



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.®

What Constitutes E/M 99202 and 99212 Performed Via Telehealth?

Michael X. Repka, MD, MBA
Medical Director for Health Policy

April 1, 2020





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.



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.



Virtual Two-Way Face-to-Face Examination



- 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.
 - Also includes commonly used texting applications such as Signal, Jabber, Facebook Messenger, Google Hangouts, Whatsapp, or iMessageEHR Portal.



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.”



Clinical Examples of 99202

New patient E/M Level 2



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.



Virtual Two-Way, Face-to-Face Examination



- Due to number of elements in the exam required, it is challenging to submit a new patient exam other than
- **99202** Office or other outpatient visit for the evaluation and management of a new patient, which requires these **3 components**:
 1. Expanded problem focus history;
 2. Expanded problem focused examination;
 3. Straightforward medical decision making
- Please download the checklist for 99202 linked to this presentation



Case 1: Herpes Zoster

- History:
 - 90-year-old male complains of pain and foreign body sensation
 - Left eye
 - Progressively worse symptoms over the past week
 - ROS: Eyes
 - Past history: Ocular hypertension, OS.
 - Recent hospitalization for heart
 - Cataract surgery OU 10+ years ago
 - Family history: N/A
 - Social history: Denies smoking and drinking



Case 1: Herpes Zoster

- Exam:
 1. Visual acuity normal for age OD, unable to obtain OS
 1. Using downloadable VA chart
 2. Confrontation visual fields
 3. Extraocular motility
 4. Ocular adnexa
 5. Cornea
 6. Conjunctiva



Case 1: Herpes Zoster

- Medical Decision Making:
 - Impression/Plan
 - Herpes zoster left eye V1 and possibly V2
 - Ocular pain OS
 - Rx Medication prescribed - acyclovir
 - Continue timolol OS
 - Follow-up in two days



Case 2: Spots in Vision

- History:
 - 44-year-old male complains of sudden onset of spots in vision
 - In the right eye that are unfocused
 - Started two weeks ago.
 - Described as “persistent”
 - Patient found to be highly anxious not only about eye condition but also about general COVID-19 issues and its effect on his livelihood.





Case 2: Spots in Vision

- History continued
- Review of systems: 10 systems reviewed; details provided. All negative except tonsillectomy as a child.
- Past history: Medications: none except vitamins
- Family history: N/A
- Social history: Denies smoking, occasional drink.



Case 2: Spots in Vision

- Examination:
 1. Visual acuity via download able chart
 2. Confrontation visual field
 3. Ocular adnexa
 4. Extraocular motility
 5. Cornea
 6. Conjunctiva



Case 2: Spots in Vision

- Medical Decision Making
- Impression/Plan
 - Possible Central Serous Retinopathy (CSR), right eye
 - Further work-up recommended.
 - Schedule an appointment in 2-3 weeks with testing





Of Interest

- What if the previous examples were performed and documented on established patients?
 - All would qualify for E/M established patient 99213.



Clinical Examples of 99212

Established Patient E/M Level 2



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.



Virtual Two-Way, Face-to-Face Examination



- **99212** Office or other outpatient visit for the evaluation and management of a new patient, which requires at least 2 of these 3 components. **Medical decision making must be 1 of the 2 components.**
 1. Problem focus history;
 2. Problem focused examination;
 3. Straightforward medical decision making
- Please download the checklist for 99212 linked to this presentation





Case 1: Contact Lens Over Wear

- History:
 - 22-year old male complains of right eye pain and photophobia after removal of extended wear contact lenses
 - ROS: Eyes
 - Past history: Taking ibuprofen for pain





Case 1: Contact Lens Over Wear

- Exam:
 - Visual acuity from downloadable chart
 - Cornea



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.





Case 1: Contact Lens Over Wear

- Medical Decision Making:
 - Recommend patching right eye, rest and continue with ivprophin for pain
 - Patient to call again in two days



Case 2: Blepharitis

- History:
 - 88-year-old female complains of red, irritated upper eyelids.
 - ROS: Eyes
 - Past history: Medications documented



Case 2: Blepharitis

- Exam:
 - Ocular adnexa



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.

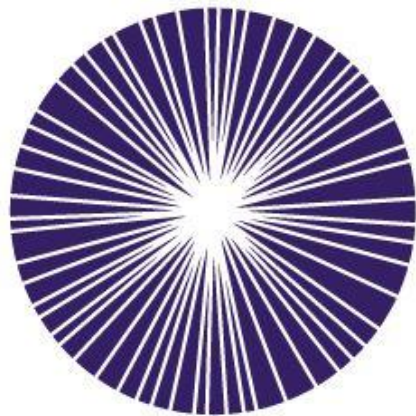




Case 2: Blepharitis

- Medical Decision Making:
 - Home care instructions
 - Warm compresses and lid scrubs
 - Call office in two weeks if no better and symptoms continue





AMERICAN ACADEMY OF OPHTHALMOLOGY®

Protecting Sight. Empowering Lives.

