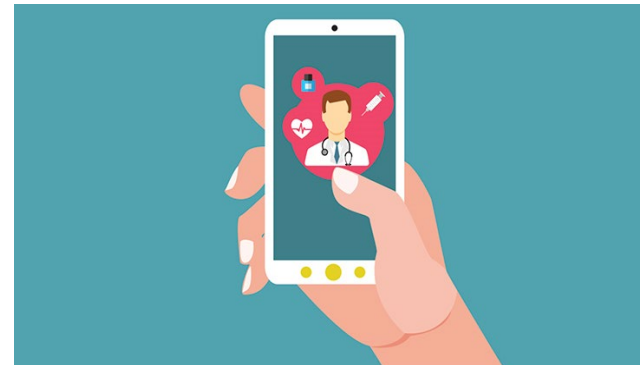


# Documentation and Coding Telemedicine Services COVID-19

- Telehealth vs. telemedicine
- Types of telehealth
- Telemedicine platforms for documentation and coding:
  - Virtual visits (MyChart Video Visits)
  - Telephone visits
  - Attestations

# Telehealth vs. Telemedicine

- Telehealth is defined as a collection of **technologic tools** that health care professionals can use to monitor, treat and inform patients and others.
- Telemedicine consists of **virtual E/M visits** with a health care professional who uses audio and video, in real-time, in place of a face-to-face visit.



# Types of Telehealth

- Synchronous
  - Live video conferencing with both audio and visual capabilities.
  - Done via a HIPPA-compliant platform.
    - OIG is allowing platforms such as Facetime and Skype during the COVID-19 emergency.
- Asynchronous
  - Patient information transmitted through electronic means to a provider, i.e. store and forward.
- Remote patient monitoring
  - Results transferred electronically to a provider who reviews, monitors and/or takes action on the results.
- Other types
  - Interprofessional consultations
  - Virtual Check In
  - Online Digital E/M (e-visit)



# Virtual Visits

## Approved Services

- E/M codes in many settings have been approved beginning with dates of service 3/6/2020, until further notice.
  - Ambulatory/Outpatient
    - 99201-99241 (excluding 99211)
  - Observation
    - 99217-99220, 99224-99226, 99234-99236
  - Inpatient
    - 99221-99223, 99231-99233, 99238-99239
  - Skilled Nursing
    - 99304-99306, 99307-99310, 99315-99316
  - Critical Care
    - 99291/92

# Virtual Visits

## Documentation and Coding

- Documentation and coding for a virtual visit isn't any different than if the patient is seen in person. However;
  - CMS provided additional guidance and a simplified E/M code selection.
  - LOS selection for virtual visits may be temporarily selected based on any of the three following methods (for both outpatient and inpatient services):
    - Elements of history, exam and medical decision making (traditional).
    - Medical decision making alone.
    - Total time spent on the date of service working the patient encounter.

# Virtual Visits

## Documentation and Coding – Based on Elements

- A few tips to consider when documenting and selecting the LOS:
  - H&Ps and consult visits still require 3 out of the 3 requirements to support the LOS billed: history, exam and medical decision making.
    - As far as the physical exam, keep in mind there are several body systems (when appropriate) that can be examined by simply observing the patient through the virtual platform.
  - Subsequent daily visits only require 2 of the 3 key components to support billing.
    - In most instances, you will not have a physical exam performed and documented. You will then select your LOS based on the history and assessment and plan.
  - Time-based billing is appropriate in a virtual environment.
    - Document and report your LOS based on time (still applying the 50 percent rule) for those encounters where appropriate.



# Virtual Visits

## Documentation & Coding – Based on Elements

- What about the physical exam?
  - Document any elements that you are able to inspect or assess though direct observation. Some examples are as follows:
    - General appearance
    - Vitals (have the patient take weight and temperature)
    - Eyes
    - Respiratory effort
    - Mood and behavior/thought process
    - Cranial nerves
    - Gait
    - Skin color/tone/lesions
    - Edema/nail beds
    - ENT (inspection of face, ears, nose, throat and neck)





# Virtual Visits

## Documentation and Coding – MDM only

- LOS selection based on MDM alone:
  - MDM reflects the intensity of the cognitive work that the provider puts into caring for the patient.
  - There are four levels of MDM:
    - Straightforward
    - Low
    - Moderate
    - High
  - The level of MDM is selected based on the following criteria:
    - The nature and number of clinical problems.
    - The amount and complexity of the data reviewed by the physician.
    - The risk of morbidity and mortality to the patient.

