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## Practical Implementation of Telehealth

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## What can you do right now?

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### What can you do right now?

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- Think about all clinical situations that you can utilize telehealth services
- Try to move those patients to that schedule
- Sign up for one of the following free apps:
  - doxy.me (Hippa Compliant)
  - Zoom
  - FaceTime

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### What can you do right now?

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- Follow documentation guidelines for 992XX codes
  - Don't use 920XX codes
  - Don't get bogged down with some of the other codes (yet)
- When billed use 11 (Medicare) or 02 depending on payer
- Use -95 modifier on your 99-code

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## Understanding the Codes

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## Virtual Check-In – consider using **rarely**



- A 5-10-minute check in with a patient via telephone or other telecommunications device **to decide whether an office visit or other service is needed**. A remote evaluation or recorded video and/or images submitted by an **established patient**.
- Codes:
  - G2012 – telephone (~\$15)
  - G2010 – captured video/images sent to physician (~\$12)
- **Use this code if the patient calls or texts with images to ask a question that is not related to a service you provided in the last 7 days and does not result in an office visit within the next 24 hours.**

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## E-Visit – consider using **sparingly**



- Communication with a patient through an online patient portal
- Established patients
- Codes:
  - 99421: 5-10 min
  - 99422: 11-20 min
  - 99423: 21+ min
- **Use this code if you have a non-face-to-face patient-initiated communication through an online portal. Cumulated time for 7 days.**

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## Telehealth Service – consider using **frequently**



- A visit with a patient that uses telecommunication systems between a provider and a patient.
- New\*\* & Established
- Codes: 99201-99215 (**NOT 92-codes**)
  - **\*Reimbursed at the same rate as in person.**
- Modifiers: -95 (-GT)
- Place of Service:
  - 11 - Office (CMS)
  - 02 - Telehealth
- **Use this code if you provide the service with real-time audio and video communications - Doxy.Me, Eyecare Live, FaceTime\* or Skype\***

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## Summary

Type of Service	Description of Service	Patient Relationship	Relevant OD Codes	Modifier	Make it Simple
<b>Medicare Telehealth Visit</b>	A visit with a patient that uses telecommunication systems between a provider and a patient.	New** & Established	99201-99215 *Reimbursed at the same rate as in person.	-95 (-GT)	Use this code if you provide the service with real-time audio and video communications - <a href="#">Eyscare Live</a> , FaceTime* or Skype*
<b>E-Visit</b>	Communication with a patient through an online patient portal	New** & Established	99421: 5-10 min 99422: 11-20 min 99423: 21+ min	-95 (-GT)	Use this code if you have a non-face-to-face patient-initiated communication through an online portal. Cumulated time for 7 days.
<b>Virtual Check-In</b>	A 5-10-minute check in with a patient via telephone or other telecommunication device to decide whether an office visit or other service is needed. A remote	New** & Established	G2012 – telephone (~\$15) G2010 – captured video/ images sent to physician (~\$12)	-95 (-GT)	Use this code if the patient calls or texts to ask a question that is not related to a service you provided in the last 7 days and does not result in an office visit within the next 24

## What does this place of service and modifier look like?

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0

A. H11.423 B. C. D. E. F. G. H. I. J. K. L.

24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER

MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER		
03	21	20	03	21	20	02		99212	95		A

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## Recall 99-Code Guidelines

	99202/99212	99203/99213	99204/99214	99205/99215
<b>Problems</b>	<b>Minimal</b> *1 Self-limited or minor problem	<b>Low</b> *2 or more self-limited or minor problems; or *1 stable chronic illness; or *1 acute, uncomplicated illness or injury	<b>Moderate</b> *1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or *2 or more stable chronic illnesses; or *1 undiagnosed new problem with uncertain prognosis; or *1 acute illness with systemic symptoms; or *1 acute complicated injury	<b>High</b> *1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or *1 acute or chronic illness or injury that poses a threat to life or bodily function
<b>Data</b>	<b>Minimal</b> * < 2 orders, tests, or additional documents analyzed	<b>Limited</b> * 2 orders, tests, or additional documents analyzed	<b>Moderate</b> <b>Any 1 of the following:</b> * 3 orders, tests, or additional documents analyzed * Independent interpretation of a test performed by another physician * Discussion of management or test interpretation with external physician	<b>Extensive</b> <b>Any 2 of the following:</b> * 3 orders, tests, or additional documents analyzed * Independent interpretation of a test performed by another physician * Discussion of management or test interpretation with external physician
<b>Risk</b>	<b>Minimal</b> Minimal risk of morbidity from additional diagnostic testing or treatment	<b>Low</b> Low risk of morbidity from additional diagnostic testing or treatment. Example: * <b>OTC med</b>	<b>Moderate</b> Moderate risk of morbidity from additional diagnostic testing or treatment. Examples: * <b>Prescription med</b> * Decision for <b>minor surgery</b> with identified patient or procedure risk factors * Decision for <b>major surgery</b> without identified patient or procedure risk factors * Diagnosis or treatment significantly limited by social determinants of health	<b>High</b> High risk of morbidity from additional diagnostic testing or treatment. Examples: * Drug therapy requiring intensive monitoring for toxicity * Decision for elective <b>major surgery</b> with identified patient or procedure risk factors * Decision for <b>emergency major surgery</b> * Decision regarding <b>hospitalization</b> * Decision <b>not to resuscitate</b> or to deescalate care because of poor prognosis

