Televisit Setup

Facilities

Path: Menu>File>Facilities

- 1. To add a Televisit Facility, click "New".
- 2. Enter Facility information:

 $_{\odot}$ Facility Name – add Televisit to Practice Name.

- \circ Type
- $\circ \, \text{Code}$
- \circ Resource Color

Facility Information (
Name	WMA Televisit				×	
Туре	Practicing Facility	•		Resource Color		
Code	WMA T	×	Primary Practice			

Street Address tab

1. Enter the complete physical address, this cannot be a PO Box. Zip Code must be 9 digits.

		Street Address	Billing Address	Facility IDs	Facility Defaults			
Address Line 1	112 TURNPIKE RD							
Address Line 2								
City	WESTBOROUGH Validate							
State	MA V Zip 01581-280	04 Country		(If US, Leave	e Blank)			
Telephone	508-836-1200		Fax 508-	336-4466				
Email								
Notes								
Start Date	1221							
	PSA) Incentive							
HPSA Modifier (AQ/AR)								
	Exclude Charges from Patier	nt/Gurantor Stateme	Exclude Charges from Patient/Gurantor Statements					

 $_{\odot}$ Street Address populates HCFA box 32 /Loop 2310 C.

Billing Address tab

- 2. Enter the complete Billing address.
 - $_{\odot}\,$ This can be a Street address or PO Box; Zip Code must be 9 digits. $_{\odot}\,$ Practice Type
 - \circ Practice Classification- select appropriate radial button
 - $_{\odot}$ Check Payable To populates HCFA box 33 / Loop 2010 AA.

		Street Address	Billing Address	Facility IDs	Facility Defaults
Address Line 1	P O Box 1578				×
Address Line 2					
City	Westborough		Validate		
State	FL V Zip 015	81-2804 × Count	try	(If US Leav	e Blank)
Telephone			Fax		
Email			_		
Practice Type	Corporation	•			
	Medical O Ci	hiropractic 🔵 Other			
Federal Tax ID					
heck PayableTo	Westborough Medical	Associates 🗙			
Bank Account					

Facility IDs tab

- 3. Enter Facility ID's.
 - $_{\odot}$ CLIA ID-if required
 - $_{\odot}$ Taxonomy Code
 - \circ Facility Type-77
 - $_{\odot}$ NPI # populates HCFA box 32/ Loop 2310 C.

 Place 	of	Service -	2
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acility Infor	rmatior	1						
Name	WMA 1	Felevisit						×
Туре	Practic	ing Facility		Ŧ		Resource Co	olor 📃 🔻	
Code	WMA 1	Г		×	Primary Pract	ice		
					Street Address	Billing Address	Facility IDs	Facility Defaults
CLIA ID I	Number					Revenue Co	de	
Taxonon Facil	my Code lity Type	193200 77	X000		Multi-Specialty			
Insurance	Plan Type	e						
Mammo	ography (Certification	Number			NPI	9478237	623 ×
Place of s	Service C	ode (POS)	2 - Teleh	ealth				*
	Fee	Schedule						
Facility/Lab	D ID Numb	oers (Payer S	pecific)					Add
Payer ID		Payer Nam	e			Facility ID	D ID Type	
Merchant II	D []	Bill Ty	pe	
								OK Cance

Televisit Visit Type Setup

Path: Admin>Admin>User Admin>Visit Type Codes

- 1. Log in with eCW credentials.
- 2. Click "User Admin", select Visit Type Codes.
- 3. To add a new Visit Type Code, click "Add".

 User Admin
 V Isit Type Codes

 Select:
 O
 A
 B
 C
 D
 E
 V
 V
 X
 Y
 Z

 Name
 Description
 Visit Type
 OBGO
 Visit Type
 OBGO

4. Enter Visit Type Code Information:

- Name Telehealth or Virtual Visit
- Mark Status as Active
- o Description
- Visit Type Regular Visit
- Mark all other options as applicable

User Admin + Visit Type Code	es 🔸 Add New		
Name*	Telehealth	×	Status 💿 Active 🔘 Inactive
Description	Televisit	×	Exclude from Meaningful Use Reporting
Chart Title			Synchronize this visit type to patient portal
Visit Type Duration (In Mins)	15	×	Medication reconciliation not necessary.
Color	•		Collect UB data
Visit Type	Regular Visit	 Customize 	
Insurance Plan Type			
OBGYN History	PhysicalTherapy		
🗹 Requires Claim	Requires Copay		
Pregnancy Visit	Vision Visit		
Orthopaedic Visit	Patient Housing		
Care Mgmt Visit	Care Plan Visit		
Occ-Health Visit			
Referral Required	Dermatology Visit		

Add

5. If Healow is enabled, check the "healow TeleVisit" checkbox.



For additional information on setup and workflow for healow TeleVisits refer to healow TeleVisits Document.

For Additional information on installing the healow application and initializing a TeleVisit from an iOS or Android smartphone refer to healow Application and TeleVisit Quick-Start Guide