**Duke Dermatology Inpatient Consults & Call: Function and Etiquette**

*Updated 1/3/2023*

1. **Eligibility**
   1. Clinicians who see patients in any Duke Dermatology clinic are eligible for call with the following exceptions
      1. If ≥4/8ths at the VA, call will be taken at VA and not at Duke.
      2. Mohs and cosmetic surgeons will take call for their own patients, and not be in the general call pool.
2. **Scheduling**
   1. Faculty call is scheduled in 1 week blocks which start on Monday at 5pm and end on the following Monday at 7am.
   2. The goal is to schedule in 2 week blocks, but that is not always possible. The total number of call weeks per faculty member depends on the number of faculty in the call pool and faculty seniority. There will be years when it is uneven, and every attempt is made to keep call weeks even, on average, over several years.
   3. “No Call” requests must be submitted in Qgenda by January 15th (holiday requests) and April 15th (other requests) each year for the following academic year, July 1- June 30. The week following April 15th, the call algorithm will be run and, after Chair’s review, the schedule posted in Qgenda.
      1. Any changes AFTER this date will be the sole responsibility of the individual requesting the swap. Faculty assigned to call would be responsible for reaching agreement and ensuring coverage for the time to which they are assigned, and for requesting the swap in Qgenda which can then be approved by a Qgenda admin in the department. Please notify Teresa Cerrato-Amador and Sabrina Shearer of all changes.
      2. Not all holiday requests are guaranteed. Please hold off on booking holiday travel until after the holiday call schedule is released in mid-February for the following year.
      3. Remember to block weekends before or after time away if you do not want to be assigned call flanking your vacation. Failure to do so will require you arranging a swap per II c i above.
   4. New faculty will be granted a 4 month grace period before call assignments begin to allow orientation to our system (and often “new attendinghood”).
   5. Holidays: Faculty holiday assignments will be based on history of holiday call, with new faculty being first in line to take major holiday call. These will be assigned in the winter prior to generation of the general call schedule.
      1. “Major” Holidays are designated as such because the inpatient consult team will not see patients during the weekdays; on call physician is expected to see all inpatient consults for the duration of these holidays, which include:
         1. New Years: call (daytime and evening) for one week, whichever week Jan 1 falls in. For example, for 2021 the call week was 12/27 at 7am-1/3 at 7am. There are rare exceptions. For example, for 2022 the call week is 12/26 at 5pm-1/2 at 5p, because 1/2 is the observed holiday,
         2. Christmas: call (daytime and evening) for one week, whichever week Dec 25 falls in. For example, for 2021 the call week was 12/20 at 7am-12/27 at 7am. There are rare exceptions. For example, for 2022 the call week is 12/19 at 5pm-12/26 at 5pm, because 12/26 is the observed holiday.
         3. Thanksgiving: call for one week; inpatient team will see daytime consults Monday and Tues; on call faculty will see daytime consults Wednesday-Sunday.
         4. AAD: call for two weeks straddling the AAD; inpatient team will see daytime consults Monday-Wed first week; on call faculty will see daytime consults Thursday-Tuesday first to second week; inpatient team to resume Wed-Thurs and on-call faculty covers Fri-Sun as usual.
      2. “Minor” holidays are typically three day weekends, which include:
         1. MLK: Faculty will be on call for that week as well as the previous week. For example, in 2023, MLK falls on 1/16. The call attending is assigned from 1/9-1/23 (2 weeks and covers the weekend before the holiday and the holiday). Call faculty will cover the daytime consults on 1/16.
         2. Memorial Day: Faculty will be on call for that week as well as the previous week. For example, in 2023 Memorial Day falls on 5/29. The call attending is assigned from 5/22-6/5 (2 weeks and covers the weekend before the holiday and the holiday). Call faculty will cover the daytime consults on 5/29.
         3. Labor Day: Faculty will be on call for that week as well as the previous week. For example, in 2022 Labor Day falls on 9/5. The call attending is assigned from 8/29-9/12 (2 weeks and covers the weekend before the holiday and the holiday). Call faculty will cover the daytime consults on 9/5.