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## Coding Examples

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## Virtual Check-In and E-Visit Case Example #1

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### Virtual Check In & E-Visit - Example #1



- Pt was seen in-person 1 month ago (spring) and was prescribed ketotifen BID, they **call and speak to the doctor** about their continued treatment options.
  - Conversation lasts **5-10 minutes**, doctor recommends that since pt is feeling better, pt can use the medication QD & continue year-round.
  - The doctor also recommends a follow-up evaluation in the fall.
- **Code: G2012**
    - If this was done through *captured video* sent to the physician by the patient – use **Code: G2010**
    - If this was done through a *patient portal* and was done via text – use **Code: 99421**
    - If this was done through *real-time audio and video communication* – use **Code: 9921X (See following)**

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## Telehealth Services - Applying 99-Codes

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## Telehealth Service - Example #2



- Pt presents with shimmering lights that distort their central vision and lasted for about 15 minutes then went away but the patient had a dull headache for a few hours after.
  - You and you diagnose the patient with a migraine and you recommend that begin a HA log, discuss s/s RT/RD and that they come for an in-person examination and DFE in 1-2 weeks.
- Diagnosis:** Migraine with aura
  - Problems:** acute uncomplicated illness
  - Orders:** none
  - Complexity of Data:** *none*
  - Treatment:** HA Log, discuss s/s RD, monitor in 2 weeks
  - Risk:** ?

	99202/99212	99203/99213	99204/99214	99205/99215
Problems	<b>Minimal</b> *1 Self-limited or minor problem	<b>Low</b> *2 or more self-limited or minor problems; or *1 <b>stable chronic illness</b> ; or *1 acute, uncomplicated illness or injury	<b>Moderate</b> *1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or *2 or more stable chronic illnesses; or *1 undiagnosed new problem with uncertain prognosis; or *1 acute illness with systemic symptoms; or *1 acute complicated injury	<b>High</b> *1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or *1 acute or chronic illness or injury that poses a threat to life or bodily function
Data	<b>Minimal</b> * < 2 orders, tests, or additional documents analyzed	<b>Limited</b> * 2 orders, tests, or additional documents analyzed	<b>Moderate</b> <b>Any 1 of the following:</b> * 3 orders, tests, or additional documents analyzed * Independent interpretation of a test performed by another physician * Discussion of management or test interpretation with external physician	<b>Extensive</b> <b>Any 2 of the following:</b> * 3 orders, tests, or additional documents analyzed * Independent interpretation of a test performed by another physician * Discussion of management or test interpretation with external physician
Risk	<b>Minimal</b> Minimal risk of morbidity from additional diagnostic testing or treatment	<b>Low</b> Low risk of morbidity from additional diagnostic testing or treatment. Example: * OTC med	<b>Moderate</b> Moderate risk of morbidity from additional diagnostic testing or treatment. Examples: * <b>Prescription med</b> * Decision for <b>minor surgery</b> with identified patient or procedure risk factors * Decision for <b>major surgery</b> without identified patient or procedure risk factors * Diagnosis or treatment significantly limited by social determinants of health	<b>High</b> High risk of morbidity from additional diagnostic testing or treatment. Examples: * Drug therapy requiring intensive monitoring for toxicity * Decision for elective <b>major surgery</b> with identified patient or procedure risk factors * Decision for <b>emergency major surgery</b> * Decision regarding <b>hospitalization</b> * Decision <b>not to resuscitate</b> or to deescalate care because of poor prognosis

