



WASHINGTON
ACADEMY OF
EYE PHYSICIANS
& SURGEONS

WAEPS has developed a step by step primer on how to set up a virtual office visit process for your office. Attached also is the billing guide developed by David Silbert, MD for the Pennsylvania Academy of Ophthalmology (PAO).

CMS defines Telehealth as a real-time, synchronous, 2-way, audio-visual communication between clinician and patient/family.

Typically, these communications must be held via a HIPAA-compliant platform. There are many of these platforms out there. [VSee \(vsee.com\)](https://vsee.com) costs \$49/month (pays for itself with 3 visits), has a free Messenger app that can be downloaded from the VSee website, and is pretty straight-forward to use.

Right now, the government has suspended the need for a HIPAA-compliant system for Telehealth.
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
<https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf>

This means that FaceTime, Skype, Google Hangouts, Zoom, Microsoft Teams, etc. can all be used for virtual visits. Zoom and Skype have a monthly cost, but the others are free.

First step: decide where you will be conducting these visits: home or office. This matters because if you are at the office and have a tech, the tech can take history, ensure the visual acuity is recorded, etc. If at home, you will need to do these things.

Second step in setting this up: create a visit template in your PM software. You could use 30-minute blocks, 20 minutes, etc. We would recommend at least 20 minutes, because this type of communication can have glitches and the “workup” isn’t as efficient (especially if you are doing this from home and have to take history and vision yourself).

Step 3: Define what types of visits are appropriate for Telehealth given your type of practice and the amount of information that can be gathered by virtual exam. Hint: you won’t have a slit lamp, Goldman, or indirect ophthalmoscope, so glaucoma follow ups and retinal disease won’t really be practical!

Examples might include:

For scheduling, here are the types of things we can evaluate virtually:

- Any patient with an eyelid problem like a chalazion, sty, eyelid swelling, etc.
- Blocked tear ducts
- Patients with conjunctivitis/pink eye
- Dry eye, epiphora
- Strabismus
- Amblyopia
- Ptosis
- More

All Virtual visits will be registered in your PM and EHR software by the front office as usual. You will chart in your EHR (or paper if you still use it). Be sure to document that the patient consented to a virtual visit using whatever software you are using to conduct the visit.

Step 4: At the time of the visit, the office or you should initiate contact with the patient via your chosen media. This requires you connect with the patient via cell phone # (FaceTime, Skype, etc.) or email address (most platforms) and requires the patient to have a smartphone or tablet capable of video. Be sure to document the site for both the patient (their home) and the clinician (home or office) in the medical record.

Step 5: Document the exam in your EHR as you normally would. If you are still on paper, document on your standard form for the office. Be sure to document start and end times for the encounter, and also record that the patient gave verbal consent for the encounter to proceed.

Step 6: Code the visit using standard E&M codes. Note: **Eye codes are not eligible for Telehealth billing!** Place of service is coded 02 (rather than 11 as it is for office visits), and the modifier -95 should be used, designating the service as Telehealth. Consult the attached additional notes:

- While telehealth E/M does not preclude performance of physical exam, an exam is not necessary to perform and code a telehealth E/M visit.
- For example, for an Established patient, one can apply History and Medical Decision-Making as the two key components for coding. Alternatively, one can code the Established Patient on Time.
- For New Patients and Consults (which require 3 key components), one would code the visit on Time and not key components if physical exam was not performed.
- When coding by Time, one is stating that counseling and/or coordination of care dominated the visit (representing > 50% of total face-to-face time). One would also expect that the medical record reflects the nature of the counseling.
- If coding by Time, the clinician must include a time statement in the medical record, such as: *I spent _____ minutes face-to-face with patient and/or family via real-time audio-visual telehealth dominated by counseling and coordination of care.*

Step 7: You are done! Be creative—patients can gather a lot of information for us regarding the exam. There are online color vision tests, stereo vision tests, worth 4-dot, and more. Some of these tests require red-blue glasses, which patients can purchase from [Amazon](#) for about \$10.

Office and staff considerations:

Procedure for staff:

1. The staff will need to collect a valid email for all the virtual visits (I think they do this already?).
2. Add the parent email as a contact in whatever software you are using to conduct the visit. Send an email to the parent with a link to download the app.
3. Put the patient on the office schedule.
4. Email the patient a letter like the one below.

Sample email:

Thank you for making a virtual appointment with [Insert practice or doctor name]. Please read the following carefully to prepare for your visit.

FIRST: We will send an invite to you via this email address to download the [app that you are using]. You will use this app to communicate with the doctor. Click the link in your email to download the app and follow the instructions to sign up. Be sure to use this email when you sign up.

SECOND: Test your vision following the instructions [here](#). You may alternatively use the “Smart Optometry” free app on the Apple Store or Google Play store. Test your vision with each eye separately, covering the opposite eye so that you have a vision for the right eye and the left eye separately. Write these numbers down as we’ll ask for them at your visit.

