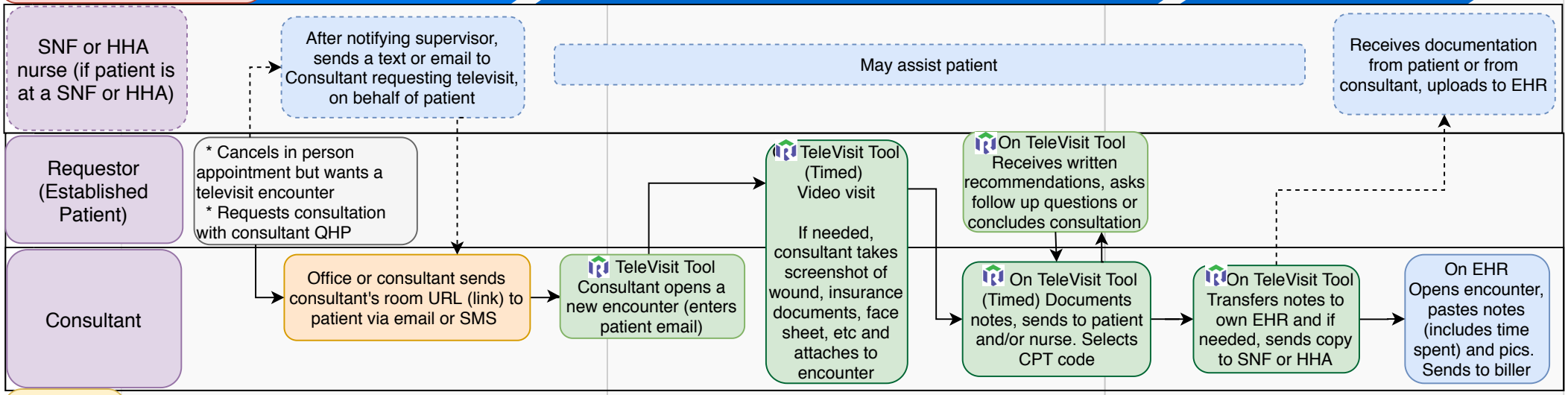
Video Visit Workflow: Scenario 2 Simplified

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

Scenario 2 - Established patient at home or at a SNF or HHA would like to consult with the consultant QHP

Request appointment → Service → Documentation



Billable Services and restrictions/ requirements per CMS/ AMA

1) "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).

2) "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.

Patients
* Established
* Patient initiates request through HIPAA compliant platform

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)

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

Service

* 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.

3) "CMS Telehealth services

* Usually, geographical restrictions apply. See HRSA's Medicare Telehealth Payment Eligibility Analyzer
* These visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits
* Interactive audio and video telecommunications system that permits real-time communication between the distant site and the patient is needed.

NEW: Starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency, Medicare will make payment for professional services furnished to beneficiaries in all areas of the country in all settings. Any QHP can bill for telehealth services regardless of state licensure. Patients can be at home. For new or established patients.
See "MEDICARE TELEMEDICINE HEALTH CARE PROVIDER FACT SHEET"

WoundReference's benefits vs. other methods

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