

Dear PAO Members,

Our colleague Dr. David Epley, from Seattle has put together a telehealth billing guide for pediatric ophthalmology. Below is the guide as written by Dr. Epley.

"CMS defines Telehealth as a real-time, synchronous, 2-way, audio-visual communication between clinician and patient/family.

Typically, these communications must be held via a HIPAA-compliant platform. There are many of these platforms out there. VSee (vsee.com) costs \$49/month (pays for itself with 3 visits), has a free Messenger app that can be downloaded from the VSee website, and is pretty straight-forward to use. Doxy.me is another platform that is specifically designed for telehealth with a modest per physician fee.

Right now, the government has suspended the need for a HIPAA-compliant system for Telehealth.

<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

<https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf>

This means that FaceTime, Skype, Google Hangouts, Zoom, Microsoft Teams, etc. can all be used for virtual visits. Zoom and Skype have a monthly cost, but the others are free.

First step: decide where you will be conducting these visits: home or office. This matters because if you are at the office and have a tech, the tech can take history, ensure the visual acuity is recorded, etc. If at home, you will need to do these things. If you have VPN capabilities at home it is possible to have a technician work up patients then have the doctor join the telehealth visit.

Second step in setting this up: create a visit template in your PM software. You could use 30 minute blocks, 20 minutes, etc. I would recommend at least 20 minutes, because this type of communication can have glitches and the "workup" isn't as efficient (especially if you are doing this from home and have to take history and vision yourself).

Step 3: Define what types of visits are appropriate for Telehealth given your type of practice and the amount of information that can be gathered by virtual exam. Hint: you won't have a slit lamp,

Goldman, or indirect ophthalmoscope, so glaucoma follow ups and retinal disease won't really be practical!

We've defined the following:

Any patient with an eyelid problem like a chalazion, stye, eyelid swelling, etc. can be evaluated via Telehealth.
Infants with blocked tear ducts can be evaluated via Telehealth.
Patients with conjunctivitis/pink eye can be evaluated via Telehealth.

Patients that can take a home eye test using the instructions here: <https://www.aao.org/eye-health/tips-prevention/home-eye-test-children-adults> or using the "Eye Handbook" or "Smart Optometry" free apps on the Apple Store or Google Play store. Another option is to download the acuity testing charts [here](#), created by our own Bob Arnold!

These patients can be seen with the following disorders: strabismus (esotropia, exotropia, Duane, Brown, etc.), amblyopia, ptosis. These patients would test vision prior to their consult time, and you will use your chosen platform for the actual interaction.

Patients under 3 years who can't do a vision test and have strabismus, cataract, glaucoma, ptosis, or who were referred by pediatrician for a problem should be screened by an MD for priority/necessity and scheduled if warranted.

Urgencies/Emergencies: trauma, chemical exposure, cataract, glaucoma, sudden change in vision, floaters/flashing lights, corneal abrasions, eye pain, poked in the eye, stuck contact lens, eye pain & slept in contact lens, more. If you aren't sure, pass it by an MD. All ROP exams should proceed as scheduled.

Extenuating circumstances: insurance running out soon, have travelled a long way for appointment, parents concerned they are getting worse, etc.

Glasses/contact issues:

All contact and glasses Rx's can have their expiration date extended by 4 months.

Lost glasses can be refilled at the old Rx unless the parent is convinced the vision has changed. These can be scheduled for May and beyond as kids are out of school until the end of April. With all patients, we should make sure they know that things may change in the coming weeks as the pandemic progresses.

Any glasses or contacts that come in can be shipped to the family, and we should start direct shipping all new contact orders to the family directly. Glasses can be direct-shipped with the parent's

permission (if possible), knowing that we recommend they come in for proper fitting once we have re-opened optical.

All families should be encouraged to come with one parent and the patient only, leaving siblings and the other parent and grandparents at home for the time being. All those coming in should be screened with questions and temperature taken (with the non-contact thermometer). Preemies/ROP exams should be escorted straight to the room.

We are reserving the morning for emergency visits, and the afternoon for virtual visits.

Step 4: At the time of the visit, the office or you should initiate contact with the patient via your chosen media. This requires you connect with the patient via cell phone # (FaceTime, Skype, etc.) or email address (most platforms) and requires the patient to have a smartphone or tablet capable of video. Be sure to document the site for both the patient (their home) and the clinician (home or office) in the medical record.

Step 5: Document the exam in your EHR as you normally would. If you are still on paper, document on your standard form for the office. Be sure to document start and end times for the encounter, and also record that the patient gave verbal consent for the encounter to proceed.

Step 6: Code the visit using standard E&M codes. Note: **Eye codes are not eligible for Telehealth billing!** Place of service is coded 02 (rather than 11 as it is for office visits), and the modifier -95 should be used, designating the service as Telehealth. Consult the attached additional notes:

- While telehealth E/M does not preclude performance of physical exam, an exam is not necessary to perform and code a telehealth E/M visit.
- For example, for an Established patient, one can apply History and Medical Decision-Making as the two key components for coding. Alternatively, one can code the Established Patient on Time.
- For New Patients and Consults (which require 3 key components), one would code the visit on Time and not key components if physical exam was not performed.

- When coding by Time, one is stating that counseling and/or coordination of care dominated the visit (representing > 50% of total face-to-face time). One would also expect that the medical record reflects the nature of the counseling.
- If coding by Time, the clinician must include a time statement in the medical record, such as: *I spent _____ minutes face-to-face with patient and/or family via real-time audio-visual telehealth dominated by counseling and coordination of care.*

Step 7: You are done! Be creative—patients can gather a lot of information for us regarding the exam. There are online color vision tests, stereo vision tests, worth 4-dot, and more. Some of these tests require red-blue glasses, which patients can purchase from [Amazon](#) for about \$10.”