Molina Healthcare Guidance for Audio-Only Visits

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MOLINA HEALTHCARE

Guidance for Audio-only Visits

Audio-only Visit Definition: Communication between a provider or health care system professional & a patient (or their legally designated advocate) through the use of telephone or cell phone

Not all conditions are appropriate for audio-only visits, but many lend themselves to a visit that can be conducted over the telephone

Applicable for: acute & chronic conditions in patients of most ages

Basic Requirements for Audio-only Visits

- Provider and patient or patient's representative can hear and communicate clearly.
- Note patient's number in case the connection fails
- Provider and patient or patient's representative can converse in a language comfortable & familiar to both parties allowing:
  - Provider to obtain a clear history
  - Patient/representative to understand the recommendations provided
  - If necessary, a translator (or signer for deaf/hearing impaired members) should be used.
- The provider should obtain from either the patient/representative an accurate account of:
  - Patient's current condition
  - Medical, medication and/or treatment history

Appropriate Circumstances for Audio-only Visits

Require patient or patient's representative to understand and comply with the provider's request to participate in the evaluation

Examples

- Provider has EMR access or can otherwise obtain known diagnoses and any current treatments
- Reasonable level of certainty that a thorough history is sufficient to establish a diagnosis and generate a treatment plan
- Use of a photograph to establish diagnosis (such as a skin rash or insect bite)
- Conditions supported when available with biometric data (obtained via self-report or access to EMR)
- Acute uncomplicated conditions (i.e. urinary tract infection, sinusitis, anxiety)
- Simple/routine follow up for patients with underlying chronic conditions (either behavioral or physical health)

Inappropriate Circumstances for Audio-only Visits

- Requirement of a “hands-on” examination or need to obtain diagnostic testing
- Repeat visits do not yield an improvement in the patient’s condition
- Diagnosis is uncertain

Examples

- Cognitive disorders, intoxication, language barriers, emergency situations that warrant escalation to an ER visit or 911
- Patients who do not have technology to successfully complete a virtual visit
- When acuity or severity exceed the therapeutic capabilities of a telephone encounter

General Guidance for Audio-only Visits

Indication

Management of the patient through audio-only encounters may involve:

- Direct medical care with a diagnosis & treatment plan
- Triage & referral of the patient to obtain additional information for a final diagnosis and/or treatment

Guidelines

Follow:

- Federal, state and local regulatory & licensure requirements related to scope of practice
- Abide by state board & specialty training requirements

Process

- Exercise best clinical judgment in determining the appropriateness of an audio visit on a case-by-case basis
- Follow evidence-based guidelines to provide the highest quality of care and reduce the risk of overprescribing
- Use standard operating procedures & workflows as for usual patient encounters

Tips for Documenting the Audio-only Visit

- Source of the history
- Chief complaint(s)
- History of present illness (including location, description, size, quality, severity, duration, timing, & context modifying factors; associated signs and symptoms)
- Past medical history
- Family history
- Personal and social history
- Medication review
- Allergies
- Detailed review of symptoms
- Biometric data from personal devices (i.e. thermometer, BP cuff, scale; glucometer, watch with second hand)
- Provider-directed self-exam (may include photograph of the affected area)
- Assessment & treatment plan, lab/diagnostic tests, referrals, member home care instructions, any required follow-up, and discussion/documentation of clinical signs requiring escalation

Inform & Educate the Patient Before the Visit

- Regarding confidentiality
- An agreed upon emergency plan
- Process by which patient information will be documented & stored
- Potential for technical failure
- Procedures for coordination of care with other professionals
- Protocol for contact between visits
- Conditions under which telehealth services may be terminated and a referral made to in-person care

Inform & Educate the Patient Before the Visit

Provider Responsibility

- Verify full name & credentials
- Document all individuals present on the call
- Ask patients to verify their identity using date of birth & patient identification
- Verify full name of patient and representative(s)
- Determine if facilitator is required to assist the patient & verify their identity

Patient Responsibility

- Identify all those in attendance with them (e.g., guardian, family)
- Does the patient feel safe in their environment

Other Considerations

Referrals, Emergency Resources & Follow-Up Guidelines

- Be familiar with local services
  - Labs & diagnostic
  - Urgent care
- Have an emergency plan

Community & Cultural Competence

- Patient's age
- Disability status
- Language
- Ethnicity, race & religion
- Gender, gender identity & sexual orientation
- Geographical location
- Socio-economic status

Credentialing/Licensing & Coding/Billing Guidelines

Credentialing & Licensing

- Abide by same credentialing policies as required for traditional in-person visits mandated by state & federal law, unless policies are relaxed under state or federal orders
- Compliance with provisions where telemedicine or telehealth laws require or permit different credentialing
- Abide by all qualifications of licensure, board eligibility, or certification as required by state & federal law
- Scope of care provided should be consistent with provider's level of training (e.g., MD/DO, ARNP, PA, RN, etc.)
- Be cognizant of oversight requirements & auditing standards applied to telemedicine patient visits as if the patient visit occurred in person

Coding & Billing

- Standard billing with application of appropriate CPT & ICD-10 codes for COVID & non COVID related illness should be submitted with appropriate telehealth modifiers
- Coding & medical documentation for medically necessary & covered services, should be accurate in reflecting content of the medical visit

Additional Information Related to Credentialing/Licensing & Coding/Billing for COVID 19 can be found at:
www.MolinaHealthcare.com/providers-WACOVID19