Telemedicine In Practice Webinar

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How can coronavirus affect the eyes?

- When someone coughs, sneezes, or talks:
    - Virus particles spray from their mouth and nose onto your face
    - You can breathe these tiny droplets in through your mouth and nose
- These droplets can also enter your body through your eyes
- You can also become infected by touching your eyes after touching something that has the virus on it
- **The virus does not spread via tears**

Can coronavirus cause pink eye?

- Yes, but it is extremely rare
  - More likely to be typical viral conjunctivitis
- Follow the same precautions as typical conjunctivitis
- Avoid touching eyes
- Wash hands frequently

What are we doing differently?

Screening patients before arrival

- Travel
- Fever
- Exposure to anyone who is sick
- Symptoms
  - Cough
  - Shortness of breath
  - Muscle aches
  - GI symptoms
  - Loss of taste or smell

What are we doing differently?

Screening patients at the clinic

- **Take temperature at the door**
- Travel
- Exposure to anyone who is sick
- Symptoms
  - Cough
  - Shortness of breath
  - Muscle aches
  - GI symptoms
  - Loss of taste or smell

What are we doing differently?

Inside the clinic

- Removed all magazines, pens, clipboards, coffee, snacks, and water

- Chairs are 6 feet or more apart

- **Full cleaning** of anything a patient touches

- **Full cleaning** of all testing and exam rooms between patients

What are we doing differently?

Staff and doctor protection

- All staff wear:
  - Gloves
  - Mask
  - Eye protection when interacting with patients
- Slit lamps were modified with sneeze guards

CMS Expands Medicare Telehealth Benefits During COVID-19 Outbreak

- HHS will waive penalties for HIPAA violations

- For more information:

    - [HHS Emergency Preparedness](#)

    - [Medicare Telemedicine Health Care Provider Fact Sheet](#)

    - [Medicare Telehealth FAQs](#)

Best Practices to Implement Telemedicine

- Determine a platform that works for your practice (FaceTime, Zoom, Doxy.me, Skype, Google Hangouts, etc.)

- Identify a block of time

- Develop scripting

- Templated documentation

Patient Communication Example

Dear Patient,

As we are sure you are aware, the CDC and our local leaders have recommended social distancing to help prevent the spread of COVID-19. With community health in mind, [Vance Thompson Vision/our practice] has made the decision to postpone elective procedures and limit office visits to urgent cases only. Your vision health is important, and while we cannot see you in person, we hope to serve you through our new telehealth program.

If you had an appointment with us in the coming weeks, our team has most likely reached out to reschedule, but we would also like to offer you the option to meet one-on-one with your doctor through a telehealth visit. The first step is to get in touch with [Vance Thompson Vision/our practice] to schedule an appointment. Components of your appointment may be carried out through a video call with your doctor. Once on the schedule, we will send you instructions on how to access our video call app and best practices to make the most out of your virtual visit.

