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## Purpose

To provide guidance regarding the most appropriate setting for visits, be it by telehealth or office. Telehealth services are a critical part of the Trinity Health MGPS growth strategy.

## Audience

This document is intended for operational and clinical personnel working with adult patients in primary care, i.e, family practice, internal medicine and geriatrics).

- MGPS primary care providers: guidance to assist in evaluating types of encounters that are most appropriate for digital telehealth.
- MGPS front desk staff: guidance to assist in scheduling symptoms-based requests that are most appropriate for telehealth.






## General Guidance


- Providers should use clinical judgement to determine if a patient requires a telehealth or in office visit. An office visit should be considered when an in-office assessment, examination, or administration of a treatment is needed or if a complaint addressed by telehealth is not resolving as expected.
- Providers should work with patients to establish an appropriate cadence of digital-health and office visits with consideration of patient preference
  - Patients new to the practice who are seen via telehealth for their first encounter should be encouraged to have a subsequent in-office visit within 6 months
  - If a patient has not been seen in the office within 12 months, an in-office visit should be scheduled
  - When a provider sees a patient in the office, he or she should consider whether the subsequent visit can be conducted via telehealth; if so, the provider is encouraged to spend time educating the patient on this option. The provider should communicate with both the patient and staff as to how the subsequent visit should be scheduled.
- Immunization administrations require the patient's presence
- Front desk staff should assist patients in preparing for future telehealth visits by:
  - Ensuring the correct phone number and email address for the patient
  - Ensuring patient is registered to utilize the EHR portal
  - Providing Patient Communication - [Patient Communication - How to Prepare for Your Televisit](#)







## Clinical Guidance

### Recommended Cadence for Telehealth vs. Office Visits for Specific Conditions

These are some of the most frequent condition requests for video and in-office visits. This guidance is meant to provide parameters around when a video or in-office visit would be appropriate to schedule. Each condition requires a standard 15-minute appointment unless the provider requests additional time.

Condition	If Newly Diagnosed	If Controlled	If Uncontrolled (Intervals are a minimum suggestion)	Recommended Home Equipment	Condition Tools
<b>Annual Visit</b>	In office visit This includes: <ul style="list-style-type: none"> <li>• AWW*</li> <li>• Physical</li> <li>• Preventative Health Exam</li> <li>• Administration of recommended vaccinations</li> </ul> *Annual Wellness Visits can be conducted via telehealth or in office. The Welcome to Medicare Visit must be conducted IN OFFICE	n/a	n/a	n/a	 Supplemental Health Management Plan - IV   AWW Toolkit - Telehealth _ 05.01.202   ICST Medicare Annual Wellness Visit
<b>Behavioral Health Conditions</b>	Telehealth	In office visit once a year. Follow up visits can be conducted via digital telehealth.	Clinical judgment should be applied, and patient wishes considered, certain patients could and should be managed by telehealth	n/a	<a href="#">PHQ-9 &amp; PHQ-2 Tools</a>
<b>Chronic Obstructive Pulmonary Disease (COPD)/Asthma</b>	In office visit	In office visit once a year. Another visit approximately six months later in office or by video is advised.	In office visit twice a year with interval Video Visit based on patient symptom control. Follow the provider guidance from Asthma action plan.	<ul style="list-style-type: none"> <li>• Pulse Oximeter</li> <li>• Peak Flow Meter</li> </ul>	 Supplemental Health Management Plan - C   Asthma Zones for Management.pdf

Condition	If Newly Diagnosed	If Controlled	If Uncontrolled (Intervals are a minimum suggestion)	Recommended Home Equipment	Condition Tools
<b>Congestive Heart Failure (CHF)</b>	In office visit	In office visit twice a year with Video Visit every 3 months if patient can self-monitor weight and symptoms. If patient is not able to self-monitor, in office visits every 3 months.	In office visits at least every 3 months until controlled, more frequently as needed for lack of control	<ul style="list-style-type: none"> <li>• Scale</li> <li>• Blood Pressure Cuff</li> <li>• Pulse Oximeter</li> </ul>	 <p>Supplemental Health Management Plan - H</p>
<b>Controlled Substance Usage</b> <ul style="list-style-type: none"> <li>• Chronic Pain</li> <li>• ADD/ADHD</li> <li>• Anxiety</li> <li>• Depression</li> <li>• Sleep</li> </ul>	In office visit	Every 3 months virtually Annual In office visit for completion of controlled substance agreement Minimum of annual toxicology screening required and as needed Consider more frequent visits for those patients who receive $\geq 50$ Morphine Milligram Equivalent (MME) per day	Every 1-4 weeks virtually Annual In office visit for completion of substance agreement Toxicology screening at least annually	n/a	<ul style="list-style-type: none"> <li>• <a href="#">CDC Guidelines for Prescribing Opioids for Chronic Pain</a></li> <li>• <a href="#">CDC - Calculating total daily dose of opioids for safer dosage</a></li> <li>• <a href="#">CMS - Opioid oral morphine Equivalent (MME) conversion factors</a></li> <li>• <a href="#">Screener and Opioid Assessment for Patients with Pain (SOAPP)</a></li> </ul>

