The Ease of Implementing Telemedicine into Your Practice

May 7, 2020
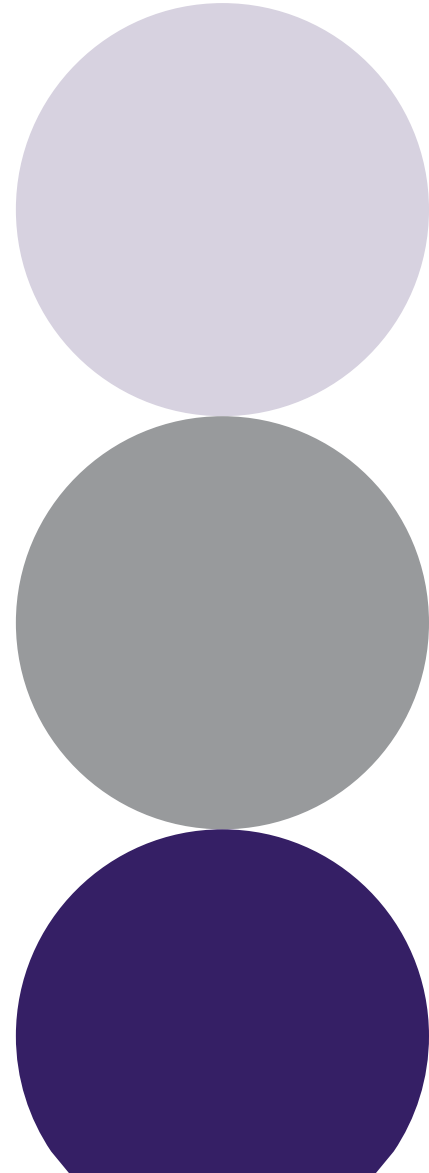
Faculty

- Traci Fritz, COE
  - Executive Director Children's Eye Care

- David B. Glasser, MD
  - Secretary for Federal Affairs

- Moderator: Sue Vicchrilli, COT, OCS, OCSR
  - Director Coding & Reimbursement

Telemedicine

- The Academy has been teaching telemedicine coding since inception of the CPT codes in 2017.

- Please visit https://www.aao.org/practice-management/news-detail/coding-phone-calls-internet-telehealth-consult often.
  - Updates are published weekly if not more often.
  - There is also a link to FAQs on telemedicine from this web site.

How to Submit a Question

- Questions on today's webinar topic may be submitted through Q/A button.
  - Please do not submit via chat or click on the raised hand.

- Questions following the session may be emailed to coding@aao.org
  - This question/answers will be posted to https://www.aao.org/practice-management/coding-news

- A recording of this presentation will also be posted to aao.org following this live session.

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Implementing Telemedicine

Traci Fritz, COE
Children's Eye Care, Detroit, MI
May 7, 2020

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

A Tale of Two Aprils: By the Numbers

April 2019

- 9 Physicians (6.2 FTEs)

- 4 Locations

- 48 Employees (37.72 FTEs)

- 3,145 Exams (0 via telemedicine)

- 115 Surgeries
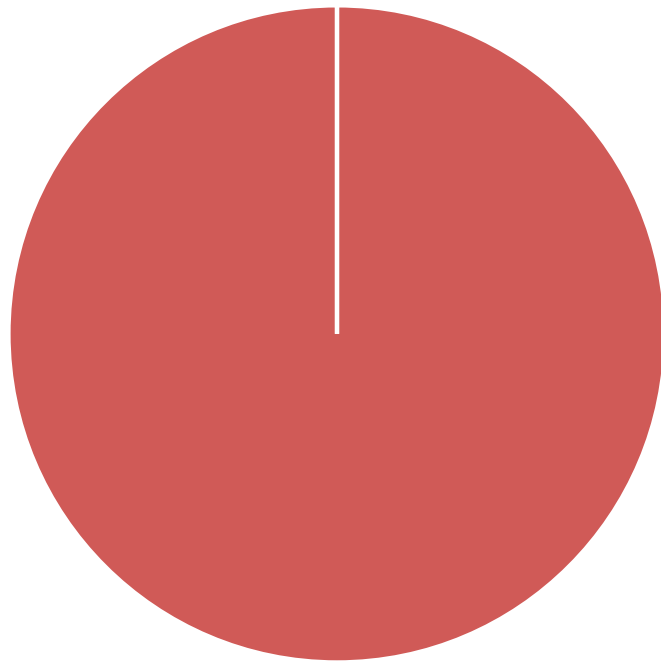
April 2020

- 5 Physicians (0.8 FTE)