THIRD: Please have a flashlight or penlight available at the time of your virtual visit. Please conduct your visit in a room with overhead light if possible. We will likely want to have a close-in view of your eyes, so if possible, please use a smartphone or tablet for your virtual visit.

FOURTH: We will call you via the app at your appointment time. As with office visits, we will endeavor to run on time, but this is new to us as well, so please be patient and give us a few minutes in case of technical glitch. Please call the office if you don't hear from the doctor within 15 minutes of your appointed time.

Thank you for partnering with us to help you get the eye care you need during this unprecedented time! Please don't hesitate to ask questions.

Sincerely,

[Insert your practice name, address, phone here].



Pennsylvania Academy of Ophthalmology

How COVID-19 Impacts Your Practice

The Pennsylvania Academy of Ophthalmology is working diligently with the American Academy of Ophthalmology, the PA Department of Health, the PA Medical Society and federal agencies to identify the most ophthalmic specific information to help you and your practice navigate this pandemic. Patient safety and the safety of your staff are paramount as we assess the best methods of meeting patient needs. Please read all of the information provided as there is information on telehealth, staffing and possible recourse through unemployment compensation and a new forum where you can ask and discuss the many questions that we all have. We feel this information should help all Pennsylvania ophthalmologists so please feel free to share with any physician that may not be a member of PAO. Now is the time to work for the greater good and we will continue to update you as information becomes available.

Please bookmark the PAO website: paeyemds.org so you can view the most up-to-date information available from the PA Dept of Health, the AAO and the CDC

Fact Sheet: Coding for Phone Calls, Internet Consultations and Telehealth

Created By AAO March 12, 2020 and distributed March 16, 2020

This was adapted from an AAO/AAOE document. We were able to add additional codes. PAO will continue to update as more information becomes available.

UPDATE: <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

Clarifying notes have been placed in, which we hope will be helpful- David Silbert MD FAAP March 16, 2020

Note: Carriers update their policies frequently. Please check back often for new and additional information.

There are three options for telehealth and other communications-based technology services.

- **1. Telephone Calls**

Code	Value	Description
HCPCS code G2012	\$14.81 Medicare Part B. Coverage varies per commercial plan	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 Used for an established patient who calls and speaks to an ophthalmologist or optometrist. A decision might be made to prescribe warm compresses for a chalazion, counsel about blepharitis, refill a prescription etc. It can only be billed if it does not relate to a visit in the past 7 days and does not lead to a visit within 24 hours. Documentation requirements as below.

- • Documentation Requirements for HCPCS code G2012
 - Confirm patient identity (e.g., name, date of birth or other identifying information as needed, in particular if documenting independently from the patient’s electronic or paper record).
 - Confirm that the patient is an established patient to the practice
 - Detail what occurred during the communication (e.g., patient problem(s), details of the encounter as warranted) to establish medical necessity

- Document the total amount of time spent in communicating with the patient and only submit code G2012 if a minimum of five minutes of direct communication with the patient was achieved.
- Document that the nature of the call was not tied to a face-to-face office visit or procedure that occurred within the past seven days
- Document that a subsequent office visit for the patient's problems were not indicated within 24 hours or the next available appointment
- Include that the patient provided consent for the service

Verbal consent of the patient must be documented

Phone calls with MDs, DOs, ODs

Code	Value	Description
99441	Non-covered Medicare services. Coverage varies per commercial plan	Telephone evaluation and management service by a physician may report E/M 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
99442		11-20 minutes of medical discussion
99443		21-30 minutes of medical discussion

Please note that above codes are not covered by Medicare but may be covered by Private plans. Instead, use G2012 to report a telephone call with a physician or optometrist of 5-10 minutes

Phone calls with PAs or NPs

Code	Value	Description
98966	Non-covered Medicare services. Coverage varies per	Telephone assessment and management service provided by a qualified nonphysician, health care professional to an established patient, parent, or management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

	commercial plan	
98967		11-20 minutes of medical discussion
98968		21-30 minutes of medical discussion

- Initiated by established patients
- If the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appoint, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent assessment and management service, procedure and visit.
- Likewise, if the call refers to a service performed and reported within the previous seven days or within the postoperative period of the previous completed procedure, then the service is considered part of the previous service or procedure.

2. Internet Consultations

- • Initiated by established patients
- • Covers 7 days
- • Not to be used for
 - Scheduling appointments
 - Conveying test results
- • Must be through HIPAA compliant secure platforms such as
 - EHR portals
 - Secure email, etc.

Internet Consultations with Physicians

New codes in 2020

Code	Value	Description
99421	\$15.52	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min
99422	\$31.04	11-20 minutes
99423	\$50.16	21 or more minutes

Initiated by the patient. Internet based (secure email or portal) This is entirely based on time spent with patient which should be documented. Advise Documentation Requirements for HCPCS code G2012as in G2012 code.

