

TELEMEDICINE

How to utilize Telemedicine during the current pandemic, as issued by the WHO, due to Covid-19 to provide the best service to your patients.

During the COVID-19 pandemic, there are four non-face-to-face service types podiatrists can provide to most patients as recommended by the CDC.

INFORMATION IS UP TO DATE AS OF APRIL 02, 2020 |



WHAT IS TELEHEALTH?

A safe alternative to provide patient care while ensuring safety of the patient and staff through telecommunication devices.

TELEHEALTH OPTIONS

Telemedicine
Virtual Check-In
Telephone
Online digital E/M

TELEMEDICINE

CMS Changes for Telemedicine

Effective beginning March 01, 2020 for the duration of the COVID-19 Public Health Emergency, CMS will:

Waive geographic restrictions, meaning patients can receive telehealth services in non-rural areas.

Waive originating site restrictions, meaning patients can receive telehealth services in the convenience of their home.

Allow use of telephones to qualify as a Telemedicine visit.

Addition of CPT/HCPC codes to ensure physicians are able to provide services to the patients.

Allow reimbursement for any telehealth covered code, even if unrelated to COVID-19 diagnosis, screening, or treatment.

For all services described in this article the HHS will exercise enforcement discretion at waive penalties of HIPAA violations against health-care providers that service patients in good faith through everyday communication technologies such as FaceTime, Skype, Zoom, Google Hangouts.

VIRTUAL CHECK-INS

An established Medicare patient in their home may have a brief communication service with practitioners via several communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image.

Medicare pays for these “virtual check-ins” for patients to communicate with their doctors and avoid unnecessary trips to the doctor’s office.

These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain practitioners where the communication 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 practitioner may respond to the patient’s concern by telephone, audio/video, secure text messaging, email, or use of a patient portal.

ONLINE DIGITAL E/M SERVICE

This interaction is an E/M service and documentation must support an E/M. There must be history, as much as an evaluation as possible, and some form of medical management.

Must be initiated by patient via a digital platform.

This service **can not** be reported if service is initiated within 7 days of an E/M for the same problem, or if on the same day as an in person E/M service.

Time spent is cumulative time over seven days starting with review of the request. This can only be reported once per 7 days.



TELEHEALTH VISITS

The provider must use an interactive audio and/or video telecommunications system that permits real-time communication between the distant site and the patient at home.

These services can be provided without video communications as of April 01, 2020.

These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.

The Medicare coinsurance and deductible would generally apply to these services. However, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs.

TELEPHONE VISITS

This interaction is an E/M service and documentation must support an E/M. This must include history, as much of an eval as possible, and a form of medical management.

This treatment must be initiated by a patient or guardian.

This can not be reported if call results in a decision to see the patient within 24 hours or next available urgent appointment.

No E/M telephone visit charge can be rendered if this is pertaining to services performed by the same provider within the past 7 days.

Services for Telemedicine Visits

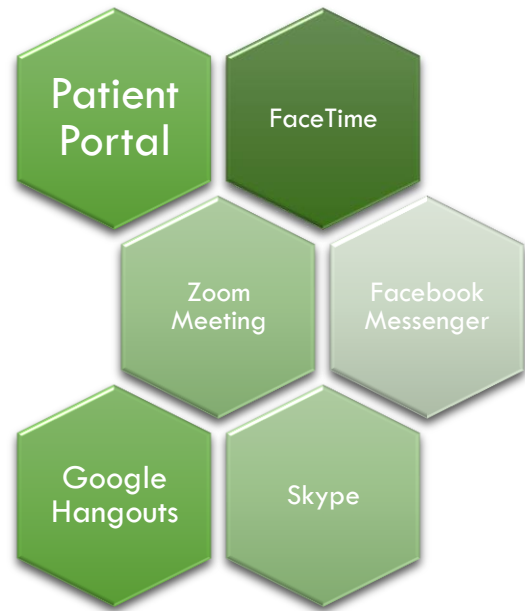
Medicare has approved various forms of telecommunication software and devices to allow ease of complications to both the providers and the patients. Providers are required to work in good faith to continue to provide security and privacy for the patient.

Through communication of these devices the physician will be required to maintain documentation of the visit as if this was a face-to-face encounter.

