



Eye Management & Health Network One
Telemedicine Guidance
MEDICARE & COMMERCIAL SERVICES

April 14, 2020

Effective March 6, 2020, the Center for Medicare and Medicaid Services has established an expansion of services usually performed in the office, hospital, and other outpatient facilities via various means of telehealth communication on a temporary and emergency basis.

Effective March 6, 2020, Health Network One, Inc. (HN1) and Eye Management, Inc. (EMI) shall reimburse for the following services for the assigned Medicare Advantage and Commercial members:

1. VIRTUAL CHECK-IN:

Definition: A brief (5-10 minutes) check-in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.

Following Medicare guidelines, **Virtual Check-ins** will be reimbursed by HN1 and EMI when performed by a **Physician, Nurse Practitioner or Physician Assistant** defined as follows:

- They are for new or established (or existing) patients, where the communication is not related to a medical visit within the **previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available)**
- We expect that these virtual services will be initiated by the patient
- The patient must verbally consent to receive virtual check-in services
- **Billing for physicians, nurse practitioners and physician assistants:**
 - HCPCS code G2012 (Brief check-in by MD or qualified practitioner)
 - HCPCS code G2010 (Remote image submitted by patient)
 - Place of Service (POS) equal to what it would have been had the service been furnished in-person, include Modifier 95, indicating that the service rendered was actually performed via telehealth
 - POS 02 will be accepted
- **Reimbursement:** Reimbursement shall be based on your current contract terms and fee schedule
- Virtual Check-ins can be conducted with a broader range of communication methods (e.g. telephone), unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication

2. TELEHEALTH VISITS:

Definition: A visit with a provider that uses telecommunication systems between a provider and a patient.

Following Medicare guidelines, **Telehealth Visits** will be reimbursed by HN1 and EMI when performed by a **physician, nurse practitioner and physician assistant** when performed as defined as follows:

- For established patients
- For new patients to the extent the CMS waiver under section 1135(g)(3) requires that an established relationship exists with a particular practitioner
- Require the use of an interactive, “real-time”, audio and video telecommunication between the distant site and the patient at home



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- **Billing:**
 - **99201-99215** (Office or other Outpatient Visit)
 - **99231-99233** (Subsequent hospital care)
 - **99307-99310** (Subsequent SNF)
 - **G0425-G0427** (Telehealth consultations, emergency department or initial inpatient)
 - **G0406-G0408** (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs)
 - Place of Service (POS) equal to what it would have been had the service been furnished in-person; include Modifier 95, indicating that the service rendered was actually performed via telehealth
 - POS 02 will be accepted
- **Reimbursement:** Reimbursement shall be based on your current contract terms and fee schedule.

3. E-VISITS

Definition: A patient-initiated online evaluation and management which is conducted via an online patient portal.

Following Medicare guidelines, E-visits will be reimbursed by HN1 and EMI when performed by physicians, nurse practitioners and physician assistants and when performed as defined as follows:

- Patients communicate with their doctors without going to the doctor's office by using online patient portals
- For new and established patients
- **Billing:**
 - **Physicians, Nurse Practitioners and Physician Assistants - 99421-99423** (online digital evaluation and management services, for a new or established patient, for up to 7 days, cumulative time during the 7 days)
 - Place of Service (POS) equal to what it would have been had the service been furnished in-person; include Modifier 95, indicating that the service rendered was actually performed via telehealth
 - POS 02 will be accepted
- **Reimbursement:** Reimbursement shall be based on your current contract terms and fee schedule.

4. E/M TELEPHONE SERVICES

Definition: Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to a new or 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.

Following Medicare guidelines, telephone E/M services will be reimbursed by HN1 and EMI when performed by physicians, nurse practitioners and physician assistants and when performed as defined as follows:

- Evaluation and management services via telephone are provided to a new or 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.



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- **Billing:**
 - Physicians, Nurse Practitioners and Physician Assistants – 99441-99443
 - Place of Service (POS) equal to what it would have been had the service been furnished in-person, or POS 02 will be accepted
 - Modifier 95, indicating that the service rendered was actually performed via telehealth
- **Reimbursement:** Reimbursement shall be based on your current contract terms and fee schedule.

In order to provide the services referenced herein you must complete the enclosed **HN1/EMI Telemedicine Attestation**. Please contact your provider relations representative if you meet the qualifications to provide **Telemedicine**; you will be asked to complete and return the attached attestation so we can confirm your agreement with these regulations and provide us with the technology you will be using.

Claims Submissions

Electronic claims submission is preferred by HN1 and EMI at all times, it is of utmost importance now. Please submit all claims via electronic transmission, or by direct data entry via the secure HN1/EMI Provider Web Portal, **which allows for documentation attachment**. Paper claims submission is to be used only as last resort. The only exception to this are claims that are submitted in response to a previously finalized claim, which may be sent via US Mail (e.g. medical records, disputes, etc.).

If you have any questions regarding this transmittal, please contact HN1 at 800-595-9631 or EMI at 800-329-1152; or you may contact your assigned representative directly.




Telemedicine Statement/Attestation FOR MEDICARE & COMMERCIAL

TELEMEDICINE DEFINITION: Telemedicine is the practice of health care delivery by a practitioner who is in a site other than the site where a recipient is located, using interactive telecommunications equipment that minimally includes real time, two-way interactive communication between a recipient and a practitioner using audio and video equipment.

E-VISIT DEFINITION: A patient-initiated online evaluation and management which is conducted via an online patient portal.

Provider Name:	Provider TIN:
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- 1. Do you provide telemedicine services to enrollees? If "Yes", attestation answers are required for items 2–13 to provide telemedicine services to enrollees.**
- I confirm that our equipment, means of communication, and processes for providing telemedicine services are in compliance with the Health Insurance Portability and Accountability Act (HIPAA) laws pertaining to patient privacy and security;
- I confirm that our telecommunication equipment and telemedicine operations meet the technical safeguards required by 45 CFR 164.312;
- I confirm services are medically necessary and performed in accordance with the CMS coverage determination process <https://www.cms.gov/Medicare/Coverage/DeterminationProcess/index>
- I confirm that Telemedicine should not be used by a provider if it may result in any reduction to the quality of care or if the service delivered through this modality could adversely impact the recipient;
- I confirm that we educate the patient on the use of telemedicine and obtain informed consent;
- I confirm that the recipient (and their legal guardian) must be present for the duration of the service provided using telemedicine;
- I confirm that I provide recipients the choice of whether to access services through a face-to-face or telemedicine visit with us, and document such choice;
- I confirm that the documentation regarding the use of telemedicine must be included in the progress notes for each encounter with a recipient. All other documentation requirements for the service must be met as required by CMS. <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth>
- I confirm that providers must assure that the recipient has compatible equipment and the necessary connectivity in order to send and receive uninterrupted video (video is excluded from E-Visits);
- I confirm we are responsible for all equipment required to provide telemedicine services;
- If providing E-visits, I confirm that I make use of a patient portal through my EHR (Electronic Health Records).
Please provide the name of the program:


- I confirm the above patient portal is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) laws pertaining to patient privacy and security.

I represent and warrant that the information and statements in this document are true and accurate and that the applicable network/health plans are relying on such information and statements in connection with the arranging of our provision of telemedicine services. I have the authority to execute documents for and bind the Provider named above.

_____ Provider Name	_____ Signature
_____ Printed Name of Signer	_____ Date of Signature

**Please return via fax to 305-620-5973 or
(EMI providers) augustem@healthnetworkone.com
(HN1 providers) gonzalezm@healthnetworkone.com**