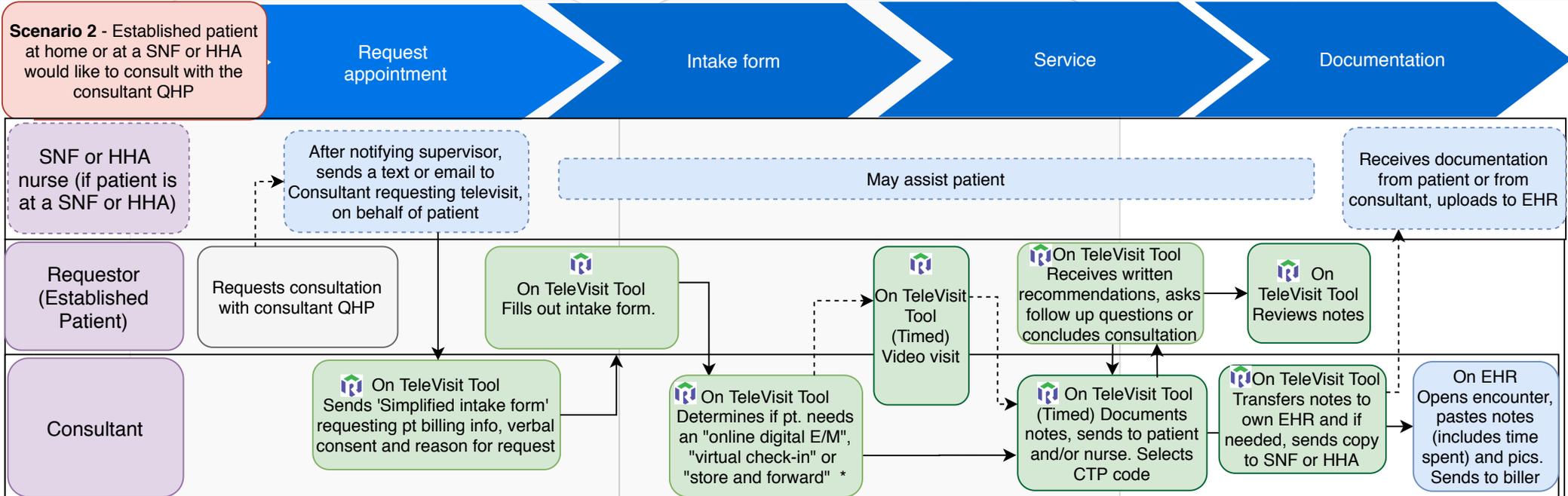


# Video Visit Workflow: Scenario 2

## Billable telemedicine encounters between consulting qualified healthcare professional (QHP) and patients

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**Restrictions and requirements per CMS/AMA**

**"Online digital E/M" : Online Digital Evaluation and Management Services**

CMS Physician Fee Schedule (PFS) guidelines consider online digital evaluation and management services (99421-99423 and G2061-G2063) eligible for reimbursement. These codes must be reported according to the guidelines as outlined by the AMA in CPT.

**Billing practitioners**

- \* 99421-99423: Providers who can bill for E/M services
- \* G2061-G2063: Qualified nonphysician healthcare professional (e.g. eg, speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians)

**Patients**

- \* Established
- \* Patient initiates request through HIPAA compliant platform

**Frequency and time**

- \* Can be reported once per seven days for the same patient and same problem or related problem
- \* If another E/M occurs in this period, work devoted to the online digital E/M is incorporated into the other E/M

**Online digital E/M service provided by consultant**

- \* Time-based codes. Minimum of 5 minutes
- \* Includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient's problem, personal physician or other QHP interaction with clinical staff focused on the patient's problem, development of management plans, including physician- or other QHP generation of prescriptions or ordering of tests, and subsequent communication with the patient through online, telephone, email, or other digitally supported communication, which does not otherwise represent a separately reported E/M service.

**"Store and forward" : Remote Evaluation of Recorded Video and/or Images**

CMS guidelines consider remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days reported with HCPCS codes G2010 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

**"Virtual Check-in" : Brief Communication Technology-based Service**

CMS guidelines consider brief communication technology-based service, e.g., virtual check-in, by a Physician or Other Qualified Health Care Professional who can report evaluation and management services, provided to an established patient, 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 reported with HCPCS code G2012 eligible for reimbursement according to the CMS Physician Fee Schedule (PFS).

WoundReference's benefits vs. other methods

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