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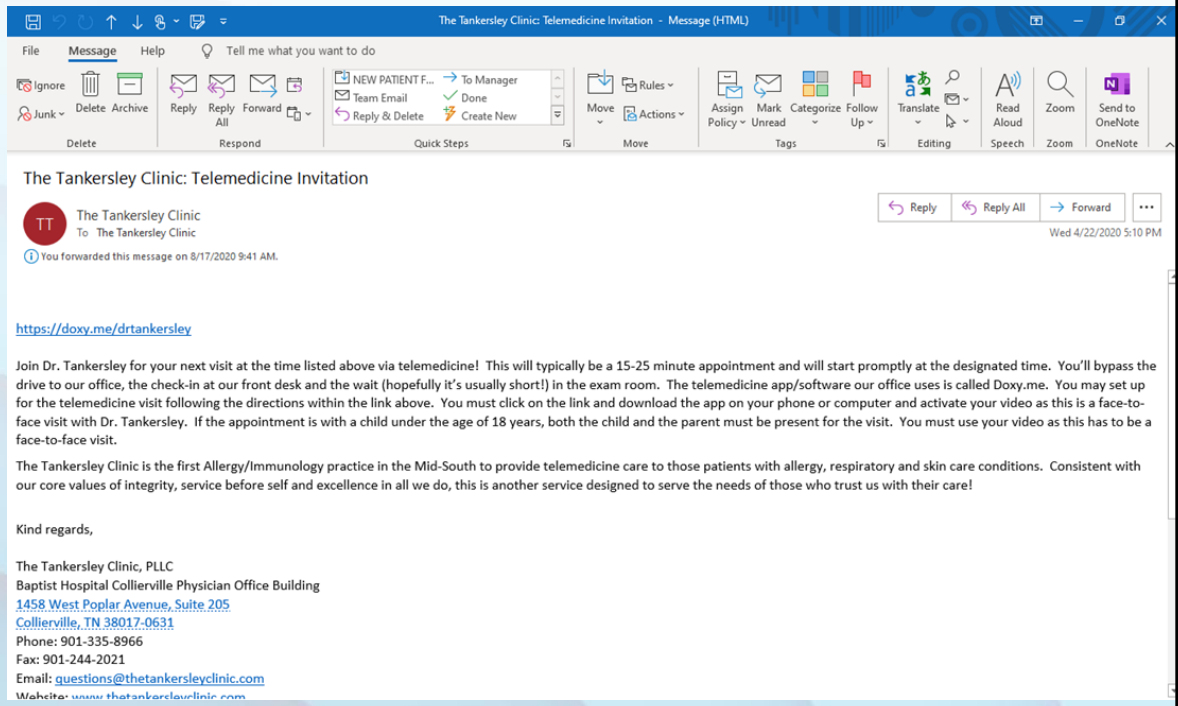
FEBRUARY 26–MARCH 1, 2021

Telemedicine

- **Workflow**

  - Follow-up: schedule/plan at end of visit
  - New: virtual satellite clinic; alternative to cancelling appointment due to patient logistics
  - Send templated email the Friday before with link for visit
  - For single provider, first or last appointment of the day best
  - Collect payment BEFORE the call; estimate level; credit excess
  - Have mechanism to ensure appointment starts on time!
  - Use templates and type note during encounter
  - Coordinate/clarify telemedicine email with link vs automated email reminder from EMR



Telemedicine

- **The Ideal Patient**
  - ANY patient that does not need testing or treatment
  - Some SCIT/biologics patients prefer telemedicine!
  - Not limited to follow-up patients

- **Codable Questionnaires/Education Tools**
  - ACT/SNOT-22/UAS/DLQI/ESS/CAPTURE (CPT 96160-59)
  - MDI education (CPT 94664-59)
  - Annual depression screening, 15 minutes, PHQ-9 (CPT G0444-59; ICD-10 Z13.31)
  - Staff are trained to do 96160s and PHQ-9 based on diagnoses

Telemedicine Templates

- **PHQ-9 CPT G0444-59**
  - Depression screen with PHQ-9, normal (normal score is <5); 15 minutes, performed in office
  - This bullet is a numbered item in the assessment

- **MDI Education CPT 94664-59**
  - Inhaler technique was reviewed 2/26/21 with demonstration of open mouth technique, location of expiration date and appropriate 5 sec inhalation with breath hold for 10 sec
  - This can be placed in plan section under an education bullet and dates

Telemedicine Templates

- **ACT CPT 96160-59**
  - Asthma Control Test (ACT, normal is 20 or greater): XX
  - This line is in the objective portion of the note

- **MDI Education CPT 94664-59**
  - Inhaler technique was reviewed 2/26/21 with demonstration of open mouth technique, location of expiration date and appropriate 5 sec inhalation with breath hold for 10 sec
  - This bullet is in the plan portion of the note under an Education bullet

- **SNOT-22 96160-59**
  - Sino-Nasal Outcome Test (SNOT-22): XX
    - 0-7: normal
    - 8-20: mild severity
    - 21-50: moderate severity
    - 51-110: severe severity
  - This is in the objective portion of note and can be dated/trended

Telemedicine Templates

- **Time statement**
  - Greater than 50% of the XX min appointment consisted of the coordination of care and education of the condition to include discussions of the following: diagnostic results, prognosis, risks and benefits of treatment options, impressions, instructions for management, importance of compliance with chosen treatment options, risk factor reductions, and patient and family education.