- 2 Locations

- 12 Employees (8.25 FTEs)
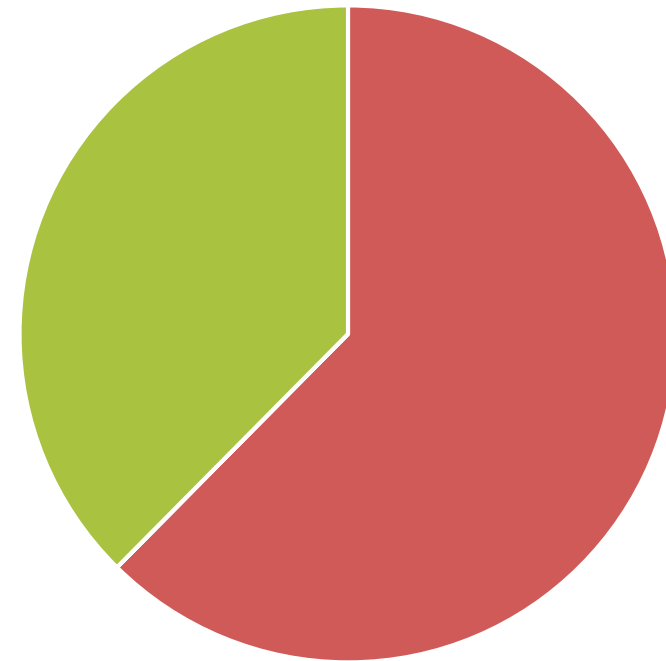
- 306 Exams (115 telemedicine)

- 12 Surgeries

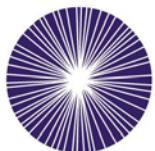# A Tale of Two Aprils: Telemed Exams

April 2019 Exams

April 2020 Exams

■ In Person ■ Telemed

■ In Person ■ Telemed

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Fast-Tracked Implementation

- Coding/Billing Set-up

- Technology

- Scope of Desired Telemedicine Care

- Coordinating Care

- Providing Care

- Continuing Care

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Coding/Billing Set-up

- Carrier Specific Requirements
  - Telemed Coverage
  - POS & Modifier Requirements
  - Expected Reimbursement

- Update PM
  - CPT Shadow Codes
  - Telemedicine POS Entry
  - Telemed Templates

Aetna	02 POS and GT Modifier
Aetna Better Health	02 POS and GT Modifier
BlueCross Complete	02 POS and GT Modifier
Cigna	02 POS and GQ Modifier
Humana Military	02 POS and GT Modifier
McLaren	02 POS and GT Modifier
Medicaid - Michigan	02 POS and GT Modifier
Meridian	02 POS and GT Modifier
Molina Medicaid	02 POS and GT Modifier
Molina Market Place	02 POS and 95 Modifier
Total Health Care Commercial	02 POS only
Total Health Care Medicaid	02 POS and GT Modifier
UMR (follows UHC)	02 POS and GT Modifier
United Healthcare	02 POS and GT Modifier