## Telehealth Service - Example #3

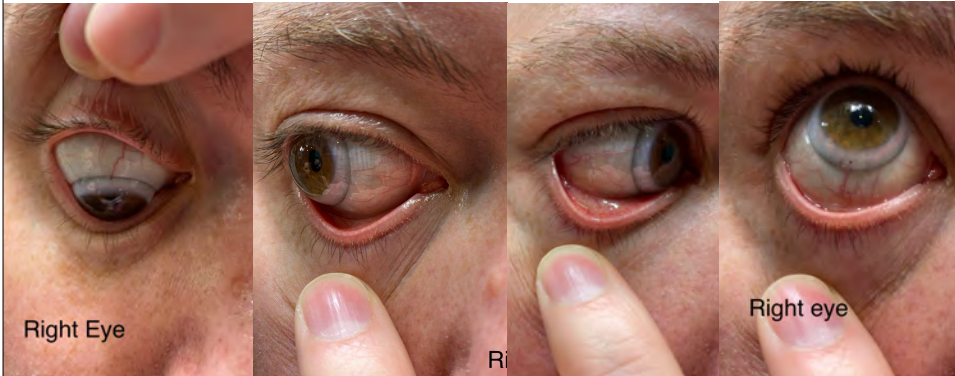


- A scleral lens Pt presents with a dry eyes, no light sensitivity and no purulent discharge. Has not been using any additional treatment.
  - You diagnose the patient with dry eye syndrome and start them on PF ATs OU QID and warm compresses and plan for a follow up in 1 month.
- Diagnosis:** Dry Eye
  - Problems:** ?
  - Orders:** none
  - Data:** ?
  - Treatment:** PF ATs OU QID and warm compresses and follow up in 1 month
  - Risk:** ?

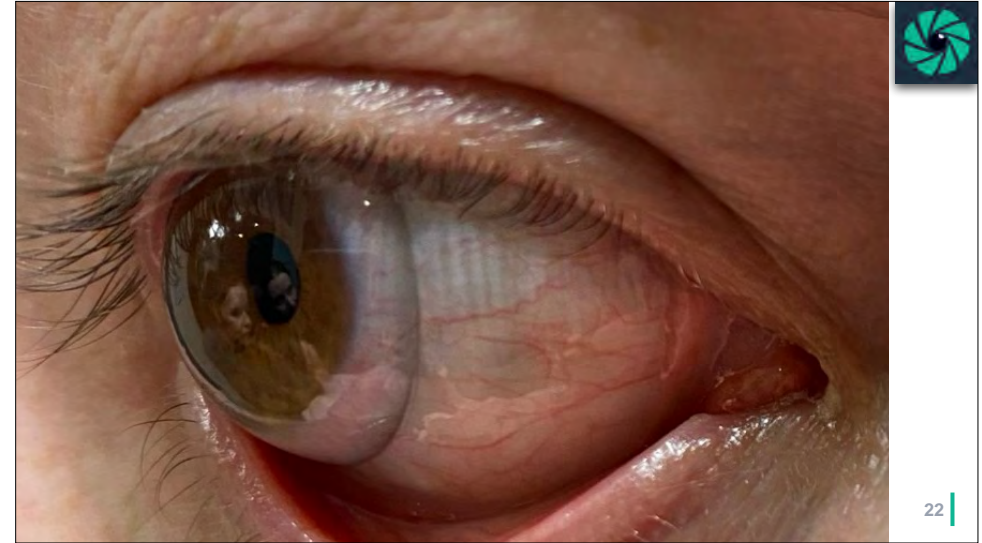
## Telehealth Service - Example #3



## Telehealth Service - Example #3



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	99202/99212	99203/99213	99204/99214	99205/99215
Problems	Minimal •1 Self-limited or minor problem	Low •2 or more self-limited or minor problems; or •1 stable chronic illness; or •1 acute, uncomplicated illness or injury	Moderate •1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or •2 or more stable chronic illnesses; or •1 undiagnosed new problem with uncertain prognosis; or •1 acute illness with systemic symptoms; or •1 acute complicated injury	High •1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or •1 acute or chronic illness or injury that poses a threat to life or bodily function
Data	Minimal •< 2 orders, tests, or additional documents analyzed	Limited •2 orders, tests, or additional documents analyzed	Moderate Any 1 of the following: •3 orders, tests, or additional documents analyzed •Independent interpretation of a test performed by another physician •Discussion of management or test interpretation with external physician	Extensive Any 2 of the following: •3 orders, tests, or additional documents analyzed •Independent interpretation of a test performed by another physician •Discussion of management or test interpretation with external physician
Risk	Minimal Minimal risk of morbidity from additional diagnostic testing or treatment Example: •OTC med	Low Low risk of morbidity from additional diagnostic testing or treatment. Example: •OTC med	Moderate Moderate risk of morbidity from additional diagnostic testing or treatment. Examples: •Prescription med •Decision for minor surgery with identified patient or procedure risk factors •Decision for major surgery without identified patient or procedure risk factors •Diagnosis or treatment significantly limited by social determinants of health	High High risk of morbidity from additional diagnostic testing or treatment. Examples: •Drug therapy requiring intensive monitoring for toxicity •Decision for elective major surgery with identified patient or procedure risk factors •Decision for emergency major surgery •Decision regarding hospitalization •Decision not to resuscitate or to deescalate care because of poor prognosis

