Virtual Visits

MAHEC Health Innovation Partners Team/Practice Support

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Session Plan

- Recap of definitions and terms
- Virtual visit algorithm
- Case Studies
  - What is presented to the patient during the initial phone conversation?
  - What type of virtual visit could be suggested?
  - What is the intake process for this patient prior to the visit?
  - What is the clinical approach during the visit?
  - What needs to be documented in the patient chart?
  - How is this visit billed?

Overview and Definitions

Telemedicine/Virtual Visits: refers to the exchange of medical information from one site to another through electronic communication to improve a patient's health. **<u>Not physically in the same room</u>**

Telehealth: A visit with a provider that uses telecommunication systems between a provider and a patient. The provider must use an interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient at home. **<u>Audio and Video</u>**

Virtual Check-in: A brief (5-10 minutes) check in with practitioner and patient via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient. **<u>Live video not required</u>**

E-Visit: A communication between a patient and their provider through an online patient portal.

Overview and Definitions

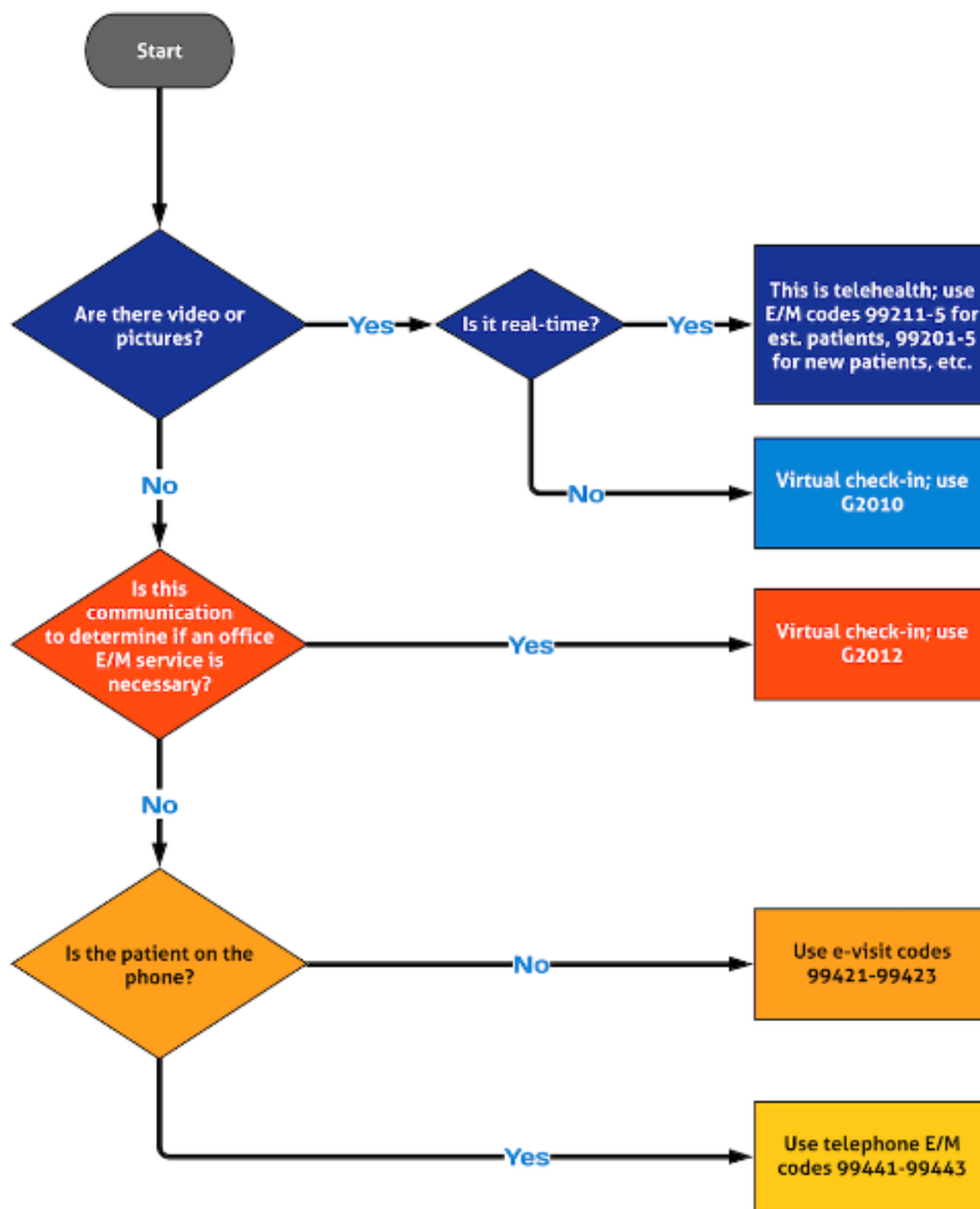**Telephonic:** A visit between a provider and the patient conducted via telephone. **<u>Audio</u>**

Distant Site: The location of the eligible healthcare provider

Originating Site: The location of the patient

Parity – Paying the same as an in-person visit

Billing Definitions for Telemedicine

- Place of Service – Two code descriptor of the actual Place a service is provided to a patient such as 11 for "Office" ie ambulatory care or 02 for Telehealth. They are structured from 1-99.

