AMERICAN ACADEMY OF OPHTHALMOLOGY®

Updated: April 7, 2020

Coding for Phone Calls, Internet Consultations and Telehealth

There are four options for telehealth and other communications-based technology services. This information is based on guidelines from the Centers for Medicare & Medicaid Services.
*Note: Carriers update their policies frequently. Visit **aao.org** for updated information.*

Important Updates as of April 7, 2020

Virtual Exams: Face-to-Face with the Patient
CMS has confirmed that code level selection for E/M codes 99201-99215 may be based on either medical decision making (MDM) alone or time alone, but only when performed via telemedicine during this Public Health Emergency.

The current MDM criteria are unchanged.

When using time alone to determine code level, the following minimums must be met:

- 99201: 10 minutes
- 99202: 20 minutes
- 99203: 30 minutes
- 99204: 45 minutes
- 99205: 60 minutes
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- 99212: 10 minutes
- 99213: 15 minutes
- 99214: 25 minutes
- 99215: 40 minutes

The times above are published in CPT 2020. Time is all of the physician time associated with the E/M service on the day of the encounter. Time with staff should not be included.

Place of service is 11.

Append modifier -95 to the appropriate level of exam.

The above may apply to Medicare patients only.

Important New Updates as of April 3, 2020

- On April 3, 2020, CMS clarified that place of service (POS) should be 11 for phone calls, e-visits, G-codes, and 99201-99215 via virtual telemedicine for Medicare Part B. patients.
- Modifier -95 should be appended to 99201-99215, but not to phone calls, e-visits or G-codes.

Important New Updates as of April 2, 2020

CMS announced coverage for physician/patient phone calls this week.

- 99441 $14.44 for 5-10 minutes of medical discussion
- 99442 $28.15 for 11-20 minutes of medical discussion
- 99443 $41.14 for 21-30 minutes of medical discussion
- Place of service 11 for office

PAs and NPs will also be paid for their code family 98966-98968 at the same physician allowable.

CMS also clarified that G2010, G2012, 99441-99443 and 99421-99423 may be reported on new patients in addition to established patients.

The Academy has developed these additional resources to help you code for telemedicine. Visit https://www.aao.org/practice-management/resources/videos

- Short Video: Coding for Telemedicine
- Short Video: What Constitutes E/M 99202 and 99212 Performed via Telehealth?
- Short Video: What Constitutes E/M 99213 Performed via Telehealth

Important New Updates as of March 30, 2020

CMS released temporary regulatory waivers and new rules for physicians and other providers to address the COVID-19 pandemic. Note the section on "new patients covered for virtual check-ins, e-visits, and video/image evaluations" and rule that "providers can render telehealth from home without reporting home address on Medicare PECOS enrollment."

The Academy's documentation requirements/checklists for Telemedicine Exams: Outpatient Evaluation and Management Visits have been added: 99202 new patient (PDF), 99212 established patient (PDF), and 99213 established patient (PDF).

Download the Academy's printable instructions on how patients can test their vision at home. Here are the charts they can use: Adults (PDF), Amsler Grid (PDF), Children (PDF).

Important Update as of March 23, 2020

On March 22, 2020, CMS released Frequently Asked Questions on Medicare Provider Enrollment Relief related to COVID-19 including the toll-free hotlines available to provide expedited enrollment and answer questions related to COVID-19 enrollment requirements.

Examples of non-public facing remote communication products would include platforms such as Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Whatsapp video

chat, or Skype. Such products also would include commonly used texting applications such as Signal, Jabber, Facebook Messenger, Google Hangouts, Whatsapp, or iMessage.

Important Updates as of March 18, 2020

Beginning on March 6, 2020, Medicare-administered by the Centers for Medicare & Medicaid Services (CMS)-will temporarily pay clinicians to provide telehealth services for beneficiaries residing across the entire country.

Medicare restrictions on which patients are eligible for telehealth will be removed during the emergency. In particular, all patients, now including those outside of rural areas, and patients in their homes will be eligible for telehealth services, effective for services starting March 6, 2020.

In light of the COVID-19 nationwide public health emergency, the HHS Office for Civil Rights (OCR) is exercising its enforcement discretion and, effective immediately, **will not impose penalties** on physicians using telehealth in the event of noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA) as long as the platform used is not public-facing. Allowed platforms that are not HIPAA compliant include Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, WhatsApp video chat, or Skype. Texting applications such as Signal, Jabber, Facebook Messenger, Google Hangouts, WhatsApp, or iMessageEHR Portal are still allowed.

Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services. Documentation guidelines still apply. Eye visit codes 92002, 92012, 92004 and 92014 cannot be used to report telehealth visits.

Although Medicare coinsurance and deductibles still apply for these services, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. Waiving cost-sharing is optional and will not be considered an illegal inducement by the OIG.

Health and Human Services (HHS) will not conduct audits to ensure that a prior relationship (new vs. established patient) existed for claims submitted during the public emergency.

All of these new flexibilities are subject to review and renewal in 90-days.

Four Options for Telehealth and Other Communications-Based Technology Services

1. Telephone Calls

<u>Virtual Check-in (G2012)</u>

Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to a new or established patient, not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

Code	Value	Description
HCPCS code G2012	$14.81 Medicare Part B Coverage varies per commercial plan	$14.81 Medicare Part B Coverage varies per commercial plan

HCPCS code G2012 Documentation Requirements

- Confirm patient identity (e.g., name, date of birth or other identifying information as needed, in particular if documenting independently from the patient's electronic or paper record).
- Detail what occurred during the communication (e.g., patient problem(s), details of the encounter as warranted) to establish medical necessity.
- Document the total amount of time spent in communicating with the patient and only submit code G2012 if a minimum of five minutes of direct communication with the patient was achieved.
- Document that the nature of the call was not tied to a face-to-face office visit or procedure that occurred within the past seven days.
- Document that a subsequent office visit for the patient's problems were not indicated within 24 hours or the next available appointment.
- Include that the patient provided consent for the service.

Phone calls with MDs, DOs, ODs code

Telephone evaluation and management service by a physician provided to a new or established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

Value: Non-covered Medicare services. Coverage varies per commercial plan

Documentation: Patient's verbal consent for services; total time of medical discussion

Code	**Value**	**Description**
99441	$14.44	5-10 minutes of medical discussion
99442	$28.15	11-20 minutes of medical discussion
99443	$41.14	21-30 minutes of medical discussion

Clinical Vignettes for CPT codes 99441-99443

99441 – A new or established patient known to the physician calls with a new complaint. The physician obtains a brief history and the patient's present medication use and makes treatment recommendations, all of which are recorded in the patient's medical record. The patient is

instructed and advised to call if the symptoms fail to improve with the recommended treatment. The call lasts 8 minutes. No office visit is required.

99442 – A new or established patient calls the office of a physician to discuss new acute illness symptoms. The physician obtains a brief history and makes treatment recommendations, all of which are recorded in the patient's medical record. The patient is instructed and advised to call if symptoms are increasing. The call lasts 15 minutes. No office visit is required.

99443 – A new or established patient with special needs calls to discuss onset of new and disturbing symptoms. During a 25-minute phone call, the physician reviews the history and review of systems, the description of symptoms, and current medications. She makes a recommendation to change the present medication regimen, provides reassurance, both of which are recorded in the patient's medical record, and requests follow-up in the office in one week or sooner if needed.

Phone Calls with Physician Assistants or Nurse Practitioners

Telephone assessment and management service provided by a qualified nonphysician, heath care professional to an established patient, parent, or management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment.

Value: Non-covered Medicare services. Coverage varies per commercial plan.

Code	Value	Description
98966	$14.44	5-10 minutes of medical discussion
98967	$25.15	11-20 minutes of medical discussion
98968	$41.14	21-30 minutes of medical discussion

- Initiated by new or established patients
- If the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appointment, the code is not reported. The encounter is considered part of the preservice work of the subsequent assessment and management service, procedure and visit.
- If the call refers to a service performed and reported within the previous seven days or within the post-operative period of the previous completed procedure, then the service is considered part of the previous service or procedure.

2. Online Digital Services ("E-Visits")

- Initiated by new or established patients
- Covers seven days
- Not to be used for:
    - Scheduling appointments
    - Conveying test results
- Consider HIPAA compliant secure platforms such as:

    - Electronic health record portals
    - Secure email, etc.
- Non-HIPAA compliant platforms are allowed during the public emergency as long as they are not public facing (see HIPAA reference below)

Online Digital Services ("E-Visits") with Physicians

Online digital E/M service, for a new or established patient, for up to seven days, cumulative time during the seven days

New codes in 2020

Note: Medicare is providing coverage for these services during the emergency.

