Telemedicine tips for Ob/Gyn providers

The Ob/Gyn Clinical Line Committee is grateful for the input of Drs. Ghea Adeboyejo, Lucia Gaitan, Dibe Martin and Joyce Miller, who all contributed to the content to pull this tip sheet together. Also, special thanks to the Quality Assurance and Coding Compliance team for the coding recommendations.

These suggestions are, by no means, meant to be directive. As social distancing tactics are being adopted throughout the medical establishment, we invite any input we can find to help all of us provide the best care in the safest way. Every decision you make about the appropriateness of a telemedicine visit must be weighed against your patient's wishes and your comfort to be able to deliver adequate care in the vast majority of encounters.

We have also included some case studies of how to potentially chart and code an encounter to help guide you.

What are some types of obstetrical visits that can be done by Telemedicine?

- Confirmation of pregnancy (Appointment before the initial obstetrical appointment in an episode of pregnancy.)
- Initial obstetrical intake appointment with associated counseling and consent explanation.
- Any obstetrical appointment that would not normally require a lab test, scheduled ultrasound or vaccination.
- If a patient is being seen by a high-risk pregnancy specialist, the primary provider can speak with the patient while she is in the specialist office as part of the prenatal care global service.
- Antenatal testing counseling, including genetic counseling and discussion of abnormal genetic screening results.
- If the patient is discharged from the hospital after triage or evaluation; or if the patient is a candidate for early obstetrical discharge, the immediate follow-up can be via telemedicine.
- Postpartum blood pressure and pre-eclampsia follow-up.
- Postpartum depression evaluation and follow-up.
- Post-operative wound evaluation.
- Many chronic pregnancy management issues that require more frequent follow-up can be done via telemedicine, including management of gestational diabetes; antenatal depression and anxiety; chronic hypertension (patient can obtain a home blood pressure cuff that the primary provider can calibrate in the office, and then take her own blood pressure at home and show the monitor to the clinician); chronic non-pregnancy-related pain management; nutrition counseling; testing results discussion; etc.

- Non-obstetrical medical problems or minor acute issues can be managed via telemedicine, including evaluation and treatment of urinary tract infections, many viral syndromes, gastrointestinal symptom management, pink eye, rashes, hemorrhoids, etc.
- Mastitis evaluation, treatment and follow-up.

What are some types of gynecologic visits that can be done via telemedicine?

- Sexual health counseling
- Sexually transmitted disease counseling. Testing can be ordered so that the patient would only have to come to leave a blood and urine test.
    - STD result review and care plan discussions
- Preconception counseling.
- Menopausal counseling
- Dietary counseling, including weight management.
- Contraception counseling and consent explanation.
    - If the patient chooses long-acting reversible contraception, she can just schedule a time for the procedure, but have all of the counseling done via telemedicine.
    - Discussion of oral contraceptives or other contraceptive methods.
- Review of and consent for vaccination administration. Patient could then just come in for the vaccine administration.
- Surgical consent appointments.
    - Preoperative consultations (i.e., for hysteroscopic polypectomy, cone biopsy, loop electrosurgical excision procedure, most biopsies)
- Post-operative wound evaluations
- Adjust medications for thyroid disease treatment; hyperprolactinemia management; hormone replacement therapies; topical treatments for skin diseases like lichen sclerosis or lichen simplex chronicus; post-operative pain management; depression and anxiety medication management.
- Chronic pelvic pain management
    - Endometriosis managed with hormonal treatments.
    - Cyclic dysmenorrhea
    - History of benign ovarian cyst formation.
    - Dyspareunia
    - Chronic vulvodynia
- Review of testing results and discussion of a treatment plan.
- Osteoporosis consultations
- Possible UTI or vaginal candidiasis treatments
- Polycystic ovarian syndrome diagnosis and management.
- Follow-up of treatment plan for dysfunctional uterine bleeding
- Initial infertility consultations
- Libido consultations
- Initial evaluations of vulvar complaints

- Genetic counseling for cancer risk assessments.
- Post emergency room follow-up and care plan review
- Incontinence and pelvic floor dysfunction

What are some types of Maternal-Fetal Medicine physician visits that could be done via telemedicine?

