AN OD'S GUIDE TO TELEHEALTH BILLING

HOW TO PROVIDE PATIENT CARE, NO MATTER WHERE YOU ARE

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INTRODUCTION

Optometrists have a mixed reaction to the phrase "remote healthcare assistance". For many independent ODs, telehealth and teleoptometry might have traditionally insinuated fewer patients in the practice, fewer optical dispensary sales, and less accurate diagnoses.

However, the current climate calls for ODs to adapt. ODs that don't attempt to offer alternative care might be overlooking the long-term opportunities that telehealth makes room for, especially during emergencies and pandemics.

Teleoptometry could also help service the few patients who are unable to leave their homes, those who live in expansive rural communities, and optometrists that are homebound or traveling.

In this quick reference guide, we'll show you the technical requirements and best methods for implementing teleoptometry in your practice.

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1135 WAIVER

Announced on March 13th 2020, the Secretary of the Department of Health and Human Services declared a public health emergency and temporarily waived certain Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements to ensure that sufficient patient care can be provided in good faith. In response to this waiver, the Center for Medicare & Medicaid Services relaxed their rules surrounding how you can deliver this immediate and emergency care.

The CMS is now allowing telehealth services to be provided outside of previously designated areas by Optometrists. Previously it was only allowed for rule areas or specific specialties.

Here are the points that all ODs need to know:

- Medicare can pay for office visits furnished via telehealth starting date of service March 6, 2020 and ending when the state of emergency ends.
- Verbal consent for care is now acceptable but must be documented in the medical record
- Telehealth services can be provided using "everyday communication technologies" such as FaceTime, Zoom, and Skype.

Implementing telehealth allows you to maintain your client base and continue to connect with your patients even if you aren't able to see them in person. Let's show you the different types of appointments you can allow with the new rules.

TYPES OF TELEMEDICINE

REMOTE IMAGE/VIDEO EVALUATION

Code	Value	Description
HCPCS code G2010	$11.91	Video or images, with interpretation and report

You might have to add the code in your EHR admin settings because it might not be pre-loaded. Be careful to note that this entails a review of previously recorded video taken by the patient. For example, when a patient emails or texts an OD asking if their eye looks normal via photo or video.

Requirements:
- Initiated by an established patient
- The image/video cannot be related to medical visit in previous 7 days and does not lead to medical visit in next 24 hours
- The billing physician must follow-up with the patient within 24 hours to provide their interpretation and recommendations
- Patient must give consent to services and consent must be documented in the medical record prior to service. Verbal consent is acceptable

If you have a billing service, ask them to hold telehealth categories for 24 hours to make sure you don't end up initiating a medical visit in the next 24 hours so that you get maximum reimbursement. Medicare and many commercial payers will pay for the patient to connect with their doctor in lieu of an office visit when a doctor provides their opinion on an image or video.

VIRTUAL CHECK-IN

Code	Value	Description
HCPCS code G2012	$14.81	5-10 minutes of medical discussion

Again, Medicare will pay for "virtual check-ins" for patients to connect with their doctor in lieu of an office visit. For example, checking in periodically on a patient with mild dry eye to ensure successful therapy. Be sure to document the verbal consent in your EHR prior to providing service.

Requirements:

- Initiated by an established patient
- Audio only, real-time telephone conversation and two-way audio interaction enhanced with video
- The check-in cannot be related to medical visit in previous 7 days and does not lead to medical visit in next 24 hours
- Patient must give consent to services and consent must be documented in the medical record prior to service. Verbal consent is acceptable.

E-VISITS

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

These might be CPT codes you're not particularly familiar with. E-Visits allow patients to communicate via patient portals or secure emails. Instances where you wouldn't want to bill for e-visits are if a patient emails you through your patient portal to schedule an appointment or if you're conveying test results. Your date of service would be the date the communication started but it would build over time with communication that happens over 7 days. Although insurance payers are covering e-visits, make sure you have gone over commercial payer requirements separately.