When using CPT codes 99202-99215 for telehealth, the level may be selected based on Medical Decision Making alone or total time alone. Post-operative global periods apply for these services.

Telehealth services can be offered to **new and existing patients**, during the current state of emergency.

Medicare has approved as of April 1st, 2020 telemedicine visits for initial hospital evaluations, subsequent hospital evaluations, initial nursing facility, and subsequent nursing facility.



Visits to be scheduled as Telemedicine

- ✓ Follow up inflammatory condition (metatarsalgia, plantar fasciitis, posterior tibial tenosynovitis).
- ✓ Follow up after anti-inflammatory injections.
- ✓ Orthotics one month follow up for questions, concerns, comfort/fit.
- ✓ Follow up of physical therapy treatment and progression of treatment.
- ✓ Diabetic check-in. Questions, shoes being worn, reiterating to avoid barefooted ambulation, glucose control, balance control/gait stability.
- ✓ Post-operative (4-6 week) visit, for transition to shoe gear.
- ✓ Follow up post nail procedure.
- ✓ Review of lab results, imaging results, 6 month follow up for Lamisil/fungal nail treatment.

Telemedicine

Telehealth
visit

Virtual
Check-in

Telephone
E/M Visit

Online
Digital
E/M
service



CPT Codes to be used.

TELEHEALTH

MEDICARE PART B AND MEDICARE ADVANTAGE PATIENTS

99201-99215

Use the Place of Service that would have been used had the service been rendered in person. Example:

POS 11 for CPT 99213 and POS 32 for CPT 99307

APPLY MODIFIER 95 TO CLAIM

TELEPHONE E/M VISIT

99441-5-10 MINUTES OF MEDICAL DISCUSSION

99442- 11-20 MINUTES OF MEDICAL DISCUSSION

99443- 21-30 MINUTES OF MEDICAL DISCUSSION

NON-COVERED AT THIS TIME WITH MEDICARE

VIRTUAL CHECK-IN

G2012 (Medicare Part B or Medicare Advantage plans) **5-10 minutes of medical discussion**

ONLINE DIGITAL E/M SERVICE

99421: 5-10 MINUTES

99422: 11-20 MINUTES

99423: 21 OR MORE MINUTES

WA Health Care Authority offers no-cost zoom to providers.

www.cms.gov continual updates and newsletters of the most up to date changes.

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

www.ama-assn.org for the most up to date insurance coverage information.

www.apma.org offers daily updates, webinars, and a community of fellow podiatrists.

Additional codes added as of April 01, 2020

INITIAL HOSPITAL E/M CODES

99221-99223 MAY BE PERFORMED THROUGH TELEMEDICINE OPTIONS

SUBSEQUENT HOSPITAL E/M CODES

99231-99233 MAY BE PERFORMED THROUGH TELEMEDICINE OPTIONS

INITIAL NURSING FACILITY

99304-99306 MAY BE PERFORMED THROUGH TELEMEDICINE OPTIONS

SUBSEQUENT NURSING FACILITY

99307-99310 MAY BE PERFORMED THROUGH TELEMEDICINE OPTIONS



Insurance

Extended telehealth insurance coverage has been issued by the following insurance companies.

- ✓ **Washington State Medicaid (Apple Health)**
 - **Molina, United Health Care, Amerigroup, Community Health Plan of WA, Coodinated Care**
- ✓ **Blue Cross/Blue Shield**
- ✓ **Premera**
- ✓ **Aetna**
- ✓ **Medicare Part B/Medicare Advantage plans**
- ✓ **VA/TriWest/Tricare for life/Champ VA**
- ✓ **Cigna**
- ✓ **United Healthcare**
- ✓ **Humana**
- ✓ **Regence**
- ✓ **Department of Labor & Industries**
- ✓ **First Choice Health**
- ✓ **Lifewise**
- ✓ **Physicians of SW Washington (PSW)**
- ✓ **Teamsters**



Some private insurers have issued guidelines that vary from what is listed above. Always check with payer and state licensure guidelines before providing any service.

Follow up with your insurance contracts to ensure payment of mentioned services.

During the current state of emergency insurance updates and changes are being initiated rapidly. To ensure proper information it is vital to have an individual assigned to monitoring the various resources for changes that need implemented in your practice.