- Review or evaluation of laboratory, imaging and diagnostic testing results.
- Management of gestational diabetes on occasions that do not require antenatal testing
- Management of or review of hypertension on occasions that do not require additional antenatal testing
- Consultation for work-up or to review abnormal carrier screen results.
- Consultation for exposures to teratogens. Bring into office only when ultrasound or procedure is warranted.
- Preconceptual consultations due to medical or genetic concerns prior to moving to assisted reproductive technology.

Case study # 1

OB problem. URI

Reason for appointment: Telemedicine Video Consultation

History of present illness:

GYN: Telemedicine visit completed using Doxy.me app at 14:00 for 25 minutes. Patient used app from home.

Patient 23.5 weeks. Since Monday, she has been feeling chills, weakness, tiredness. Some stomach ace x 2 days, +nausea, but no emesis. Denies fever. Reports some eye pain with some discharge. No joint pain. Reports temperature around 36.6, highest at 36.8. Denies shortness of breath but feels more fatigued than usual. Reports + adequate fetal movements.

She was out last 2 days ago. They only go outside for walks. They didn't go to Costa Rica. Her dauger had a sore throat a few days ago. She did receive the seasonal influenza vaccine.

Today VS reported by pt. Weight 66.6 Kg, HR 82 BPM (Fitbit), T: 36.8; BP 118/77RR taken by MD (pt instructed to expose her chest) = 24 rpm

RR taken by MD (pt instructed to expose her chest) = 24 rpm

- **Eyes**: no erythema, no discharge
- **ENT**: throat without erythema or plaques
- **Respiratory**: No laborious breathing, no retractions
- **Neuro**: appears intact, pt oriented x 3.

Review of systems:

- **General**: Denies fever
- **Eyes**: Denies discharge
- **Cardiovascular**: Denies shortness of breath.
- **Musculoskeletal**: Denies joint pain

Assessments:

- 23 weeks gestation of pregnancy-Z3A.23 (Primary)
- URI (Upper respiratory infection)-J06.9

Pt. appears stable, possible URI. Coronavirus and pregnancy discussed at length. At this time no fever, no signs of acute respiratory compromise and I consider no need for COVID testing at this time. COVID-19 precautions given. Patient to remain in quarantine at home x 14 days. Advised to call back tomorrow and on Sunday to call line to update on her progress. Will continue to monitor closely and if she becomes febrile or her condition worsens, will test if appropriate and redirect plan of care as appropriate. Patient scheduled for telemedicine routine OB visit in 2 weeks.

Follow-up: Prn

Commentary from Coding and Compliance:

Supports level of service 99213:

- DX supported R10.9, R11.0, Z3A.23
- Time stated should indicate how much of it was spent counseling the patient.
- Possible URI is not coded
- Coding Z3A.23 may cause a rejection, due to inclusive of OB Global, from the payer if billed with a problem visit.

Case study # 2

F/U medical treatment for uterine myoma

GYN: This visit was completed through telemedicine via Doxy.me app during the COVID-19 pandemic. Patient was in her car at work while the visit took place.

Patient has known uterine myomas. She is unsure about future pregnancy plans. She currently uses Orilissa to potentially decrease myoma volume prior to myomectomy.

Patient started Orilissa in February 2020, but has run out of the sample medication. She has complained of mood swings and hot flushes. Her insurance has not approved her use of Orilissa yet.

Current medications:

1. Sertraline HCl 100 mg tablet po qd
2. Clonazepam 0.5 mg tablet q HS prn
3. Daily oral iron supplement
4. Aygestin 5 mg tablet po qd. (Stop date 7.7.20)
5. Orilissa 150 mg tablet po qd (Stop date 5.7.20)
6. Discontinued Lupron Depot (3 month) 11.25 mg intramuscularly, last injection November 2019. Medication list reviewed and reconciled with the patient

Vital signs: LMP February 2020

Examination: General Appearance: well-developed, well-nourished

Assessments:

1. Uterine myoma – D25.9 (Primary)
2. Menorrhagia with regular cycle – N92.0
3. Dysmenorrhea – N94.6
4. Anemia-D64.9

A total of 15 minutes was spent with the patient face-to-face for counseling and coordination of care.