         4. Easter: faculty will have a regular week of call that happens to fall on a holiday weekend, so will be counted as a holiday. There are no extra days of daytime coverage for Easter compared to a normal week of call.
         5. July 4th: Faculty will be on call for that week as well as the previous week. For example, in 2021, 7/4/21 fell on a Sunday, but Friday 7/5 was considered the observed holiday. The call faculty was assigned for 6/28-7/12 (2 weeks and covers the weekend before the holiday and the holiday). The call attending covered daytime consults on the observed holiday, 7/5.
         6. Juneteenth: faculty will be on call for that week as well as the previous week. For example, in 2023 it falls on 6/19. The call attending is assigned from 6/12-6/26 (2 weeks and covers the weekend before the holiday and the holiday). Call faculty will cover the daytime consults on 6/19.
3. **Responsibilities and considerations** 
   1. Attending assignment
      1. Inpatient consult team will see daytime consults Monday-Thurs, 7am-5pm, except as outlined above.
         1. Consults which come in outside of these hours (5pm-7am Mon-Thurs) may be triaged by a resident and the call attending and seen by the consult attending next day if appropriate (see below)
      2. Call faculty will see daytime consults Fri-Sun, except as outlined above.
      3. Pediatrics consults
         1. Pediatric consult team will see consults for patients less than 18 years of age Monday-Thurs, 7am-5pm, except as outlined above and additionally except for the Society for Pediatric Dermatology annual meeting (generally in early to mid-July)
            1. Telehealth may be utilized for these consults when appropriate as above.
            2. Consults which come in outside of these hours (5pm-7am Mon-Thurs) can be triaged by a resident and the call attending via teledermatology and seen by the pediatric consult attending next day when appropriate as below.
            3. Urgent weekday overnight consults may need to be seen in person by call faculty when appropriate. This is at the discretion of the on-call faculty.
            4. Call faculty will see consults Fri-Sun, except as outlined above.
            5. Pediatric patients staffed by the call attending either at night or Fri-Sun will be handed over and followed by the pediatric consult attending either the next business day for Sunday-Wednesday consults or the following Monday (for Thursday night, Friday and Saturday consults).
         2. Pediatric dermatology faculty will be available *by phone only* at all other times for situations requiring urgent guidance (i.e. cannot wait until the next business day (Monday-Thursday) of consults).
            1. Phone back up coverage schedule will be on QGenda and should be followed to indicate who to call
            2. Pediatric dermatology faculty will *not* come in to the hospital, take over as the attending of record or sign off on resident documentation in these situations but will provide phone support to the call attending, including review of photos shared in a HIPAA compliant method.
            3. The request must come from the call attending, not the resident. Please have as much information as possible prior to calling
            4. This should only be used in urgent situations (e.g. blistering baby on a Friday night), not routine basis (e.g. eczema on a Monday night).
   2. Communication
      1. Expectation is that daytime and on-call faculty will be readily available for the resident or any other urgent dermatological situations, responding no more than 1 hour after contact.
      2. Methods of communication
         1. Faculty and resident can determine the most convenient and appropriate method of communication that is HIPAA compliant.
         2. Patient photos can be uploaded into Epic but should never be stored on a personal device outside of Haiku, or sent between people via any non HIPAA compliant method.
   3. Telehealth
      1. If faculty determines that a telehealth evaluation is appropriate after the resident has seen and evaluated the patient in person, it is acceptable to leverage telehealth to complete inpatient consults (both daytime and evening). If patient is not seen in person by the attending, the .attdm attestation must be used; this interaction may or may not be able to be collected, but DM billing can be entered into Epic. (See billing section for additional information).