During your virtual visit, we will be able to use the information we have to talk about your treatment options, you'll be able to ask questions, and we may be able to develop a plan for when you can come in at a later date. We will not be able to conduct diagnostic tests and you may still need an in-office appointment when we are able to do so. If you are unsure whether you have an urgent need that would require an office visit, we ask that you reach out to us with your concern.
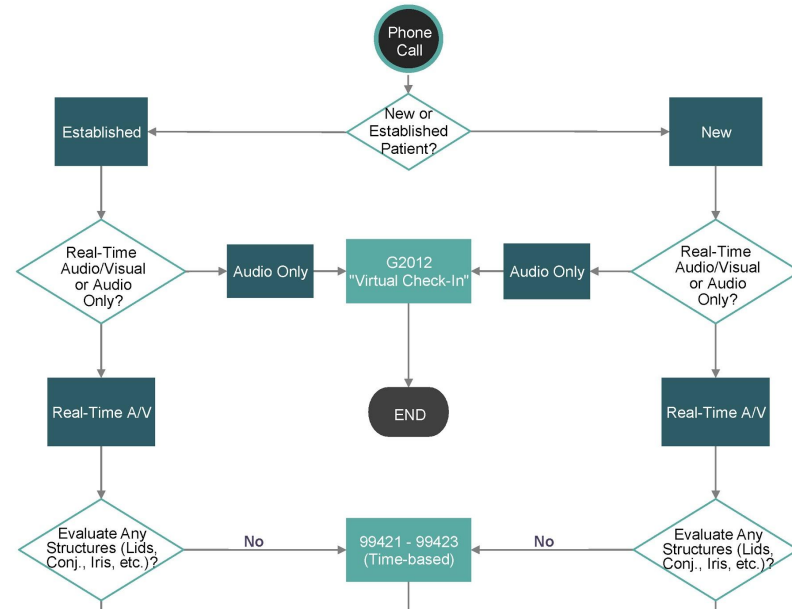
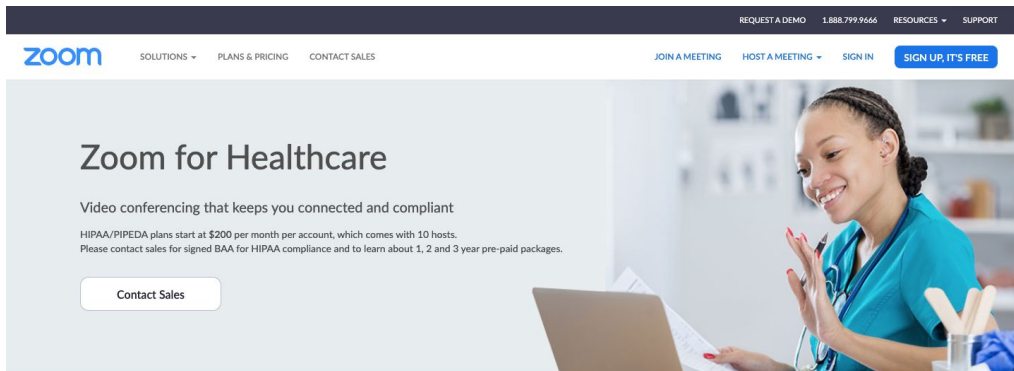# COVID-19 Resources

[BSM Consulting](#)

New to Telemedicine

Zoom

HIPAA Compliant

Doxy.me

Telehealth Changes

- Effective March 6, 2020, and for the duration of COVID-19, Medicare will allow professional services to be furnished to beneficiaries in all settings, including their home

- During this time, the penalties for HIPAA violations against providers have been removed, allowing providers to use platforms such as Skype, FaceTime, and Zoom

- Audits will not be conducted to ensure that a patient is an established patient of the practice

Telehealth Changes

- E/M services rendered for telehealth will have the same rate as a regular office visit

- Other commercial carriers are encouraged to follow CMS guidelines during this time. Some carriers offer telehealth at no additional cost to the patient.

- Providers licensed in one state are now able to provide services to patients across state lines

- Verbal consent

- Prior authorizations waived during health crisis

Telehealth Changes

- Narrow scope of certain diagnosis codes is dropped

- New patients can be seen via telehealth

- Telephone visites are authorized for the duration of PHE

- Can prescribe controlled substance through telehealth visit during PHE

  - For refills that normally require in-person medication check, you may be able to bill for a virtual check-in visit, just remember the patient must initiate this visit

Questions on CMS changes or telemedicine technology?

Telehealth Codes

- Use E/M codes (no eye codes can be used)

  - Keep in mind that it may be difficult to reach more than 6 exam elements

- Real-time audio and video

- Still need to document visit as if you were seeing the patient in your office (Patient Name, DOB, Telemedicine app used: FaceTime, Patient location: Home, Consent obtained: Yes, DOS)

- Use modifier 95 to show telehealth visit with real-time audio and video

- Place of service will be 11 (changed from 2) - Telehealth

Visit Level Determination

- 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, when performed via telemedicine during this Public Health Emergency.

  - Time is all of the physician time associated with E/M services on the day of the encounter. Time with staff should not be included.