					 PEG.Scale.12.2016.pdf
Condition	If Newly Diagnosed	If Controlled	If Uncontrolled (Intervals are a minimum suggestion)	Recommended Home Equipment	Condition Tools
<b>Diabetes</b>	In office visit or telehealth, based upon patient and provider preference	In office visit once a year. All other visits may be via Video Visit every 3 months	In office twice a year. All other visits may be conducted via Video Visit at 6 week – 3-month intervals	<ul style="list-style-type: none"> <li>• Glucometer</li> <li>• Blood Pressure Cuff</li> </ul>	 Supplemental Health Management Plan - D
<b>Hypertension (HTN)</b>  <i>Note: we are awaiting final determination from HEDIS and CMS on accepting patient-reporting BP for quality measures</i>	In office visit	In office visit once a year with Video Visit at 6 months if able to self-monitor blood pressure. If not able to self-monitor, two in-office visits per year.	In office visit once a year with Video Visit monthly if able to self-monitor blood pressure. If not able to self-monitor, in-office visit monthly until controlled.	<ul style="list-style-type: none"> <li>• Blood Pressure Cuff</li> </ul>	 AMA What Can I Do To Improve My High I  Supplemental Health Management Plan - H  AMA Hypertension Resource.pdf Home self-monitored blood pressure (SMBP) readings should be encouraged.
<b>Transitional Care Management (TCM)</b>	In office or digital telehealth (cannot be audio only)	n/a	Care team member to call patient within two business days of discharge from inpatient or observation status.  Visit via Video Visit or In office within 7 or 14 days (depending on patient need and LOS code to be applied).	n/a	 TCM.pdf

## Appointment Guidance

This scheduling guidance is meant to assist front-desk staff in determining the appropriate setting for conducting care (video visit or in office) when scheduling patients. This guidance is based on patient symptoms at the time of appointment requests. This table has been adopted from our Trinity Health of New England ministry. If the patient prefers an in-office visit, please schedule as requested. Video visits remain at the discretion of the provider; we recommend an in office examination of sensitive areas.

This document does not replace clinical decision making.

Symptoms	Triage Guidance	Length of Appointment	Initial Appointment	Follow-Up Appointment
<b>Allergic reaction</b> within the last 2 to 3 hours with difficulty breathing, swallowing, facial/tongue/lip swelling	Transfer immediately to triage nurse and create telephone encounter for documentation. If no nurse is available, instruct patient to call 911. Create telephone encounter and document call and inability to reach a triage nurse. Document that patient was instructed to call 911.	n/a	n/a	Provider discretion
<b>Abdominal pain</b> stomach ache, cramps, belly pain, pelvic pain or upset stomach (Severe)	Do they have a fever or uncontrolled vomiting or bloody or black stools with the pain? <ul style="list-style-type: none"> <li>If yes, transfer the call to triage immediately. If no nurse is available, create a telephone encounter. If patient states pain is severe and they can't wait, instruct them to go to ER or dial 911. Document that patient was told to call back if symptoms worsen. <ul style="list-style-type: none"> <li>Triage staff: Book same day with first provider</li> <li>Book a morning or early afternoon appointment (up to 2pm) if possible, as patient will most likely need imaging.</li> </ul> </li> </ul>	Book 15 minutes with provider	In office	Video Visit
<b>Assault/rape, gunshots, beating</b>	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. If no nurse is available, instruct patient to call 911. Create telephone encounter and document inability to reach a triage nurse and that patient was instructed to call 911.	n/a	n/a	Provider discretion
<b>Back pain/injury/sciatica</b>	Is pain related to Work Comp or MVA accident or injury? If yes, have "3rd party" conversation regarding insurance, claim #, etc. <ul style="list-style-type: none"> <li>If patient has fever, trauma, numbness or loss of function (unable to move) or bowel control, send to appropriate triage pool.</li> <li>If not, book 15-minute appointment with provider.</li> </ul>	n/a	Provider discretion	Video Visit