Requirements:

- Initiated by an established patient
- Not related to medical visit in previous 7 days and does not lead to medical visit in next 24 hours
- Patient must consent to services and consent must be documented in the medical record prior to service
- Normally required to store communication and ensure HIPAA compliance for all patient communications but not enforced during public emergency.

TELEPHONE SERVICES

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 or more minutes of medical discussion

Unless you're aware of state or commercial plans allowing for this, these are not covered by Medicare and many Medicaid carriers so far.

Requirements:
- Service should be initiated by the patient
- Established patients only
- Must document patient's consent for services and total time of medical discussion
- CPT code is selected based on time spent in medical discussion with the patient
- Patient must give consent to services and consent must be documented in the medical record prior to service. Verbal consent is acceptable.

When not to report so that you get maximum reimbursement:
- Call results in decision to see the patient within 24 hours or next available urgent visit appointment
- Call refers to E/M service billed by provider within previous 7 days whether requested by provider or not
- Call is within postoperative period of completed procedure (part of post operative service)
- Reported 99441-99443 by same provider for same problem in previous 7 days

TELEHEALTH SERVICES

New Patient	Established Patient
99201 ($47)	99211 ($23)
99202 ($77)	99212 ($46)
99203 ($109)	99213 ($76)
99204 ($167)	99214 ($110)
99205 ($211)	99215 ($148)

*CPT codes 92002, 92012, 92004, and 92014 not included

- Coding must reflect what was performed
  - Case history
  - Physical exam
  - Medical decision making
- Code level should be determined based on case history, physical exam, and medical decision making
- Only with live, interactive 2-way telecommunications system (e.g. real-time audio and video)
- The waiver allows for telehealth services to be provided by optometrists using "everyday communications technologies": such as FaceTime, Facebook Messenger Video, Zoom, and Skype. Reference the HHS website here for specific platforms.

TELEMEDICINE CLAIMS

If you utilize a billing company and your practice is still seeing patients in office in addition to telemedicine, make sure you're communicating whether your place of service is 02 for telemedicine or 11 for office visit.

Claim Details:
- Date of Service: on or after 3/6/2020
- Place of Service: 02
- Billable Units per CPT Code: 1
- Medical Diagnosis Code
- Only one CPT/HCPCS code per claim, no bundling
- Medicare coinsurance and deductible ($198) applies to these services
  - You can waive coinsurance and deductible, but that doesn't mean that Medicare will reimburse you. You may be taking a write-off.

TELEMEDICINE CLAIMS

The most common modifier you'll be using is the 95. Medicare eliminated the GT modifier as of January of 2018. However, looking into UHC or Blue Cross, they are accepting either 95 or GT. However, you should only be selecting one modifier per claim, you don't need to couple them. Your modifier requirements may vary from payer to payer, just discuss with your billing company. For VisionWeb's clients, if the practice is remaining open and seeing patients remotely, we are scrubbing all the modifiers for them. Clarify who is responsible for looking at the modifiers and place of service.

Medicare's system isn't set up completely yet, so if your claims are getting rejected after taking these steps, don't despair. You can work the rejection and resubmit the claim after their system catches up.

These codes cover the method of care, not the diagnoses specifically. We encourage you to use your best judgment as an OD on which diagnoses require specific methods.

Modifier	Description
95	Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication systems
GT	Via interactive audio and video telecommunication systems
GQ	Via asynchronous telecommunications systems
G0 (zero)	Telehealth services for diagnosis, evaluation, or treatment of symptoms of an acute stroke

SUMMARY

Types of Services	Codes	Communication Method	Patient Status	Patient Must Initiate	Informed Consent Required	Method Type
Remote Image/Video Evaluation	G2010	Review of previously recorded video or image taken by patient	Established patients	✔	✔	Asynchronous
Virtual Check-In	G2012	A brief check-in via telephone, interactive audio/video	Established patients	✔	✔	Asynchronous
E-Visits	99421-99423	Communication through Patient Portal or secure email	Established patients	✔	✔	Asynchronous
Telephone Services	99441-99443	Telephone	Established patients	✔		Asynchronous
Telehealth Visits	99201-99205 99211-99215	Interactive audio/video system	New or established patients			Synchronous

A couple of things to highlight are that telehealth visits are the only telemedicine service type that allows for services to be provided to both new and established patients. Also, the patient must initiate every visit except telehealth.