Code	Value	Description
99421	$15.52	5-10 min
99422	$31.04	11-20 minutes
99423	$50.16	21 or more minutes

Digital Services with Non-Physicians, Such as Physician Assistants and Nurse Practitioners

Online digital service, for an established patient, for up to seven days, cumulative time during the seven days

Codes	Value	Description
98970	$0	5-10 min
98971	$0	11-20 minutes
98972	$0	21 or more minutes

3. Telemedicine Exams

- Telemedicine is defined by a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician.
- The examination and communication of information exchange between the physician and the patient must be the same as when rendered face-to-face.
- Code level selection is based on same criteria for the base codes.
- Non-HIPAA compliant communications platforms are allowed during the emergency as long as they are not public facing (see HIPAA reference below)
- Telemedicine codes are identified by an asterisk (*****) in your CPT book
- Appending modifier -95 (Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications systems) is optional during the public emergency.
- List place of service as 02

Outpatient Evaluation and Management Visits

- 99201 – 99205 E/M new patient
- 99212 – 99215 E/M established patient
- Does not apply to tech code 99211 or Eye visit codes
- Documentation requirements (Download PDFs at https://www.aao.org/practice-management/news-detail/coding-phone-calls-internet-telehealth-consult.)

- New patient 99202 (PDF)
- Established patient 99212 (PDF)
- Established patient 99213 (PDF)

Outpatient consultations: 99241-99245

- For insurance that still recognize this family of codes: 99241 – 99245

Subsequent Hospital Care: 99231-99233

Inpatient Consultation: 99251-99255

Subsequent Nursing Facility Care: 99307-99310

4. Evaluation of Video or Images

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, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment

Code	Value	Description
HCPCS code G2010	$11.91 Medicare Part B Coverage varies per commercial plan	Review of video or images, with interpretation and report

Telehealth Information at a Glance

Place of service 02, Telehealth

Type of Service	What is the Service?	HCPCS or CPT Code	Patient Relationship with MD, DO, OD
Telemedicine Visits	A visit with a MD, DO, OD, PA or NP that uses telecommunication systems	99201-99215	For new or established patients.

	with a patient. Requires real-time audio and video.	+ -95 modifier (optional)	
Virtual Check-In	A brief (5-10 minutes) check in with physician via telephone or other telecommunications device to decide whether an office visit or other service is needed.	G2012	For new or established patients.
E-Visits	A communication between a patient and their physician through an online patient portal or secure email (PA and NP e-visits have $0 allowable with Medicare)	Physician: 99421 99422 99423 PA and NP: 98970 98971 98972	For new or established patients.
Phone Calls	Telephone service, for an established patient, more than 7 days after a visit and more than 24 hours prior to a visit Note: currently not covered by Medicare under the emergency exceptions	Physician: 99441 99442 99443 PA and NP: 98966 98967 98968	
Video or Image Evaluation	Review of previously recorded video or image taken by patient	G2010	For new or established patients.

Coding for Skilled Nursing Home Visits

To be reported when the MD, DO, OD visits the patient in the Skilled Nursing Facility.

Place of Service is 13.

Initial Visit whether patient is new or established 99304, 99305, 99306

Subsequent Skilled Nursing Facility visits performed in person or via telehealth: 99307, 99308, 99309, 99310

Coding for Nursing Home Visits

To be reported when the MD, DO, OD visits the patient in a Nursing Home.

Place of service is 13

New Patient: 99324, 99325, 99326, 99327, 99328

Established Patient: 99334, 99335, 99336, 99337

Modifier -25 Note: When billing an intravitreal injection (or any minor surgery) the same day as an encounter, consider the definition of modifier -25 and although medically necessary, if the established patient exam is performed solely to confirm the need for the injection, the exam is not separately billable

Coding for Home Visits

To be reported when the MD, DO, OD visits the patient at their home.

Place of service is 12

New Patient: 99341, 99342, 99343, 99344, 99345

Established Patient: 99347, 99348, 99349, 99350

Modifier -25 Note: When billing an intravitreal injection (or any minor surgery) the same day as an encounter, consider the definition of modifier -25 and although medically necessary, if the established patient exam is performed solely to confirm the need for the injection, the exam is not separately billable

Further Resources

Physicians and Other Clinicians: CMS Flexibilities to Fight COVID-19, Centers for Medicare & Medicaid Services

Coverage and Payment Related to COVID-19, Medicare. Centers for Medicare & Medicaid Services

CMS Telemedicine Fact Sheet

CMS FAQs

HIPAA Flexibility