<b>Bee Sting</b>	<p>Does patient have history of bee sting allergy? Is patient having an allergic reaction of tongue, facial or throat swelling, or difficulty breathing?</p> <ul style="list-style-type: none"> <li>If yes, tell patient that this is an emergency and they need to call 911 and if they have an Epi-pen, that they should use it. If patient refuses to call 911, transfer to triage immediately</li> <li>Create telephone encounter, document patient complaint and that they were told to call 911, route to appropriate triage pool.</li> </ul> <p>If sting is not causing swelling or difficulty breathing but is itchy or raised</p> <ul style="list-style-type: none"> <li>Create telephone encounter and route to triage for advice or booking</li> </ul>	n/a	Provider discretion	Video Visit
<b>Blood in urine/Urinary infection symptoms/possible UTI (urinary tract infection),</b> burning with urination, frequency of urination or incontinence	<p>Is patient 70 years old?</p> <ul style="list-style-type: none"> <li>If yes, create telephone encounter and route to appropriate triage pool</li> <li>If patient is under 70 years old, book for 15 minutes with provider</li> </ul>	Book 15-minute visit with provider	Video Visit	Video Visit
<b>Blood pressure/Hypertension</b>	<p>If the blood pressure reading from today reflects?</p> <ul style="list-style-type: none"> <li>Systolic (upper #) greater than 180 or less than 90</li> <li>Diastolic number (lower number) greater than 100</li> <li>DO NOT BOOK</li> <li>Create telephone encounter and route to appropriate triage pool</li> </ul> <p>If reading not high today but has been high over the past few days/week</p> <ul style="list-style-type: none"> <li>Book appointment for 15 minutes with APP or MD in Collaborative Care Team first</li> </ul>	Book 15-minute appointment with provider	In office	Video Visit*  *Home BP monitor needed
<b>Breast Pain / Abnormal breast cancer screening</b>		Book 15-minute appointment with provider	In office	Video Visit
<b>Breathing Problems/ Shortness of breath Asthma</b> Wheezing/Unable to catch breath/Pain with breathing  <b>Suspected Bronchitis/upper</b>	<p>Does the patient sound short of breath on the phone now and/or unable to talk or complete sentences now? Has patient had surgery in the last 3-5 days?</p> <ul style="list-style-type: none"> <li>If yes, transfer the call to triage immediately. If no nurse is available, instruct the patient to call 911. Create a telephone encounter, route to appropriate triage pool. Document patient instructed to call 911.</li> </ul> <p>If not currently short of breath, has the patient experienced the symptom today?</p> <ul style="list-style-type: none"> <li>If yes, create telephone encounter and route to appropriate triage pool.</li> <li>If no, book patient for 15-minute appointment with any provider within 24 hours of call.</li> </ul>	<p>If currently having difficulty breathing: DO NOT BOOK; triage appropriately</p> <hr/> <p>If no difficulty breathing:</p>	In office	In office

<b>respiratory infection (URI)</b>  <b>Consider booking URI appointments in Non-COVID Free/FURI/Sick clinics</b>	<ul style="list-style-type: none"> <li>If no and no appointment within 24 hours or patient wants to book farther out than 24 hours DO NOT BOOK. Create telephone encounter and route to appropriate triage pool.</li> </ul>	Book a 15-minute appointment		
<b>Body pain/aches, joint pain with no injury</b>		Book 15-minute appointment with provider	Video Visit	Video Visit
<b>Burns</b> Major (large portions of one's face, feet, hands or groin) or minor small, localized burns	Any time a patient notes that they were burned by "fire" consider it "major" and seek triage. If in doubt as to whether burn is major or minor, always triage.  Major burn <ul style="list-style-type: none"> <li>Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. Route to appropriate triage pool. If no nurse available, advise patient to seek care at emergency room. Create telephone encounter, document call and instructions to ER, route message to appropriate triage pool.</li> </ul> Minor burn <ul style="list-style-type: none"> <li>Create telephone encounter, red dot as urgent to appropriate triage pool.</li> <li>Tell patient that if symptoms worsen prior to a call back from triage to call office back immediately</li> </ul>	If minor burn, book 15-minute appointment with provider	In office	In office
<b>Cellulitis</b> Red, hot swelling of an area	If facial redness or swelling or rash is around the eyes transfer call to triage.  If no nurse available create telephone encounter, route to appropriate triage pool.  If no symptoms to eyes or face, book for 15 minutes with provider within 24 hours of the call. If possible, try to schedule visit prior to 2PM as patient will likely need IV antibiotics.	Book 15-minutes with provider	In office	Video visit
<b>Chemical exposure</b> within the last 30 mins	Was patient exposed today within the last 30 minutes? Was the chemical inhaled, ingested, or a topical contact? <ul style="list-style-type: none"> <li>If short of breath, having difficulty breathing, call the triage nurse. Do not hang up.</li> <li>If no nurse available, instruct patient to seek care at ER immediately. Create telephone encounter, document patient instructed to seek care at ER and route to appropriate triage pool.</li> </ul>	DO NOT BOOK; triage required	In office	Video visit



