March 20, 2020

Common Telehealth Scenarios During the COVID 19 Emergency Period

The Office of Compliance has drafted guidance based on common telehealth scenarios that SIU providers may encounter during the COVID 19 emergency period. For guidance on specific situations that do not fall into the scenarios below, please contact the Office of Compliance, compliance@siumed.edu.

Scenario 1:
Provider is at an SIU clinic. Patient is at home. Telehealth visit conducted by Webex, Facetime, or other like technology with audio and video connection.

- Visit would be conducted as it would be if the patient was in the clinic to the extent possible. Documentation and billing requirements are the same as they would be if you were conducting the visit in the office.
- Place of Service should be 02 telehealth and the clinic address

Scenario 2:
Provider is at home. Patient is at home. Telehealth visit conducted by Webex, Facetime, or other like technology with audio and video connection.

- Visit would be conducted as it would be if the patient was in the clinic to the extent possible. Documentation and billing requirements are the same as they would be if you were conducting the visit in the office.
- Place of Service should be 02 telehealth and the clinic address

Scenario 3:
Provider is at an SIU clinic. Resident is at an SIU clinic and participating in the visit with the patient. Patient is at home. Telehealth visit conducted by Webex, Facetime or other like technology with audio and video connection.

- Provider can supervise the resident visit. Provider should personally see, interact with and examine/assess the patient via Webex.
- Provider and resident can be on the same Webex connection with the patient and take turns with the patient
- Supervision requirements would be met. Provider can bill using resident's documentation and can bill for supervision.
- Documentation and billing requirements are the same as they would be if you were conducting the visit in the office.
- Place of Service should be 02 telehealth and the clinic address.

Scenario 4:
Provider is at an SIU clinic. Resident is at home. Patient is at home. Telehealth visit with resident participation is conducted by Webex, Facetime or other like technology with audio and video connection.

- Resident can participate in the Webex visit with the patient.
- Supervision guidelines are not met as the provider is not physically present with the resident.
- Provider must personally see, interact with and examine/assess the patient via Webex.
- Provider must document the visit and may not bill based on any resident documentation of the visit.
- Documentation and billing requirements are the same as they would be if you were conducting the visit in the office.
- Place of Service should be 02 telehealth and the clinic address.

Scenario 5:
Provider is at home. Resident is either at the SIU clinic site or at home. Patient is at home. Telehealth visit with resident participation is conducted by Webex, Facetime or other like technology with audio and video connection.

- Resident can participate in the Webex visit with the patient.
- Supervision guidelines are not met as the provider is not physically present with the resident.
- Provider must personally see, interact with and examine/assess the patient via Webex.
- Provider must document the visit and may not bill based on any resident documentation of the visit.
- Documentation and billing requirements are the same as they would be if you were conducting the visit in the office.
- Place of Service should be 02 telehealth and the clinic address.

Scenario 6:
Provider is at an SIU clinic. Multiple residents are at the SIU clinic site. Residents are conducting patient telehealth visits with patients at home. Telehealth visit is conducted by Webex, Facetime or other like technology with audio and video connection.
• Provider can supervise the resident visit. Provider should personally see, interact with and examine/assess the patient via Webex.
• Provider and resident can be on the same Webex connection with the patient and take turns with the patient. The same way that the provider would go room to room supervising a live resident clinic, provider can go computer to computer to interact with the patients the resident has seen.
• Supervision requirements would be met. Provider can bill using resident's documentation and can bill for supervision.
• Documentation and billing requirements are the same as they would be if you were conducting the visit in the office.
• Place of Service should be 02 telehealth and the clinic address.