

**Department of
Veterans Affairs**

Memorandum

Date: June 21, 2022

From: Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (11)

Subj: Telehealth Recommendations for Tele Emergency Care (VIEWS 7693683)

To: Veterans Integrated Service Network (VISN) Directors (10N1-23)
VISN Medical Center Directors (00)

1. The purpose of this memorandum is to implement standardized guidance for the establishment of Tele Emergency Care (previously termed “Tele-Urgent Care”) programs. Tele Emergency Care (Tele-EC) is acute, unscheduled episodic medical care provided virtually to Veterans who are determined to need an emergent or urgent level of care. Tele-EC, while typically partnered with Clinical Contact Centers (CCC), is operationally separate and does not impact upon CCC modernization efforts or business rules.

2. Previously, per Appendix A and Appendix B, we have required all Veterans Health Administration Emergency Departments and Urgent Care Centers to become telehealth capable through the “Emergency Department and Urgent Care Clinic Tele Urgent Care Stop Code and CHAR4 Code Standardization” memo (Appendix A) and “Emergency Department and Urgent Care Clinic Telehealth Capability and Preparedness” memo (Appendix B). This memorandum supersedes the above memoranda.

3. In 2020, the National Veterans Affairs (VA) Tele Emergency Care Note (previously “National VA Tele-Urgent Care Note”) was integrated into every Veterans Health Information Systems and Technology Architecture instance. As of the date of this notice, the use of this note is now mandated for all sites that utilize Tele Emergency Care (previously “Tele Urgent Care”). Instructions on how to install and use the National VA Tele Emergency Care Note can be referenced in the following install guide:

https://vaww.va.gov/reminders/docs/UPDATE_2_0_158_IG.PDF.

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4. As of the date of this notice, standardized clinic profile naming conventions must be used for new and existing sites and must follow the instructions outlined in the Tele Emergency Care Program Guidance:

<https://dvagov.sharepoint.com/:b:/r/sites/TeleUrgentCare/Shared%20Documents/Final%20Documents%20for%20Field/Tele-Emergency%20Care%20Program%20Guidance.pdf?csf=1&web=1&e=aWxVQH>.

5. Should you have further questions regarding Tele Emergency Care, please contact National Emergency Medicine Program Office at vhaemx@va.gov.

A handwritten signature in black ink, appearing to read 'Erica Scavella', written in a cursive style.

Erica Scavella, M.D., FACP, FACHE

Attachments

**DEPARTMENT OF
VETERANS AFFAIRS**

Memorandum

Date: June 30, 2020

From: Assistant Under Secretary for Health for Operations (10N)

Subj: Emergency Department and Urgent Care Clinic Tele Urgent Care Stop Code and CHAR4 Code Standardization

To: Network Directors (10N22)
Medical Center Directors (00)

Thru: Assistant Under Secretary for Health for Clinical Operations (10NC) *JNB*

1. Since it was introduced in 2017, VA video connect (VVC) has been allowing providers to deliver care to Veterans in their preferred locations. Per VHA notice 2018-25 (Appendix A), VA providers are capable of offering services to Veterans remotely through telehealth when preferred by Veterans and as clinically appropriate. Tele Urgent Care is an opportunity to enhance Veterans' access to acute, episodic, urgent medical care services. This service is currently provided across the country by many of our Emergency Departments (ED) and Urgent Care Centers (UCC).

2. This memorandum provides guidance on the use of DSS identifiers (stop codes) for telehealth capable EDs and UCCs. Currently, there is no standardized coding system implemented across all VHA centers and vast differences lie in coding and cost capture for the tele urgent care services across VHA. This standardization of stop codes will further aid in accurate workload assignment, delineation of type of services delivered, as well as the modality used to deliver that service.

3. Stop code 131 is assigned as the primary stop code for UCCs. This stop code will also be designated as the primary, or credit, stop code associated with Tele Urgent Care as shown in table (1) below. Appropriate use of the primary and credit stop code combinations are established based on the specific service being delivered and through what telehealth modality (telephone or video connection). Using the stop codes defined in Table 1, each ED and UCC must establish clinic profiles for Tele Urgent Care visits with the standardized stop code pairings shown in Tables 2 and 3, ensuring that the proper coding structure is in place by September 30th, 2020.