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Technology

- Choose Video Platform
  - Clock Tree
  - ConnectOnCall
  - Doxy.me
  - FaceTime
  - Microsoft Teams
  - Qure4U (Athena Partner)
  - Vidyo
  - Zoom
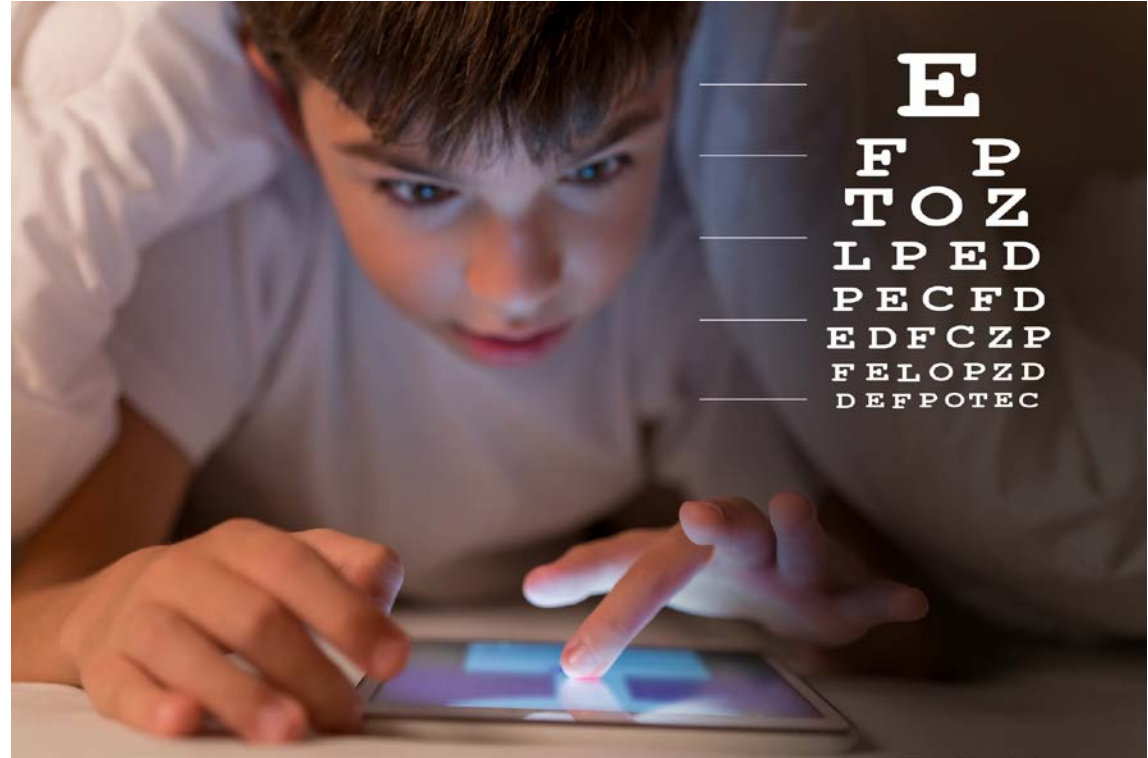
Technology

- Visual Acuity
  - App Based
    - Visual Acuity Charts (iPhone Letters)
    - Kay iSight Test Professional (iPhone Letters and Symbols)
    - Snellen Visual Acuity by Fonlow (Android Snellen)
    - Snellen Vision by Joao Meneses (Android Symbols)
  - Printed Home Eye Test for Children and Adults
    - aao.org/eye-health/tips-prevention/home-eye-test-children-adults

- Motility
  - App Based: 9 Gaze (iPhone and Android)

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Technology

- Specialty Based Considerations
  - Remote Fundus Exams
  - Remote IOP checks

Scope of Care

- Determine Your Desired Scope
  - Triage & Counseling Only
  - External Exam Assessments
  - Pen-light Assessments
  - Amblyopia & Motility Assessments
  - IOP Assessments
  - Fundus Assessments

- Our Evolution of Scope
  - Stage 1: Triage & Counseling
  - Stage 2: Added External Review
  - Stage 3: Added Visual Acuity Review
  - Stage 4: Added Motility Review
  - Stage 5: Added Pen-light Review

  - Current Planning: Drive-in
    - Visual Acuity & IOP

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Coordinating Care

- Physicians Review Medical Records of Upcoming Appointments
  - Rank needs of patients
    - 1 = see within 1-2 weeks
    - 2 = see within 2-4 months
    - 3 = no urgency
    - TM = schedule TM
    - CTM – consider TM

Coordinating Care

Create Script for Staff Coordinating Appointments

Example:

This is _____ from Dr. _____ office.   The doctor feels that your child would benefit from having a virtual appointment since we've had to cancel all face to face appointments unless deemed immediate life or vision threatening. He/she would like to offer you a telemedicine appt on (date) _____ between (1/2 time range):_____. If scheduling, please know we'll need you to be available by cell phone. You will receive a text to open a video conference. What is the best cell phone to reach you at?_____. What is an email address you check regularly?_____

[STAFF: Please now do the following]

- Review/confirm all ins info is correct in Practice Mgmt System

- Explain to them that their ins company will be billed for the telemed

- For children three and above: Please have them review and attempt a visual acuity with the child. For amblyopia pts, it's incredibly important they try as hard as they can to get the child to try.

- Inform they'll receive an email with all of the details about the appt and our TM url: childrenseyecaremich.com/tele.

