

TELEMEDICINE FREQUENTLY ASKED QUESTIONS

GENERAL OVERVIEW	
What is telehealth?	A mode of delivering health care services including non-clinical services via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self-management of a patient's health care.
What is telemedicine?	Telemedicine is similar to telehealth, but typically refers to clinical services performed by the doctor to provide remote care for consultations, supervision, and medication management*.
What is the difference between telehealth and telemedicine?	While telemedicine refers specifically to remote clinical services, telehealth can refer to remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services*.
Who determines whether services may be performed remotely?	The eye care professional (ECP) determines if a benefit or service is clinically appropriate to be provided remotely, subject to consent by the patient.
Who determines if a service is covered under vision insurance?	CMS and individual insurers determine whether the service will be payable. CMS determines approved CPT codes, but each carrier uses individual discretion to determine covered services, including payable CPT/HCPCS codes.
What are the different ways to deliver ocular telemedicine?	<p>The delivery of ocular health care services using telecommunications technology, include:</p> <ul style="list-style-type: none"> ▪ Synchronous (aka Real Time Interactive) – Telehealth services which provide real-time interactions between patient and provider. ▪ Asynchronous (aka Store and Forward) – Telehealth services involving the collection of data which is then transmitted to a doctor at another location for review and assessment at a later time. ▪ Remote Patient Monitoring – Health information is collected by the patient, typically in the patient's home and transmitted to their health care practitioner for evaluation and stored in the patient's medical record. (Often used for patients with chronic conditions; currently does not apply to ocular services.)

<p>What value does telemedicine offer patients and doctors?</p>	<p>Telemedicine can improve access to care by removing traditional barriers, such as distance, mobility, and time constraints. Telemedicine can also provide health safety to doctors, staff, and patients during the COVID-19 pandemic by helping them to avoid unnecessary in-person exposure and remain safe.</p>
<p>Does VSP cover telemedicine services?</p>	<p>Although VSP does not currently cover remote refractive exams, VSP supports delivery of appropriate medical eye care services via telehealth channels to supplement access to quality vision care. To remain current with telemedicine policy changes, VSP annually reviews new and/or revised CMS-approved telemedicine services for integration with VSP products, as appropriate.</p>
<p>VSP COVERAGE AND BILLING</p>	
<p>What telemedicine services does VSP cover?</p>	<p><u>Services currently covered:</u></p> <ul style="list-style-type: none"> ▪ While VSP does not currently cover remote refractive routine eye exams, VSP reimburses providers for appropriate medical eye care services delivered via telehealth channels. ▪ VSP reimburses providers for medical eye care services delivered via telehealth channels, including specific Evaluation & Management CPT codes (99202-99205, 99211-99215, 99421-99423) covered under the Primary EyeCare Plan and Diabetic Eyecare Plus Program, with appropriate modifiers to indicate the modality it was rendered (synchronous/asynchronous). ▪ In addition to specific Evaluation & Management CPT codes, services include CPT codes 92227 and 92228 (remote retinal imaging services) covered under the Primary EyeCare Plan and Diabetic Eyecare Plus Program. ▪ VSP also covers interprofessional telephone/internet assessment and management services (99446-99449, 99451-99452), these are procedure codes to report doctor to doctor office's consultation services payable under VSP's medical eye care plans.
<p>Does VSP cover a remote refractive routine eye exam?</p>	<p>VSP supports ocular telemedicine services that align with CMS guidelines; a remote refractive eye exam has not yet been approved. VSP does not currently reimburse VSP providers for remote refractive routine eye exams. Members who choose to receive a remote refractive routine eye exam may elect to use their out-of-network benefits for partial reimbursement.</p>

<p>Does VSP pay a different fee for services provided though telemedicine than it pays for the same service provided in person?</p>	<p>No. VSP pays the same amount for medical eye care services provided via telemedicine as it does for these same services performed in person.</p>
<p>Do all VSP patients have Primary EyeCare (PEC) with telemedicine eligibility?</p>	<p>No, not all VSP members have Primary EyeCare coverage. You can check eligibility and coverage details on Eyefinity.com. However, through May 31, 2020, VSP is expanding Primary EyeCare coverage to VSP insured members that do not already have it (excludes MetLife members and Access and Vision Savings Pass members).</p>
<p>Are all patients who have Primary EyeCare (PEC) eligible for telemedicine services?</p>	<p>Yes, PEC includes approved telemedicine services that can be billed, when appropriate. Diabetic EyeCare Plus Program also covers telemedicine services related to approved conditions. Details on covered services and billing are available in the Provider Reference Manual under Primary EyeCare Plan and Diabetic Eyecare Plus Program on VSPOnline at eyefinity.com.</p>
<p>I offer telemedicine services to my patients. How can I update my services on Find A Doctor on vsp.com?</p>	<p>You can self-update this information on VSPOnline through eyefinity.com. Navigate to "Administration," then select "Practice/Doctor Updates." Select "Update Information," then "Office Special Interests," and then the "Telemedicine" checkbox. A "Telemedicine Services Available" indicator will be placed next to your practice name on the Find a Doctor Directory on vsp.com.</p>
<p>If we decide to waive the deductible, will VSP make up the difference?</p>	<p>No one makes up the difference. It's up to you the doctor to decide if you want to charge or not charge the patient. It's the doctor's choice.</p>
<p>Can we coordinate benefits with Primary EyeCare and the refraction?</p>	<p>No. Primary EyeCare covers medical eye care services, not routine.</p>
<p>Should we use the Primary EyeCare Plan if the patient has no primary medical insurance?</p>	<p>Yes. This will create more value for the patient.</p>

