

## **Electronic medical care: Types and billing criteria.**

### **MEDICARE TELEHEALTH VISITS:** (virtual office visit)

Currently, Medicare patients may use telecommunication technology for office, hospital visits and other services that generally occur in the medical office or clinic.

1. The provider must use an interactive audio and video telecommunications system that permits real-time communication (doxy.me for example)
2. The provider should have an established relationship with the patient.
3. The patient must verbally consent to receive the service and be notified of possible billing.

During the current emergency, these are considered equivalent to in person visits and pay at the same rate.

#### **Billing:**

99212, 99213, 99214: Same criteria as for office-based care.

### **VIRTUAL CHECK-INS:** (message from patient to call)

Medicare pays for these “virtual check-ins” (or Brief communication technology-based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor’s office.

The patient must have an established relationship with a physician.

The communication is not related to a medical visit within the previous 7 days.

The communication does not lead to a medical visit within the next 24 hours.

The patient must verbally consent to receive virtual check in services ( including possible billing )

This may include recorded video or images submitted for established patient.

This type of visit does not require real-time audio/visual communication:

HCPCS code G2012: Virtual check-in service. (Estimated time = 5-10 minutes)

HCPCS code G2010: Evaluation of recorded video or images submitted by the patient

### **E-VISITS:** (portal/assynchronous interaction)

Medicare patients may have non-face-to-face patient-initiated communications with their doctors without going to the doctor’s office by using online patient portals.

The patient must be established with the practice.

The patient must generate the inquiry and communication must occur over a 7 day time limit.

The patient must verbally consent to receive this service ( including possible billing )

Billing: Online evaluation and management conducted through patient portal.

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

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

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.

Z20,828 screen for covid 19

\*\* must verbal document consent – check box in imed

“Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.”

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

## Telemedicine Visit Checklist

Follow these tips to help your telemedicine visit go as smoothly as possible.

### Location

- Find a quiet and private space – close doors and windows to high-traffic areas. This may be your office, an exam room, or study.
- Remove clutter from the area where you will sit and have a blank wall behind you.
- Make sure the area is well-lit. Keep lighting overhead and/or in front of you, rather than behind you. Close blinds and drapes to prevent glares and shadows.

### Technology

- Ensure your device has enough charge (or is plugged in).
- Use a hard-wired internet connection. Although Wi-Fi is acceptable, you are less likely to lose connection if you are plugged directly into the internet with a wired ethernet cable.
- Adjust the angle of your camera so you fill as much of the screen as possible.
- Test and know how to use your equipment. Have the phone number for tech support close by – just in case.
- Avoid having unnecessary apps or programs open/running on your device – this may reduce the quality of your video.

### Audio

- Mute, turn off, or remove possible noisemakers such as your cell phone or overhead paging system.
- Eliminate echoes.
- Check for air noises like a fan, AC unit, or open window that may affect the microphone.
- Make sure the microphone is not blocked and the volume is on.
- Speak normally – slowly and clearly – in the direction of the camera.

### Visual

- Dress professionally and wear neutral-colored clothing without detailed patterns.
- Wear jewelry that is small and not distracting (or none).
- Avoid too much movement.
- Don't look at your picture on the screen.

### General

- Be on time.
- Have the patient's chart readily accessible.
- Review the patient's chief complaint and medical history before the visit.
- Greet the patient with a warm smile and encouraging greeting.

Confirm the patient has verbally consented to billing. Document this in the note.

Once the visit is over, explain next steps, e.g., to pick up prescribed medication or schedule a follow-up visit in # weeks.

Send an iMed message within the patient's chart with the follow up time to front office staff.

Precepting can be done in the same way as before or by telephone. Stop video feed and audio when discussing the case with the preceptor.

You cannot bill telemed visit and office visit the same day (or possibly within 24 hours)