	<ul style="list-style-type: none"> <li>If not having breathing difficulty but exposed within the last 30 minutes, create telephone encounter, document what type of exposure and to what chemical, route to appropriate triage pool.</li> <li>If no difficulty breathing and exposed longer than 30 minutes, book for 15 minutes with provider</li> </ul>	Book 15 minutes with provider	In office	Video visit
<b>Chest Pain</b> tightness, fullness or heaviness of the chest or complaint of “indigestion” or “heartburn”	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. If no nurse is available, instruct patient to call 911. Create telephone encounter and document call and inability to reach a triage nurse. Document patient instructed to call 911.	n/a	n/a	Video Visit
<b>Cold symptoms without fever</b>  <b>Consider booking URI appointments in Non-COVID Free/FURI/Sick clinics</b>	If cough, see “cough” entry. If sinus, see “sinus” entry.	If patient wants to be seen for cold symptoms and not having breathing difficulties, book for 15 minutes with provider	Video visit	Video visit
<b>Cold symptoms with fever</b>  <b>Consider booking URI appointments in Non-COVID Free/FURI/Sick clinics</b>	See “fever” entry	n/a	n/a	n/a
<b>Confusion, mental status change, disorientation, irrational behavior or memory problems</b>	Transfer patient immediately to triage nurse and create telephone encounter for documentation. Route to appropriate pool. If no nurse available, create telephone encounter and route message to appropriate triage pool.	DO NOT BOOK; triage required	n/a	In office
<b>Constipation</b>	Book for 15 minutes with provider unless accompanied by abdominal pain. If abdominal pain is present with constipation see “abdominal pain” entry for instructions	Book 15 minutes with provider	Video visit	Video visit
<b>Cough</b>  <b>Consider booking URI appointments in Non-COVID Free/FURI/Sick clinics</b>	If patient also states, they are having difficulties breathing see “Breathing difficulties” entry  If no trouble breathing, book patient for a 15-minute visit with provider	Book 15 minutes with provider	Video visit	Video visit



<b>lightheaded, vertigo, syncope or weakness</b>		If not, book 30 mins with provider		
<b>Drowning (near drowning)</b>	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. If no nurse is available, instruct patient to call 911. Create telephone encounter and document call and inability to reach a triage nurse. Document patient instructed to call 911. Route to appropriate triage pool.	DO NOT BOOK; triage required	n/a	Video visit
<b>Earache/ear pain/pressure in ear</b>		Book 15 minutes with provider	Video visit	Video visit
<b>Ear wax (cerumen) removal</b>	<p><b>This is for ear wax removal only, not ear pain.</b></p> <p>Patients asking to be scheduled for ear wax removal should be booked for 15 minutes.</p> <ul style="list-style-type: none"> <li>Patients should be booked for 3 days ahead as they need to use a cerumen softener prior to the visit.</li> <li>Once the visit is booked the patient should be told to purchase an ear wax softener at the local drug store.</li> <li>Patient will require ear drops or any generic earwax softener.</li> <li>Patients to be told to follow instructions on medication package</li> </ul>	Book 15 minutes with provider	In office	Video visit
<b>Edema – see “swelling”</b>				
<b>Electric Shock</b>	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. If no nurse is available instruct patient to call 911. Create telephone encounter and document call and inability to reach a triage nurse. Document patient instructed to call 911. Route to appropriate triage pool.	DO NOT BOOK; triage required	n/a	Video visit
<b>ER Follow up appointments</b>	<p>If patient states symptoms are “worse,” create telephone encounter and route to appropriate triage pool. DO NOT BOOK</p> <p>If the patient's symptoms are stable (or better), can be booked with any provider for 15 minutes</p> <ul style="list-style-type: none"> <li>EXCEPTION: If the ER follow-up is for: Loss of consciousness, dizziness, weakness, mental status changes, abdominal pain or chest pain - then book ER follow up for 30 minutes with provider</li> </ul>	<p>DO NOT BOOK; Triage as appropriate;</p> <p>Book 15 minutes with provider</p>	Video visit	Video visit
<b>Eye foreign body</b>	Create telephone encounter and route to appropriate triage pool.	DO NOT BOOK; triage required	In office	Video visit
<b>Eye infection/possible pinkeye</b>		Book 15 minutes with provider	Video visit	Video visit