# Virtual Visits

## Documentation and Coding – MDM only

- LOS selection based on MDM alone:

<b>Number of diagnoses or management options</b>	<b>Amount and/or complexity of data to be reviewed</b>	<b>Risk of complications and/or morbidity or mortality</b>	<b>Level of Complexity of Medical Decision-Making</b>
Minimal	Minimal or None	Minimal	<b>STRAIGHTFORWARD</b>
Limited	Limited	Low	<b>LOW COMPLEXITY</b>
Multiple	Moderate	Moderate	<b>MODERATE COMPLEXITY</b>
Extensive	Extensive	High	<b>HIGH COMPLEXITY</b>

### Straightforward

- A 41-year-old female referred from an urgent care clinic for left arm pain.
  - She was playing tennis yesterday when she accidentally hit her left forearm with her own racquet.
  - You examine her arm and diagnose a simple contusion for which no further treatment is needed.
- Patient with a complaint sneezing and post-nasal drip.
  - The patient suffers from seasonal allergies.
  - You advise the patient to take over-the-counter allergy medication.

### Low Complexity

- Established office patient with osteoarthritis of the knees, which is no longer controlled with Tylenol.
  - You examine the patient and switch to OTC ibuprofen.
  - No labs are reviewed.
- Patient with controlled HTN and DM.
  - You examine the patient and continue current treatments as prescribed.
- Patient with a new complaint of sinus pain and pressure.
  - You examine the patient and determine they have a sinus infection.
  - A script is provided for an antibiotic.

### Moderate Complexity

- An established office patient with diabetes, hypertension and dyslipidemia all of which are optimally controlled.
  - You check routine labs and schedule return visit in four months.
  - No changes are made to any medications.
- Patient has well-controlled diabetes and sub-optimally controlled hypertension.
  - You increase lisinopril from 20 to 40 mg.
- Otherwise healthy, established patient complains of intermittent light-headedness.
  - You perform an ECG and review the tracing, which is normal.
  - You order a Holter monitor and schedule the patient for a follow-up visit in one week.

### High Complexity

- A 68-year-old male presents with chest pain with a good story for unstable angina.
  - The patient has a history of hypertension (which is not well controlled on presentation) as well as stable diabetes.
  - You personally review the EKG and CXR, order troponins and start the patient on a heparin drip.
  - You also order an echocardiogram.

# Virtual Visits

## Time-Based Billing

- Time may be used to select a code level in any setting, whether or not counseling and/or coordination of care dominates the service.
- When time is used to select the LOS, refer to the already typical times as defined by CPT.
- Time is defined as **ALL** of the time associated with the E/M on the date of the encounter.
- Total time **MUST** be documented in the encounter note for the date of service.



# Virtual Visits

## Time-Based Billing

- Time includes both face-to-face and non face-to-face time and can be the following:
  - Preparing to see the patient (e.g., review of tests).
  - 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 EHR or other health record.
  - Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver.
  - Care coordination (not separately reported).



# Virtual Visits

## Time-Based Billing

### New Patient Office Visit E/Ms

CPT	History	1995 Exam	MDM	Face to Face Time
99201	<u>HPI</u> : 1-3 Elements	1 Organ System	Straightforward	10 minutes
99202	<u>HPI</u> : 1-3 Elements <u>ROS</u> : 1 System	2-7 Organ Systems	Straightforward	20 minutes
99203	<u>HPI</u> : 4+ Elements <u>ROS</u> : 2-9 Systems <u>PFSH</u> : 1	2-7 Organ Systems *At least one system with 4+ elements examined	Low	30 minutes
99204	<u>HPI</u> : 4+ Elements <u>ROS</u> : 10+ Systems <u>PFSH</u> : 3	8 + Organ Systems	Moderate	45 minutes
99205	<u>HPI</u> : 4+ Elements <u>ROS</u> : 10+ Systems <u>PFSH</u> : 3	8+ Organ Systems	High	60 minutes

## Established Patient Office Visit E/Ms

CPT	History	1995 Exam	MDM	Face to Face Time
99211	Physician Presence Not Required	Physician Presence Not Required	Straightforward	5 minutes
99212	<u>HPI</u> : 1-3 Elements	1 Organ System	Straightforward	10 minutes
99213	<u>HPI</u> : 1-3 Elements <u>ROS</u> : 1 System	2-7 Organ Systems	Low	15 minutes
99214	<u>HPI</u> : 4+ Elements <u>ROS</u> : 2-9 Systems <u>PFSH</u> : 1	2-7 Organ Systems 2-7 Organ Systems *At least one system with 4+ elements examined	Moderate	25 Minutes
99215	<u>HPI</u> : 4+ Elements <u>ROS</u> : 10+ Systems <u>PFSH</u> : 2+	8+ Organ Systems	High	40 minutes