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Coordinating Care

- Update Website
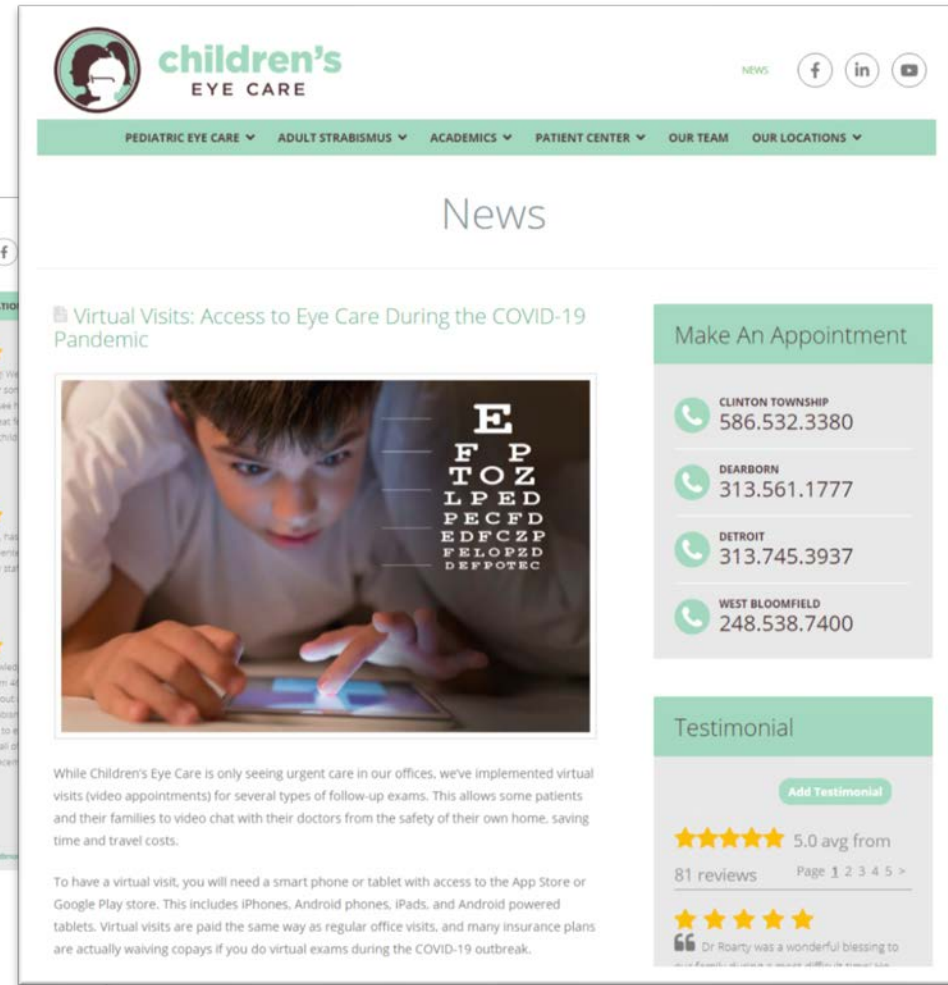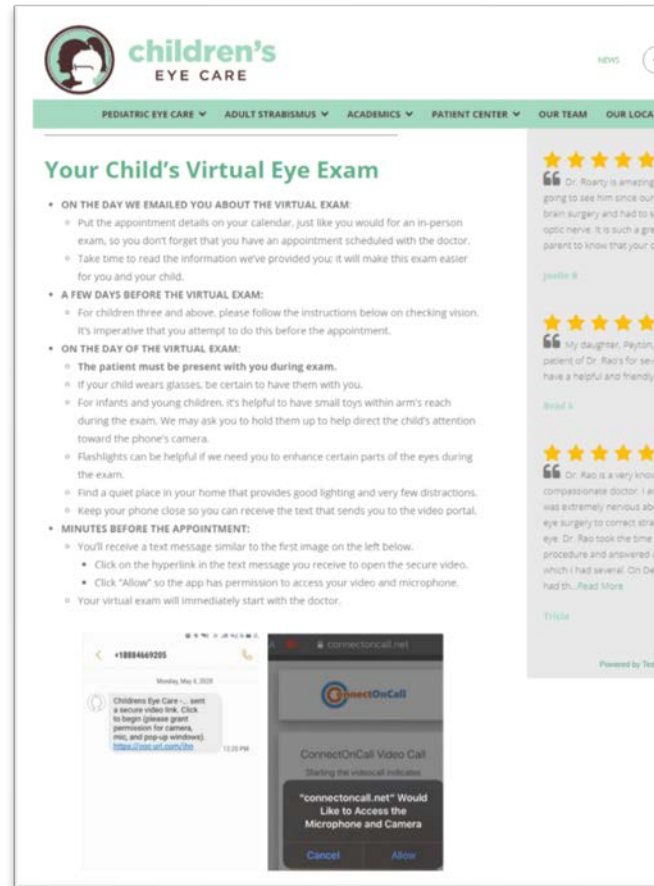
Coordinating Care