Treatment:

1. Uterine myoma
    a. Continue Orlissa 150 mg tablet po qd.
    b. Refill Aygestin 5 mg tablet po qd, Refill x1

i. Notes: Continue off-label use with Orlissa. Pt will pick up 2 m supply tomorrow.

c. Combination of medical and surgical management with Lupron Depot x 6 months to build up patient's iron reserves, decrease uterine size and hopefully be able to approach the case laparoscopically.
d. Okay to start add-back therapy as recommended.
e. Follow-up in one month.

2. Anemia
    a. Continue OTC oral iron therapy.

Follow up: One month, as above

Commentary from Coding and Compliance:

Supports level of service 99213:

- DX supported D25.9.
- I could see this scenario being billed as a 99214 if more detail was documented in HPI, ROS, Family and Social History
- Patients anemia would be supported (D50.9), but no HPI or personal history is documented
- Is this patient postmenopausal?

Case study # 3

Scheduled as UTI, but became about discharge vaginitis

Reason for appointment: Telemedicine Video Consultation

History of present illness:

GYN: This visit was completed via telemedicine with Doxy.me app during COVID-19 pandemic. Patient was at home while the visit took place. She reports vaginal pruritus and burning for the past 2 weeks. She has been tired for the past 2 days. She +COVID-19 one month ago, but has not been tested again.

Current medications: Nuvaring 0.12-0.015 mg/24 hour ring, one ring intravaginally once a month

Past medical history: Polycystic ovarian syndrome

Allergies: No known medication allergies

Vital Signs: Wt: 188 lbs; Ht 64 inches; BMI 32.27 index; HR 72/minute

Examination: General Appearance: Well-developed, well-nourished

Assessments:

1. Vaginitis – N76.0 (Primary)
2. History of 2019 Novel coronavirus disease (COVID-19) – Z86.19

A total of 10 minutes was spent with the patient face-to-face for counseling and coordination of care.

Treatment:

1. Vaginitis
    a. Start Tindamax Tablet, 500 mg, 4 tablets with food, po qd for 2 days, dispense 8 tablets, no refill.
    b. Start Fluconazole Tablet, 150 mg, one tablet po qd, repeat in 2 days, dispense 2 tablets, no refill.
2. History of COVID-19
    a. Patient must follow-up with her primary care physician for clearance.

Follow-up: As needed

Commentary from Coding and Compliance:

Supports level of service 99213:

- DX supported L29.2, N89.8, U07.1
- DX of N76.0 would not be incorrect to bill, but as there is no confirmation of vaginitis, best practices should be to bill signs and symptoms
- As the patient tested positive for COVID-19 HX of would not be appreciate, as it has not been confirmed that the patient no longer has the virus.

Case study # 4

Gynecologic Well-Woman Exam for patient over 60 years old

Reason for appointment: Telemedicine video consultation

History of present illness:

Annual:
General health maintenance:
Last visit: 03/2019

GYN: This visit was completed through telemedicine via Doxy.me app. Patient was at home while visit took place during the COVID-19 pandemic.

Patient established since 2004. Due for annual exam.

No PBM. She continues to report some RQL discomfort. Last year she had a small right paraovarian cyst. Needs f/u u/s after laxative.

No known COVID-19 contacts. She is isolated at home.

Takes clonidine for hot flushes and needs a refill.

Current medications:

- Taking Atorvastatin calcium 10 MG tablet orally.
- Taking Bayer aspirin
- Taking Clonidine HCl 0.1 MG tablet 1 tablet orally once a day
- Taking Olmesartan Medoxomil 20 MG tablet, take 1 capsule by mouth everyday oral
- Taking Dicyclomine HCl 10 MG tablet, take 1 capsule by mouth three times a day oral
- Taking BusPIRone HCl 10 MG tablet, take 1 tablet by mouth twice a day oral
- Discontinued Losartan Potassium 100 MG tablet 1 tablet orally once a day
- Medication list reviewed and reconciled with the patient

Past medical history:

- Unspecified essential hypertension
- Morbid obesity
- Hx hematuria 12/2016 20/2018. Cysto on 02/23/2017. CT scan neg – Dr. Bruck

Surgical history:

- Tonsillectomy/Adenoidectomy
- ELAP myomectomy 1994
- LSC Cholecystectomy 06/2013

Family history:

- **Father**: Deceased 86 years, congestive heart failure. Died 09/03/2013
- **Mother**: Alive 88 years, DVT
- **Sister**: Alive, Thyroid cancer
- **Maternal cousin**: Breast cancer at 54 years old
- **Maternal cousin**: Colon cancer at 58 years old
- No family history of Ovarian Cancer.