crusty eyes or eye discharge				
<b>Eye-sudden change in, loss of vision, injury or severe pain</b>	<p>Is patient having this problem today?</p> <ul style="list-style-type: none"> <li>If experiencing loss of vision, DO NOT HANG UP, call triage. If no triage available instruct patient to seek care at ER</li> <li>If no loss of vision, create telephone encounter route to appropriate pool.</li> </ul>	DO NOT BOOK; triage required	n/a	Video visit
<b>Eczema, psoriasis, dry cracking skin</b>		Book 15 minutes with provider	Video visit	Video visit
<b>Fainted – see “loss of consciousness” entry</b>				
<b>Falls</b>	<p>If fall was from greater than 10 feet high, transfer patient to triage and do not let patient hang up. If no triage available, advise patient to call 911. Create telephone encounter, document call and instruction to call 911</p> <p>If fall was not greater than 10 feet:</p> <ul style="list-style-type: none"> <li>Does patient remember falling or did they wake up in the floor not knowing how they fell? Document this detail in telephone encounter or in appointment notes if booking.</li> <li>If patient is over 70 for any fall resulting in injury, create telephone encounter and route to appropriate pool.</li> <li>If patient under 70 and fall not greater than 10 feet, see injury type for booking or triage instructions based on injury</li> </ul>	DO NOT BOOK; triage required	n/a	Video visit
<b>Fever</b> <b>Consider booking URI appointments in Non-COVID Free/FURI/Sick clinics</b>	<p>Does patient have fever now? Did they take their temperature? If fever is accompanied by other symptoms, see other symptom for instruction. If yes, is fever over 103?</p> <ul style="list-style-type: none"> <li>If yes DO NOT BOOK, create telephone encounter and route to appropriate TRIAGE pool</li> <li>If no, book for 15 minutes with provider</li> </ul>	DO NOT BOOK; triage required	n/a	Video visit
		Book 15 minutes with provider	Video visit	Video visit
<b>Flu symptoms –</b> body aches, fever, congestion or gastrointestinal (diarrhea/vomiting)	<b>Consider booking URI appointments in Non-COVID Free/FURI/Sick clinics</b>	Book 15 minutes with provider	Video visit	Video visit
<b>Foreign Body –</b> ear, finger or other body part (For EYE, see “Eye foreign body” entry)		Book 15 appointment with provider	In office	Video visit
<b>Fracture/possible fractures</b>	Was injury due to work comp or MVA accident? If yes, have 3rd party insurance conversation regarding claim #, etc.	DO NOT BOOK; triage required	n/a	Video visit

	<ul style="list-style-type: none"> <li>If bone is exposed or deformed at injury site, or if limb is numb, blue or cold, transfer to triage. If no triage available, advise patient to be seen at ER or call 911 as appropriate. Create telephone encounter, document complaint and instructions given and route to appropriate triage pool.</li> <li>If no bone exposed or deformed, book patient same day prior to 3:30pm if possible due to likelihood that x-rays are needed. If no visit available same day, create telephone encounter and route to triage pool.</li> </ul>	Book 30 minutes with provider	In office	Video visit if between cast removal
<b>Genital issues</b>	<p>If acute with swelling, injury, pain or discoloration book same day for 15 minutes with provider. If no same day visits available, create telephone encounter and route to appropriate triage pool</p> <p>If not acute and has had ongoing intermittent pain, lump or discharge book for 15 minutes with any provider within 24 hours of call.</p>	Book 15 minutes with provider	In office	In office
<b>GI Bleed – See diarrhea/black stools</b>				
<b>Gout</b>		Book 15 minutes with provider	Video visit	Video visit
<b>Hair loss</b>		Book 15 minutes with provider	Video visit	Video visit
<b>Hay fever/Seasonal allergies</b> runny nose/itchy eyes/sneezing		Book 15 minutes with provider	Video visit	Video visit
<b>Headache</b>	If actively having and it is the “worse headache they’ve ever had” or is accompanied by visual changes, vomiting, nausea or dizziness, create telephone encounter and route to appropriate triage pool. DO NOT BOOK	DO NOT BOOK; triage required	n/a	Video visit
	If actively having headache and under 70 and not severe with no other symptoms, book for 15 minutes with provider within 48 hours of call	Book 15 minutes with provider	Video visit	Video visit
	If actively having headache, and over 70, and not severe with no other symptoms, create telephone encounter and route to appropriate triage pool.			
<b>Head Injury</b>	<p>Did injury happen today? Did patient lose consciousness?</p> <ul style="list-style-type: none"> <li>If yes injury was today and the patient lost consciousness, transfer to triage nurse, do not hang up. If not nurse available instruct patient to call 911. Create telephone encounter, document reason for call, instruction given to patient and route to appropriate triage pool.</li> <li>If yes injury was today but patient did not lose consciousness create telephone encounter and route to appropriate triage pool. DO NOT BOOK</li> </ul>	DO NOT BOOK	n/a	Video visit

