face encounter<br>✓ May be billed on time alone when greater than 50% of total time spent is counseling and/or coordination of care and documented appropriately | • **Harvard Pilgrim:** w/ Mod. GQ | |
| | **99441:** Telephone E&M services to estab. pt. not originating from other E&M service within the last 7 days or leading to E&M within 24 hrs, 5-10 min<br>**99442:** Telephone E&M services, 11-20 min<br>**99443:** Telephone E&M services, 21-30 min<br>✓ Document the encounter and total time spent in the pt.'s chart | • **Aetna Comm/MA**<br>• **Anthem Comm/MA**<br>• **CarePartners:** w/ no Mod.<br>• **CTCare Comm/MA:** w/ POS 11 | • **Harvard Pilgrim:** w/ Mod. GQ<br>• **MC Part B:** w/ POS 11, no Mod.; add Mod. CS if COVID-19 Testing-Related Service<br>• **T19:** w/ Mod. 95 (only 99441 not covered by T19) |

| E-VISITS | HCPS/CPT CODES FOR COMMON E&M SERVICES | CARRIER COVERAGE GUIDELINES | |
|---|---|---|---|
| Online portal communication between a pt. and provider (e.g., MyChart) | **99421–99423:** Online digital E&M services for estab. patients for up to 7 days cumulative time<br>✓ Document the encounter and the cumulative time spent up to 7 days in the pt.'s chart | • **CarePartners:** w/ POS 11<br>• **CTCare Comm/MA:** w/ POS 11 - Mod. GT, add Mod. CS if COVID-19 Testing-Related Service<br>• **Cigna:** w/ POS 11 – Mod. GQ, GT, or 95, add Mod. CR for COVID-19 suspected, exposure, or related | • **Harvard Pilgrim:** w/ Mod. GT, 95, or GQ<br>• **MC Part B:** w/ POS 11, no Mod.; add Mod. CS if COVID-19 Testing-Related Service<br>• **UHC Comm/MA:** w/ POS 11 – Mod. 95 |
| | **G2010:** Remote evaluation of recorded video and/or images submitted by estab. pt. (store & forward) including interpretation with f/u with pt. within 24 hrs<br>✓ Indicates that a provider reviewed, analyzed, and interpreted video and/or images submitted by a remote pt. and followed up w/ the pt. in 24 hrs<br>✓ Encounter is documented w/ video/imaging in chart | • **Aetna Comm/MA**<br>• **CarePartners:** w/ POS 11<br>• **MC Part B:** w/ POS 11<br>• **UHC Comm/MA:** w/ POS 11 | |

| COVID-19 RELATED DIAGNOSES | COVID-19 SUSPECT SIGNS & SYMPTOMS | COMORBID CONDITIONS |
|---|---|---|
| **For known exposure to COVID-19** without diagnosis of COVID-19, report **Z20.828**: "Contact with and (suspected) exposure to other viral communicable diseases."<br>**For suspected exposure to COVID-19** that is ruled out after evaluation, report **Z03.818**: "Encounter for observation for suspected exposure to other biological agents ruled out."<br>**For a diagnosis of COVID-19,** report the code for the patient condition that is related to the COVID-19, e.g., **J12.89** "Other Viral Pneumonia" and **B97.29** "Other Coronavirus as the cause of disease classified elsewhere."<br>**NEW CODE (4/1): U07.1** – COVID-19 | **For suspected COVID-19**—not confirmed or ruled out at the encounter—report codes for the presenting signs and symptoms. Do not report a code for coronavirus when this diagnosis is not stated in the medical record.<br><br>ACUTE BRONCHITIS DUE TO OTHER SPECIFIED ORGANISMS **J20.8**<br>ACUTE LOWER RESPIRATORY INFECTION **J22**<br>ACUTE RESPIRATORY DISTRESS SYNDROME (ARDS) **J80**<br>ACUTE SINUSITIS, UNSPECIFIED **J01.9**<br>ACUTE UPPER RESPIRATORY INFECTION **J06.9**<br>DIARRHEA **R19.7**<br>DISTURBANCE OF SMELL & TASTE **R43.9**<br>FEVER **R50.9**<br>HEADACHE **R51**<br>OTITIS MEDIA, UNSPECIFIED **H66.9**<br>SHORTNESS OF BREATH **R06.02**<br>VOMITING **R11.10** | ASTHMA **J45.909**<br>CAD **I25.10**<br>COPD **J44.9**<br>DIABETES **E11.9 OR E10.9**<br>DYSPNEA **R06.00**<br>HEART FAILURE, UNSPECIFIED **I50.9**<br>HYPERTENSION **I1.0**<br>MORBID OBESITY **E66.01**<br>OBSTRUCTIVE SLEEP APNEA **G47.33** |

# 10 things you can do to manage your COVID-19 symptoms at home

## If you have possible or confirmed COVID-19:

**1.** **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.

**2.** **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.

**3.** **Get rest and stay hydrated.**

**4.** If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.

**5.** For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

**6.** **Cover your cough and sneezes.**

**7.** **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.

**8.** As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.

**9.** **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.

**10.** **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.