- Assign Staff with Strong Communication Skills
  - Why telemedicine benefits the patient
  - How the process works

- Educate Staff about Process
  - Reminder calls
  - Clinical assistance in obtaining information (ie visual acuity if important)
  - Missed calls, not understanding technology, etc
  - What items pts should have available during telemed exam (ie glasses, list of medications, toys for fixation, flashlight

Providing Care

- Assign Doctor Telemed-ExamTime
  - We started with a few pts at end of clinic days for emergencies.
    - The doctors felt more comfortable starting the process in their normal work setting.
  - Increased to full days every 30 minutes
    - Most doctors progressed to doing exams while at home.
  - Determine appropriate time for each – some will be quicker.
    - But, all will need more time than in the office.

- Drive-in Assessments
  - Clinical staff performs testing at car-side
  - Doctor calls from office

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Continuing Care

- Patient Follow-up
  - Have a documented plan for patient if we're still dealing with this in four-six months.
  - Communicate/determine how staff flags pts, not examined in the office, so can prioritize if physician has concerns.

Other Considerations

- Communicate regularly with staff about issues – including billers

- Report & track trends

- Research how other industries are innovating
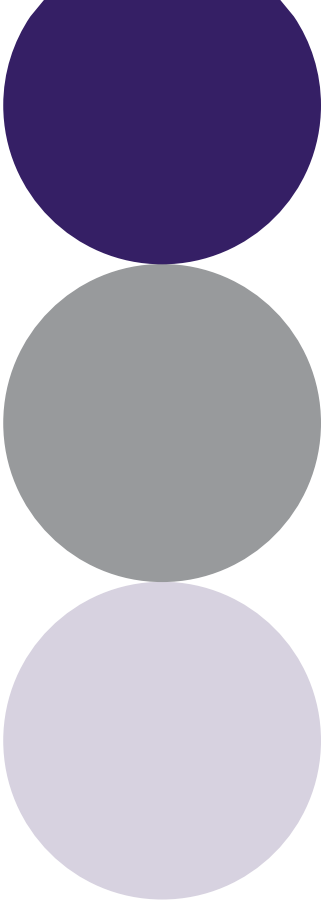
Implementing Telemedicine

David B. Glasser, MD
Secretary for Federal Affairs

May 7, 2020

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

The Patient Connection

- Patients uncomfortable rescheduling their visits or surgery? Try this.

- *Patients are sometimes reluctant to leave home and enter physician offices, ASC's, and hospitals - even for visits and procedures that they need and want. Data from multiple large healthcare systems demonstrate that a personal call from the physician is far more valuable and effective than a call from staff in helping them return for care. This appears to be particularly true if the physician takes a few minutes to speak to the actions taken to keep patients and staff safe - and to articulate the need for continued care or surgery.*

- *Nothing appears to be more effective than the personal relationship between patient and physician.*

Facts About Telemedicine/Telehealth

1. Definitions
   o Telemedicine: remote *clinical care* using technology (e.g. audio, video, phone, online)
   o Telehealth: broader term encompassing *clinical care* plus *non-clinical services*
   o Medicare: non face-to-face services *that would normally occur in person.*
     ▪ May use telemedicine and telehealth interchangeably
     ▪ Expanded list of services eligible for telehealth (e.g. phone calls) during public health emergency
     ▪ Services that would *not* normally occur in person are not considered telehealth (e.g. virtual check-ins and reviews, online digital E/M "e-visit" services)

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Facts About Telemedicine/Telehealth

2. Technician code 99211 qualifies as telemedicine as of April 30

   o   Applies to new or established patient.

   o   There must be a documented order from the physician indicating what should be addressed during the staff/patient encounter by phone.

   o   Supervision may be virtual.

   o   99211 continues to be bundled with all testing services performed the same day.

   o   A physician visit performed on the same day of 99211 would not be separately billable.

3. Eye codes (92002-92014) qualify as telemedicine as of April 30

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Facts About Telemedicine/Telehealth

4. Time involving staff who are not licensed to practice medicine can't be billed for or factored into time-based physician coding options.

- o Nurse practitioners (NPs) and physician assistants (PAs) may report incident-to the physician (MD, DO or OD), or independently.

5. Commercial and Medicaid payers have their own rules regarding coverage of codes, modifiers and place of service. Check the unique payer website for details.

