



Telehealth 102

Pre-Visit Considerations

Coding

Billing



About This Manual

© Copyrighted 2021, The Sage Associates, Pismo Beach, California;

All rights reserved. All material contained in this manual is protected by copyright. Participants who receive this book as part of a workshop presented by The Sage Associates have permission to reproduce any forms contain herein, solely for their own uses within their medical practices. Any other reproduction or use of material in this book without the permission of the author is strictly prohibited.

The material in this manual was written by practice management consultants. Any advice or information contained in this manual should not be construed as legal advice. When a legal question arises, consult your attorney for appropriate advice.

The information presented in this manual is extracted from official government and industry publications. We make every attempt to assure that information is accurate; however, no warranty or guarantee is given that this information is error-free and we accept no responsibility or liability should an error occur.

CPT codes used in this manual are excerpts from the current edition of the CPT (Current Procedural Terminology) book, are not intended to be used to code from and are for instructional purposes only. It is strongly advised that all providers purchase and maintain up to date copies of CPT. CPT is copyrighted property of the American Medical Association.

Before the Visit; *For The Patient*

- Confirm the time and place - i.e., audio/video vs audio only
- Test their system
 - Follow instructions for downloading needed software - if needed
 - Check camera and make sure the device has working speakers and microphone or headset
 - Set the device's camera at eye level to make it easy for your doctor to see and talk with parent and patient
 - If using mobile device, such as a smartphone or tablet, find an area in the home with strong Wi-Fi or mobile data. Check there is enough battery power before starting the appointment
- Find quiet space in the **home** where you won't be interrupted
- Make sure to let the doctor know if there's another person in the room during the appointment besides patient and parent

Before the Visit; *For the Practice*

- Have Business Associate Agreement (BAA) with vendors to safeguard personal, protected health information (PHI)
- Obtain Consent for Telehealth Services and Treatment*
 - Get verbal consent and document if written not possible
 - Follow up with written consent
- Have patient signed on and ready when clinician is ready

*AAP has good Telehealth Acknowledgement Form

Your Challenges

1. No payer consistency in rules: 1) which codes; 2) place of service; 3) use of modifiers
2. Payer policies changing frequently with Covid-19 - *what will happen going forward?*
3. Confusion between office visits via telehealth, online digital E/M, telephone visits, and Communication Technology Based Services (CTBS).
4. Check with your malpractice carrier for their advice: a) malpractice coverage; b) risks specific to telemedicine; c) documentation; and/or d) informed consent needs for modifications for virtual service

Commercial Grid Example

Payor	Paying for Telehealth	Eff. Date	POS	Modifier	Cost Sharing	More Info
Medicare	Yes	3/6/2020	Usual POS	95	Provider may waive	https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet
Aetna	Yes	3/17/2020	02	95 or GT	No cost sharing if in-network	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_12
Cigna	Yes	4/1/2020	Usual POS	95 or GT	Cost sharing for some services	https://static.cigna.com/spa///chcp/assets/Cigna-COVID-19-Billing-Guidance-for-Providers-3-18-pdf
UHC	Yes	3/17/2020	02, but not req.	95 or GT	No cost sharing	https://www.uhcprovider.com/en/resource-library/news/////provider-telehealth-policies.html
WC - CA	Yes	4/15/2020	Usual POS	95	No	www.dir.ca.gov/dwc

This is just an example and good as of the date accessed (5/1/2020); please check back with each plan for updates.

New & Established Patient Visits

2021

CPT 99202 - 99215

Level may be selected on Medical Decision Making (MDM)

Or

Time

Risk	Presenting Problems (with examples)	Diagnostics	Examples of Management
Minimal	Self-Limited/Minor: Insect bite, cold (at most 1 problem)	Labs, XR, EKG, Echo, Ultrasound	Rest, bandage, gargles
Low	Acute, Uncomplicated: Simple sprain, cystitis ≥2 Self-Limited Problems	Imaging w/ contrast ABG	Minor surgery IV fluids, over the counter medication, PT/OT
Moderate	Acute with Systemic Symptoms: Pyelonephritis, pneumonia, colitis Acute, Complicated Injury: Head injury with loss of consciousness New Dx w/ Uncertain Prognosis: Breast mass Chronic w/ Exacerbation: COPD, CHF	Lumbar puncture Thora/paracentesis	Prescription drug Reduction/ splinting IV fluids w/ additives
High	Threat to Life or Bodily Function: MI, PE, suicidality, change in neuro status, severe respiratory distress, polytrauma, peritonitis, acute renal failure Chronic Illness w/ Severe Exacerbation	--	IV controlled substance Drug therapy requiring monitoring DNR decision