<p>I tried to bill the patient's primary medical payers, but not sure how that works with VSP's Primary EyeCare Plan?</p>	<p>Primary EyeCare Plan and Diabetic Eyecare Plus Program are supplemental to a patient's Medicare or health plan coverage. Always bill the patient's primary health insurance first. If you are on their panel, coordinate any remaining patient responsibility with VSP so the patients can maximize their benefits and reduce their out-of-pocket costs. If you are not on the medical panel, then you may bill VSP directly.</p>
<p>Are the 99421, 99422 or 99423 codes being to be added to the VSP manual?</p>	<p>99421, 99422 and 99423 were added to the VSP Provider Reference Manual, including billing instructions on April 1, 2020 (effective 3/1/2020). Refer to the Primary EyeCare and Diabetic Eyecare Plus Program plan details pages on VSPOnline at Eyefinity.com. Reminder: Diabetic Eyecare Plus Program only covers specific conditions. If the evaluation is not related to one of the covered conditions, the service will not be covered.</p>
<p>What Place of Service Code should I use?</p>	<p>When billing VSP through Eyefinity.com or Eyefinity Practice Management, use modifiers GQ or 95 to identify telemedicine services and place of service 11 (POS 11).</p> <ul style="list-style-type: none"> • VSP recognizes but does not currently support electronic claim submission via Eyefinity with place of service code 02 (POS 02) for reporting telehealth services. • POS 02 is accepted when submitted on paper as a secondary coordination of benefit claim, 837 and some practice management systems (Eyefinity Practice Management and Officemate). <p>When billing other carriers, verify their billing requirements. Medicare is temporarily allowing POS 11 and modifier 95.</p>
<p>TELEMEDICINE SERVICES</p>	
<p>General Questions</p>	
<p>Does the patient need to consent prior to receiving services by telemedicine?</p>	<p>Yes. VSP requires the eye care professional performing telemedicine service to inform the beneficiary, obtain consent, and maintain appropriate documentation. Note: Many states mandate patient consent, either verbal or written.</p> <p>For all other carriers, we recommend you refer to your local health authority guidelines, the American Optometric Association guidelines, as well as current regulatory guidelines and notices.</p>

<p>Can you give an example of a verbal consent exchange to give to a patient over the phone?</p>	<p>“Mr. Jones, do you consent to being examined remotely using technology for today’s visit?” Mr. Jones answers “Yes.” Then document the question and answer in the patient’s chart.</p>
<p>Do you have a sample consent form you can email us?</p>	<p>Use the following statement in the patient’s record (e.g. EHR or paper). Example: “Mrs. Jennifer Walker has given verbal consent to be examined remotely on (date of the exam).”</p>
<p>What code would I use for a new patient calling via video conference with red eye symptom? G codes?</p>	<p>No, G Codes are for Established Patients (EP) only. You can use 992xx codes with a modifier provided the specific code meets the criteria.</p>
<p>What is the difference between 920xx and 99xxx codes?</p>	<p>920xx codes are eye care specific codes. 99xxx codes are general codes used by health care and are traditionally used for medical.</p>
<p>Can we document the telemedicine in a paper chart? I do not have an Electronic Health Record (EHR) system.</p>	<p>Yes.</p>
<p>Does your malpractice have to be modified to include telemedicine?</p>	<p>Check with your malpractice liability insurance to verify if it covers telemedicine services, for your protection.</p>
<p>When billing for remote services, is a diagnosis code still required?</p>	<p>Yes, you still must have a valid diagnosis (i.e. ICD-10 Code).</p>
<p>What diagnosis codes are allowed for telemedicine?</p>	<p>The delivery of services through telemedicine does not limit or change the diagnosis determination. Whatever you diagnose during the visit (e.g., conjunctivitis, etc.).</p> <p>Note: Based on the member’s plan, not all services are covered based on the diagnosis (e.g., conjunctivitis is not covered under VSP Diabetic Eyecare Plus Program).</p>