6. All code options applies to new and established patients.

7. Patients must be notified that a claim will be submitted to their insurance.

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Facts About Telemedicine/Telehealth

8. Phone call codes G2012 or 99441-99443 should not be reported when:
   - Originating from a related E/M service provided within the past seven days; nor
   - Leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

9. E-visit codes 99421-99423 include up to seven days cumulative time
   - Not to be used for scheduling appointments or conveying test results.

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Facts About Telemedicine/Telehealth

10. Evaluation of video or images code G2010 is for

- o Remote evaluation of recorded video and/or images, e.g., store and forward
- o Including interpretation with follow-up with the patient within 24 business hours,
- o G2010 may be submitted the same day as an E/M office visit or eye visit code.
  - This applies whether the E/M or eye visit is provided in person or via telemedicine.

Four Primary Options for Reporting

CMS Makes Telemedicine/Telehealth Easy

1. Virtual Face-to-Face Exams

- MD & patient may be anywhere (be aware of State licensure requirements)

- Most E/M office visits billable using two-way audio and video
  - Any non-public-facing platform is OK: Skype, FaceTime, Zoom, etc.

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

1. Virtual Face-to-Face Exams

- Code level selection may be done on time alone or MDM alone

New Patient CPT	Time (min)	Medicare Allowable	Estab Patient CPT	Time (min)	Medicare Allowable
99201	10	$45.56	99211	5	$23.46
99202	20	$77.23	99212	10	$46.19
99203	30	$109.35	99213	15	$76.15
99204	45	$167.09	99214	25	$110.43
99205	60	$211.12	99215	40	$148.33

Medical Decision Making, Billing

- Need 2 out of 3 criteria to meet MDM level:

Dx or Mgt Options	Data Amount, Complexity	Risk	MDM Level	Billable Codes
Minimal	None, minimal	Minimal	Straightforward	99202, 99212
Limited	Limited	Low	Low complexity	99203, 99213
Multiple	Moderate	Moderate	Moderate complexity	99204, 99214
Extensive	Extensive	High	High complexity	99205, 99215

- Bill E/M code with modifier -95 (telemedicine) and POS 11 (office)

Eye Visit Codes and Telemedicine

- Eye visit codes (92002, 92004, 92012, 92014) recently made eligible for telemedicine reporting by Medicare during public health emergency

- Unlike E/M codes, eye code level selection criteria unchanged
  - Impossible to perform slit lamp, fundus exam remotely
  - Only level 2 eye codes achievable
    - 92002 for new patients – ~25 minutes – $85.53
    - 92012 for established patients – ~25 minutes – $89.86
  - May be easier to bill E/M codes that reimburse more
    - 99203 based on MDM (low complexity) for new patients – $109.35
    - 99214 based on time (25 min) for established patients – $110.43

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Telemedicine Tips and Tricks

- Printable vision chart and other tips:

  www.aao.org/practice-management/article/teleophthalmology-how-to-get-started

- Exam: recruit friend or family member with a flashlight, supplement with photos
  - Achievable
    - Confrontation VF
    - Motility
    - Pupils
    - External
    - Lids, lashes
    - Sclera, conjunctiva
  - Gross evaluation
    - Cornea
    - Iris
  - Not happening
    - Anterior chamber
    - Lens
    - Fundus

2. Physician/Patient Phone Calls

CPT Code	Time	Modifier	Place of Service	Medicare Allowable
G2012	5-10 min	N/A	11	$ 14.81
99441	5-10 min	N/A	11	$ 46.19
99442	11-20 min	N/A	11	$ 76.15
99443	21-30 min	N/A	11	$110.43

- Effective April 30, CMS increased the allowable by cross-walking values to E/M codes:
  - 99441 to 99212: $ 46.19
  - 99442 to 99213: $ 76.15
  - 99443 to 99214: $110.43

- Reminder: these codes are reported for medical discussion with the physician and should not be used for administrative or other non-medical discussion with the patient.

