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Purpose

To provide guidance on the most appropriate setting for patient visits, be it by telehealth video visit or in the medical office. Telehealth video visit services are part of the Trinity Health MGPS growth strategy moving forward.

Audience

This document is intended for operational and clinical individuals who work with pediatric patients in the MGPS in the pediatric, family practice and internal medicine- pediatric settings.

- For MGPS pediatric care providers: guidance to assist in evaluating types of encounters that are most appropriate for telehealth video visit.
- For MGPS pediatric care front desk/registration colleagues: guidance to assist in identifying the types of patient requests, based on a patient's symptoms, that are most appropriate for telehealth video visit

General Guidance

- Immunizations require in-office visits
- The provider should use their clinical judgement or work with their triage team to determine if the patient requires a telehealth video visit or an in-office visit. An in-office visit should be considered when a complaint addressed by telehealth video visit is not resolving as it should or when in-office assessment, examination, or administration of a treatment is needed.
- Providers should work with patients to establish an appropriate cadence of telehealth video visit and in-office visits with consideration of patient preferences
 - Patients new to the practice who are seen via telehealth video visit for their first encounter should be encouraged to have the next visit be an in-office visit establish a relationship with the practice.
 - If a patient has not been seen in the office within the last 12 months, they should be scheduled for an in-office acute visit and then also a well child visit should be encouraged since they are overdue. This ensures Trinity Health is solidified as the patient's medical home.
 - When a provider sees a patient in the office, he or she should consider whether the subsequent visit can be conducted via telehealth video visit. If so, the provider is encouraged to spend a few minutes educating the patient on this option. The provider should indicate within the encounter documentation if the subsequent visit should occur via telehealth video visit or in the office.
- Front desk staff should assist patients (either at check in or check out) in preparing for potential future telehealth video visits by:
 - Ensuring the correct phone number and email address for the patient is captured
 - Ensuring patient is registered to utilize the EHR portal
 - Providing [Patient Communication - Patient Communication - How to Prepare for Your Televisit](#)

In-Office Pediatric Well Child Visits

- The American Academy of Pediatrics (AAP) supports bringing in children of all ages for "well child" visits due to the challenges of conducting all the components of a well-care visit via telemedicine.
 - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>
- The CDC is encouraging healthcare providers to bring children up to date with their vaccinations as quickly as possible. Strategies to separate well-visits from sick visits must be enforced. Where separate sites for well and sick visits are not possible, consider "well-morning" and "sick-afternoon" hours for your clinic site.
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>
 - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/>
- Provide general pediatric care according to the in-office protocol
 - If a visit is needed, consider a telehealth video visit first – refer to the Pediatric video visit workflows for Qliqsoft or alternate video visit tools in use (e.g. Zoom or WebEx)
 - All "well child" visits and sports physicals must be conducted in the office. Ensure appropriate screening protocols are in place.

Clinical Guidance

General Pediatric Care for Telehealth Video Visits

General pediatric care often amenable to video visits includes the management of:	
Baby Concerns: Feeding or sleeping concerns, umbilical cord issues, teething, cradle cap, thrush, diaper rash	GI Concerns: Stomach pain, constipation, heartburn, nausea, food related concerns, feeding issues with babies or older kids, or mouth pain (ONLY if NO upper respiratory symptoms, NO fever, NO diarrhea, NO vomiting)
Behavior Concerns: From toddler to teenager anything from sleep to discipline	Reproductive System Concerns: Menstrual Pain, STD questions, vaginal discharge or redness, or circumcision concerns
Behavioral Health: Depression, anxiety; or new concerns of depression, anxiety, OCD, increased tic or twitching behaviors	Minor Injuries: Cuts, abrasions, burns, concussion, animal or insect bites, pain, swelling, or limping
Chronic Conditions: Asthma maintenance rechecks or concerns	Skin Irritations and Allergies: Acne, minor infections (cellulitis), lice, pinworms, rashes (hives, eczema, scabies, fungal (e.g. ringworm, athlete's foot), styes, warts, bug bites, tick bite, ingrown or toenail concerns, immunization reaction concerns, sunburn
Developmental Concerns: Concerns about any developmental delays or not hitting milestones on time	Urinary Concerns: Potty training concerns, going to too often or not enough, burning or pain (NO fever) – If clinically indicated, a urine sample may be provided to the office or lab

Non-COVID Free (FURI or Sick) Clinic Pediatrics Care

Recommend an in-office visit for all children with a fever and/or cough to check pulse oximetry and breathing.