	<ul style="list-style-type: none"> <li>If injury did not happen today create telephone encounter and route to appropriate triage pool. DO NOT BOOK</li> </ul>			
<b>Heart – See “chest pains” or “irregular heart beat/palpitations” entry</b>				
<b>Heartburn/indigestion see “Chest pain” entry</b>				
<b>Hospital follow-up visits (see TCM above)</b>	<ul style="list-style-type: none"> <li>Book for 30 minutes with provider (preferably PCP)</li> <li>TCM may be conducted via video visit or In office within 7 or 14 days (depending on patient need and LOS code to be applied).</li> <li>Triage staff: If the PCP is not available as the PCP first if they will fit them in. If no hospital follow-ups are available, can also be booked with another provider</li> <li>If no appointments available in timeframe needed, create telephone encounter and route to appropriate triage pool</li> </ul>	Book 30 minutes with provider	Video visit	Video visit
<b>Incontinence-See “Blood in urine” entry</b>				
<b>Infected toenail, fingernail, infected sores (with pus)</b>		Book 15-minutes with provider	Video visit	Video visit
<b>Insect bite (for Bee sting, see “bee sting” entry)</b>	<p>Did bite occur today?</p> <ul style="list-style-type: none"> <li>If yes within the last 30 minutes and patient has history of allergic reactions to bug/insect bites <ul style="list-style-type: none"> <li>Create telephone encounter and route to appropriate triage pool.</li> </ul> </li> <li>If no, book for 15 minutes with provider.</li> </ul>	DO NOT BOOK; triage required	n/a	Video visit
		Book 15 minutes with provider	Video visit	Video visit
<b>Irregular heartbeat/palpitations</b>	<ul style="list-style-type: none"> <li>If with other symptoms like lightheadedness, shortness of breath or chest pain, do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation.</li> <li>If no nurse is available, instruct patient to call 911. Create telephone encounter and document call and inability to reach a triage nurse. Document patient instructed to call 911. Route to appropriate triage pool.</li> <li>If without any other symptoms as above; create telephone encounter and route to appropriate triage pool.</li> </ul>	DO NOT BOOK; triage required	n/a	Video visit
<b>Jaw Pain/pressure with chest pain, fullness, heaviness or tightness of the chest</b>	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. If no nurse is available instruct patient to call 911. Create telephone encounter and document call and inability to reach a triage nurse. Document patient instructed to call 911. Route to appropriate triage pool.	DO NOT BOOK; triage required	n/a	Video visit
<b>Lethargic – See “dizziness” entry</b>				
<b>Lice</b>	Create telephone encounter	Do not book an appointment	Video visit	Video visit

<b>Loss of Consciousness (LOC) or passed out, fainted</b>	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. Route to appropriate pool. If no nurse available instruct patient to dial 911, Create and route telephone encounter for documentation and inability to reach triage. Document patient instructed to call 911. Route to appropriate triage pool.	DO NOT BOOK; triage required	n/a	Video visit
<b>Loss of Vision – See “Eye” entry</b>				
<b>Lumps/bumps/warts (For cysts see “cysts” entry)</b>	Book with provider who removes lumps/bumps/warts. Inform patient that it might not be removed same day based on provider examination.	Book 15 minutes with provider	Video visit	Video visit
<b>Memory problems – see “confusion” entry</b>				
<b>Motor vehicle injury/MVA</b>	See injury or specific symptom for instruction	DO NOT BOOK; triage required	n/a	Video visit
<b>Multiple visits for the same problem with APP (not getting better)</b>	Patient should be booked with an MD (ideally the PCP) if appropriate or create telephone encounter and route to appropriate triage pool.	Book 15 minutes with provider	In office	Video visit
<b>Nausea with no other symptoms (if other symptoms, see other symptom instructions)</b>		Book 15 minutes with provider	Video visit	Video visit
<b>New patient</b>		Book 30 minutes with available provider	In office or Video visit with discussion on follow up scheduling of In office versus video visit	n/a
<b>Nose bleeds</b>	<p>If bleeding will not stop, do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. Route to appropriate triage pool. If no nurse available instruct patient to seek care at ER, create telephone encounter and route message to triage.</p> <p>If problem is not happening today or bleeding is now controlled, book for 15 minutes with provider within 24 hours of call if patient wants to be seen.</p> <ul style="list-style-type: none"> <li>If patient wants advice only, create telephone encounter and route to appropriate triage pool indicating patient does not want appointment.</li> </ul>	<p>DO NOT BOOK; triage required</p> <p>Book 15 minutes with provider</p>	<p>n/a</p> <p>In office</p>	<p>Video visit</p> <p>Video visit</p>

<b>Numbness in extremities (arms and legs)</b>	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. Route to appropriate pool. If no nurse available create telephone encounter and route message to triage pool.	DO NOT BOOK; triage required	n/a	Video visit
<b>Open sores – See “sores” entry</b>				
<b>Overdoes/possible overdose</b>	Caller should be instructed to call 911-create telephone encounter, document complaint and instructions given and route to appropriate triage pool	DO NOT BOOK; triage required	n/a	In office
<b>Pain in extremity; leg, elbow, shoulder or knee</b> If accompanied by swelling, see swelling	If injury is this due to W/C or MVA is yes, have 3rd party discussion <ul style="list-style-type: none"> <li>Book for 15 minutes with provider</li> <li>If having pain and swelling of just one leg, calf or behind the knee, create a telephone encounter and route to appropriate triage pool.</li> </ul>	DO NOT BOOK; triage required	n/a	Video visit
<b>Pinkeye – See “eye infection” entry</b>				
<b>Physical exams</b>	Physical exam for all adult patients. If patient is Medicare, see 'Annual Well Visits'	Book 30 minutes with provider	In office	Video visit
<b>Poisoning</b>	Poison Control Phone # 1-800-222-1222 <ul style="list-style-type: none"> <li>Instruct patient to call Poison control or 911</li> <li>Create telephone encounter, document reason for call and instruction given to patient then route to appropriate triage pool.</li> </ul>	DO NOT BOOK; triage required	n/a	Video visit
<b>Pneumonia</b> <b>Consider booking URI appointments in Non-COVID Free/FURI/Sick clinics</b>	Patient calling stating “I think I have pneumonia”. Ask what symptoms patient is having and see symptoms for instructions, i.e. breathing difficulties, cough or fever.	Triage required	Provider’s discretion	Provider’s discretion
<b>Pre-ops</b>	<ul style="list-style-type: none"> <li>Book with an MD or PCP APP (no age limit); create telephone encounter</li> </ul>	Book 15 minutes with provider	Video visit	Video visit
<b>Rash</b>	If due to possible allergic reaction having breathing difficulties or swelling, see “Allergic reactions” entry  If no other symptoms, do not book with pregnant providers; book 15 mins with provider	Book 15 minutes with provider	Video visit	Video visit
<b>Scabies/crabs “suspected”</b>	Book appointment, preferably at the end of the day	Book 15 minutes with provider	Video visit	Video visit
<b>Sciatica</b>	See "back pain" entry			
<b>Seasonal allergies</b>	See "Hay Fever/seasonal allergies" entry			
<b>Seizures</b>	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. If no nurse is available instruct patient to call 911. Create telephone encounter and document call and	DO NOT BOOK; triage required	n/a	In office



