

## TeleHealth – Part II

March 2019

Last month we discussed the emerging technology of telehealth and introduced its potential role in optometry. Since last month's article was printed, I have had several conversations with colleagues about what telehealth is, what it can be used for, and discussions over the logistics. Not surprisingly, those conversations were mostly focused around not knowing how to integrate the technology. To my surprise, everyone is open to telehealth; they just are not clear how to get started. There are several technology platforms available to doctors. Most of them are geared toward general medicine, while a couple are eye care specific. Exploring the "inter-webs" will reveal several options. I encourage everyone to start becoming familiar with the available options.

Last month we introduced the new codes from Medicare that are to be used for telehealth visits, G2010 & G2012. Many private payers simply code telehealth visits with the normal E&M codes we use every day (99201-99215). The same rules apply as a normal in-person exam and the coding would be based on the history, exam, and medical decision making. Both the history and MDM via a telehealth visit can certainly be as extensive as ones done in-person. While the physical exam would clearly be more limited in these situations. Of the graded elements, you could assess:

1. Visual Acuity - depending on the platform's capabilities
2. Gross Visual Fields – This could be achieved by directing the patient to wiggle their fingers in the four quadrants...we aren't looking for glaucoma here.
3. Ocular Motility – video of eye movement
4. Ocular Adnexa – high resolution photos and video can provide excellent external images
5. Orientation to time, place, and person
6. Mood and Affect

The exam elements not achievable would be:

1. Pupil and irises - They require pupil response testing (maybe it could be done...but pretty tough).
2. Corneas, Anterior Chamber, Lens – All are required to be done with a slit lamp.
3. Ophthalmoscopic Disc and Posterior Pole through pharmacologically dilated pupil
4. IOPs – Tactile pressures are not going to hold up.

If the above list is correct, the physical exam could achieve a maximum of six gradable elements earning it an Expanded Problem Focused exam. Because a new patient is graded on all three elements, the max a new patient visit could earn is a 99202. However, an established patient with an expanded problem focused exam could earn 99213. And don't forget, established patients are graded on the highest two elements. This means if the history were detailed and the MDM earned Moderate Complexity, the visit could earn 99214. For a non-urgent telehealth type visit, it may be more difficult to earn that level of MDM, but it is possible.

When using E&M office visit codes, many payers require the use of a modifier attached to the CPT code.

- **GT**: via interactive audio and video telecommunication system
- **GQ**: asynchronous telecommunication system
- **95**: synchronous telemedicine service rendered via a real-time interactive audio and video telecommunication system

The one consistency is the use of **Place of Service 02** on the claim. Some payers are now simply requiring just the POS to be indicated. The only way to know what each payer requires is to call them and inquire about telehealth and whether or not they reimburse for those services. If they do, you will need to specifically ask which codes they allow and if there are restrictions based on provider type. Five of the country's largest payers - Aetna, BCBS, Humana, Signa, and United Healthcare - all cover telehealth services. However, coverage can be contract and plan specific. Asking about a specific plan for which you provide services is an important follow-up question.

An alternative code some payers may require is 99444 - *online evaluation and management service by a [physician], not originating from a related E/M service provided within the previous 7 days, using the internet or similar electronic communication network*. The definition, and further clarification found in CPT, indicates this is not to be used for the normal follow-up type interaction expected to be part of the care of a patient. i.e. This is not for when a patient contacts you 48 hours after seeing you in the office for a question. That is still considered part of the original E&M visit. Because of the complexity of this topic, we will continue this discussion in next month's article and go through an exam of a possible telehealth exam.