SCCA Telehealth FAQs

In response to the COVID-19 outbreak, SCCA has rapidly rolled out telehealth to protect our patients and staff. Here are some basic facts about telehealth at SCCA in current state. Please note that this situation is evolving and the restrictions/requirements around telehealth may evolve with it. **One such change from our initial communication soliciting your interest in participating in telehealth is that you can elect to see new patients via telehealth if you feel this is in the patient’s best interest.** Previously restrictions on new patients were due to Medicare regulations; however, HR 6074 and the 1135 waiver broadened the definition of originating site (where patient is located) to include home. CMS has provided some guidance on how they will implement policy around the 1135 waiver. We want to do what is best for our patients during this difficult time and ask that you choose a telehealth options when it is in the patient’s best interest to be seen via that modality.

1. How do I get telehealth privileges?
   You can request telehealth privileges for telehealth by emailing sschaeffer@seattlecca.org who can get you signed up for the Telehealth LMS Training Module. You will sign a Privilege Request form at the end of the module, this will serve as your privileging.

2. Are my privileges good at both SCCA and UW?
   Yes! Once you take the LMS module, your telehealth privileges extend to both SCCA and UW. Note that these sites will have different operational workflows.

3. Where in the clinic can I conduct telehealth visits?
   You can conduct telehealth from your private office on the SCCA/FH campus or from the telehealth enabled rooms that are set up in the SCCA Clinic, K-building, Wellness Center or Community Sites. Your TC will reserve the most appropriate space when scheduling the appointment. If you elect to use your private office, please take care that any PHI is not visible to the patient on the telehealth call. Please also be sure that there is visual and audio privacy for the patient on the telehealth call.

4. How will telehealth patients be scheduled?
   Once you identify the patient as clinically appropriate for telehealth, you TC will screen them for technology capabilities and home location (patients must be in the state of Washington). The TC will then schedule on your template, the space you will be in if you are using a SCCA-provided telehealth space, and the Zoom line.

5. Can we offer new Medicare patients telehealth visits?
   Previously, SCCA allowed established Medicare patients to have telehealth visits at home using the virtual visit code G2012 but was limited in extending telehealth to new Medicare patients due to restrictions on qualified originating sites. Recent legislation related to COVID-19 is intended to lift requirements for the definition of originating site (where patient is located). We do not yet understand how CMS will interpret or audit policy but SCCA recommends that you do what is best for patients and document the rationale for a virtual visit. For example, chart that the patient is immunocompromised and therefore unable to be seen in person due to risk.

6. What telehealth platform should we use?

Better together.
Telehealth visits will be conducted on specific SCCA-provided HIPAA-compliant Zoom lines.

7. Who will set up the Zoom line?
   Your TC will schedule the appointment in Zoom and provide you with the log in.

8. Can I conduct a telehealth visit from home?
   Under some circumstances you will be able to conduct telehealth visits from home, for example, if you are at home and symptomatic but still able to work or if SCCA requests that you work from home. You will still need to follow the same procedures for patient scheduling, documentation, etc.

9. Do I need to consent patients for a telehealth visit?
   Yes, patients must consent to receiving care. The Telehealth LMS Training and Provider Job Aide will cover the consenting process in greater detail. Please also refer to the UWP FAQ which provides helpful information.

10. How do I document a clinic note done via telehealth?
    To properly document a visit for telehealth the following elements are required:
    • That the service was provided via live interactive audiovisual equipment
    • Location of the patient and anyone present with the patient
    • Location of the provider
    • Names and credentials of all persons participating in the visit, and their role in the encounter at both the originating (patient location) and distant (provider location) site
    *Please also refer to the UWP FAQ which provides helpful information.

11. How do I bill for telehealth?
    To bill for telehealth, you will need to select the appropriate E&M level for the visit and should use time-based billing. You will also need to select the GT modifier on the e-fee sheet.

12. Can I use a telephone call with a patient as a substitute for a telehealth visit?
    Telephone calls do not constitute telehealth and do not require telehealth privileges. You can always speak with established patients by phone and document a telephone note but you will not bill the usual E&M code or GT telehealth modifier. There are CPT codes (99441-99443) that can be billed for telephone conversations with established patients but these have specific requirements, such as not originating from a related E/M service in the previous 7 days nor leading to an E/M service or procedure within next 24 hours. These codes may be included on your efee sheet but please ensure that you understand how to bill them before using.

13. I have heard that some of my colleagues are conducting new visits via telephone. Why can’t I?
    SCCA has approved telephone screening calls (not consults) for BMT and IMTX so that patients can be evaluated for candidacy for these procedures and initial procedures can be instituted prior to their official consultation. SCCA has not approved this practice beyond BMT and IMTX.

14. Is there a job aide?
Yes! The Provider Job Aide is a day-of roadmap to walk you through signing on to zoom, testing your audio, starting the appointment, consenting the appointment, documenting the visit, and billing the visit. Please also refer to the UWP FAQ which provides helpful information.