

## Virtual Check In

Virtual Check in services are used for established patients only. These services can be used for patients to check in with providers without an in office visit. The service cannot be 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. And all Medicare coinsurance and deductible apply to these services. Optometry can use these services for Medicare patients but not Medicaid patients.

**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

**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

## On-Line Digital Services

Medicare will pay for patients to communicate with doctors without an office visit using online patient portals. These communications must be patient-initiated but providers can educate beneficiaries on availability of services prior to patient initiation. These communication may occur over 7-day period. Medicare coinsurance and deductibles do apply to these services as well.

**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

## Telephone Services

These are non-face-to-face evaluation and management (E/M) services provided using telephone which are patient or patient guardian initiated services and are used for established patients only. You may not report telephone services if the call results in decision to see the patient within 24 hours or next available urgent visit appointment or if the call refers to E/M service billed by provider within previous seven days (whether provider requested or not) or if the call is within postoperative period of completed procedure it is considered part of post-operative service. As well, the telephone services can only be reported by the same provider for same problem in one time within seven days.

**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 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:** 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; 11-20 minutes of medical discussion

**99443:** 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; 21-30 minutes of medical discussion

## Telehealth Services

These services can be used for office visits, psychotherapy, consultations, and certain other medical or health services but providers not at patient location. These services can only occur with live, interactive 2-way telecommunications system (e.g. real-time audio and video). However, where the patient is at the time of services is key to whether a provider can bill for them. Currently the originating site (location of patient) **must be** in county outside Metropolitan

Statistical Area (MSA) or in a rural Health Professional Shortage Area (HPSA) in rural census tract. And the patient MUST be in one of the following locations:

1. Doctor's office
2. Hospital
3. Critical access hospital
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) getting home dialysis
10. Patient home if substance use disorder or a co-occurring mental health disorder
11. Mobile stroke units
12. Any locations for acute stroke symptoms

Telehealth services include the 99000 code series but DO NOT include the 92000 code services. These services are typically reported with the -95 modifier and a place of services of 02. The reimbursement is the same as in office reimbursement for the same services.

**While it is very possible that CMS will decide to change the rules for telehealth services, at this time, CMS has NOT changed any rules or guidance for Telehealth even though March 6 Federal legislation allows for such rule changes.**