# FORESIGHT

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**Telehealth – Part III**                                                                                   **April 2019**

Over the past few months we have discussed telehealth in optometry and how it may look for us as we begin to utilize it for the care of our patients. Let's set the basic ground work by clarifying the difference between the online refractions without any health exam of any kind and actual healthcare. There are companies that have developed technology that can, to some extent, generate a glasses prescription for a patient. And there are some doctors who are prescribing contact lenses based on the refraction without any knowledge of the patient's health or corneal measurements. These situations are NOT what we are talking about when it comes to telehealth. For this article, we are solely talking about medical eye care, ie. the treatment of red eyes.

Many people tend to think of telehealth as a completely disparate event or entity from conventional in-person health care. Although this can be the case for some things, telehealth is quickly becoming an integrated part of the care we provide to our traditional patient base. Imagine seeing a patient in the office for an external hordeolum. You likely would drain the lesion and prescribe topical and/or oral antibiotics and schedule them for a follow-up in a few days. During the follow-up, you would talk to the patient about how they feel, look at the lid tissue, and tell them to come back as needed. In that straight forward case, could that follow-up have been completed by a telehealth visit? I would argue that it very well could have been. The patient could have scheduled a quick telehealth appointment with you, taken high resolution photos before the video conference, and then been cared for just as well without having to be seen in the office. Imagine the time savings for the patient, and you. Let's break down this follow-up visit from a telehealth documentation perspective.

| **CC:** Dr directed f/u for hordeolum<br>**ROS:** You would get credit for eyes as you would always review it. And it this case, you would likely ask about GI issues from the oral antibiotic use and also the Immune System as you would ask about any sign of allergic reaction to the Rx.<br>**HPI:** RUL, 3 days, improving, oral Azithromycin and topical neopolydex ung | **Exam:** Ocular Adnexa – horde resolved | **MDM:**<br>Dx: Ext. Horde<br>Management: Complete oral antibiotic tx. RTC PRN |
|---|---|---|
| **ROS =** 3 (Problem Pertinent)<br>**HPI =** 4 (Extended) | Because the physical exam elements that can be earned via telehealth are limited, this situation would earn just 1 exam element. | 1 Diagnosis<br><u>1 Management Option</u><br>**2 = Limited**<br><br>Level of Risk = **Minimal Complexity** |
| **Exp. Prob. Focused** | **Problem Focused** | **Straight Forward** |
| **99212** | | |

For commercial payers, you would likely submit the care provided above as 99212 and a diagnosis of hordeolum externum right upper eyelid, H00.011. Depending on the payer, they may require a modifier attached to the CPT code, but this is payer specific and you will have to contact the payer to determine how they would like it submitted.

- **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

You will always have to change the Place of Service from 11 – Office, to 02 – Telehealth. In a nutshell, besides changing the place of service, and perhaps needing a modifier, the determination of the level of care is no different than what you already do. Take care of the needs of the patient, document the care, and grade the visit. Caring for our patients hasn't changed, just the modality.