         1. Resident must feel comfortable with faculty providing supervision via telehealth. Resident is expected to communicate this to the faculty, and faculty is expected to ensure resident comfort level with the plan. If the resident feels that faculty is not responsive to their concerns resident should reach out to the Program Director, Associate Program Director, or Chair for support.
         2. Inpatient consulting team must feel comfortable with faculty providing supervision via telehealth. If inpatient referring team expresses discomfort, faculty must reach out directly to inpatient team to discuss and review. The dermatology faculty may not rely on the resident to convince the referring team to use teledermatology. Residents may encourage consulting attending to directly contact dermatology attending on call and reach out for support as above if needed.
   4. Timing of patient evaluation
      1. If late night, or late afternoon after rounding has occurred (including Sundays), can consider triage by resident evaluation and telehealth followed by in person evaluation the next day/morning.
         1. Residents are expected to notify call attending regarding urgent and ED consults and to see these consults themselves, in person, as soon as possible. These should not be deferred to the next day; extenuating or complex circumstances should be discussed with the on call attending to determine the appropriate plan.
         2. For non-urgent consults, including non-urgent concerns for patients who are currently stationed in the ED but pending admission, the resident should alert call attending. If call attending agrees, these consults can be deferred to the following morning. Resident is expected to communicate this plan to the primary team and alert call attending to engage if the referring team expresses discomfort.
         3. Urgent consults may require in-person evaluation by both the resident and attending. This is at the discretion of the call attending.
      2. If in-person attending evaluation is deferred to the following day and the following day is Monday-Thursday, the call resident should contact the inpatient consult resident and attending in the morning to ensure awareness. Any push back needs to be directed back to an attending to attending discussion, without the resident becoming the “go between”.
         1. If the inpatient consult attending will staff the following day it is reasonable to document the resident having seen the patient but for the attending to not document or drop charges, as the consult will be performed by the inpatient consult attending.
   5. Emergency Department Consults
      1. Telehealth can be used to assist with consults requested by the ED. The resident should discuss with the attending to determine the best course of action, which will likely involve the resident seeing the patient in person and taking photographs, followed by a telehealth review with the attending and a determination for in person inpatient evaluation vs outpatient evaluation
   6. Transfer Center
      1. Outside hospitals may contact Duke to request a hospital transfer for dermatology evaluation. If a resident is called by the transfer center, the resident will serve as the primary point of communication but will notify the daytime or on-call attending of the call and how it was handled. If requested by the transfer center or dermatology resident, call attending will be readily available to communicate directly with the transfer center.
   7. Procedures
      1. Attending must to be present for time-out in the OR during sedated procedures
      2. Please review appropriate billing of procedures below
   8. Photo consent
      1. Standard biopsy consent forms allow for photos to be taken for use in the medical record
      2. If you see an interesting patient and think you may want to use photos for presentation, publication or teaching, you should have patient fill out a separate photo consent. The residents should keep these in the biopsy bag and there is a copy at the end of this document.
4. **Standard dot phrases**
   1. There are 17 dot phrases (listed below) that may be helpful in the management of common inpatient diagnoses. Each includes 1-2 citations for review if desired. You can add yourself as a user on Epic to review these dot phrases if it is helpful when managing patients - they are all under Sabrina Shearer.  The phrases may undergo additional changes over time as we continue to expand our experience and as the literature evolves. Please feel free to direct any feedback to Sabrina Shearer.   
        
