Telephones, Computers, and Virtual Patients

by Cindy Parman, CPC, CPC-H, RCC

Once upon a time there was a phone in my parents' house. There was only one phone; it was on the wall in the kitchen. It was a black, rotary dial phone, and we were on a "party line." Fast forward to the present day: the best way to keep in touch with patients may be a reminder text to their cell phone, which is where they keep their calendar and list of contacts, access email, and play games.

As a result, the nature of patient encounters may also be changing, requiring the addition of new codes to charge tickets and a complete understanding of billing for these non-face-to-face services. According to information published by the American Medical Association (AMA), research indicates that 20 percent or more of clinical services provided in certain specialties is performed over the telephone. So community cancer centers will need to consider reimbursement challenges presented by these electronic and virtual services. Note that while these services can be charged by a physician practice or freestanding cancer center, the codes are not reported in the hospital outpatient department and do not have a technical component.

Telephone Services

The CPT® Manual includes a series of codes for telephone services, which are defined as non-face-to-face evaluation and management (E/M) services provided via the telephone. There are separate codes for physicians and for qualified nonphysician healthcare professionals listed in separate sections of the Manual. While the AMA does not define who is considered a "qualified nonphysician healthcare professional," the individual who takes the call and performs the E/M service must have the authority to do so in his or her scope of practice. Some payers provide specific guidance in this area. For example, PriorityHealth limits qualified nonphysician healthcare professionals to: certified nurse practitioners; physician assistants; licensed masters-level social workers (LMSWs); psychologists (both LLPs—limited licensed psychologist—and PhDs); certified diabetes educators; registered dietitians; master of science (MS)-level trained nutritionists; clinical pharmacists; and respiratory therapists.

These time-based codes include:

- **99441**: Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian 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
- **99442**: Same definition as code 99441 except 11-20 minutes of medical discussion
- **99443**: Same definition as code 99441 except 21-30 minutes of medical discussion.

These physician codes are mirrored by three codes with the same definition that can be reported by a qualified nonphysician healthcare professional:

- **98966**: Same definition as code 99441 with 5-10 minutes of medical discussion
- **98967**: Same definition as code 99441 except 11-20 minutes of medical discussion
- **98968**: Same definition as code 99441 except 21-30 minutes of medical discussion.

Community cancer centers that report a telephone E/M code must meet seven criteria:

1. The patient must be an established patient. In addition, these codes were designed for the management of chronic medical conditions, not acute care episodes.
2. The service must constitute an "episode of care" and the call must be initiated or requested by the patient to discuss a medical condition(s). Telephone calls from the provider's office to communicate the results of laboratory tests or imaging services, remind patients of appointments, etc., are not considered telephone E/M services for purposes of code assignment.
3. The telephone call cannot be a result of a face-to-face patient encounter within the previous 7 days. If so, the telephone call is considered to be part of the post-service to the prior office visit.
4. The telephone call cannot result in a patient visit during the next 24 hours (or the soonest available appointment). If the telephone discussion ends with the decision to see the patient in the office as soon as possible, then this discussion is considered part of the pre-service work for the office visit.
5. The visit time in medical discussion must be documented and met for the selection of the code.
6. Only one telephone E/M service can be reported during a 7-day period and telephone visits are not reported if they relate to a procedure and occur during the postoperative period of the procedure.
7. Last, these codes for telephone E/M cannot be reported in addition to the codes for anticoagulant management, nursing home management, or care plan oversight services.

Documentation for telephone E/M encounters includes history obtained and symptoms reviewed, verbal

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patient assessment performed, medical decision making, treatment recommendations, and communication of information to the patient.

Online Evaluation and Management

An online electronic medical evaluation is a non-face-to-face evaluation and management (E/M) service provided via a secure Internet connection. Again, the CPT Manual lists separate codes for physicians and for qualified nonphysician healthcare professionals. These codes include:

- **99444**: Online evaluation and management service provided by a physician to an established patient, guardian, or healthcare provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network.

This physician code is mirrored by a code with the same definition that can be reported by qualified nonphysician healthcare professionals:

- **98969**: Online evaluation and management service provided by a qualified nonphysician healthcare professional to an established patient, guardian, or healthcare provider not originating from a related E/M service provided within the previous 7 days, using the Internet or similar electronic communications network.

Similar to reporting telephone patient encounters, required criteria must be met to report an online patient encounter:

1. The patient must be an established patient. In addition, these codes were designed for the management of chronic medical conditions, not acute care episodes.
2. The service must constitute an "episode of care" and the online inquiry must be initiated by the patient to discuss a medical condition(s). Email communications from the provider's office to the patient to provide routine information, appointment reminders, or test results would not meet the requirement for these codes.
3. Reportable services include the physician's or nonphysician healthcare professional's personal timely response to the patient's inquiry and must involve permanent storage of the encounter (hardcopy or electronic) as part of the patient medical record.
4. The online evaluation cannot be a result of a face-to-face patient encounter within the previous 7 days. If so, the online encounter is considered to be part of the postservice work of the prior office visit.
5. Only one online E/M service can be reported during a 7-day period and online encounters are not reported if they relate to a procedure and occur during the postoperative period of the procedure.
6. Last, these codes for online E/M cannot be reported in addition to the codes for anticoagulant management, nursing home management, or care plan oversight services.

Documentation for online E/M encounters includes a summary of all communication with the patient and encompasses writing prescriptions, laboratory orders, and related telephone calls. The encounter should also include documentation of history reviewed or obtained, changes in medication, initiation of treatment programs, and recommendations for patient care.

Insurance Reimbursement

Reimbursement for electronic or telephone healthcare services does not always keep pace with patient need for these services. For example, Mountain State Blue Cross Blue Shield states that telephone calls are not covered "because there is no direct patient care or contact." However, this particular payer states that a participating provider can bill the member for the denied service.

PriorityHealth does provide reimbursement for both telephone and online (e-visits) encounters for members of fully funded HMO, POS, and PPO plans, subject to specific guidelines. For example, this payer requires that email communication: "…must use encrypted or authenticated email for online medical evaluation visits. Standard email is not acceptable, since it is not secure, has no 'terms of use' or legal disclaimers in place to protect the provider, and can easily expose patient PHI including email addresses to unintended third parties."

Medicare does not pay for telephone or online patient encounters (although there are RVUs listed for these codes in the Medicare Physician

Fee Schedule) and has listed these codes with the status indicator of "N," which indicates a noncovered service. As a result, Medicare beneficiaries cannot be charged for telephone or online patient encounters.

Looking Ahead

In response to changing expectations on the part of patients and payers, physician practices must use available technology to provide services in a non-face-to-face manner. Most often the time spent on the phone with patients cannot be reimbursed because it is considered part of a face-to-face visit that occurs before or after the call, the call is short, or the payer does not cover telephone services. Online patient visits may also not be reimbursed because the electronic communication system does not meet the necessary guidelines, the medical topic does not meet criteria, or the payer, again, does not provide payment. Oncology practices should continue to monitor payer guidelines and bulletins in the event coverage becomes available for these technology-based patient encounters, and ensure that all guidelines are met to bill those payers who provide reimbursement.

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