If an in-office visit is most appropriate, ensure protocols are in place to separate children potentially ill from COVID-19 from children who are without such symptoms. Consider the following:

- Separate locations for well visits and sick visits
- Alternate office hours for sick-hours and well-hours (thorough cleaning required)

Sick visit symptoms include any of the following experienced in previous 72 hours:

- Fever/ chills/ feels Warm
- Body aches/muscle pain
- Cough, congestion, wheezing, runny nose, sinus pressure
- Shortness of breath or difficulty breathing
- Ear pain if accompanied by cough, fever or congestion
- Sore throat
- Vomiting and/or diarrhea
- Any pink eye with cough, fever, sore throat. If just pink eye alone, can be a video visit
- Loss of taste or smell

Anything else: If child has had NO fever in the last 72 hours, NO cough, NO vomiting, NO diarrhea, NO sore throat, NO ear-pain, try to schedule a video visit.

This data represents top ambulatory clinic diagnosis codes for pediatric services. The data pulled from January 2019 – January 2020 (NON-COVID) and July 2019 – June 2020 (during and para-COVID) shows the same prevalence by volume. This data was used to inform the guidance above. The July 2019 – June 2020 data is listed below.

Top Diagnosis Codes

(July 1, 2019 – June 1, 2020)

Code	Code Description	Initial Visit	Follow-Up Care	Condition Uncontrolled
Z23.0	Encounter for immunization	In Office	n/a	n/a
Z00.129	Encounter for routine child health exam without abnormal findings	In Office	n/a	n/a
Z00.121	Encounter for routine child health exam with abnormal findings	In Office	Video Visit	n/a
Z30.42	Encounter for surveillance of injectable contraceptive	In Office	n/a	n/a
J02.9	Acute pharyngitis unspecified	In Office	In Office	n/a
J0.9	Acute upper respiratory infection unspecified	In Office	In Office	n/a
Z68.52	BMI pediatric: 5th %tile – < 85% for age	In Office (with well visit)	In Office (with well visit)	n/a
R50.9	Fever	In Office	In Office	n/a
R05.0	Cough	In Office	In Office	n/a
Z00.111	Health examination for newborn 8 - 28 days old	In Office	In Office (weight check)	n/a
Z00.110	Health examination for newborn under 8 days old	In Office	In Office (weight check)	n/a
J050	Acute obstructive laryngitis (croup)	In Office	In Office	n/a
F41.9, F41.1	Anxiety disorder unspecified	Video Visit	Video Visit	In Office
B34.9	Viral infection unspecified	In Office	In Office	n/a
J02.0	Streptococcal Pharyngitis	In Office	In Office	n/a
J10.1	Flu due to other identified influenza virus with other respiratory manifestation	In Office	In Office	n/a
J01.9	Acute sinusitis	In Office	In Office	n/a
N39, R30.0	Urinary Tract Infection	Video Visit	Video Visit	n/a
Z68.53	BMI Pediatric 85 – < 95 %tile for age	In Office (with well visit)	In Office (with well visit)	n/a
H66.91, H66.92, H66.93, H66.001, H66.002	Otitis Media			
E11.9	Type I Diabetes mellitus without complication – could be managed by Pediatrics and/or Endocrinology	Video Visit	Video Visit	In Office
R10.9	Unspecified abdominal pain	In Office	In Office	n/a
J20.9	Acute bronchitis, unspecified	In Office	In Office	n/a

F90.9	Attention deficit hyperactivity disorder, unspecified	Video Visit	Video Visit	In Office
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