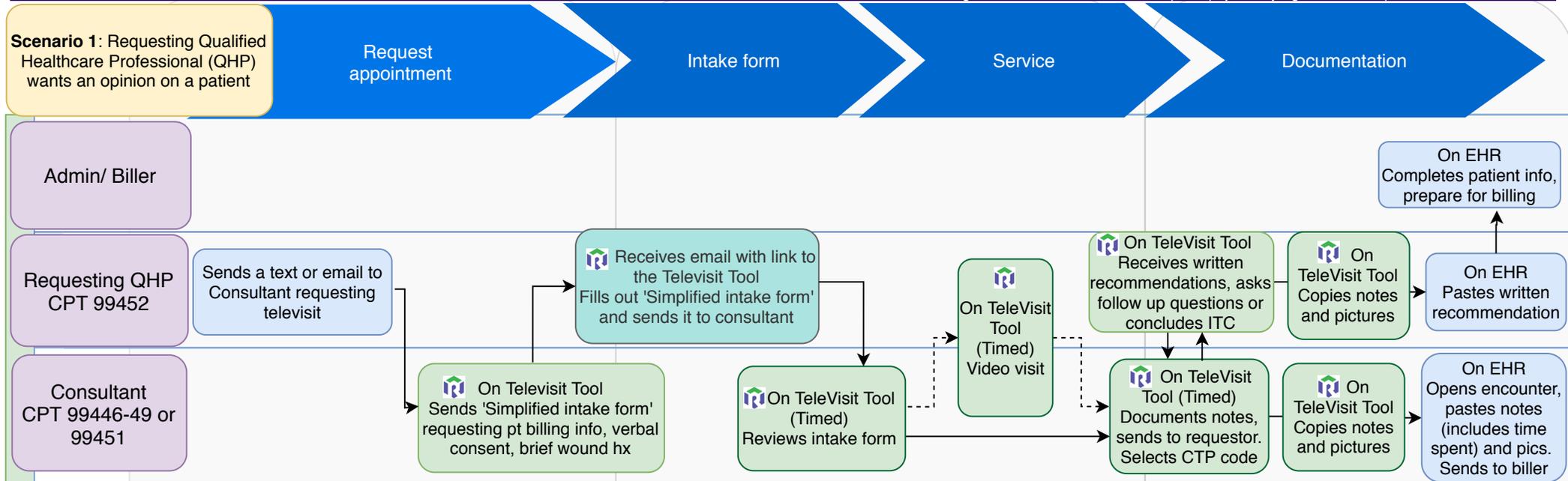


Video Visit Workflow: Scenario 1 (no EHR integration)

Billable interprofessional telephone/ internet/ EHR consultation (ITC) between consulting and requesting qualified healthcare professionals (QHPs)

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Billing practitioners

- * Providers who can bill for E/M services
- * QHP to QHP

Patients

- * Can be new or established
- * If established patient, needs to have a new or exacerbated problem
- * May or may not be on-site with the requesting QHP

Frequency and time

- * ITC cannot be used to arrange a transfer of care or other face-to-face service
- * **Consultant:** consultant QHP codes (99446-49 or 99451) cannot be reported:
 - If the patient was seen by the consultant within the past 14 days OR if a transfer of care or face-to-face consult occurs as a result of the consultation within the next 14 days.
 - More than once per seven days for the same patient
- * **Requestor:** Requesting QHP code (99452) cannot be reported more than once per 14 days per patient

Restrictions and requirements per CMS/ AMA

Service provided by consultant

- * Time-based CPT (minimum of 5 minutes). Select a code based on cumulative service time (including one or more video visits, documentation, etc)
- * All ITCs need to include review of pertinent records and written report. Video visit is optional.
- * If verbal discussion is needed or verbal report is provided (e.g. video visit):
 - If more than 50% of the service time reported is devoted to the verbal discussion and not to medical records review/documentation, report 99446-49.
 - If more than 50% of the service time reported is devoted to data review and/or analysis, report 99451
- * If verbal discussion is not needed, and only written report is provided, report 99451

Service provided by requesting QHP

- * CPT code 99452 requires a minimum of 16 minutes in a service day preparing for the ITC and/or communicating with the consultant
- * If ITC occurs with the patient on-site and time spent by requesting QHP on ITC exceeds 30 minutes, report Prolonged Service With Direct Patient Contact codes (99354-57), in addition to the primary procedure (99452)
- * If the ITC occurs when patient is not on-site and the time requesting QHP spends in a day exceeds 30 min, then the non-face-to-face prolonged service codes 99358, 99359 may be reported.

Documentation by consultant

- * Document requesting QHP's request for ITC, including the reason for the request.
- * Document verbal consent for the ITC by the patient/family
- * For consultant codes 99446-49, conclude with a verbal opinion report and written report from the consultant to the requesting QHP
- * For consultant code 99452, document written report only
- * Codes are reported based on cumulative time spent, even if that time occurs on subsequent days
- * Do not report 99358, 99359 with consultant codes 99446-49 and 51.
- * Consultant communications with the patient and/or family may be reported using 98966-69, 99441-44, and the time related to these services is not used in reporting ITC codes 99446-49

WoundReference's benefits vs. other methods

- HIPAA Compliant
- Time Tracker for billing purposes
- Documentation template to meet payor's requirements