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

3. E-Visits for Online Digital Services

CPT Code	Time	Modifier	Place of Service	Medicare Allowable
99421	5-10 min	N/A	11	$15.52
99422	11-20 min	N/A	11	$31.04
99423	21 or more min	N/A	11	$50.16

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

4. Evaluation of Video or Images

HCPCS Code	Description	Modifier	POS	Medicare Allowable
G2010	Remote evaluation of recorded video and/or images submitted by a new or established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours	N/A	11	$11.91

AMERICAN ACADEMY
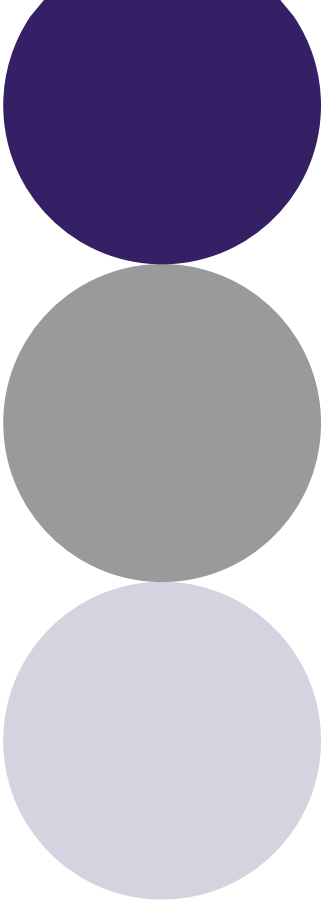OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Triage!

Three Steps to Implement

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®
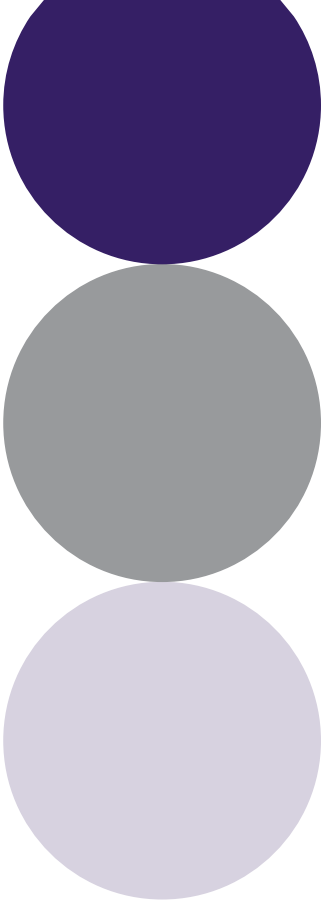
Triage

- Staff answering phones must know the right questions to ask

1. Determine how urgent
   - **aao.org/coding Telephone Triage for Eye Emergencies**
   - [Guideline for Telephone Screening of Ophthalmic Problems](#) [PDF]

2. If not urgent determine which of the 4 options is available

3. Inform patient a claim to insurance will be submitted for "telemedicine"
   - Confirm participating vs. non-participating or in or out of network

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Clinical Examples

Patient 1

- Patient's mother phones the office. Six-year-old son has a "sty" on right upper lid. Increasing in size, red and irritated, tender to touch.

- Determined non-urgent
  - Option 1: Is a virtual exam possible (both audio and video)?
    - Code from 99201-99215 family based on time or MDM.
  - Option 2: If phone call only, can a photo be taken and emailed or submitted via patient portal? Physician reviews and discusses with patient's Mom
    - Code G2010 and either G2012 or 9944X family of codes

Patient 2

- Patient's IOP is obtained in the office parking lot by the physician.
  - Physician communicates patient later and reviews glaucoma medication efficiency.
    - Option 1: Communication by phone only after patient returns home
      - Submit 9944X based on time (no modifier)
    - Option 2: Virtual face-to-face communication after patient returns home
      - Submit 9921X based on time or MDM using telemedicine (modifier -95)
    - Option 3: Communication by phone or virtual face-to-face while patient remains in parking lot
      - Bill as if patient was seen in office
      - Submit 9921X based on standard code level selection criteria (no modifier)
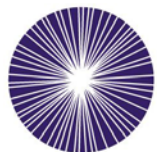
Patient 3

- Staff performs 92133 SCODI and 92083 Visual field and measures IOP

- Physician communicates test results, IOP and efficacy of drops
  - Option 1: Phone call only after patient returns home
    - Submit 9442X based on time, plus 92133 and 92083
  - Option 2: Virtual face-to-face after patient returns home
    - Submit 9921X (modifier -95) based on time or MDM, plus 92133 and 92083
  - Option 3: Communication by phone or audio/video while patient remains on site
    - Bill as normal office visit