<p>What are some recommended telemedicine platforms?</p>	<p>Medicare does not make recommendations on technology platforms. However, while the new, temporary regulations are in place you may use consumer-grade video chat (FaceTime, Skype, etc.) or photos to consult with patients remotely. With integrated telemedicine capabilities in Eyefinity EHR, doctors/provider can efficiently document and code virtual patient visits in accordance with CMS guidelines, now and once the state of emergency has been lifted.</p>
<p>Which apps do you use to measure acuity?</p>	<p>There are multiple apps in the app store for Apple and Android. Use your professional judgement when selecting an appropriate app to use with your patients.</p>
<p>Virtual Check-In, Digital Evaluations, and E/M Codes</p>	
<p>What are virtual check-ins?</p>	<p>Virtual check-ins are brief encounters with established patients: HCPCS Code G2012: Telephone HCPCS Code G2010: Video capture or imaging</p>
<p>What are telephone evaluations?</p>	<p>Telephone evaluations are patient initiated phone evaluations for established patients, parent or guardian (during crisis allowed for new patients). Check with the patient's health or vision plan for insurance-specific telemedicine coverage details. 99441 5-10 minutes 99442 11-20 minutes 99443 21-30 minutes Temporarily covered by Medicare and some Medicaid during COVID crisis only. Check with patient's carrier.</p>
<p>What are digital evaluations?</p>	<p>Patient initiated online evaluations are either conducted in real time (synchronous) or pre-recorded (asynchronous) where communications may occur over a seven-day period for established patients. 99421 5-10 minutes 99422 11-20 minutes 99423 21 or more minutes</p>
<p>Can the telemedicine 994xx or 992xx be billed in conjunction with the virtual check-in G-codes?</p>	<p>No, use one or the other.</p>

<p>Are we required to record video sessions?</p>	<p>It was previously required that you record the session. With the Health and Human Services legislation that recently passed, it is no longer required during the COVID-19 pandemic. Going forward, the lax restrictions could be removed, and it would become a requirement. It's best practice to record the session or save photos/screenshots.</p>
<p>Could a second digital evaluation 99421 be billed after more than 7 days if it's the same CC from the last visit?</p>	<p>Yes.</p>
<p>Do we determine time based only on face-to-face time or can it also count the time the doctor speaks to patients on the phone before using video as its triage to determine the nature of problem?</p>	<p>It includes time spent directly with the patient evaluating them, just as you would in your office. It does include the MDM (Medical Decision Making) time.</p>
<p>What telemedicine services are available for a new patient?</p>	<p>Most of the codes are for established patients. However, Evaluation and Management codes can be billed via telemedicine for new (99202-99205) or established patients (99211-99215) based on the level of service performed.</p> <p>Note: Standard billing and documentation requirements must be followed for both remote and in-office services for each specific code.</p>
<p>Can I bill an E/M code even if I am not physically doing a slit lamp exam or ophthalmoscopy?</p>	<p>Standard billing and documentation requirements must be followed for both remote and in-office services for each specific code.</p>
<p>Modifiers</p>	
<p>What modifier should I use?</p>	<p>Check with the patient's health or vision plan for insurance-specific telemedicine billing details. VSP requires 95 or GQ to designate the mode of telemedicine used to provide services.</p>
<p>If we can bill EM with the modifier codes, why would we bother with 99241-3?</p>	<p>You must be able to meet the code criteria. As the doctor, please select the best code that satisfies the exam criteria based on the CC/HPI and conditions/ technology available for each specific patient/exam type.</p>

<p>What is the difference between the modifiers 95/GQ/GT?</p>	<p>Medicare will accept 95 or GT, VSP uses 95 or GQ, and some private insurances will use all three. Check with the patient's carrier for billing details. 95 = Synchronous telemedicine communication GQ = Asynchronous telemedicine communication GT = is used to indicate a service was rendered via synchronous telecommunication When billing other carriers, verify their billing requirements. Medicare is temporarily allowing POS 11.</p>
<p>Billing and Insurance</p>	
<p>Can a routine eye exam be billed via telemedicine?</p>	<p>Routine exams are typically not covered under telemedicine as it has not yet been approved by CMS. Check with the patient's health or vision plan for insurance-specific telemedicine billing details.</p>
<p>Are 92002/92004 and 92012/92014 billable when performed using telemedicine?</p>	<p>These codes are not typically payable as telemedicine services. Check with the patient's health or vision plan for insurance-specific telemedicine billing details.</p>
<p>Can you do a contact lens evaluation on an existing patient?</p>	<p>You <u>must</u> be able to successfully meet the code criteria given for each specific code you want to use. Check with the patient's health or vision plan for services that may be billed using telemedicine.</p>
<p>What services can I bill?</p>	<p>You can only bill for things you can do remotely. If you can't meet the code criteria, you cannot use that specific code.</p>
<p>Does the patient need to specifically consent to have their insurance billed as part of the conversation?</p>	<p>No. However, it's best practice to always document this (i.e. even if it's only verbal consent) just as you would if the patient were in your practice.</p>
<p>Can a photograph of the patient's red eye sent by a patient via text be enough to bill for the visit?</p>	<p>Yes, only if you completed the remaining portion of the exam to meet the specific code criteria.</p>
<p>How do you bill for telemedicine?</p>	<p>It's the exact same documentation you do today. The only difference is the following: use a Telemedicine CPT Code that supports the exam you completed (e.g. CC/ HPI – observation assessment – plan) > document > code and bill it. The most important thing to remember is to use the correct code that supports exactly your findings and what you did in the exam.</p>

**Based on Federal Communications Commission*