Internet Consultations with Non- Physicians such as Physician Assistants and Nurse Practitioners

New codes in 2020

Codes	Value	Description
98970	\$0	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min
98971	\$0	11-20 minutes
98972	\$0	21 or more minutes

Not covered by Medicare but may be covered by private payers

3. Telemedicine Exams

- Telemedicine is defined by a real-time interaction between a physician or other qualified healthcare professional and a patient who is located at a distant site from the physician.
- The examination and communication of information exchange between the physician and the patient must be the same as when rendered face-to-face.
- Code level selection is based on same criteria for the base codes
- Telemedicine codes are identified by a star (*) in your CPT book
 - Office based
 - 99201 – 99205 E/M new patient
 - 99212 – 99215 E/M established patient
 - Does not apply to tech code 99211 or Eye visit codes
 - Office consultations
 - For insurances that still recognize this family of codes

- 99241 – 99245
- Subsequent Hospital Care
 - 99231 – 99233
- Inpatient Consultation
 - 99251 – 99255
- Subsequent Nursing Facility Care
 - 99307-99310
 - Append modifier -95 Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications systems.

Guidance from Independence Blue Cross: Professional providers performing telemedicine services must report the appropriate modifier (Modifier GT or 95) and place-of-service (POS) code 02 (Telehealth) to ensure payment of eligible telemedicine services.

Typically these codes are allowed only in counties outside a Metropolitan Statistical Area (MSA) or in a rural Health Professional Shortage Area (HPSA) in a rural census tract. **We have been told that CMS plans to waive these requirements during the COVID-19 Pandemic. This was just announced by President Trump, and notification is felt to be imminent.**

<https://data.hrsa.gov/tools/shortage-area/hpsa-find>

These visits require the same documentation as for in office E&M visits. These visits should document the same information as your EHR or paper templates that you are currently using. It is assumed technicians could be used remotely similarly to how they are utilized in the office, but there is no guidance on this.

Per CMS “You must use an interactive audio and video telecommunication system that permits real-time communication between you at the distant site and the beneficiary at the originating site” Transmitting information that is reviewed later is not allowed.

Source: <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

These codes for consultative service requested by another provider were not covered in the AAO document above:

Reimbursement for Inter-professional Internet Consultation

CPT Codes 99446-99449, 99451, and 99452

Assessment and Management codes conducted through telephone, internet, or electronic health record consultations furnished when a patient’s treating physician or other qualified healthcare professional requests the opinion and/or treatment advice of a consulting physician with specific specialty expertise to assist with the diagnosis and/or management of the patient’s problem

without the need for the patient's face-to-face contact with the consulting physician or qualified healthcare professional.

CPT 99446: Interprofessional telephone/Internet electronic health record assessment and management service provided by a consultative physician including a **verbal** and **written** report to the patient's treating/requesting physician or other qualified health care professional; **5-10 minutes** of medical consultative discussion and review

CPT 99447: Same as 99446, but **11-20 minutes** of medical consultative discussion and review

CPT 99448: Same as 99446, but **21-30 minutes** of medical consultative discussion and review

CPT 99449: Same as 99446, but **31 minutes or more** of medical consultative discussion and review

The codes above require a consultation from another qualified provider and both written and oral report

CPT 99451: Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, **5 or more minutes** of medical consultative time

CPT 99541 requires a consultation from another qualified provider but only a written report

CPT 99452: Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, **30 minutes** (Note this is for the consulting physician to bill)

Please note that verbal consent must be documented in the patient's chart for all of these codes

HCPCS Code G2010 Remote Evaluation of Images

HCPCS 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

This is ideally suited to ophthalmology after a patient submits an image to be reviewed. It cannot be billed if it is incident to a visit in the previous 7 days or leads to an appointment within 24 hours or soonest available appointment.

New: Coding for Telehealth



Telehealth Information at a Glance

Place of Service 02, Telehealth

Type of Service	What is the Service?	HCPCS or CPT Code	Patient Relationship with MD, DO, OD
Medicare Telemedicine Visits	A visit with a MD, DO, OD or PA, NP that uses telecommunication systems with a patient. Requires real-time audio and video.	99201-99215 + -95 modifier	For new or established patients.
Virtual Check-In	A brief (5-10 minutes) check in with physician via telephone or other telecommunications device to decide whether an office visit or other service is needed.	G2012	For established patients
E-Visits	A communication between a patient and their physician through an online patient portal or secure email	99421 99422 99423	For established patients
Internet consultations	Online digital E/M service, for an established patient, for up to 7 days	99441 99442 99443	<i>Currently not covered by Medicare</i>

- More details can be found at: [aao.org/coding](https://www.aao.org/coding)



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<https://www.aao.org/practice-management/news-detail/coding-phone-calls-internet-telehealth-consult>

Allowed platforms that are not HIPAA compliant include FaceTime, Facebook Messenger video chat, Google Hangouts video, and Skype.

Public facing platforms that allow others to view an exchange such Facebook Live, Twitch, and TikTok **are not allowed**.