Subject: Emergency Department and Urgent Care Clinic Tele Urgent Care Stop Code and CHAR4 Code Standardization

Table 1. Stop Code Description

Stop code	Code Type	Service type
131	Primary or Credit Stop Code	Urgent Care Clinic
324	Primary Stop Code	Telephone Medicine
179	Credit Stop Code	Real Time Clinical Video Telehealth to Home-Provider Site
697	Credit Stop Code	Tele e-Consultation

Table 2. Appropriate stop code pairings include:

Primary Stop Code	Credit Stop Code	Credit Pair	Service Type
324	131	324 131	Telephone Visit using Tele Urgent Care Clinic
131	179	131 179	Video Visit using Tele Urgent Care Clinic
131	697	131 697	Tele Urgent e-Consult using Tele Urgent Care Clinic

4. These stop codes will be followed by a 4 letter CHAR4 code to further specify the type of provider who provided the care. The CHAR4 codes with appropriate stop code pair are as follows:

Table 3. CHAR4 codes

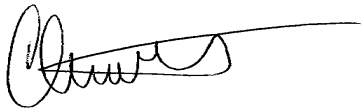
CHAR4 Code	CHAR4 Code Designation	Appropriate stop code pair for the CHAR4 code
DMUC	Tele Urgent Care Physician	324 131 or 131 179
DEUC	Tele Urgent Care Physician Asst.	324 131 or 131 179
PNUC	Tele Urgent Care Nurse Practitioner	324 131 or 131 179
APSZ	E-consult NP or CNS	131 697
CLSZ	E-consult PSO/POD/Other VL1	131 697

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CNSZ	E-consult MD/PSI/Gen'1	131 697
PASZ	E-consult PA	131 697
RESZ	E-consult Resident or Fellow	131 697
VLSZ	E-consult Contract Labor	1317

5. For questions, issues, or additional information, please contact Mr. Josh Geiger, Executive Officer for Emergency Medicine, at 202-538-3702 or Joshua.Geiger@va.gov or Dr. Chad Kessler, National Program Director of Emergency Medicine, at 919-824-5179 or Chad.Kessler@va.gov.

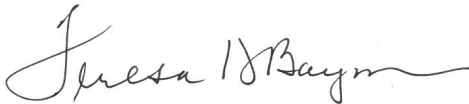
Approve/Disapprove



Chad S. Kessler, MD, MHPE, MBA
National Program Director for
Emergency Medicine

Date

Approve/Disapprove



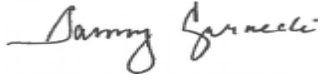
Teresa D. Boyd, D.O.
Assistant Under Secretary
for Health for Clinical Services (10NC)

6/30/20

Date

Subject: Emergency Department and Urgent Care Clinic Tele Urgent Care Stop Code
and CHAR4 Code Standardization

Approve/Disapprove



for Renee Oshinski
Assistant Under Secretary
for Health for Operations (10N)

6/30/20

Date

DEPARTMENT OF
VETERANS AFFAIRS

Memorandum

Date: **MAR 04 2020**

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Emergency Department and Urgent Care Clinic Telehealth Capability and Preparedness

To: Network Directors (10N1-23)
Medical Center Directors (00)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)

1. Since it was introduced in 2017, VA Video Connect (VVC) has been allowing providers to deliver care to Veterans in their preferred locations. As stated in VHA Notice 2018-25 (Appendix A), VA facilities should take actions to ensure their facility and providers are capable of offering services into the home, to a Veteran's mobile device, or other locations through telehealth when clinically appropriate and preferred by Veterans. A VA goal is for all care providers who deliver ambulatory care, including Specialty Care providers, to be capable of providing services into the home and to mobile devices by the end of FY 2021. Furthermore, considering the potential benefits to reduce the spread of high consequence infections through initial screening via telehealth, we are requiring all our Emergency Departments (ED) and Urgent Care Centers (UCC) to become telehealth capable.
2. This memorandum serves as notification that all EDs must ensure that at least three Licensed Independent Practitioners (LIP), and two LIPs in UCCs can provide virtual care using the VAs currently approved technology such as VVC. In addition, each ED and UCC is required to ensure personnel have ability to schedule as it aligns with their internal processes. The LIP training and facility actions required to provide virtual triage consultation and tele-urgent care are outlined below in paragraph 2, and further detailed in Establishing Tele Urgent Care Clinic Guide (Appendix B).
 - a. By March 30, 2020 or before, ED and UCC Directors will be required to provide information for the three assigned staff at EDs and two at UCCs on the following SharePoint site.
https://dvagov.sharepoint.com/:x:/r/sites/TeleUrgentCare/_layouts/15/Doc.aspx?sourcedoc=%7B03AEF607-C323-4333-B7A9-54B72005E51C%7D&file=Telehealth%20Capability%20and%20Prepared