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## Telehealth Service - Example #4

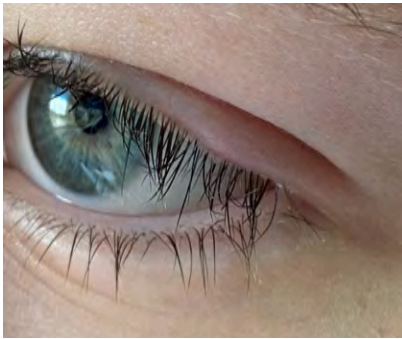
- Pt presents with a swollen, left upper eyelid started as a stye and was doing warm compresses BID and now her eyelid has gotten more swollen, VA is good, denies fever, full EOMs and equal pupils.
- You diagnose the patient with preseptal cellulitis, she has an allergy to PCN and Omnicef so you start her on azithromycin 500 mg PO x 1 day the 250 mg x 4 days monitor in 3 days.
- **Diagnosis:** Preseptal Cellulitis
- **Problems:** ?
- **Orders:** none
- **Data:** ?
- **Treatment:** Z-Pak monitor in 3 days
- **Risk:** ?

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## Telehealth Service - Example #4



Initial "stye"



After 3 days of no treatment



	99202/99212	99203/99213	99204/99214	99205/99215
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## Telehealth Service - Example #5



- NEW Pt presents with a swollen LLL, she scratched her eyelid with her fingernail 2 weeks ago and used neomycin ung 3 times per day for the last 2 weeks.
- Original scratch healed but about 3 days ago her eyelids became red and swollen.
- You diagnose the patient with allergic contact dermatitis and have her stop the neomycin, start 1% hydrocortisone cream TID x 7 days monitor in 3 days.

- Diagnosis:** Allergic contact dermatitis
- Problems:** ?
- Orders:** none
- Data:** ?
- Treatment:** 1% hydrocortisone cream TID
- Risk:** ?

	99202/99212	99203/99213	99204/99214	99205/99215
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## Financial Implications

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## Summary of Revenue

Exam	Service	Fee – Based on Medicare National Averages
#1	G2012	\$12
#2	99212	54.20
#3	99213	86.78
#4	99214	122.91
#5	99203	106.14

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## FAQ

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## FAQ

I don't understand how you can do an annual contact lens exam with the patient.

You can do a red eye, but you can not see the lenses well enough, and the cornea enough via the phone camera.

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## FAQ



I have not heard anything about malpractice insurance.  
How do I know if this is covered?

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## FAQ



Does standard of care apply as far as prof liability?  
Do we have some kind of immunity?

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## FAQ



Talking to patients about their symptoms and going through possible diagnosis and treatment sounds nice, but we aren't really examining the patients eyes, and isn't this what we are legislating against with other online pseudo-exams?

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## FAQ



In the future, are these appointments made during the work day?  
If so what happens if you're running late?

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## FAQ



Can these be used for patients calling in for refills on prescriptions as done daily in practice if we ask a few questions over the phone?

## FAQ



When we do a check in with a patient do we need to tell them up front that we will be billing their insurance?

Is there a co-pay applicable to this?

## FAQ



I don't understand how we bill for 10 minutes for example with 99421 and include the next 7 days of time, when the next 7 days have not happened yet.

Shouldn't we try to submit insurance the day that we communicate with the patient?

## FAQ



Does documentation of the visit in the EMR differ from an in person visit?

## FAQ



Should we be recording these visits and then importing them into our EHR?

## FAQ



Please discuss how to record VA.

## FAQ



If this is a weekend or after hours call you're handling this from home, how do you recommend checking insurance co-pays?

It seems more complicated if you're doing this solo, at home, without staff?

## FAQ



So when you bring them into office, you don't bill them for telemedicine?

## FAQ



If you have to ask the patient to come into the office for a follow up, say you aren't sure about their red eye - do you bill again for both visits if you aren't sure how to diagnose?

In-office and telehealth?

## FAQ



For paperwork, do you send pts info ahead of time?  
ex: notice of privacy paperwork etc.