Decision Protocols – Best Practices: In-Person, Telehealth Audio/Video or Audio-Only or Other

General Considerations for Virtual vs. In-Person Visits

In the setting of the COVID-19 pandemic, telehealth and other virtual options for delivering health care services have become more the norm than the exception. This has led to an increased need for clarification around which patient scenarios can be addressed virtually – audio and video vs. audio-only – or must be addressed in person.

Having triage protocols in place is a mainstay of primary care and other clinic settings to serve patients efficiently and to keep patients safe. Traditionally triage protocols determine if the patient needs to be seen in the office immediately, must go to the emergency department or call 911, may wait to see their preferred provider at the next opening, etc. With the increased use of telehealth, it is prudent to add decision guidance for when patients must be seen in-person, may (or should) opt for telehealth and whether those services can be provided by audio and video or by audio-only. Other options should be included, too, that technically don't fall under the umbrella of telehealth as defined by CMS' discrete set of telehealth services, which dictates – for the most part – whether we receive reimbursement for remote service delivery.

For decisions around in-person vs. audio & video vs. audio only, the following best practices have emerged.

- Have medical staff create, review and approve decision guidance
- Submit for review/approval by risk management team (if one exists)
- Review on a regular basis by medical staff (quarterly)
- Modify as needed and quickly as staff learn and test appropriateness and the range of patient complaints, symptoms, conditions, etc.
- Make easily accessible to all staff (e.g., intranet, cheat sheets, embedded in EHR)
- Post on website for patients to access

See the table below for the start of a decision protocol for your organization.

Virtual Options

There are several options for remotely delivering health care services. Here we only list those that can serve as an option to an in-person visit.

Telehealth

For Medicare beneficiaries, telehealth is defined by the discrete list of codes and services on CMS' List of Telehealth Services and *must* be delivered by an interactive audio and video telecommunications system that permits real-time communication. During the public health emergency there is a select set of telehealth services that can be delivered using audio-only; check CMS' list for the 85 or so for which audio-only interaction meets the requirements.

> With few exceptions (e.g., mental health), outside of the PHE, audio-only is not an option for telehealth for Medicare beneficiaries.

For Medicaid beneficiaries and those with private insurance, check directly with your state Medicaid agency or other insurers for constraints around delivering telehealth by audio-only. Montana's House Bill 43, signed into

law in April 2021, allows audio and audio-only communication to serve as an appropriate method of receiving medical services.

Audio-Only Options

- **Mental health telehealth services** may be provided by audio-only if the Medicare beneficiary is in their home. Check with your state Medicaid agency and private insurers if they also offer this option. CMS will also allow audio-only communication for services bunded under opioid use disorder (OUD) treatment for Medicare beneficiaries.
- **Virtual check-ins (aka a phone call)** are not technically telehealth as described by CMS' list of telehealth services but may be a good option for Medicare beneficiaries and clinicians to address a problem as well as to provide reimbursement for clinicians' time. These codes and services comprise five to ten minutes of medical discussion described as a brief communication technology-based service (audio-only real-time telephone interactions) by a physician or other qualified health care professional who can report evaluation and management services.
- **Chronic or Principal Care Management services** are also an audio-only option that provides reimbursement for clinicians and non-clinicians. For additional details see: CMS Chronic & Principal Care Management Services: Implementation Guidance.
- **Telephone evaluation and management (E/M)** codes 99441-99443 are available until the end of the PHE and may be used for an established patient provided the call does not originate from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment)

Patient calls to request office visit; reception staff/call center deems appropriate for visit based on existing triage protocols. Following the guidance below, patient is scheduled accordingly. If needed to fill in the table with more details, check this example: Scheduling a Patient for an In-Person vs. Telehealth Appointment.

In-Person Visit	Telehealth – Audio & Video[3,4,5]	Telehealth – Audio Only[3,4,5]	Telephone E/M[2,3,4,5]	Virtual Check-In[2,3,4,5]
• Patient preference • Physical exam required • Persistent or moderate to severe pain • Persistent cough • Burn/laceration • Well woman exam • Well child visit – vaccines due • Onset of certain new symptoms (e.g., abdominal pain) • Potential broken bone, concussion or laceration that may need sutures	• Patient preference & does not fulfill requirement(s) for in-person visit • Patient has capability[1] • No physical exam required • Patient needs to be seen when clinic is closed. • Mental health visit for stable patient • Well child visit if getting to in-person visit is a barrier • Annual wellness visits • Advance care planning • Mental health – depression, anxiety, etc. • Post-discharge follow-up (transitional care management) • Limited skin problems (e.g., rashes) • Stable chronic conditions (e.g., hypertension, diabetes) • Medication management • Symptoms possibly related to COVID-19 (fever, muscle aches, cough); can order a diagnostic test appointment • Parenting needs / pediatric advice • Sinus congestion, sore throat, cough, allergies, and urinary tract symptoms • FILL IN WHAT ELSE WORKS FOR YOUR CLINIC!	• Patient preference & does not fulfill requirement(s) for in-person visit • No physical exam required • Mental health visit for stable patient • Most, if not all, of the list from Audio & Video	• PHE still in place • Patient complaint not related to E/M service within previous 7 days. • Most, if not all, of the list from Audio & Video	• Patient complaint not related to E/M service within previous 7 days. • Most, if not all, of the list from Audio & Video

1. Safe, quiet space, device with mic and camera, connectivity, and access to app/email link/etc., and technical proficiency. Best practice is to document capability to engage in telehealth as a social determinant of health.
2. These services cannot be billed if they originate from a related E/M service provided within the previous seven days or lead to an E/M service or procedure within the next 24 hours or soonest available appointment.
3. Identity management - ability to confirm and document patient identity - is important and can be challenging with audio-only interactions.
4. Document start and end times especially for all virtual services. Document informed consent.
5. Make sure patient's insurance will cover the virtual visit and that patient is aware of co-pays. Patients often don't understand why a telehealth visit is charged the same as for in in-person visit.