- Address Box 32 of the CMS 1500 – Under COVID19 continue to use the office address versus the personal home address of the provider. CMS has notified that future "Audits" will not be reviewing this item.

- Modifier - Modifiers are simple **two-character designators** that signal a change in how the code for the procedure or service should be applied for the claim. Used correctly, modifiers add accuracy and detail to the record of the encounter. For Examples: GT (via interactive audio and video telecommunications systems) and CR (Catastrophe/disaster related)

Start

Are there video or pictures?

Yes → Is it real-time? → Yes → This is telehealth; use E/M codes 99211-5 for est. patients, 99201-5 for new patients, etc.

No → Virtual check-in; use G2010

No → Is this communication to determine if an office E/M service is necessary?

Yes → Virtual check-in; use G2012

No → Is the patient on the phone?

No → Use e-visit codes 99421-99423

Yes → Use telephone E/M codes 99441-99443

Note: CPT codes for telephone services (99441-99443) are not currently covered by Medicare but may be covered by some private plans. You can find a list of Medicare covered services here: Https://www.cms.gov/Medicare/Medicare-General-Information/telehealth/telehealth-codes. For more information, CMS has put together a toolkit for primary care practices: https://www.cms.gov/files/document/general-telemedicine-toolkit.pdf

Developed by James Dom Dera, MD, FAAFP. Source: A virtual visit algorithm: how to differentiate and code telehealth visits, e-visits, and virtual check-ins. . FPM In Practice blog https://www.aafp.org/journals/fpm/blogs/inpractice/entry/telehealth_algorithm.html

CASE STUDIES

Mother of an 8 year old with ADHD calls the office to cancel a f/u visit

DISCUSSION – Mother of 8 yo calling to cancel a f/u visit

- What is presented to the patient during the initial phone conversation?
- What type of virtual visit could be suggested?
- What is the intake process for this patient prior to the visit?
- What is the clinical approach during the visit?
- What needs to be documented in the patient chart?
- How is this visit billed?

How to Bill - 8 yo with ADHD being seen from home with a parent

Telehealth Visit (Audio and Video)

- Bill 9921X for telepsychiatry visit (2-way video/audio) – documenting verbal consent for use of HIPAA/non-HIPAA technology

- Medicaid – Add GT (denotes Telehealth provision) + CR (Catastrophe Related), POS 02

- BCBSNC – 9921X no modifier, POS 02

Telephone Visit

- Bill 98966, 98967, 98968 (as relevant) for assessment/management by phone only

- Add CR modifier for both Medicaid and BCBSNC, POS 02

70 year old male is on next week's schedule for a Subsequent Annual Wellness Visit (AWV)

DISCUSSION – AWV Schedule for Next Week

- What is presented to the patient during the initial phone conversation?
- What type of virtual visit could be suggested?
- What is the intake process for this patient prior to the visit?
- What is the clinical approach during the visit?
- What needs to be documented in the patient chart?
- How is this visit billed?

How to Bill - AWV

Documentation Tips

- Requires documentation of BP, pulse, respiratory rate, height, and weight that should be documented during the benefit period (12 months = benefit period)

- Include appropriate diagnosis codes for chronic conditions

Telehealth Visit (Audio and Video)

- Medicare (Red/White/Blue) – G0439 and POS 02

- BCBSNC Medicare Advantage Plan – G0439 and POS 02

Telephone Visit

- Medicare (Red/White/Blue) – Not Allowed

- BCBSNC Medicare Advantage – G0439

29 year old sends clinician a portal request about advice for eczema

Message exchange with 29 yo Patient Portal Message

Monday am:

Mrs. Jones: Hi Dr. Smith, my eczema is flaring up again! I have been using the Eucerin and ?triamcinolone 0.025% and putting it on my arms twice per day. I am still having itching at night. I also have triamcinolone 0.1% at home. Should I use that? Any other advice?

Monday pm:

Dr. Smith: Hi Mrs Jones. Sorry to hear about your eczema. What I would do is use the stronger cream for about a week and see if that helps with your eczema. Remember to avoid long, hot showers/baths and put the Eucerin on right after bathing.

Tuesday am

Mrs. Jones: thanks Dr. Smith! Can you send the refill in for triamcinolone 0.1%. I go to Smith Drugs in Haw River.

DISCUSSION – Portal Exchange

- What is the clinical approach during the visit?
- What would cause the clinician to change this exchange to a virtual visit?
- What needs to be documented in the patient chart?
- What is billed?

How to Bill – Portal Exchange

- Medicaid Billed as 99421-CR, POS 02, Documented time spent: 8 min.

- UHC Billed as 99421, no modifier, POS 02, Documented time spent: 8 minutes

- Billing time is a cluster of time spent over a 7 day period

ECHO Series

- Friday, April 3: Case Studies and Payer Grid
- Monday, April 6: Telemedicine Platform Options
- Wednesday, April 8: TBD – Please provide input
- Friday, April 10: TBD – Please provide input

MAHEC PRACTICE SUPPORT

For any questions and assistance, we are here as your regional AHEC support team: Tammy Garrity, Terri Roberts, Julie Shelton, Michael Melrose, Mark Holmstrom.

Please call or email:

practice.support@mahec.net

828-407-2199

Request for Assistance:
https://app.smartsheet.com/b/form/3f83dc7cf081482aa5730243f7288079

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