- The current MDM criteria are unchanged

Visit Level Determination

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

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

Source: NexTech

Telehealth Reimbursement

Medicare Telehealth Visit - E/M Codes

Office Visit New Patient	99201	$46.56	Office visit, New patient, Level 1 - Synchronous audiovisual communication
	99202	$77.23	Office visit, New patient, Level 2 - Synchronous audiovisual communication
	99203	$109.35	Office visit, New patient, Level 3 - Synchronous audiovisual communication
	99204	$167.09	Office visit, New patient, Level 4 - Synchronous audiovisual communication
	99205	$211.12	Office visit, New patient, Level 5 - Synchronous audiovisual communication
Office Visit Established Patient	99211	$23.46	Office visit, Established patient, Level 1 - Synchronous audiovisual communication
	99212	$46.19	Office visit, Established patient, Level 2 - Synchronous audiovisual communication
	99213	$76.15	Office visit, Established patient, Level 3 - Synchronous audiovisual communication
	99214	$110.43	Office visit, Established patient, Level 4 - Synchronous audiovisual communication
	99215	$148.33	Office visit, Established patient, Level 5 - Synchronous audiovisual communication

Virtual Check-In

Store and Forward	G2010	$12.27	Remote evaluation of recorded video and/or images submitted by an established patient (i.e. store and forward), including interpretation with follow-up with the patient with 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 with the next 24 hours or soonest available appointment
Virtual Communication	G2012	$14.80	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 an established patient, 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; 5-10 minutes of medical discussion

E-Visits

E/M Providers (i.e. Physician, Nurse Practitioner, PA)

5-10 min	99421	$15.52	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days
11-20 min	99422	$31.04	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days
21 min+	99423	$50.16	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days

Non-E/M Providers (i.e. Physical Therapist)

5-10 min	G2061	$12.27	Qualified non-physicians health care professional online assessment, for an established patient, for up to 7 days, cumulative time during 7 days
11-20 min	G2062	$21.65	Qualified non-physicians health care professional online assessment, for an established patient, for up to 7 days, cumulative time during 7 days
21 min+	G2063	$33.92	Qualified non-physicians health care professional online assessment, for an established patient, for up to 7 days, cumulative time during 7 days

Source: NexTech

Telephone Only Visits

This type of visit is performed through synchronous communication over the telephone

Physicians Only

5-10 min	99441	$14.44	Telephone-only medical discussion
11-20 min	99442	$28.15	Telephone-only medical discussion
21 min+	99443	$41.14	Telephone-only medical discussion

NPs and PAs

5-10 min	98966	$14.44	Telephone-only medical discussion
11-20 min	98967	$28.15	Telephone-only medical discussion
21 min+	98968	$33.92	Telephone-only medical discussion

Telehealth Services

What are the reimbursement rates for the listed coding options?

Codes	2020 National Medicare Rates
99201 (New E/M)	$46.56
99202 (New E/M)	$77.23
99211 (Est. E/M)	$23.46
99212 (Est. E/M)	$46.19
99213 (Est. E/M)	$76.15
99421 (Digital E/M, time)	$15.52
99422 (Digital E/M, time)	$31.04
99423 (Digital E/M, time)	$50.16
G2012 (Virtual check-in)	$14.80

Source: BSM Consulting

Check with private insurance carriers for telehealth coverage and billing information. It may vary from state to state.

Humana

"At a minimum, we will always follow CMS telehealth or state-specific requirements that apply to telehealth coverage for our insurance products."

Learn More

- Encouraging use of telehealth services for its members

- Will temporarily reimburse for telehealth visits with participating/in-network providers at the same rate as in-office visits. Visits must meet medical necessity criteria.