# Virtual Visits

## Time-Based Billing

### Initial IP H&P

CPT	History	1995 Exam	MDM	Face to Face Time or Floor Unit Time
99221	<u>HPI</u> : 4+ Elements <u>ROS</u> : 2-9 Systems <u>PFSH</u> : All 3	2-7 Organ Systems 2-7 Organ Systems *At least one system with 4+ elements examined	Straightforward/Low	30 minutes
99222	<u>HPI</u> : 4+ Elements <u>ROS</u> : 10 + Systems <u>PFSH</u> : All 3	8+ Organ Systems	Moderate	50 minutes
99223	<u>HPI</u> : 4+ Elements <u>ROS</u> : 10+ Systems <u>PFSH</u> : All 3	8+ Organ Systems	High	70 minutes

### Subsequent IP Rounding

CPT	History	1995 Exam	MDM	Face to Face Time or Floor Unit Time
99231	<u>HPI</u> : 1-3 Elements	1 Organ System	Straightforward	15 minutes
99232	<u>HPI</u> : 1-3 Elements <u>ROS</u> : 1 System	2-7 Organ systems	Moderate	25 minutes
99233	<u>HPI</u> : 4+ Elements <u>ROS</u> : 2-9 Systems <u>PFSH</u> : 1 of 3	2-7 Organ Systems 2-7 Organ Systems *At least one system with 4+ elements examined	High	35 minutes

# Virtual Visits

## Time-Based Billing

## Consultations

CPT	History	1995 Exam	MDM	Face to Face Time
99241 (OP) 99251 (IP)	<u>HPI</u> : 1-3 Elements	1 Organ System	Straightforward	15 minutes 20 minutes
99242 (OP) 99252 (IP)	<u>HPI</u> : 1-3 Elements <u>ROS</u> : 1 System	2-7 Organ Systems	Straightforward	30 minutes 40 minutes
99243 (OP) 99253 (IP)	<u>HPI</u> : 4+ Elements <u>ROS</u> : 2-9 Systems <u>PFSH</u> : 1	2-7 Organ Systems 2-7 Organ Systems *At least one system with 4+ elements examined	Low	40 minutes 55 minutes
99244 (OP) 99254 (IP)	<u>HPI</u> : 4+ Elements <u>ROS</u> : 10+ Systems <u>PFSH</u> : 3	8 + Organ Systems	Moderate	60 minutes 80 minutes
99245 (OP) 99255 (IP)	<u>HPI</u> : 4+ Elements <u>ROS</u> : 10+ Systems <u>PFSH</u> : 3	8+ Organ Systems	High	80 minutes 110 minutes

# Virtual Visits

## Submitting Inpatient Charges

- In the Ambulatory setting, you will enter your LOS as you would if the patient was seen in the office.
- In the observation and inpatient setting, you will receive the billing pop up at the time you sign the note. There is an additional step that you must take when selecting the charge. You must enter modifier 95.
  - Note: You can create a favorites list for IP charges to make this task faster after the first patient.

### Charges to be Accepted Upon Closing the Activity

Accept Charges

Description	Code	Dx	Service Date	Service Prov	Modifiers	Qty	S
☆ Subsequent hospital care, level III	99233 CPT®		7/18/2018	Gerrick-Sur Hippolyta, MD	57	1	N

Add To Preference List

Charge: Subsequent hospital care, level III [99233]

Display name: 99233 with modifier 57 Section: My Favorites New

Note

Blank values will remain blank when this order is selected from your preference list.

Modifiers: 57

Quantity: 1 (The maximum orderable quantity for this procedure is 100)

Accept Cancel

# Telephone Encounters

## Documentation and Coding

- Telephone E/M codes are defined by CPT and the AMA as time-based codes.
  - This means that the typical documentation of history, exam and medical decision making are not the main components to use when selecting the telephone level of service.
- Documentation for telephone encounters must include, at a minimum, the following elements:
  - Reason for call, aka. chief complaint (cc).
  - Brief problem, focused history of the cc.
  - Assessment and plan and/or medical guidance provided to the patient.
  - Total time spent on the call with the patient.

# Telephone Encounters

## Documentation and Coding

- CPT Codes to be Reported
  - 99441
    - 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 seven 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.





# Attestations

## Virtual Care and Beyond

- Key requirements for attestations include:
  - Method/platform utilized.
  - Patient initiated/consent.
- Attestations available:
  - COVIDATTESTTELEPHONE
    - This encounter was conducted via a patient-initiated telephone encounter in lieu of an in-person visit due to current health emergency.
  - COVIDATTESTVIRTUAL
    - This encounter was conducted via a patient-initiated virtual visit in lieu of an in-person visit due to the current health emergency.

- Unsuccessful virtual visit:
  - If converting to a telephone visit, bill the telephone codes.
- Modifier application:
  - Payers have different rules on modifier reporting. Rules have been applied in Epic to append the correct modifier based on the individual payer policies.
- Commercial preventive medicine:
  - At this time, it is unclear if the commercial payers will reimburse preventive medicine as a virtual visit.
  - These visits should be deferred for the time being.
  - If this changes, the coding team will be in contact with operations teams.

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