- **Physical exam**
  - Patient visualized on telemedicine computer screen from their home in Memphis area Pleasant, well-developed, well-nourished in no acute distress Head, Eyes, Ears, Nose, Throat: Atraumatic, conjunctiva without injection, no ocular discharge, nares without discharge LUNGS: respirations unlabored without coughing SKIN: no urticaria PSYCH Appropriate affect, alert and oriented to person, place and time

Telemedicine Case #1

8 yo male presents to you via telemedicine visit for follow-up appointment for asthma, AR.

- Asthma-use of albuterol x 1 a month ago at soccer practice with resolution; ow taking daily Flovent 2p bid
- AR-Zyrtec daily without new issues
- Medications reviewed
- ROS reviewed
- VS no BP, HR,-nl 98% sats, no peak flows
- Visual examination wnl
- During your visit the video drops so the visit is converted after the visual examination to a telephone visit where asthma education and discharge instructions are given.
- The visit takes a total of 30min

Lurie Children's

Telemedicine Case #2

66 yo male presents to you via telemedicine visit for a new patient appointment for chronic cough. He has trouble connecting to the virtual visit via the link you sent, but he is familiar with facetiming with his grandkids. You switch to facetime via his ipad to conduct the visit. You have also reviewed his records from his primary care physician for 1 hour prior to this visit.

- Chronic cough history obtained during the visit
- PMHx, FHx, SHx, Env Hx, Allergies completed
- Medications reviewed
- ROS reviewed
- VS no BP, HR-nl
- Visual examination wnl
- You order an chest xray, prescribe medications, and give discharge instructions.
- The visit takes 40 min

https://bestlifeonline.com/

Telemedicine Resources

TM resource	Link
American Telemedicine Association COVID-19 resources	https://info.americantelemed.org/covid-19-news-resources
ACAAI guidelines to support telemedicine as an effective tool for allergists	https://acaai.org/news/guidelines-support-telemedicine-effective-tool-allergists
ACAAI COVID-19 and asthma, allergy, and immune deficiency patients	https://college.acaai.org/acaai-statement-covid-19-and-asthma-allergy-and-immune-deficiency-patients-3-12-20
AAAAI resources for A/I clinicians during the COVID-19 pandemic	https://education.aaaai.org/resources-for-a-i-clinicians/covid-19
AAAAI telemedicine learning resources	https://www.aaaai.org/practice-resources/running-your-practice/practice-management-resources/telemedicine
Medicare, Coronavirus, and telehealth	https://www.medicare.gov/medicare-coronavirus
Medicare, Medicaid frequently asked questions	https://www.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf
CDC COVID-19 resources	https://www.cdc.gov/coronavirus/2019-ncov/index.html
CMS COVID-19 partner toolkit	https://www.cms.gov/outreach-education/partner-resources/coronavirus-covid-19-partner-toolkit

***CDC*, Centers for Disease Control and Prevention; *CMS*, Centers for Medicare & Medicaid Services.**

Portnoy J, Waller M, Elliott T. Telemedicine in the Era of COVID-19. *J Allergy Clin Immunol Pract*. 2020;8(5):1489-1491.

Staffing Workflow

- **Administrative**
  - **Pre-Telemedicine Visit**
    - Schedule/ Appointment types – Insurance guidelines
    - Demographics/Verification/Payment terms
    - Communicating the Instructions for the visit
- **Clinical**
  - Pre-**Telemedicine Visit**
    - Medication Reconciliation / PMFSH
    - Diagnostic test available for the appointment
    - Communication of follow up instructions
    - Clinical visit summary printed and given to patient
- **Post Visit**
    - Billing /Tacking

Telemedicine during Covid pandemic – where do we go from here – coding

Presented by

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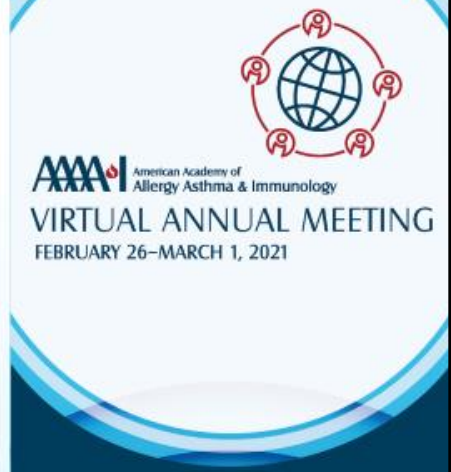
- I have nothing to disclose



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Telehealth

- Two guidelines – CMS and private payers
  - CMS – restrictions have been lifted regarding place of service for the patient and for the provider.
  - Telehealth is currently defined as any device having audio and video capabilities that are used for two-way, real-time interactive communication.
  - Definition for telehealth applies to any services historically covered by Medicare, which are listed by CMS.
  - Appendix P of the CPT 2020 book also has a list of approved telehealth codes
  - Patient permission for telehealth should be documented.
  - Document time if using time to support level of service.