- For providers or members who don't have access to secure video systems, they will temporarily accept telephone (audio-only) visits

- Waiving member cost share for all telehealth services delivered by participating/in-network providers—asking providers not to collect traditional member responsibility for these services

- **POS 02**

- **Modifier GT**

Aetna

Offering $0 copay for telemedicine visits until June 4, 2020

- Will waive all costs for telemedicine visits through network providers who deliver virtual care, such as over-the-phone care and live video-conferencing

- Aetna will pay the amount of the cost-sharing the member would have ordinarily paid so the provider would receive the same total payment

- **POS 02**

- **Modifier 95**

- Codes are available here

- Special provider hotline: 888-632-3862 (have NPI and TIN ready)

United Health Care

Cost-sharing is waived for in-network telehealth visits from March 31, 2020 until June 18, 2020

- Waiving the originating site restriction and audio-video requirement for Medicare Advantage, Medicaid, and individual group market plan members

- OT/PT/ST visits require video

- **POS will be what it would have normally when providing the service**

- **Modifier 95**

- Telehealth Billing Guide

Requirements for 99202

History
- HPI - 1 element
- ROS - 1 element
- PFSH - none

Exam (requires at least 6 elements)
- EOMs
- Lids/Adnexa
- Conj
- Iris/Pupils
- Cornea (gross eval)
- Lens (gross eval

Medical Decision Making
- Straightforward: Any diagnosis and treatment option
- Medicare allows $77.23

Requirements for 99213

History
- HPI - 1 element
- ROS - 1 element
- PFSH - none

Exam (requires at least 6 elements)
- EOMs
- Lids/Adnexa
- Conj
- Iris/Pupils
- Cornea (gross eval)
- Lens (gross eval

Medical Decision Making
- Low: 2 est. stable problems with treatment, 1 est. worse and 1 est. stable problem with treatment, or 1 new/acute problem with treatment (treatment can include OTC, lid scrubs, continue current drops, etc.)
- Medicare allows $76.15

Virtual Check-in Visit G2012

- Brief communication technology-based service, telephone call

- Established patient only

- More than 7 days since last visit, not within 1 day of next visit

- 5-10 minute discussion

- Documentation: Patient Name, DOB, Communication: Telephone, Consent Obtained: Yes, DOS, Total time of services: X minutes

- National Reimbursement: $14.80

E-Visit/Online Digital E/M Services

- Include test results, scheduling appts, or other items not included in an E/M visit

- Based on time

- Report once within a 7-day period of time

- Not billable within 7 days of a previous E/M service

- Not billable if related to a surgical procedure and during the post-op period

Online Digital E/M Services

Online digital visits are based on time:

- 99421 – 5 to 10 minutes
- 99422 – 11-20 minutes
- 99423 – 21 or more minutes

National Reimbursement:

- 99421 - $15.52
- 99422 - $31.04
- 99423 - $50.16

Remote Monitoring

- Set-up and patient education on equipment

- Pays for the monitoring device, each 30 days

- Must be >20 min monitoring per month, including communication with patient

- Any billing provider, including Optoms

- Can be used for IOP, weight, BP, pulse ox., etc.

   99453: Setup $18.77

   99454: Device $62.44/month

   99457: Monitoring $51.61/month

"This is simple evolution: if we're to survive, we must adapt. We have to shift our thinking from the previous concrete routines to something more practical, more creative. And embrace this opportunity to spur a more functional medical system."

Ranya Habash, MD - Bascom Palmer

Documentation Example

Ranya Habash, MD - Bascom Palmer

- New (99201-99205) or established patients (99212-99215)

- No eye codes

- Real-time audio + video

- Standardized office visit format; document in EMR, just like an in-person visit

- Bill E&M code with modifier 95

- Place of Service (POS): Same as usual

- $47-$211

Example Use Case

Patient visit for blepharitis and recurrent chalazia. You do a video call with the patient which includes chief complaint, HPI, PMH, etc. and a video/virtual exam. You discuss treatment options, including artificial tears, lid scrubs, and warm compresses, then make a follow-up plan. Same as in-person visit.

99213 → $90

Telemedicine Visit Documentation
- Patient: Homer Simpson MRN, DOB
- Telemedicine app used: Zoom
- Patient location: Home
- Consent obtained: Yes

Virtual Check-In (G2012)

Ranya Habash, MD - Bascom Palmer

- New or established patients
- Not within 7 days of last visit
- Not within 1 day of next visit
- 5-10 minute discussion
- Can be done by optometrist
- Can be done by telephone call
- $14.80

Example Use Case

Your patient calls with a red eye. You (or your optom) get on the phone (or calls back) and determines it's just a subconj heme. No need to come in.

