



# Telehealth Visit Checklist for Providers

## Making Telehealth Part of Your Daily Practice

### Why Telehealth?

Telehealth offers the opportunity to have continuity of care without the difficulties and risk associated with travel to a physical location. For the end stage renal disease (ESRD) patient population, using telehealth to supplement on-site appointments helps to lower exposure to adverse events. If utilized effectively, for the vulnerable patient population telehealth can increase patient options for interaction with the healthcare team.

### How to use Telehealth effectively:

Use this checklist to assure all team members hosting telehealth visits are following the same professional standards as they would in an in-person appointment. Listed are some key considerations to review when preparing to use telehealth.

## Getting Started: Tips for Consideration

### 1. Engage Patients

- » Remind patients that virtual visits can be an option during pandemics or weather emergencies, as a way to avoid missing visits with your doctor, ultimately avoiding complications and hospitalizations.
- » Educate patients about telehealth and its benefits.
- » Explain to patients receiving home dialysis that after the initial three months of dialyzing at home the dialysis team can schedule virtual visits for two of three visits each quarter.
- » Educate staff on the utilization of telehealth, new technology, and equipment needed; and develop a plan to assist patients with initiating this service.
- » Be positive and encouraging when scheduling telehealth visits.
- » Determine patients' level of comfort with using this service; make sure all consent forms are completed.
- » Provide patients with a clear expectation of their responsibilities; patients should be prepared to discuss current vital signs, machine issues, flow sheets, supply needs and all other concerns.



### 2. Supporting Facility Staff and Clinician Concerns

- » Develop a clear understanding of your responsibilities as a provider of telehealth services including requirements for licensure, liability, billing, documentation and reimbursement policies.
- » Define schedules and location for visits to ensure HIPAA compliance.
- » Determine a workflow for each member of the team, and modify the workflow with input from the team and from patients.
- » Nominate a telehealth clinical lead to provide support and serve as the patients' primary contact for concerns.
- » Be positive and encouraging when scheduling telehealth visits.

### 3. Create a Checklist to Assure a Successful Visit

- » Ensure privacy, and compliance with HIPAA.
- » Avoid background noise, and mute other web applications.
- » Provide adequate lighting.
- » Assure equipment is charged and ready for use.
- » Review patient concerns and records prior to the start of the call.
- » Adjust webcam to ensure eye contact and remain focused.
- » Identify a member of the team to record, and document concerns, changes, expectations and responsibilities.
- » If you need to turn away, inform the patient or caregiver.
- » Use non-verbal language to signal you are listening.
- » Verbalize and clarify next steps such as follow up appointments, care plans, prescription orders, etc. Send a concise communication to the patient/caregiver to recap issues and changes to the patient plan of care as requested.
- » Schedule the next telemedicine visits as needed.
- » Ask the patient if he/she would like to schedule a private visit with an individual member of the team and schedule that time.
- » Ask the patient/caregiver for their feedback on how you and the practice can improve the telehealth experience.

### 4. Prepare for Long-term Use

- » Stay up to date on Centers for Medicare & Medicaid Services (CMS) regulations on telehealth use including HIPAA requirements and allowable telehealth platforms.
- » Consider using telehealth services that are HIPAA-compliant and integrated into your current Electronic Medical Record/Practice Management (EMR/PM) system to benefit long-term use.
- » Survey other telehealth vendor options outside of your EMR/PM system. For a comprehensive list of telehealth vendor options, contact your [Regional Telehealth Resource Center](#).
- » Review feedback from staff and patients to determine successes and challenges develop a plan to overcome the barriers identified.
- » For additional resources, view the ESRD National Coordinating Center's "Quickinar: Operationalizing Telehealth at the Nephrology Practice" [LINK](#)
- » Telehealth Regulation [LINK](#)

### When to Use Telehealth:

There are three main types of virtual services physicians and other professionals can provide:

Below is a list of procedures and corresponding coding that could be used to perform virtual care.

#### 1. Medicare telehealth visits

(bill as regular in-person visits)

##### » HCPCS/CPT Codes:

- › 99201-99215 for outpatient or office services;
- › G0425-G0427 for ED or initial inpatient services;
- › G0406-G0408 for follow up inpatient services (modify location)

#### 2. Virtual check-ins

Brief (5-10 minute visits) that replace the need for an in-person visit.

##### » HCPCS Codes: G2010, G2012

» e-Visits (communication between patient/provider through online patient portal)

- › HCPCS/CPT Codes: 99421-99423, G2061-G2063

#### 3. Telephone visits

##### » CPT Codes:

- › 98966/99441 (5-10 minutes);
- › 98967/99442 (11-20 minutes); and
- › 98968/99443 (21-30 minutes)



Better healthcare,  
realized.

## IPRO End-Stage Renal Disease Network of New York

1979 Marcus Avenue, Lake Success, NY 11042-1072

Patient Toll-Free: (800) 238-3773 • Main: (516) 209-5578 • Fax: (516) 326-8929

E-mail: [esrdnetwork2@ipro.us](mailto:esrdnetwork2@ipro.us) • Web: [network2.esrd.ipro.org](http://network2.esrd.ipro.org)

Adapted from material originally developed by the End Stage Renal Disease National Coordinating Center (ESRD NCC) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS).

Developed by IPRO ESRD  
Network of New York  
while under contract  
with Centers for  
Medicare & Medicaid  
Services. Contract  
HHSM-500-2016-00020C

08/10/20 Version 7