	inability to reach a triage nurse. Document patient instructed to call 911. Route to appropriate triage pool.			
<b>Sexually transmitted Infections (STIs – HIV, Chlamydia, Gonorrhea, syphilis, etc.)</b>	<ul style="list-style-type: none"> <li>If patient is female, transfer to OB/GYN or, if their OB-GYN is not within Trinity, refer them to call their OB</li> <li>For male patients, book patient for 15 minutes with provider <ul style="list-style-type: none"> <li>Note in appointment notes what symptoms patient is having or if they just want to be checked and have no symptoms</li> </ul> </li> </ul>	Book 15 minutes with provider	In office	Video visit
<b>Shortness of breath</b>	See "breathing problems" entry			
<b>Sinus/nasal problems</b> pressure, congestion, pain, discharge, stuffy nose, runny nose	<b>Consider booking URI appointments in Non-COVID Free/FURI/Sick clinics</b>	Book 15 minutes with provider	Video visit	Video visit
<b>Skin problems</b> new growths, skin tags, moles & birth marks with or without changes/irritations		Book 15 minutes with provider	Video visit	Video visit
<b>Sliver</b>	See "foreign body" entry			
<b>Sores/open sores</b>		Book 15 minutes with provider within 24 hours of call	Video visit	Video visit
<b>Sore throat / scratchy throat / white spots in throat</b> <b>Consider booking URI appointments in Non-COVID Free/FURI/Sick clinics</b>	If having difficulty breathing, unable to speak in full sentences, see "Difficulty Breathing" entry. Otherwise, book appointment with provider	Book 15 minutes with provider	In office	Video visit
<b>Speaking difficulties/ Slurred speech</b>	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. Route to appropriate triage pool. If no nurse available tell patient to dial 911. Create telephone encounter for documentation and document inability to reach a nurse. Document patient instructed to call 911. Route to appropriate triage pool.	DO NOT BOOK; triage required	n/a	In office
<b>Sprain/possible sprain</b>	If injury is due to W/C or MVA have "3rd party" conversation	Book 15 minutes with provider	Video visit	Video visit

<b>Suicide attempt or wanting to hurt themselves or others</b>	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. Route to appropriate triage pool. If no nurse available, advise patient to seek care at emergency room or crisis center. Create telephone encounter, document call and instructions to ER and route message to triage pool.	DO NOT BOOK; triage required	n/a	In office
<b>Swelling (edema) of extremities (arms, legs, fingers)</b>	<ul style="list-style-type: none"> <li>Was the patient bitten by a bug or stung by a bee? <ul style="list-style-type: none"> <li>If yes, see "insect bite" or "bee sting" entry</li> </ul> </li> <li>If having pain and swelling of just one leg, calf or behind the knee, create a telephone encounter and route to appropriate triage pool.</li> <li>If swelling started today, or in the past, and patient is 70 or older, create telephone encounter and route to appropriate triage pool. DO NOT BOOK</li> <li>If swelling started today, or in the past, and patient is not over 70 years old book for 15-minute visit with provider</li> </ul>	DO NOT BOOK; triage required Book 15 minutes with provider	n/a	Video visit
			In office	Video visit
<b>Swallowing difficulty or swelling of the tongue – not a response to a known allergen</b>	Do not hang up with patient; transfer immediately to triage nurse and create telephone encounter for documentation. Route to appropriate triage pool. If no nurse available instruct patient to hang up and dial 911. Create telephone encounter, document compliant and that patient was instructed to call 911 as no nurse was available. DO NOT BOOK. Route to appropriate triage pool.	DO NOT BOOK; triage required	n/a	Video visit
<b>Ticks or tick bite</b>	See "Insect Bites" entry			
<b>Urinary problems</b>	See "Blood in Urine" entry			
<b>Vaginal infections/yeast infection/itching</b>		Book 15 minutes with provider	In office	Video visit
<b>Vertigo</b>	See "Dizziness" entry			
<b>Vomiting, throwing up, puking, retching</b>	<p>Is there blood or coffee-ground-type substance in the vomit?</p> <ul style="list-style-type: none"> <li>If yes, transfer the call to triage immediately; create telephone encounter and route to appropriate triage. If no nurse is available, instruct the patient to call 911 or seek care at the emergency room. Create a telephone encounter, document patient complaint and route to triage pool. DO NOT BOOK</li> <li>If no blood or coffee ground looking substance in vomit AND not happening today, book for 15 minutes within 24 hours of call with provider</li> <li>If patient wants to come in past 24 hours DO NOT BOOK, create telephone encounter and route to appropriate triage pool.</li> </ul>	DO NOT BOOK; triage required	n/a	Video visit
		Book 15 minutes with provider	Video visit	Video visit
<b>Warts</b>	See "Lumps/Bumps" entry			
<b>Weakness</b>	<p>Is patient having the problem today?</p> <ul style="list-style-type: none"> <li>If yes, create telephone encounter and route to appropriate triage pool.</li> <li>If no, book a 30-minute visit within 24 hours of call.</li> </ul>	DO NOT BOOK; triage required Book 30 minutes with provider	n/a In office	Video visit Video visit

