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Coding for Telemedicine

David B. Glasser, MD
Secretary Federal Affairs

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Important Updates Since April 1, 2020 Recording:

- **As of 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.

Background

- The Academy has been teaching coding options for telehealth/telemedicine since 2017.
- More important now than ever expected.
- This content will help you to be as successful as possible in providing medical care to your patients.

Topics

- Overview
- Who can submit claims
- Staff support
- Telemedicine options
  1. Phone communication
  2. E-communication
  3. Virtual two-way, face-to-face examination

Topics

- Liability
- Summary of code options
- Accelerated/advanced payments
- Resources

Telemedicine Overview

- Each payer has its own coverage criteria with regards to
  - Coverage for each CPT or HCPCS code
    - Implementation for a time-frame for coverage such as 90-days from initiation or an end date to mid June 2020, for example
  - Modifier requirements – if any
  - Place of service
  - Patient's financial responsibility
    - Insurance company may waive copayment requirements
  - Physicians/staff must visit each commercial payer website for unique details
    - Which are updated frequently, so check back often.

Telemedicine Overview

- The HIPAA waiver, site of service waiver, and inclusion of new patients are temporary provisions allowed by CMS during the COVID-19 crisis.
- CMS has given Medicaid programs permission to allow coverage.
- Telemedicine can be performed from the ophthalmologist's home.
  - It is not necessary to register the home address with PECOS.
  - Place the home address in box 32 of the claim form.

Telemedicine Overview

- Out-of-state patients?
  - Claims should be submitted to the insurance for the state in which the services were provided (where patient is located)
  - Check licensure laws in state where patient is located
    - https://www.fsmb.org/siteassets/advocacy/pdf/state-emergency-declarations-licensures-requirementscovid-19.pdf
- Postop is still postop and not separately billable.
- In all cases the patient must be informed that a charge will be submitted to insurance.

Telemedicine Overview

- HIPAA: HHS Office for Civil Rights (OCR) 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) if the platform used is not public-facing.
- Non-public facing remote communication products would include, for example, 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 iMessageEHR Portal is still allowed.

Who Can Submit Claims?

- Rules apply to MDs, DOs, ODs
- Different set of codes for PAs and NPs detailed at https://www.aao.org/practice-management/news-detail/coding-phone-calls-internet-telehealth-consult
- No claims should be submitted for any services performed by scribes or technicians, or anyone who is not licensed to practice medicine.

Staff Phone Support

- Staff should:
  - Research the practice's top 5 commercial payer policies on their website to determine unique coverage during this time.
  - Notify parent/patient that there will be a charge to insurance for the telemedicine visit.
  - Confirm insurance.
  - Obtain:
    - The best phone number or
    - Email communication or
    - Virtual two-way communication for telemedicine face-to-face encounters
  - Notify the parent/patient when the physician will be in contact based on the communication options.

Telemedicine Options

1. Phone communication
2. E-communication
3. Virtual two-way, face-to-face examination

Liability/Legal

- Best practice is to obtain consent and remind patient this communication is not the same as the face-to-face exam with appropriate legal verbiage.
  - For example, documentation might state, “Patient initiated a request for care and consented to care by phone.”

Option 1: Telephone Calls

- Initiated by established patient, parent, or guardian of an established patient
  - Initiated means patient wants to consult or visit the doctor, not that they initiate the electronic or phone communication
  - During COVID emergency, new patients included
- Not billable
  - If patient seen within next 24 hours or soonest available
  - For 7 days following an appointment
  - If within global surgical period (considered a postop visit)
  - If less than 5 minutes of medical discussion

Option 1:
Telephone Calls - Virtual Check-in

HCPCS code G2012	**Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E/M services, provided to an established patient, not originating for a related E/M service provided within the previous 7 days nor leading to an E/M Service or procedure within the next 24 hour or soonest available appointment; 5-10 minutes of medical discussion**	**$14.81 Medicare allowable** **Coverage varies by commercial plan**

- New patients allowed during COVID emergency
- POS: 11 for Medicare, commercial may vary

Option 1: Telephone Calls Performed by MD, DO, OD

- **Document total time and what was discussed.**
  - Telephone E/M service by a physician provided to an established patient, parent, or guardian 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 hour or soonest available appointment

Code (POS 11)	Time	Allowable
99441	5-10 minutes	$14.44
99442	11-20 minutes	$28.15
99443	21-30 minutes	$41.14

  - Payable by CMS, including new patients, during emergency
  - Commercial plans may or may not cover, POS may vary

Option 1: Telephone Calls Performed by NP, PA

- **Document total time and what was discussed.**
  - Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and 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

Code (POS 11)	Time	Allowable
98966	5-10 minutes	$14.44
98967	11-20 minutes	$25.15
98968	21-30 minutes	$41.14