History and/or Examination

- No longer a key component for selecting a new or established patient visit (99202 - 99215)

- Nature and extent of history and/or physical exam is determined by clinician
 - Should be done
 - Should be medically appropriate

- Care team may collect information
 - Clinician must document reviewed, and agree/add info
 - Does not count toward determining time

Medical Decision Making

- ❑ Requires two of three elements (as before)
 - ❑ Number and complexity of problems addressed
 - ❑ Amount and/or complexity of data to be reviewed and analyzed
 - ❑ Risk of complications and/or morbidity or mortality of patient management

- ❑ There is a new MDM Table - *see separate handout*
 - ❑ ***Similar to, but not identical*** to the current CMS Risk Table

**Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)**

Revisions effective January 1, 2021:

Note: this content will not be included in the CPT 2020 code set release



Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited <i>(Must meet the requirements of at least 1 of the 2 categories)</i> Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) <i>(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)</i>	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate <i>(Must meet the requirements of at least 1 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive <i>(Must meet the requirements of at least 2 out of 3 categories)</i> Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment <i>Examples only:</i> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Medical Decision Making Table

MDM 2020

Number of Diagnoses or Management Options

Amount and/or Complexity of Data to be Reviewed

Risk of Complications and/or Morbidity or Mortality

MDM 2021

Number and **Complexity of Problems Addressed at Encounter**

Amount and/or Complexity of Data to be Reviewed **and Analyzed**

Risk of Complications and/or Morbidity or Mortality **of Patient Management**

Select Your Level of Service

		Choose MDM Based on 2 of 3 Elements		
Code	Level of MDM	1) Number and Complexity of Problems Addressed	2) Amount and/or Complexity of Data to be Reviewed and Analyzed	3) Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal	Minimal or none	Minimal
99203 99213	Low	Low	Limited	Low
99204 99214	Moderate	Moderate	Moderate	Moderate
99205 99215	High	High	Extensive	High

Number and Complexity of Problems Addressed at the Encounter

- **Straightforward**
 - Self-limited
- **Low**
 - Stable, uncomplicated, single problem
- **Moderate**
 - Multiple problems or significantly ill
- **High**
 - Very ill

Code	Level of MDM	Number and Complexity of Problems Addressed
99202 99212	Straight-forward	1 self-limited or minor problem
99203 99213	Low	2 or more self-limited or minor problems; OR 1 stable chronic illness; OR 1 acute uncomplicated illness or injury
99204 99214	Moderate	1 or more chronic illness with exacerbation, progression or side effects of treatment; OR 2 or more stable chronic illnesses; OR 1 undiagnosed new problem with uncertain outcome; OR 1 acute illness with systemic symptoms; OR 1 acute complicated injury
99205 99215	High	1 or more chronic illnesses with severe exacerbation, progression or side effects of treatment; OR 1 acute or chronic illness or injury that poses a threat to life or bodily function

Amount and/or Complexity of Data to be Reviewed & Analyzed

Data are divided into three categories:

- Tests, documents, orders, or independent historian(s) - each unique test, order, or document is **counted** to meet a threshold number
- Independent interpretation of tests are not reported separately
- Discussion of management or test interpretation with external physician/other QHP/appropriate source (not reported separately)

Elements of Medical Decision Making

Amount and/or Complexity of Data to be Reviewed and Analyzed

*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below

Limited

(Must meet the requirements of at least **1 of the 2 categories**)

Category 1: Tests and documents

Any combination of 2 from the following:

- Review of prior external note(s) from each unique source;
- Review of the result(s) of each unique test;
- Ordering of each unique test

Or

Category 2: Assessment requiring an independent historian(s)

Elements of Medical Decision Making

Amount and/or Complexity of Data to be Reviewed and Analyzed

*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below

Moderate

(Must meet the requirements of at least 1 out of 3 categories)

Category 1: Tests, documents, or independent historian(s)

Any combination of 3 from the following:

- Review of prior external note(s) from each unique source;
- Review of the result(s) of each unique test;
- Ordering of each unique test;
- Assessment requiring an independent historian(s)

Or

Category 2: Independent interpretation of tests

- Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);

