



# Telemedicine Options

The COVID-19 pandemic underscores the role of remote patient management.

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**D**uring the COVID-19 Public Health Emergency, there were multiple options for providing telemedicine to our patients.

Some of these options were only available for the duration of the Public Health Emergency. Some are available at all times. These services can be a nice addition to your practice and a welcome convenience for your patients. This article covers two telemedicine options available at all times.

## Compliance

During the COVID-19 Public Health Emergency, enforcement discretion and penalty waivers were issued for Health Insurance Portability and Accountability Act (HIPAA) violations while providing these services. However, under normal circumstances, it is important to follow HIPAA guidelines when providing these services. Any questions regarding HIPAA guidelines when performing these services should be directed to your risk management carrier. Furthermore, obtaining informed consent specifically for these services is recommended.

## Telephone Evaluation and Management Services

This involves communicating with a patient over the telephone. Keep in mind this is an evaluation and management (E/M) service and appropriate documentation is required. A progress note should be created just like for any other evaluation and management service. Because the CPT\*

coding is determined by the amount of time devoted to medical discussion, be sure to document how much time was devoted to medical discussion in the progress note.

Other Telephone E/M points to consider:

- We can only use this with an established patient.
- This encounter must be initiated by an established patient or their guardian.

care plan oversight services, home/outpatient in monitoring, complex care management services, or Transitional Care Management Services.

## CPT coding for Telephone E/M:

CPT 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,

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- We cannot bill for this if the call results in a decision to see patient “within 24 hours or at the next available urgent appointment.”

- We cannot bill for this if the call refers to an E/M service performed by the same provider within the previous 7 days.

- We cannot bill for this if the call refers to a problem for which the patient is in a post-operative global period.

- We cannot bill for this if the provider performed a Telephone E/M or Online Digital E/M for the same patient for the same problem in the last seven days.

- We cannot bill for this if the call is part of home care oversight services,

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

CPT 99442—; 11-20 minutes of medical discussion

CPT 99443—; 21-30 minutes of medical discussion

## Online Digital Evaluation and Management

This involves communicating with a patient using an online digital platform. Examples include HIPAA-com-

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pliant EHR, HIPAA-compliant email, HIPAA-compliant text messaging, or any other other HIPAA-compliant two-way digital communication tool. As described with Telephone E/M services, this is an E/M service and appropriate documentation is required. Because coding is determined by time, it is important to include the time devoted to the service in the documentation. Other compliance considerations for this service include:

- We can only use this for an established patient.
- Service must be initiated by an established patient via a digital platform.
- We cannot bill for this if the service refers to a problem for which a patient is in a post-operative global period.
- We cannot bill for this if the service is initiated within 7 days of any E/M for the same problem.
- We cannot bill for this if the service is performed on the same day as a face-to-face E/M service.
- We cannot bill for this if the service is part of Home Care Oversight Services, Care Plan Oversight Services, Home/Outpatient INR Monitoring, Complex Care Management Services, or Transitional Care Management Services.
- Time spent when determining the code is cumulative time over 7 days starting with the provider's review of the request.

- We can only report this service once per 7 day period.
- Time spent when determining the code includes review of inquiry, review of patient records, interaction with other staff, development of management plan, prescribing, ordering studies/tests, and communication with the patient.
- If multiple providers in the same practice perform this service for the same patient over the same 7 day period, that time is added together to determine the CPT code.
- If within seven days of the initiation of an online digital E/M service, a separately reported E/M visit occurs, then the online digital E/M is not reported and, instead, provider work that was devoted to the online digital E/M service is incorporated into the separately reported E/M visit.

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### CPT coding for Online Digital E/M Services:

CPT 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

CPT 99422; 11-20 minutes

CPT 99423; 21 or more minutes

### Conclusion

While telemedicine has proved to be an invaluable tool during the COVID-19 Public Health Emergency, certain telemedicine services can be provided year-round. The two services detailed here are options for our practices. When providing these services, be sure to follow the compliance and coding guidelines listed above. As with any other service, only providers that are licensed, privileged, and insured to perform these services should be performing them. Licensing questions may be directed to your state licensing Board, privileging questions should be directed to the privileging body, and insurance questions should be directed to your risk management carrier. **PM**

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