

AMERICAN OPTOMETRIC ASSOCIATION Telehealth Based Care During the COVID 19 Public Health Emergency

# COVID-19 AND MEDICARE TELEHEALTH SERVICES

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## Outline

- Overview of Recent AOA and Legislative Action
- Review of CPT Codes for Evaluations - not in person
- Discussion of CMS coverage for types of remote visits
- Discussion of Medicare coverage for Telehealth
- Discussion of CMS Changes during COVID-19 Crisis

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## AOA Efforts Related to COVID-19 and Impacts on Optometry Practices

- AOA lobbying team is fully engaged in ongoing discussions with Congress to address this public health emergency
  - This includes discussions involving further support for doctors of optometry through potential direct federal payments for impacted practices and expanded low or no interest loans for affected small businesses.
  - AOA also remains focused on ensuring that expanded paid leave for employees now under consideration in Congress is fully funded by the federal government and protects workers while not placing further burdens on struggling small business optometry practices.
- AOA worked to ensure that doctors of optometry were fully recognized as qualified physicians under legislation signed into law on March 6 which increased funding for national response to the COVID 19 public health emergency

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## AOA Efforts Related to COVID-19 and Impacts on Optometry Practices

- Legislation allows for Department of Health and Human Services (DHHS) to temporarily waive certain Medicare restrictions and requirements regarding telehealth services during the coronavirus public health emergency

**Official specifics on implementation of new policies ISSUED March 17, 2020 and retroactive to March 6, 2020 were finalized by DHHS**

- **AOA's Health Policy Institute** continues to provide guidance to doctors of optometry on COVID-19

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## AOA Efforts Related to COVID-19 and Impacts on Optometry Practices

TODAY USING A **1135 waiver CMS relaxed rules**

- Medicare can pay for office, hospital, and other visits furnished via telehealth across the country and including in patient's places of residence starting March 6, 2020.
- HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

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## Types of Non-Face to Face Visit Codes

### Non-Face to Face Services

- Virtual Check In
- E-visits
- Telephone Services
- Telehealth Services

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## Medicare Virtual Check In Services

- Medicare pays “virtual check-ins” for patients to connect with doctor in lieu of office visit
- Established patients only
- Not related to medical visit in previous 7 days and does not lead to medical visit in next 24 hours
- Patient must verbally consent to services and verbal consent must be documented before service – At least annually
- Medicare coinsurance and deductible (\$198) apply to these services

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## Medicare Virtual Check In Services

- Can bill for these virtual check-in services furnished through several communication technology modalities,
  - **G2012** – telephone
  - **G2010** - captured video or image

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## Medicare Virtual Check In Services

### G2012

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

Typical reimbursement is approximately \$15

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## Medicare Virtual Check In Services

### 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 or procedure within the next 24 hours or soonest available appointment
- Typical reimbursement is approximately \$12

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## Medicare On-Line Digital Evaluations

- Medicare pays for patients to communicate with doctors without an office visit using on-line patient portals
- Must be patient-initiated
- Providers may educate beneficiaries on availability of services prior to patient initiation

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## Medicare On-Line Digital Evaluations

- Communication may occur over 7-day period
- Not related to medical visit in previous 7 days and does not lead to medical visit in next 24 hours
- Bill using 99421-99423
- Medicare coinsurance and deductible (\$198) apply (Note providers can waive during crisis only)

**Normally required to store communication and ensure HIPAA compliance for ALL Patient Communications but not enforced during emergency**

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## Medicare On-Line Digital Evaluations

**99421**  
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5–10 minutes  
(National Average reimbursement = \$15.52)

**99422**  
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11– 20 minutes  
(National Average reimbursement = \$31.04)

**99423**  
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes  
(National Average reimbursement = \$50.16)

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## Telephone Services


**Currently not covered by Medicare and many Medicaid Carriers  
Some private carriers MAY allow**

- Non-face-to-face evaluation and management (E/M) services provided using telephone
- Used to report episodes of patient care initiated by established patient or guardian of established patient


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<h2>Telephone Services</h2> <p>Currently not covered by Medicare and many Medicaid Carriers Some private carriers MAY allow</p> <p><b><u>Do not report IF:</u></b></p> <ol style="list-style-type: none"> <li>1. Call results in decision to see the patient within 24 hours or next available urgent visit appointment (considered part of preservice work for visit)</li> <li>2. Call refers to E/M service billed by provider within previous seven days whether requested by provider or not</li> <li>3. Call is within postoperative period of completed procedure (part of post operative service)</li> <li>4. Reported 99441-99443 by same provider for same problem in previous seven days</li> </ol>	
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<h2>Telephone Services</h2> <p>Currently not covered by Medicare &amp; many Medicaid Carriers Some private carriers MAY allow</p> <p><b>99441</b> 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; 5-10 minutes of medical discussion (National average reimbursement = \$14.44)</p> <p><b>99442</b> ;11-20 minutes of medical discussion (National average reimbursement = \$28.15)</p> <p><b>99443</b> ;21-30 minutes of medical discussion (National average reimbursement = \$41.14)</p> <p>(Do not report 99441-99443 when using 99339-99340, 99374-99380 for the same call[s]) (Do not report 99441-99443 for home and outpatient INR monitoring when reporting 93792, 93793) (Do not report 99441-99443 during the same month with 99487-99489) (Do not report 99441-99443 when performed during the service time of codes 99495 or 99496)</p>	
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## Telehealth Normal Rules And Changes Subsequent to Congressional Action