$14.80

Telemedicine Visit Documentation
- Patient: Homer Simpson MRN, DOB
- Communication: Telephone
- Consent obtained: Yes
- Date of service: 3/26/20
- Total time of services: 7 min

Doctor-to-Doctor Consult (99446-99449)

Ranya Habash, MD - Bascom Palmer

- Payment to the consulting doc

- New or established patients

- Any combination of billing providers, including optoms and PCPs

- Verbal and written report to the requesting doc

- Patient does not need to be present

  99446: 5-10 min → $18.41
  99447: 11-20 min → $37.17
  99448: 21-30 min → $55.58
  99449: >31 min → $73.98

Example 1
Optom calls to get your opinion on a cataract patient. You discuss then send a report.

Example 2
Retina specialist calls to discuss the best order of treatment for a patient with ERM, cataract, and corneal edema. You discuss then send a report.

Example 3
PCP calls to see if he should start Plaquenil on a rheumatoid patient with diabetes and cataracts. You discuss then send a report.

Doctor-to-Doctor Consult (99452)

Ranya Habash, MD - Bascom Palmer

- Payment to the doc requesting the consult

- New or established patient

- Patient does not need to be present

- Verbal and documented consent from the patient

- 30 min

- $37.53

Example Use Case

You request a consult from a retina specialist to discuss your patient's epiretinal membrane and cataract.

Time spent: 30 min total

The retina doc send you a report. You get $37.53

Questions on billing for telehealth services?

Please share your experiences.

___

Next Steps: Evolving Telehealth Services

- Current experience

- Apps that are useful

- Brainstorming future uses
  - Reopen strategy
  - Tech visits - testing
  - Telehealth - results of test
  - Home detection - AMD/OCT ForeSee
  - Other ideas
  - CRNA and PA - H&P to clear for surgery

Hybrid Televisits

Patient comes in for expedited, focused testing. You stay home.

- Example: Retina patient needs OCT for AMD monitoring

- Example: Glaucoma patient needs IOP check after starting new drop

- Example Post-op cataract patient needs IOP check, VA, refract

Workflow

1. Pt is scheduled for a regular visit (not telehealth)
2. Pt arrives then focused tech workup is performed
3. Pre-ordered testing is performed
4. Pt goes home immediately after testing is complete
5. You review all testing and call or video with the patient later in the day (asynchronous)
6. Bill E&M code just like an office visit

Key Points

- Keeps our staff employed, keeps necessary patients minimally exposed, keeps providers safer
- Dedicated teams

Hybrid Televisits

Drive-through IOP Checks

Workflow

1. Pt is scheduled for IOP check only
2. Pt arrives in valet lane; waits inside car
3. Technician performs IOP check through window
4. Pt goes home (unless IOP is out of range)
5. You call or video with patient later in the day (asynchronous)
6. Bill E&M code just like an office visit

Check your state requirements

- Some states may have limitations on allowed services, so there could be barriers to using telehealth

- For example, Pennsylvania Medicaid limits the use of telehealth to only mental and behavioral services

- To review state requirements, visit CCHP's 50 State Report

Resources

- [Medicare Telemedicine Health Care Provider Fact Sheet](#)

- [CMS Telehealth FAQs](#)

- [CMS List of Telehealth Services](#)

- [AMA Quick Guide to Telemedicine in Practice](#)

- [AMA Telemedicine Education](#)

- [Using Telehealth to Care for Patients During the COVID-19 Pandemic](#)

- [Coding for Phone Calls, Internet and Telehealth Consultations](#)

- [Medicare Telehealth Insurance Coverage](#)

Resources

- [Trump Boosts Telehealth Services in the Fight Against Coronavirus](#)

- [Telehealth Coverage Policies in the Age of COVID-19](#)

- [Webinar: Implementing Tele-Ophthalmology During the COVID-19 Pandemic](#)

- [Webinar: Navigating COVID-19 Practice Disruption for Ophthalmology](#)

- [Webinar: Telehealth Coding Changes](#)

- [BSM Consulting COVID-19 Resources](#)

- [ASOA COVID-19 Resources](#)

Thank you!