

Emergency Spending Law Includes Continuity of Care Provision for ODs and other Physicians

Last week Congress passed and the President signed into law emergency spending legislation to support federal and state efforts to address the COVID-19 public health emergency.

Bolstered by AOA advocacy, the package includes a key provision recognizing doctors of optometry as physicians and providing them with a greater potential for caring remotely for patients in the coming weeks should they be unable or unwilling to show-up for care in-person.

Overall, the spending package allows for expanded use of telehealth services under Medicare during the public health emergency related to the novel coronavirus. Typically, Medicare restricts telehealth services, allowing only for reimbursement of telehealth services when provided in locations outside of metropolitan statistical areas and in Health Professional Shortage areas.

During the bill negotiations last week, AOA worked to ensure that doctors of optometry were recognized as physicians and included as qualified providers under the bill. AOA also fought hard for and won needed patient safeguards from unscrupulous actors looking to take advantage of seniors by ensuring that these telehealth efforts could only be billed for established patients.

As doctors work with their local public health departments and prepare for possible quarantines and other preventive measures, when necessary, more AOA member doctors will likely be able to care for patients via telehealth platforms and bill for those services.

Following AOA advocacy, Medicare right now pays for “virtual check-ins” for patients to connect with their doctors without going to the doctor’s office. These brief, virtual check-in services are for patients with an established relationship with a physician and is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to using virtual check-ins and the consent must be documented in the medical record prior to the patient using the service. The Medicare coinsurance and deductible would apply to these services.

Doctors of optometry can bill for these virtual check-in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012) or captured video or image (HCPCS code G2010).

Medicare is also paying for patients to communicate with their doctors without going to the doctor’s office using online patient portals. The individual communications, like the virtual check ins, must be initiated by the patient; however, practitioners may educate beneficiaries on the availability of this kind of service prior to patient initiation. The communications can occur over a 7-day period. The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G206, as applicable. The Medicare coinsurance and deductible would apply to these services.

AOA members can learn more about this new advocacy win and about billing for telehealth services during the COVID-19 outbreak during an AOA webinar on Tuesday, March 17 at 9 p.m. [Click here to register.](#)