

SAMPLE CHECKLIST - How to set up and complete the General Telehealth Encounter		
Topic	Originating Site (OS) Patient	Distant Site (DS) Provider
Clinic Title	Indicates telehealth (e.g. Tmed Rehabilitation)	Indicates telehealth (e.g. Tmed Rehabilitation)
Count clinic	Yes	Yes
Billable (third party insurance)	No. The telehealth stop code turns off the co-pay option at the patient site.	Yes. Patients that are eligible for co-pays will be subject to co-pays for Telehealth encounters as well.
Encounter form in CPRS or Event Capture System (ECS)	Either encounter form or ECS can be used	Either encounter form or ECS can be used.
Primary DSS stop code	There are no primary stop codes that are specific for telehealth. Use the stop code that reflects the service provided. It must be the same as DS.	There are no primary stop codes that are specific for telehealth. Use the stop code that reflects the service provided. It must be same as OS.
Secondary DSS stop code for Real-time Telehealth	690 *Exception when patient is not at a VA facility with a VA station code. Example: Vet Centers	692 when same station code or 693 when different station
Provider credentialed	The provider's credentials must be shared with the OS using shared access of the VetPro file.	Provider will be credentialed at their "home" facility in accordance with their Medical Staff Bylaws.
Provider privileged	A crucial consideration in making a distinction between consultation and care (telemedicine) is that teleconsultation occurs when the consultant involved recommends diagnoses, treatments, etc., to the provider requesting the consult, but does not actually write orders or assume the care of the patient. If the consultant diagnoses, writes orders, or assumes care in any way, this constitutes "care" and requires privileges. A Medical Staff appointment is required if the provider is entering documentation into the medical record, e.g., teleradiology, teledermatology, etc. Telemedicine – The provision of care by a licensed independent health care provider that directs, diagnoses, or otherwise provides clinical treatment using electronic communications and information technology.	Provider will be privileged at their "home" facility in accordance with their Medical Staff Bylaws.

	<p>Teleconsultation- The provision of advice on diagnosis, prognosis, and/or therapy using electronic communications and information technology to support the care provided when distance separates participants and where hands-on care is delivered at the site of the patient by a licensed independent health care provider.</p>	
<p>Provider registered</p>	<p>Yes VA providers from the DS must be entered into the New Person file in the OS VistA system. This is necessary so that the provider can be selectable to the OS for encounter completion and workload processing. Using the provider's user access form, the following information is entered: name, SSN, degree, person class, XUORES key, & Provider key. If a provider is outside the VA entry is done via Provider ID Maintenance. One caution: The effective date of the person class MUST BE PRIOR TO the date of the TMED appointment.</p>	<p>Yes</p>
<p>Department Mapping</p>	<p>Provider time must be mapped to the DS/Provider site instead of the OS/Patient site in advance; otherwise, provider workload will not be transmitted to the Austin database. Cost and workload will be directed to those departments responsible for the provision of services and oversight of the department budget.</p>	<p>Provider time must be mapped to the DS/Provider site instead of the OS/Patient site in advance; otherwise, provider workload will not be transmitted to the Austin database. Cost and workload will be directed to those departments responsible for the provision of services and oversight of the department budget.</p>
<p>Patient registered</p>	<p>Yes</p>	<p>Yes Patient may need to be added to the DS patient registration file before a telehealth appointment is made.</p>

Appointment	Yes However, be aware that two appointments cannot be made at the same time in the appointment system. A fifteen minute offset will overcome this limitation. The correct time should always be associated with the patient site so the reminder letter will have the correct time.	Yes However, be aware that two appointments cannot be made at the same time in the appointment system. A fifteen minute offset will overcome this limitation.
Appointment reminder letter	Yes	No
Progress note required	Maybe The provider note can be viewed via "Remote Data View" option in CPRS. Refer to your location protocols to determine if a progress note is required.	Yes Be sure to note that it was a telehealth encounter in the body of the note.
Consent	No	Yes - verbal Verbal informed consent is obtained after providing the patient with a full explanation of telehealth, alternatives for obtaining care through an in-person visit at the nearest VA clinical site, if available and the patient's right of refusal, at any time, for any telehealth. The provider should document this discussion in their progress note at the commencement of care; it is not required for each individual episode of care. The exceptions: research, delivery of services to any public or private non-health care setting (patient's home, Vet Center, etc.) outside of a VA facility, or when a recording is made of the encounter.
Close out Encounter	Yes Must receive provider information to close OS encounter for credit. This information is: - Provider name - Diagnosis - Required statutory information	Yes Must send provider information to close OS encounter for credit. This information is: - Provider name - Diagnosis - Procedure - Required statutory information

Encounter close out information		
Diagnosis (ICD-9 code)	Same at both sites	Same at both sites
Procedure (CPT/HCPCS code)	<p>Q3014</p> <p>(a.k.a. Telehealth facility code) Note that this is the only code used at the OS. The code itself is defined as patient site of a telecommunications delivered service. Other activity, such as therapy, education etc. that is done at the OS must be documented in a second non-telehealth clinic.</p>	<p>Reflect service provided as if it were FTF</p> <p>Approved CPT codes Consultations 99241-99275 Office/Outpatient Services 99201-99215 Individual Psychotherapy 90804-90809</p> <p>Pharmacologic Management 90862</p>
CPT/HCPCS Modifiers	No modifiers are associated with Q3014	GT
Provider	<p>Same at both sites It may be necessary to add the provider to the OS.</p> <p>Note: The supervising or attending physician is to be listed as the primary provider for all encounters. Other providers or practitioners need to be assigned as the secondary provider. <i>In addition, the use of evaluation and management (E & M) codes require that certain criteria be met within the coding guidelines. Those practitioners licensed and privileged within the scope of their practice or licensure may limit the use of many E & M codes.</i></p>	Same at both sites
Statutory classification questions , i.e. Service Connection, Agent Orange, Ionizing Radiation	Yes Same at both sites	Yes Same at both sites