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      .inptbp  
      .inptcalciphylaxis  
      .inptdress  
      .inpterythroderma  
      .inptgvhd  
      .inpths  
      .inptlcv  
      .inptlegulcer  
      .inptmorbiliformrash  
      .inptnutdef  
      .inptpg  
      .inptretpurp  
      .inptsjs  
      .inptvaricella  
      .inptvzvdisseminated  
      .inptvzvlocalized

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1. **Billing**
   1. TP/FR/DM

**TP**: Only if attending directly performed the charges.

E&M: Attending directly performed the encounter and wrote the note.

Procedures: Attending directly performed (not assisted) the procedures.

**FR**: If attending was present, *in person*, but did not directly perform the charges.

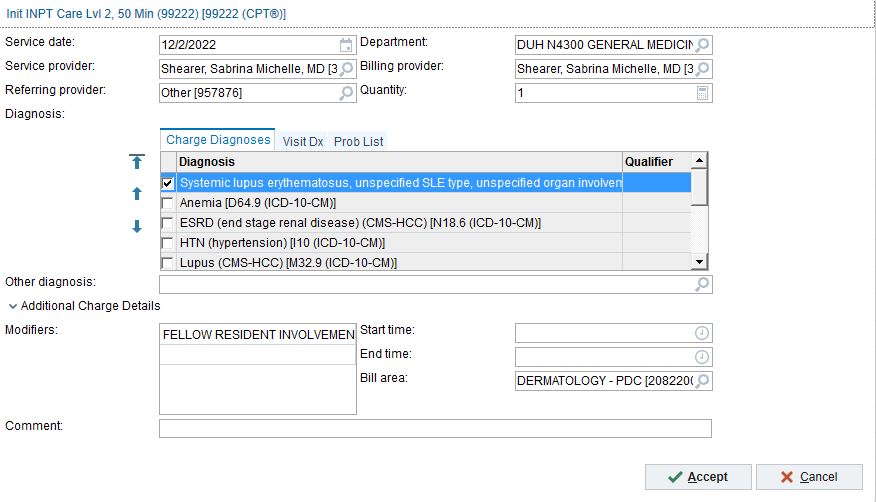
E&M: Attending staffed patient *in person* but resident wrote the note (most daytime inpatient encounters).

Procedures: Attending supervised the entire procedure *in the room*.

**DM**: If attending was not present in person, but staffed and directed care.

E&M: Attending staffed patient via photos and was not present in person (most evening inpatient encounters).

Procedures: Attending was not present *in the room*. So if you staff a patient in person (E&M: FR) but leave and the resident performs procedure alone, the procedure is billed DM.

* + 1. You can mix and match TP/FR/DM codes (ie you can bill FR for the E&M code but DM for the procedure).
    2. Please note: only one E&M charge can be entered on a calendar day from our service, so if a consult is staffed via teledermatology overnight with the expectation that it is seen by the inpatient team in person the following day, both parties cannot bill.
       1. The call attending may sign the consult note with the DM attestation, but should not drop a charge if the expectation is that the daytime faculty will see the patient in person the same calendar day.
       2. The daytime faculty should bill using 9922\* codes.
  1. Types of notes
     1. **Consult**: This type of note should be written by the resident on the first day of the consult, and associated with the consult order. This is a billable E&M encounter and the “initial inpatient hospitalization” codes should be used (9922\*).
        1. Medicare has not recognized “inpatient consult” codes (9925\*) since 2010. Use 9922\* codes.
     2. **Progress**: This type of note should be written by the resident if the attending physician examined the patient that same day (either in person or via same day photographs). This is a billable E&M encounter and the “subsequent inpatient hospitalization” codes should be used (9923\*).
     3. **Plan of Care**: This type of note should be written by the resident if the patient’s plan of care was discussed BUT the patient was not evaluated by the attending (either in person or via same day photographs). This is NOT a billable E&M encounter.
        1. In general, the resident should document assessment and plan only in these notes. You may also ask them to document pertinent subjective/objective only if helpful for clarification of the plan (pertinent interval updates with respect to history and labs, NOT an exam).
  2. Bill area and department
     1. Department = location of the patient (should autopopulate; do not change this)
     2. Bill area = where the charges go. Select Dermatology – PDC. (if you only have one bill area, this will occur automatically; for faculty who also participate in telederm, you will have to manually enter this).   
          
          
        
  3. 2023 Hospitalization Billing: 9922\* and 9923\*
     1. We will no longer use the CMS 1997 E/M Coding Guidelines
     2. We will use the 2021 MDM billing guidelines (same as outpatient clinic!) for both 9922\* and 9923\* - see below.
     3. Please note there is NOT a direct translation – ie inpatient 99231 is equivalent to outpatient 99203.
     4. Billing by time: Note that for billing by time in the hospital setting, this includes face-to-face time as well as non-face-to-face time (chart review, entire patient encounter, discussion with care team members). Please note this is attending time only. You should include in your attestation:

I spent a total of \*\*\* minutes in both face-to-face and non-face-to-face activities, excluding procedures performed, for this visit on the date of service.