Or

Category 3: Discussion of management or test interpretation

- Discussion of management or test interpretation with external physician QHP/appropriate source (not separately reported)

Elements of Medical Decision Making

Amount and/or Complexity of Data to be Reviewed and Analyzed
*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below

High

(Must meet the requirements of at least **2 out of 3 categories**)

Category 1: Tests, documents, or independent historian(s)

Any combination of 3 from the following:

- Review of prior external note(s) from each unique source;
- Review of the results of each unique test;
- Ordering of each unique test;
- Assessment requiring an independent historian(s)

Or

Category 2: Independent interpretation of tests

- Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported);

Or

Category 3: Discussion of management or test interpretation

- Discussion of management or test interpretation with external physician QHP/appropriate source (not separately reported)

Not separately reported

- *“The actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when reported separately. Physician performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code.”*
 - If billing for a rapid strep test done in your office, do not count that as part of MDM.



Not separately reported

- If the physician interpreted the test and is billing for the interpretation, do not include the test in determining the level of E/M service
- If the physician is reviewing an image but it's not billed for (separately reported) it's part of the decision making in selecting the level of service

Don't double count time or work when a service is separately reported



Independent

□ **Historian:** provides history because patient is unable or confirmatory history is required

□ *An individual (eg, parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (eg, due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian(s) is needed, the independent historian(s) requirement is met”.*

□ **Independent Interpretation:** *The interpretation of a test for which there is a CPT code, and an interpretation or report is customary. This does not apply when the physician or other QHP is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test.*