<b>Wellness Visits</b>	See Annual Wellness Visits			
<b>Wheezing</b>	See "breathing problems" entry			

## Appendix

This data represents the most frequent ambulatory clinic visits and inpatient admission diagnosis codes. 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 visit types included in the guidance above. The July 2019-June 2020 data is listed below.

### Top Diagnosis Codes for Provider-based Clinic Visits

(July 1, 2019 – June 1, 2020)

Code	Code Description	Initial Visit	Follow-Up Care	Condition Uncontrolled
Z00.00, Z02.9	General adult medical exam w/o abnormal findings	In office	Telehealth	n/a
Z30.42	Injectable contraceptive	In office	In office	n/a
E29.1	Testicular hypofunction – In office if injection required	In office	Telehealth	n/a
Z23	Immunizations are always In office	In office	n/a	n/a
I10	Essential primary hypertension (telehealth only with ability to monitor at home)	In office	Telehealth	In office
G43.709, G43.719	Chronic migraine	In office or Telehealth	Telehealth	In office
E11.9, E11.65	Type 2 diabetes mellitus	In office	Telehealth	In office
R23.4	Changed in skin texture	In office or Telehealth	Telehealth	In office
D50.9, D50.8	Iron deficiency anemia	In office or Telehealth	Telehealth (In office if injection required)	In office

R79.89	Other specified abnormal findings of blood chemistry	In office or Telehealth	n/a	n/a
R07.9, R07.89	Heart pain, unspecified	In office	n/a	n/a
R94.31	Abnormal electrocardiogram (ECG) (EKG)	In office	n/a	n/a
E78.5	Hyperlipidemia	In office or Telehealth	Telehealth	In office
J02.9	Acute pharyngitis	In office or Telehealth	n/a	n/a
R06.02	Shortness of breath	In office	n/a	n/a
I25.10	Atherosclerotic heart disease	In office	Telehealth	In office
Z30.9, Z30.40	Contraceptive management	In office or Telehealth	Telehealth	n/a
M54.5	Low back pain	In office or Telehealth	Telehealth	n/a
J06.9	Acute respiratory infection, unspecified	In office or Telehealth	Telehealth	n/a

## Top Diagnosis Codes for Individual Providers

(July 1, 2019 – June 1, 2020)

Code	Code Description	Initial Visit	Follow-Up Care/ Condition Controlled	Condition Uncontrolled
I10	Essential primary hypertension (telehealth only with ability to monitor at home)	In office	Telehealth	In office
E29.1	Testicular hypofunction	In office	Telehealth (In office if injection required)	n/a
R79.89	Other specified abnormal findings of blood chemistry	In office or Telehealth	n/a	n/a
Z00.00	General adult medical exam w/o abnormal findings	In office	n/a	n/a
Z23	Immunizations are always In office	In office	n/a	
Z30.42	Injectable contraceptive	In office	n/a	
I25.10	Atherosclerotic heart disease	In office	Telehealth	In office
R07.9, R07.89	Heart pain, unspecified	In office	n/a	

I48.91	Atrial fibrillation	In office	In office	In office
G43.709, G43.719	Chronic migraine	In office or Telehealth	Telehealth	In office
E11.9, E11.65	Type 2 diabetes mellitus	In office	Telehealth	In office
Z12.31	Mammogram for malignant neoplasm	In office	n/a	
M17.0, M17.11	Osteoarthritis of knee	In office	Telehealth	n/a
J06.9	Acute respiratory infection, unspecified	In office or Telehealth	Telehealth	n/a