### What Changed

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## Medicare Telehealth Service Defined

Includes:

1. Office visits
2. Psychotherapy
3. Consultations
4. Certain other medical or health services

- Providers not at patient location
- Only with live, interactive 2-way telecommunications system (e.g. real-time audio and video).

March 2020 action allows for telehealth services to be provided by doctors of optometry using “everyday communications technologies” such as FaceTime or Skype

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## Medicare Telehealth Service Defined

**Originating site=location of patient**  
**Must be** in county outside Metropolitan Statistical Area (MSA) or rural Health Professional Shortage Area (HPSA) in rural census tract  
 (Medicare Telehealth Payment Eligibility Analyzer)

**Distant Site=location of provider**

**March 2020 action allows for telehealth services to be provided outside of previously designated areas by doctors of optometry**

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## Medicare Telehealth Service Defined

**BUT COVERED ONLY IF patient is one of following places:**

1. Doctor's office
2. Hospital
3. Critical access hospital (CAH)
4. Rural health clinic
5. Federally qualified health facility
6. Hospital-based dialysis facility
7. Skilled nursing facility
8. Community mental health center
9. Patient home if End-Stage Renal Disease (ESRD)-home dialysis
10. Mobile Stroke Units

**March 2020 action allows for telehealth services to be provided by doctors of optometry when the patient is in their home**

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## Medicare Telehealth Service Billing

99201	<b>NOTE:</b> 92002, 92012, 92004, 92014 ARE <u>NOT</u> INCLUDED
99202	
99203	
99204	
99205	Must file Medicare with –GT modifier CPT lists -95 modifier
99211	
99212	
99213	Place of Service (POS) 02-Telehealth
99214	
99215	Reimbursement = In Office Rates

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## Medicare Telehealth Service Billing

**Modifier -95:**  
Synchronous Telemedicine Service Rendered via a Real-Time Interactive Audio and Video Telecommunications System  
Must file Medicare with –GT modifier

Modifier GT: service was rendered via synchronous telecommunication

**CPT® Appendix P:**  
Lists codes available for synchronous telemedicine services

Place of Service (POS) 02-Telehealth

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## Private Insurer Telehealth Summary

**Many private insurers:**

- Apply same rules as CMS
- Require use of modifiers GT, GQ, Go or 95
- Use same CMS-designated Originating Sites for telehealth
- Recognize same POS 2
- Following any telehealth federal and state mandates
- Do not allow telephone services - 99441-99443
- May allow online digital evaluation and management services - 99421-99423
- May allow G2010 and G2012

**ALWAYS check with insurers directly to understand the rules**

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## Legislative Response COVID-19 Public Health Emergency

1. \$8.3 billion aid package to address COVID-19 health emergency
2. Includes:
  - a) Funding for lab tests
  - b) Vaccine research
  - c) Directive to expanded use of telehealth services throughout COVID-19 emergency
3. Package gives HHS power to suspend Telehealth Rules to keep Medicare patients at home

**March 17, 2020**  
**CMS relaxed Telehealth Rules under 1135 waiver for duration of COVID-19 Health Emergency retroactive to March 6, 2020**

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## Legislative Response COVID-19 Public Health Emergency

**AOA worked to:**

- Ensure doctors of optometry were recognized as physicians and included as qualified providers to be able to continue to provide care via telehealth during this public health emergency.

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## Legislative Response COVID-19 Public Health Emergency

**March 6 Legislation gives DHHS authority to remove the Telehealth Services use restrictions**

**March 17, 2020**

- **CMS relaxed Telehealth Rules under *1135 waiver* for duration of COVID-19 Health Emergency retroactive to March 6, 2020**

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## Questions and Resources

- Submit additional questions to:  
<https://www.aoa.org/ask-the-coding-experts>
- Look for updates on additional Medicare coverage and payment information for telehealth services in AOA publications
- Review Guidance from AOA on COVID-19  
<https://www.aoa.org/coronavirus>
- Monitor any additional guidance from your Medicare Administrative Contractor (MAC)

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# THANK YOU!!!! QUESTIONS????

Submit any additional questions to:

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