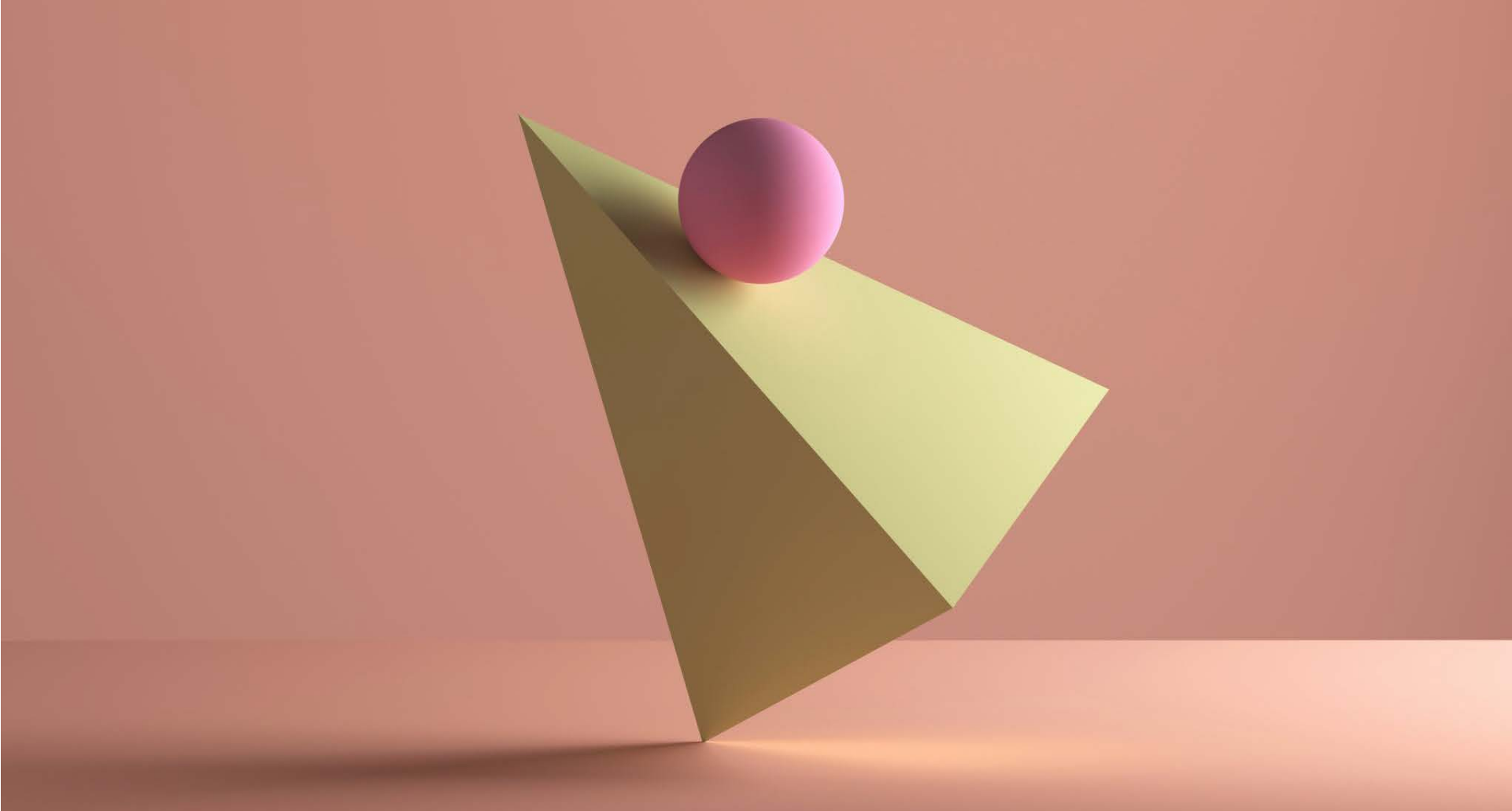
Risk

- There are four levels of Risk recognized (same as previous) - per the AMA/CPT panel these are common terms to the clinician and “do not require quantification for these definitions”.
- Straightforward
- Low
- Moderate
- High

Code	Level of MDM	Risk of Complications and/or Morbidity or Mortality of Patient Management
99202 99212	Minimal	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	<p>Moderate risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	<p>High risk of morbidity from additional diagnostic testing or treatment</p> <p><i>Examples only:</i></p> <ul style="list-style-type: none"> • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major procedure with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

Select Your Level of Service

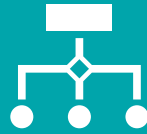
		Choose MDM Based on 2 of 3 Elements		
Code	Level of MDM	1) Number and Complexity of Problems Addressed	2) Amount and/or Complexity of Data to be Reviewed and Analyzed	3) Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal	Minimal or none	Minimal
99203 99213	Low	Low	Limited	Low
99204 99214	Moderate	Moderate	Moderate	Moderate
99205 99215	High	High	Extensive	High



TIME

Selecting a level of service based on time

Time for codes 99202 - 99215



Different categories of services use time differently. It is important to review the instructions for each category.



In 2021: may select 99202 - 99215 based on time spent on the patient encounter (counseling and/or coordination of care no longer have to dominate the visit)



Practitioner, **not** staff time

Time thresholds for 99202 - 99215

Code	Minutes
99202	15-29
99203	30-44
99204	45-59
99205	60-74
99211	
99212	10-19
99213	20-29
99214	30-39
99215	40-54

Activities that Count

- Preparing to see the patient (eg: review of test results)
- Obtaining and/or reviewing separately obtained history
- Performing a medically appropriate examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

Time

- The activities must all be done on the **calendar day of the encounter**



What do you document?

- Document total time spent (**on day of encounter**)

- Do not rely on EHR time and date stamp

- Remember - DO NOT include staff time

- Summarize activities done

"I spent 45 minutes caring for this patient today, reviewing labs, records from another facility, seeing the patient, documenting in the record and arranging for a sleep study."

Prolonged Care

- ❖ In 2021, may no longer use non-face-to-face prolonged care (99358, 99359) or non-face-to-face prolonged care (99354 – 99355) with 99202 – 99215
- ❖ CPT developed a new 15 minute code for use with only 99215 and 99205 when time based
 - ❖ 99417

Using the Prolonged Service Code

Use with 99205	Code
Less than 75 minutes	Not reported separately
75-89 minutes	99205 x 1 and 99417 x 1
90 - 104 minutes	99205 x 1 and 99417 x 2
105 minutes or more	99205 x 1 and 99417 x 3 or more for each additional 15 minutes
Use with 99215	Code
Less than 55 minutes	Not reported separately
55 - 69 minutes	99215 x 1 and 99417 x 1
70-84 minutes	99215 x 1 and 99417 x 2
85 minutes or more	99215 x 1 and 99417 x 3 or more for each additional 15 minutes

Billing Tips for Telehealth (may vary by payer)

Place of Service (POS) - use place of service that would have been reported had the service been furnished in person (11)

Modifier - use modifier 95 for commercial payers



Mary Jean Sage

The Sage Associates

791 Price Street, #135

Pismo Beach, CA 93449

Tel /Fax (805) 904-6311

www.thesageassociates.com

mjsage@thesageassociates.com