

Online Digital E/M Services For Established Patients

Online Digital E/M Services and Virtual Check-In's are covered by Medicare Part B. The following guidelines are provided by NGS and the American Academy of Pediatrics. Coverage may differ for all other health plans, such as Medicare Advantage, Medicaid, and commercial carriers, therefore verification of benefits & coverage for these services are strongly recommended.

99421: Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes performed by a Physician or other Qualified Health Professional.

99422: ... 11-20 minutes

99423: ... 21 or more minutes

Documentation: Online digital E/M services require permanent documentation storage (electronic or hardcopy) of the encounter.

- Patient-initiated thru HIPAA-compliant secure platforms such as *EHR portals, secure email, or other digital applications.*
- Requires a physician or other QHP's evaluation, assessment, and management of the patient.
- Reported once for the physician or QHP's cumulative time devoted to the service during a 7-day period.
- Services begin with the physician or QHP's initial, personal review of the patient generated inquiry.
- Time includes review of relevant records & data, interaction w/clinical staff re: management plans including test orders and prescriptions, additional digital communication with patient, include decision-making, assessment & management by other providers in the same group. Do not count clinical staff time.
- Services are NOT for non-evaluative electronic communication of test results, scheduling appointments, or other communication that does not include E/M.
- Can be reported if the patient's inquiry is regarding a new, unrelated problem to an E/M services reported within the 7-day period.
- Can be reported if the patient's inquiry is regarding a new, unrelated problem during the 7-day period of an online digital E/M service.
- If an E/M is initiated in the 7-day period of an online digital inquiry, the online service is not billed but incorporated into the separately reported E/M service (eg, additive of visit time for time-based or additive of decision-making complexity for a key component-based E/M visit).
- Cannot be reported if the patient's inquiry is regarding the same or related problem to an E/M service provided within the 7-day period.
- Cannot be reported if the patient's inquiry is related to a surgical procedure and occurs during the post-op global period.

Virtual Check-In Services For Established Patients

G2012: 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.

Documentation: Provider documents patient's consent, date, time, duration of service along with brief summary of topic(s) discussed.

- Can be billed by both primary care and specialty practitioners
- Requires Initiation by beneficiary with verbal consent for each service; cost-sharing applies.
- *Real-time, two-way audio only (telephone);* may be enhanced with video or other data transmission (excludes voice messages – must be a live conversation).
- Can be used as part of treatment regimen for opioid/substance abuse disorders, diabetes, anticoagulant management, and other services to assess whether the patient's condition requires an office visit.

G2012: continued...

- May be used for established patients only; does not apply to new patient services.
- Global surgery rules apply to this service.
- Telephone calls completed by clinical office staff **do not** qualify for use of this code.
- Service can bear no relation to an E/M service within the prior seven days.
- Service cannot result in an E/M service within the ensuing 24 hours (or soonest appointment).
- 5–10 minutes of medical discussion required.
- No frequency limitation; CMS will monitor frequency to determine whether a limit is necessary

Non-Face-to-Face Telephone Services

Non-Face-to-Face Telephone Services are currently **not covered** by Medicare Part B. Coverage may differ for all other health plans, such as Medicare Advantage, Medicaid, and commercial carriers, therefore verification of benefits & coverage for these services are strongly recommended.

99441: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent or guardian. 5-10 minutes of medical discussion

99442: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent or guardian. 11-20 minutes of medical discussion

99443: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent or guardian. 21-30 minutes of medical discussion

Documentation: Provider documents patient's consent, date, time, duration of service along with brief summary of topic(s) discussed.

- Telephone calls completed by clinical office staff **do not** qualify for use of this code.
- May be used for established patients only; does not apply to new patient services.
- Service can bear no relation to an E/M service within the prior seven days.
- Service cannot result in an E/M service within the ensuing 24 hours (or soonest appointment).
- medical discussion required for specified time noted for each CPT code.
- Real-time, two-way audio only (telephone); may be enhanced with video or other data transmission (excludes voice messages- must be a live conversation).
- Requires beneficiary's verbal consent for each service; cost-sharing applies.
- No frequency limitation; CMS will monitor frequency to determine whether a limit is necessary