- Note: If physician communication was on a different day than the tech IOP and testing, 99211 still not billable as it is bundled with testing services.
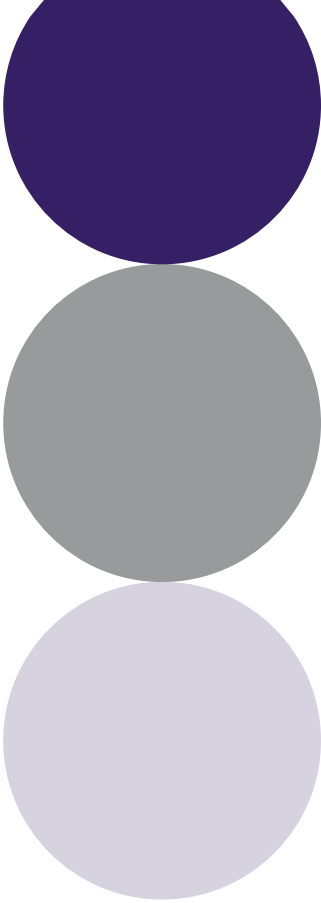
AMERICAN ACADEMY
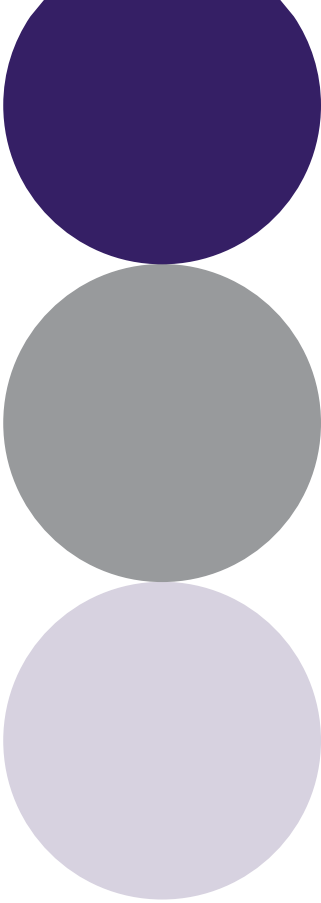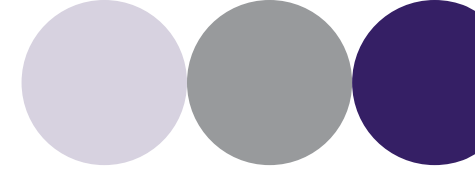OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Questions?

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Additional Resources

Educating Your Patients in the New "Normal" Practice

- With social distancing, digital delivery of patient education becomes key
  - Send print and video education through patient portals
  - Send links to content directly to patients' smartphones (while waiting in car for appointment, for example)
  - Put print/video patient education on your practice website

- Studies support effectiveness of digitally-delivered patient education
  - Learning at home more effective (patients not stressed, overwhelmed)
  - Family/caregivers benefit from the information
  - Allows patients time to process information, prep questions

Educating Your Patients in the New "Normal" Practice

- Academy digital patient education resources
  - Short, informed consent/educational videos explaining 70+ specific medical/surgical treatments
  - Brief animations to help show procedures, etc.

- Academy downloadable patient handouts
  - Currently researching new options to improve flexibility/ease of use
  - Email-able
  - EHR integration

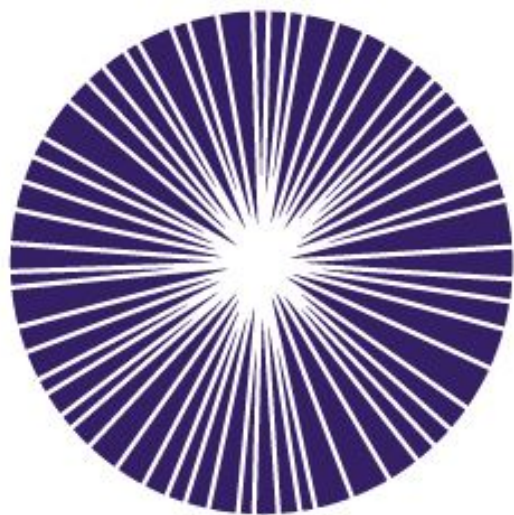# Educating Your Patients in the New "Normal" Practice

- Academy patient education resources can be found here:
  - https://store.aao.org/patient-education.html

- Questions/suggestions about patient education for your practice?
  - Kierstan Boyd, Academy Director of Patient Education
  - kboyd@aao.org

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

Additional Resources

- Reopening and Recovery Resources
  - https://www.aao.org/practice-management/resources/reopening-recovery

- Practice Management Coronavirus Resources
  - https://www.aao.org/practice-management/resources/coronavirus-resources

AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

American Academy of Ophthalmology®

Protecting Sight. Empowering Lives.