Baptist Health Medical Group
BAPTIST HEALTH SOUTH FLORIDA

The Physician Edition

BHMG Physician Practice Coding Education Team

March/April, 2020

TELEMEDICINE

E&M Coding Questions?
Contact
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The current healthcare crisis has opened up the opportunity for patient care to be delivered through new communication platforms outside of traditional face-to-face services. Telemedicine is the umbrella that embraces multiple service and communication options. These services under telemedicine are divided into three categories and each of these support separate rules and requirements.

As of March, 2020, CMS has implemented numerous changes to telemedicine and provider coding and documentation. These current changes are continuously evolving as our nation is addressing the current health care crisis.

THREE TELEMEDICINE SERVICES- Communication and Guidelines*

TELEHEALTH **Audio and Visual** Communication	**VIRTUAL CHECK-INs** **Telephone** Communication	**E-VISITS ONLINE DIGITAL** **Patient Portal** Communication
Service treated as a face-to-face visit, but with both Audio/Video communication: • **Care-on-Demand-** ***Baptist Platform*** • **FaceTime** • **Facebook Messenger** • **Skype/ZOOM** • **Smart Phones** Provider utilizes Common CPT codes, including Office (New and Established), Chronic Condition Management, Advanced Care Planning, AWV Screenings, Prolonged Services codes **Provider Documentation** Follow 2021 CMS Guidelines temporarily during the health care crisis: • Code is based on Total Time or Medical Decision-Making (MDM) • Provider documents relevant History, Exam and full MDM.	**A brief (5-21+ minutes) medical discussion/check in with the practitioner via telephone communication to New or Established patients.** - Must not be related to previous E&M service 7 days ago or lead to new E&M within 24 hours Clinician provides decision for further office visit or other service. Patient verbal consent is required. **Time based codes**: - **G2012-** A brief (5-10 minutes) check in/discussion with the practitioner - **G2010-** A remote evaluation of recorded video and/or images.	**Online digital E&M services that are patient-initiated require a clinical decision that would be typically provided in the office.** For Established Patients only, report ONCE per 7 day period. Service includes evaluation, assessment and management via patient portal. Provider documents: • Review of records, • Interaction with clinical staff, • Management plan **Time based codes:** **Physician/APP Evaluations** 99421 (5-10 minutes) 99422 (11-20 minutes) 99423 (21 or more minutes)
	Physician/APP - Telephone Discussion 99441 (5-10 minutes) 99442 (11-20 minutes) 99443 (21-30 minutes) **Non-Physician- Telephone Discussion** 98966 (5-10 minutes) 98967 (11-20 minutes) 98968 (21-30 minutes)	**Non-Physician Practitioner Evaluations (RD, SW OT, PT, SP, and Clinical Psychologists)** G2061 (5-10 minutes) G2062 (11-20 minutes) G2063 (21 or more minutes)

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FAQs for Telemedicine

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1) What if we just have a phone? What if the patient refuses to use video or can't make it work?

A) For CMS, this does not qualify as telemedicine; use telephone codes 99441-99443

2) Does telemedicine office visits need to be patient initiated?

A) No, this requirement for patient initiation is for on-line digital E&M codes 99421-99423, and telephone codes 99441-99443 which are not considered **telehealth.**

3) What if the visual communication goes out in the middle of the visit?

A) There is no definitive guidance/citation about this thus far.

4) What if the patient uses an audio/visual platform, but cannot work the audio component, but the provider can still see them and uses the phone for the audio?

A) This would still be real time, interactive audio/visual using two platforms.

5) What is the reimbursement, is it the same as face-to-face services?

A) CMS originally was utilizing facility rates, which are lower. Now with the utilization of POS 11 (office), the reimbursement would be at a non-facility rate (higher rate). Each payer decision may vary.

6) How is it possible to bill an Annual Wellness Visit by telehealth? As to the vital signs (BP and BMI)?

A) As there is no clear direction, the healthcare industry is utilizing the assistance of the patient; if they have a BP cuff or a scale at home, they may report that data to the provider to document. The provider should document the circumstances of this data.

7) Is CMS allowing AWV and Subsequent AWVs to be performed via TELEPHONE during the coronavirus outbreak?

A) No, these services must be performed via real-time interactive audio/visual communication.

8) For Advanced Care Planning for Palliative Care, how can this service be billed when the patient is not conscious and the service is performed via phone calls?

A) Advanced Care Planning via telehealth requires real-time interactive audio/visual communication.

9) Can preventive medicine services be billed via telemedicine?

A) No, those codes require a physical exam and these codes are not currently authorized via CMS and AMA. This may change according to payer.

10) During this current healthcare emergency, can the telehealth codes and E&M codes be utilized by specialists like Ortho, Neuro, etc. to perform follow-up visits via FaceTime or is this only for primary care providers?

A) These rules are for all specialties; there is no restriction on them by specialty type.

11) Any telehealth coverage for Physical/Occupational therapy?

A) CMS has added some therapy services as temporary additions to the telehealth list.

12) What does the provider document for the exam key component?

A) CMS is allowing on an interim basis the 2021 Documentation Guidelines, which removes any requirement for history and/or physical exam for the Office/Outpatient codes (99201-99215). A clinician may use the MDM or time to select the code. Time is defined as "all of the time associated with the E/M on the day of the encounter".

13) Can you bill a G2012 (Virtual Check-in) with an E/M?

A) No, you cannot.

14) Can you bill a G2012 if the patient calls the office first to get instructions to log on the telehealth platform?

A) No, the G2012 is intended according to CMS for evaluative, non-face-to-face E/M services.

15) What are the requirements to bill a G2010 and a G2012? Does this service require an HPI, ROS, Exam and A/P?

A) No, these services do not warrant the key components.

** All information is in accordance to CMS Guidelines due to COVID-19 as of April 1, 2020. Any information may be subject to change.*