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Telehealth

Private Payers

- Following CMS Guidelines
- Have their own sets of codes that are payable
- Some have waived the co-pays for telehealth for a period of time

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Changes to coding during 2020-2021

- Telehealth has become a standard method for evaluation of patients
- Coding for encounters for most payers are covered as if it were a face- to - face encounter
- CPT 99202-99215 are covered for telehealth for audio and video telehealth visits.
- New patient encounters are an exception for the pandemic
  - CMS indicates by waiver 1135 that there should be an established relationship with the patient to provide telehealth services
  - HHS will not be conducting audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.
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Telehealth coding

- Place of Services
  - CMS – place of service is the same as if the patient was seen in person (11 for clinic)
  - Private payers – 11 or 02 depending on the payer. Most payers are asking for 02 to indicate it is a telehealth encounter
  - State guidelines have been relaxed but every state may not follow CMS guidelines
  - State and federal guidelines may change after the end of the year of the pandemic

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Telehealth

- Modifier
  - CMS requires modifier 95 to indicate claim is a telehealth encounter.
  - GT – also indicates the encounter is a telehealth encounter
  - As of 2021, third party payers may not require 95 or GT
  - Private payers are using place of service 02

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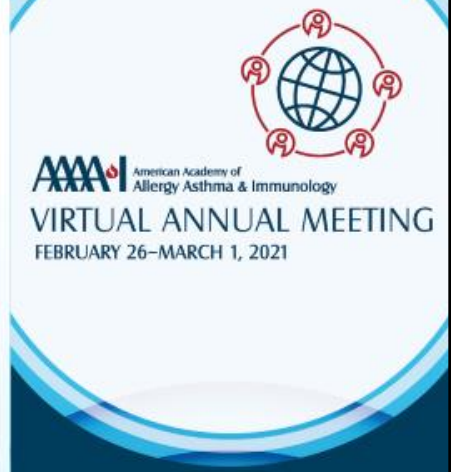
Support for telehealth encounter

- Time or Medical Decision Making



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Document

- The guidelines and rules for documentation are the same as before the crisis.
- If you are providing a telehealth visit, documentation should indicate the encounter is a telehealth visit
  - This is for your knowledge, the patient, and the payer.
- Components required for a specific CPT code are still required.

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Procedure Codes

- Face to face encounters
- Telehealth Visits
- Online digital evaluation and management services
- Telephone Calls

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Telehealth Codes

- Most common codes for Allergists:
  - 99202-99215
    - 2021 guidelines for E/M services only require medical decision making
    - The history and exam obtained and performed are provider's decision and do not count toward level of service
    - Time may be used to support the level of care – total physician time on the date of the encounter.

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Physician time includes

- Preparing to see the patient (review of tests)
- Obtaining and/or review separately obtained history
- Performing a medically appropriate exam
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals
- Documenting clinical information in EHR or other health record
- Independently interpreting results & communicating results to the patient/family/caregiver
- Coordinating care (not separately reported)

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Telehealth

- What is appropriate if the patient begins as an audio video encounter and it drops to audio before the encounter is finished?

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Telephone calls
CPT 99441-99443

- Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services 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 hours or soonest available appointment
- Private payers may vary in their reimbursement for telephone calls

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Telephone Calls

- CPT 99441-99443
  - CMS will pay for telephone calls without video capabilities as of March 30, 2020.
  - May be used for new and established patient visits during the public health emergency
  - These are not considered telehealth codes. Do not use 95 modifier.
  - Interim work RVU:
    - 99441- .25 5-10 minutes
    - 99442 - .50 11-20 minutes
    - 99443 - .75 21-30 minutes
    - These are time driven codes - time must be documented
    - There are restrictions regarding when the patient was last seen or will be seen.

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E visits

- 99421- 99423 Online digital evaluation and management services for an established patient, for up to 7 days, cumulative time during the 7 days
  - 99421- 5-10 minutes
  - 99422 – 11-20 minutes
  - 99423 – 21 or more minutes

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Virtual Check in (CMS) – G2012

- May only be reported when the billing practice has an established relationship with the patient.
- Individual service should be agreed to by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient agreement.

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Virtual Check in (CMS)

- G2012 – Brief communication technology-based service 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 within the next 24 hours or soonest available appointment – 5-10 minutes – value is comparable to 99441
- G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (E.g., store and forward) including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service within the next 24 hours or soonest available appointment.

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Procedure codes approved for Telehealth

- CPT 94664 – MDI instruction – temporary approval during pandemic
- CPT 96160 – Administration of patient-focused health risk assessment instrument with scoring and documentation per standardized instrument
- CPT 96161 – Administration of caregiver focused health risk assessment instrument for the benefit of the patient, with scoring and documentation per standardized instrument.

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