  - Payable by CMS, including new patients, during emergency
  - Commercial plans may or may not cover, POS may vary

Option 2: E-Visits

- Non-HIPAA compliant platforms are allowed during the public emergency if they are not public facing
- The following are for online digital services with established patients for up to 7 days, cumulative time during the 7 days (and new patients during emergency)

Code (POS 11)	Cumulative Time	Allowable
99421	5-10 minutes	$15.52
99422	11-20 minutes	$31.04
99423	21 or more minutes	$50.16

Option 2: E-Visits

- Initiated by established patients
  - Initiated means patient desires communication, not that they must start the electronic link
  - New patients included during COVID emergency
- Covers 7 days
- Place of service: 11 (Medicare)
  - Commercial carriers: varies
- Not to be used for
  - Scheduling appointments or conveying test results

Option 2: E-Visit
Video or Image Review

- May not be a covered benefit for commercial plans

HCPCS code G2010	Review of video or images, with interpretation and report	Medicare's Allowable $11.91

- New patients allowed during COVID emergency
- POS: 11 for Medicare, commercial may vary

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Option 3: Telemedicine Exams

- Office based
  - 99201 – 99205 E/M new patient
  - 99212 – 99215 E/M established patient
    - Does not apply to tech code 99211 or Eye visit codes (92002-92014)
    - Full insurance allowable
    - See checklist for 99202, 99212 and 99213 levels of service
- Office consultations
  - For insurances that still recognize these codes
    - 99241 – 99245

Option 3: Telemedicine Exams

- Need two-way real time audio-video.
- Use 1997 E/M documentation guidelines of history, exam and medical decision making to determine code level.
- Place of service varies by insurance
  - Medicare: 02 (telemedicine)
  - Commercial plans: may be 11 (office) or 12 (home)
    - Varies by plan

Option 3: Telemedicine Exams

- Modifiers requirements, if any, are specific to the payer.
  - Medicare:
    - No modifier during emergency (normally -95)
  - Commercial payer options:
    - -95, or
    - -GQ, or
    - -GT, or
    - No modifier

Summary of CPT Options

Type of Service	Definition	CPT or HCPCS Code	Patient Status
Telemedicine visits “face to face”	Real-time audio and video	99201 - 99205 99212 - 99215 99241 - 99245 CMS POS: 02	New and established patients
Telephone	Phone call with MD, DO, OD	99441 - 99443 CMS POS: 11	Established patients*
Telephone	Phone call with NP, PA	98966 - 98968 CMS POS: 11	Established patients*
E-Visits	Portal, e-mail communication with MD, DO, OD	99421 - 99423 CMS POS: 11	Established patients*

*New patients allowed during COVID emergency

Summary of HCPCS Options

Type of Service	Definition	CPT or HCPCS Code	Patient Status
Virtual Check-In	5-10 minutes to decide whether an office visit or other service is needed	G2012 CMS POS: 11	Established patients
Virtual Review	Review of previously recorded video or image taken by patient	G2010 CMS POS: 11	Established patients

*New patients allowed during COVID emergency

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Accelerated/Advanced Payments

- Accelerated Medicare Part B Payments Available
  - To qualify for accelerated or advance payments, physician must:

Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/ supplier's request form	Not be under active medical review or program integrity investigation
Not be in bankruptcy	Not have any outstanding delinquent Medicare overpayments.

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Accelerated/Advanced Payments

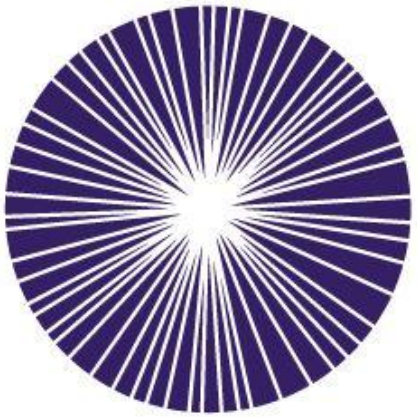
- Medicare will start accepting and processing the Accelerated/Advance Payment Requests immediately. CMS anticipates that the payments will be issued within seven days of the provider's request.
- Application forms are located on your MAC website.
  - Or the Academy webpage
  - https://www.aao.org/practice-management/coding/updates-resources

Accelerated/Advanced Payments

- Money available within 7 days of application
- After 120 days, CMS begins recoupment
- After 210 days, outstanding balance due
- If not repaid, balance subject to “prevailing” interest rate
  - Currently 10.25%

Resources

- Patient downloadable visual acuity charts and Amsler grids available at aao.org
- Coding advice – Updated daily
  - https://www.aao.org/practice-management/news-detail/coding-phone-calls-internet-telehealth-consult
    - Includes code selection for PAs and NPs
    - Home, nursing home and skilled nursing facility billing
- Additional questions not covered on website?
  - Email coding@aao.org



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