Synchronous is real-time, two-way audio/visual communication. Asynchronous is storing images or video and accessing them at a later time. This includes emails, texts, and phone calls.

TELEHEALTH IN UPRISE EHR & PM

APPOINTMENT TYPES

Customize appointment types to manage asynchronous and synchronous appointments (i.e. telehealth patient portal, telehealth Skype)

PATIENT EDUCATION

Send patients educational videos directly to the patient portal or an email.

DOCUMENT TYPES

Easily store and access images or videos in Uprise from telehealth services

MODIFIERS

When you bundle with our RCM services, code modifiers are reviewed by our team of billing experts.

AUTOMATED CODING

Autopopulate required billing codes during telehealth exams.

PLACE OF SERVICE

You can change the place of service on the claim within our PM system.

PATIENT PORTAL

Patients can send messages and attachments from the portal to Uprise in a secure, HIPAA-compliant manner. Practice can customize which roles in the practice receive the message based on message type to ensure nothing goes unread.

EHR TEMPLATES

Customize exam content to support documentation (i.e. Chief complaints, Tests). Treatment Code Mapping functionality assists with rapid documentation of patient education and orders.

EFFICIENCIES FOR YOUR PRACTICE

How can you provide the best patient care without being in contact with patients? As you've seen, teleoptometry allows optometrists to talk to patients through phone calls, e-visits, virtual check-ins, and video chats.

If you do need to keep your practice open, here are a few ideas reduce the spread of illness:

- ✓ **Patients Check-in & Wait in Vehicles**
- ✓ **Eliminating The Waiting Room**
- ✓ **Reducing the Number of In-Office Appointments**
- ✓ **Increasing Cleaning**
- ✓ **Curbside Pick-up**
- ✓ **Disposable Pens**
- ✓ **Temperature Testing**
- ✓ **No Hand Shaking**
- ✓ **Limited Patients Based on Geographic Location**
- ✓ **Slit Lamp Breath & Face Shield**

QUALITY PAYMENT PROGRAM RELIEF

MERIT-BASED INCENTIVE PAYMENT SYSTEMS (MIPS):

- 2019 Data submission deadline extended from March 31, 2020 to April 30, 2020
- MIPS eligible clinicians who have not submitted any MIPS data by April 30, 2020 will qualify for the automatic extreme and uncontrollable circumstances policy and will receive a neutral payment adjustment for the 2021 payment year.
- CMS understands that you aren't seeing the normal amount of patients within this time frame. They are evaluating options for providing relief around participation and submission for 2020 Performance Period.

COVID 19 DIAGNOSIS CODES

New ICD-10
Code

Diagnosis Code	Description	Effective Date
U07.1	COVID-19	April 1, 2020

Interim Coding
Advice

Reason	Diagnosis Code	Description
Concerned Exposure to COVID-19	Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
Confirmed COVID-19	Z20.828	Contact with and (suspected) exposure to other viral communicable diseases.

HELPFUL RESOURCES

1. AOA Webinar

2. CMS – Medicare Learning Network

3. CMS Current Emergencies

4. American Academy of Pediatrics (AAP)

5. Medicare & Coronavirus

6. UHC Provider Policy

7. ICD-10 Updates

8. American Academy of Ophthalmology

MOVING FORWARD

If you live in an area with unreliable internet coverage or have a limited and small staff, teleoptometry is not always a viable option. That being said, teleoptometry does seem to have benefits for practices as an alternative for patient care during many times of need. Not only does digital optometry reduce the need for paper records, but it also makes appointments and education accessible to any patient with an internet or phone connection.

With the correct software, your at-home practice can run smoothly after the initial setup. If remote work would help the community you live in and allow your practice to provide care, it's worth creating a separate check-in to check-out process for practice closures. Uprise is cloud-based EHR and practice management software that allows ODs to look at patient communication and conduct their business remotely.

Find out how Uprise can support your practice through closures.

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