


COMPLIANCE UPDATE

TO: Compliance Update Distribution List

FROM: Maryann C. Palmeter, CPC, CENTC, CPCO, CHC 
Director, Office of Physician Billing Compliance

SUBJECT: New Medicare Coverage – Online Digital Evaluation Services (E-Visit)

DATE: March 10, 2020

The Centers for Medicare and Medicaid Services (CMS) has approved Medicare reimbursement for six new time-based procedure codes. These codes are for use by physicians and qualified advanced practice professionals (e.g., physician assistants, advanced practice registered nurses, clinical nurse specialists) and describe online patient-initiated digital communications that require a clinical decision to be made which otherwise would have been provided in the office.

Patients initiate the service through HIPAA-compliant secure portals (e.g., MyChart), secure email, or other digital applications, which allow digital communication with the physician or Advanced Practice Professional (APP). The patient's problem may be new but the patient must be established. Although a non-face-to-face service, the patient is responsible for Medicare cost sharing (i.e., deductible and co-insurance). These procedure codes require physician or APP evaluation, assessment, and management of the patient. Do not use these codes for electronic communications that are only focused on sharing of test results, processing of medication requests, scheduling of appointments, or other communication that does not include evaluation and management.

Note: These services do not fall under the Medicare telehealth benefit category so they are not subject to Medicare's telehealth restrictions (geographical or physical location).

Documentation

Permanent documentation storage (electronic or hard copy) of the encounter is required.

2020 Medicare Physician Fee Schedule Reimbursement and RVUs

Code	FL Non-Facility	FL Facility	GA Non-Facility	GA Facility	RVUS
99421	\$15.49	\$13.44	\$14.87	\$12.94	0.25
99422	\$31.15	\$27.73	\$29.78	\$26.57	0.50
99423	\$50.31	\$44.17	\$48.09	\$42.31	0.80
G2061	\$12.26	\$12.26	\$11.95	\$11.95	0.25
G2062	\$21.67	\$21.67	\$21.08	\$21.08	0.44
G2063	\$33.92	\$33.58	\$33.03	\$32.71	0.69

Who May Perform

Code	Per CPT	Medicare	Physician	APP	Clinical Staff
99421	✓		YES	YES	NO
99421		✓	YES	NO	NO
99422	✓		YES	YES	NO
99422		✓	YES	NO	NO
99423	✓		YES	YES	NO
99423		✓	YES	NO	NO
G2061	✓		N/A	N/A	N/A
G2061		✓	NO	YES	NO
G2062	✓		N/A	N/A	N/A
G2062		✓	NO	YES	NO
G2063	✓		N/A	N/A	N/A
G2063		✓	NO	YES	NO

The APPs that may perform the G2061-G2063 services are limited to those who can perform an E/M service. Speech-language pathologists, physical therapists, occupational therapists, social workers, and dietitians may not report either the G2061-G2063 codes or the 99421-99423 codes.

How Often to Report

Report once for cumulative time devoted to the service during a seven-day period. The time starts with the physician or APP's initial personal review of the patient-generated inquiry.

Service Time

- Service time includes review of the initial inquiry, review of patient records or data pertinent to assessment of the patient’s problem, and development of management plans.
- Time also includes physician or APP 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. All professional decision-making, assessment, and subsequent management by physicians or other APPs in the same group practice contribute to the cumulative service time of the patient’s online digital E/M service.
- Time associated with tasks performed by clinical staff is not included as part of cumulative service time for an ODEMS; i.e., the billing provider must incur the reportable time. However, personal physician or APP time spent interacting with clinical staff on the patient’s problem is reportable.

Code	Cumulative Time During the 7 Days
99421	5-10 minutes
99422	11-20 minutes
99423	21 or more minutes
G2061	5-10 minutes
G2062	11-20 minutes
G2063	21 or more minutes

Miscellaneous Instructions

- If a separately reported E/M service occurs within 7 days of the initiation of the Online Digital E/M Service (ODEMS) then include work devoted to the ODEMS is included into the separately reported E/M service. For example, include ODEMS time into the visit time for a time-based E/M service or include ODEMS work into the medical-decision making complexity for a key component-based E/M service.
- If a patient initiates an ODEMS for the same or a related problem within 7 days of a previous E/M service, then the ODEMS is not reported.
- Do not report an ODEMS if it occurs during the postoperative period of a surgical procedure when it is related to the procedure.
- If the patient generates the initial online digital inquiry for a new problem with 7 days of a previous E/M visit that addressed a different problem, the ODEMS may be reported separately.
- If the patient presents with a new, unrelated problem during the 7-day period of an ODEMS, then the physician or APP’s time spent on evaluation, assessment, and

management of the additional problem is added to the cumulative service time of the ODEMS for that 7-day period.

- For an ODEMS provided by a qualified nonphysician health care professional who may not report an E/M service (e.g., speech-language pathologists, physical therapists, occupational therapists, social workers, dietitians), refer to CPT codes 98970, 98971, and 98972. These services are not priced under the Medicare Physician Fee Schedule.

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Please share with appropriate faculty, residents/fellows, advanced practice professionals, billing and clinic staff.

CC: Leon J. Haley, Jr., M.D., MHSA
Heather Bokor