Social history:

Miscellaneous:

- No exercise
- Marital status: Single
- Occupation: Retire from ATT.
- Sexually active: Never
- Denies alcohol use
- Denies history of cigarette smoking
- Denies drug use

Gyn history:

Previous tests:

- Last Pap smear: 01/2017 normal, HPV negative
- Last Mammogram: 04/2018 Normal
- Last Pelvic ultrasound: 08/2013 Uterus 11.1 x 5.1 x 7.6 cm. Multiple myomas 2.0 cm, 2.5 cm, 3.0 cm, 5.4
- Last Endometrial Biopsy 01/2003 Profilferative endometrium
- Last bone density: 2018 EEXA Osteopenia. Left hip T-Score 1.5 (-0.8), Right hip T-Score +0.3 (-0.2).
- Needs Ca+Vit D. repeat DEXA in 2 years
- Last Colonoscopy: 01/23/2017 Benign polyps, diverticulosis. Follow up in 10 years
- Menopause: began at age 50
- Sexual history: Sexually active: Never

- STD's: None
- History Uterine myomas.

OB history:

- Gravida 0
- Para 0

Allergies: N.K.D.A.

Hospitalization/Major diagnostic procedure: Denies past hospitalization

Vital signs: Wt 2016 lbs, Ht 63 in, BMI 38 Index, Ht-cm 160.02 cm

Examination:

General examination

- General appearance: Well developed, well-nourished.
- Neurologic: nonfocal

Assessments:

1. Well-woman exam without gynecological exam – Z00.00 (primary)
2. RLQ abdominal pain – R10.31
3. Menopause – Z78.0
4. Unspecified essential hypertension – I10
5. Morbid obesity – E66.01
6. Screening for breast cancer – Z12.39
   A total of 15 minutes were spent with the patient face to face for counseling and coordination of care.

Treatment:

- Well-woman exam without gynecological exam

Notes:

- Pap/HPV per guidelines deferred (every 5 years)
- Monthly self-breast exam encouraged
- Weight-bearing exercise 3 times a week encouraged.
- We discussed appropriate multivitamin, calcium and vitamin D supplementation.

- Advice on importance of yearly screening mammogram.
- Patient in high-risk category for COVID-19. Social distancing discussed.
- Return in a year or as needed.

Menopause:

- Refill Clonidine: HCl tablet, 0.1 MG, 1 tablet, orally, once a day, 90 days, 90 refills 4

Notes: Continue Clonidine

Morbid obesity:

Notes: Congratulated on progress. She has lost 85 lbs total.

Screening for breast cancer:

Imaging: mammogram screening

Commentary from Coding and Compliance:

I would review ACOG's guidelines for wellness visits, as there are exam elements by age that should be at least addressed.

- No ROS Documented (not required) but patients assessment sates: RLQ Abd. Pain, not noted anywhere else
- 99386-99396 (40-64 years old) requires the below elements
    - Height, weight, BMI, BP
    - Neck: adenopathy, Thyroid
    - Breast, Axillae
    - Abdomen
    - Pelvic Examination (Pelvic examinations should be performed when indicated by medical history or symptoms.)
    - Additional physical exam as clinically appropriate
- 99387-99397 (65+ years old) requires the below elements
    - Height, weight, BMI, BP
    - Neck: adenopathy, Thyroid
    - Breast, Axillae
    - Abdomen
    - Pelvic Examination (When a woman's age or other health issues are such that she would not choose to intervene on conditions detected during the routine examination, it is reasonable to discontinue pelvic exams)
    - Additional physical exam as clinically appropriate