[ness%20Memorandum%20FY20.xlsx&action=default&mobileredirect=true\)](#)

ED and UCC Directors will enter the information requested on this site to include validating telehealth training and experience for the assigned staff. At least one of the assigned staff from each site will be asked to participate in the monthly Tele Capable ED/UCC Workgroup call scheduled every second Tuesday of the month from 3:30-4:30pm EST.

- b. All untrained assigned LIPs will be required to complete the TMS training: *VVC Provider Training 4279741 and Virtual Care Manager Training (VCM) 4486527* by May 30, 2020 at the latest. LIPs will need to follow these steps (<http://vaww.telehealth.va.gov/pgm/vcm/index.asp>) to access Virtual Care Manager. The ED and UCC Directors or the POC must validate that the training is accomplished on or before this date via the SharePoint site listed above.
 - c. Each assigned staff (three for EDs and two for UCCs) will be required to conduct a minimum of one telehealth encounter using VA Video Connect by the end of FY 2020 to validate the ability to provide telehealth services.
 - d. As outlined in VHA Notice 2018-25 (Appendix A), the remaining care providers in each ED and UCC must obtain appropriate training to be capable of providing services into the home, to a Veteran's mobile device, or other locations through telehealth by the end of FY 2021 or before.
3. The above steps will comply with the intent of this memorandum to have EDs and UCCs become telehealth capable. However, we encourage ED and UCC Point of Contacts (POC) to use the (Establishing Tele Urgent Care Clinic Guide) document to begin preparations necessary to provide virtual services.
- Overview of logistical steps for preparation:
 - Outfit at least one ED/UCC workstation with a webcam and microphone. A headset or external speakers are optional. Equipment requests should be coordinated through the Facility Telehealth Coordinator (FTC).
 - Create clinic visit location with stop codes
 - Develop notes/templates
 - Develop pharmacy prescribing procedures
 - Identify resources for lab and imaging at VAMC or CBOCs for those programs who wish to provide those services
 - Identify POCs at CBOCs who can assist with accessing durable medical equipment for programs who wish to provide that service.

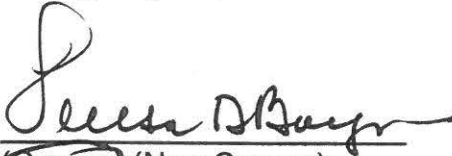
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- Develop flow chart and communication algorithms that outline process between patient point of entry (intake/triage) and coordination (referrals) for contact with LIP. Flow chart should also outline pathways for ordering and obtaining labs, imaging, and prescriptions for both within the VA and with community partners.
4. For questions, issues accessing the SharePoint site, or additional information, please contact Mr. Josh Geiger, Executive Officer for Emergency Medicine, by telephone at (202) 538-3702 or via email at Joshua.geiger@va.gov or Dr. Chad Kessler, by telephone at (919) 824-5179 or via email at Chad.Kessler@va.gov.



Chad S. Kessler, MD, MHPE, MBA
National Program Director for
Emergency Medicine

Date



~~(Concur)~~ (Non-Concur)
Teresa D. Boyd, D.O.
Assistant Deputy Under Secretary
for Health for Clinical Operations

3/3/2020
Date



~~(Concur)~~ (Non-Concur)
Renee Oshinski
Deputy Under Secretary for Health
for Operations and Management

3/4/2020
Date