TELEHEALTH CODING —Medicare Regulations for Ophthalmology

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INTRODUCTION

Telehealth, also often referred to as Telemedicine, has been around for quite a while but has come to the attention of ophthalmologists in the past few years when they are being solicited to participate with Primary Care Physicians (PCPs) in what is essentially screening procedures in order for the PCP to fulfill requirements for quality medicine such as HEDIS (Healthcare Effectiveness Data and Information Set) scores.

Medicare coverage, and thus subsequent reimbursement, is very limited for ophthalmic services at this point in time, and this review outlines the parameters for as it applies to Medicare Fee-For-Service providers.[1, 2]

THE PARAMETERS

Conditions of Payment. An interactive audio and video telecommunications system that permits real-time communication between the provider at the distant site and the beneficiary at the originating site is a condition of payment. Asynchronous "store and forward" technology, the transmission of medical information the physician or practitioner reviews at a later time, is permitted only in Federal telemedicine demonstration programs in Alaska or Hawaii.

Originating Sites. An originating site of an eligible Medicare beneficiary at the time the service is furnished via a telecommunication system occurs. Medicare beneficiaries are eligible for telehealth services only if they are presented from an originating site located in a county outside of a Metropolitan Statistical Area (MSA) or a rural Health Professional Shortage Area (HPSA) located in a rural census track.

Authorized Practitioners at Originating Site and Distant Site. The complete list for each category is found in reference 1.

There is a comprehensive list of sites that qualify as an originating one; however, for this review the ones that are most likely to apply include: physicians, practitioners and hospitals.

For distant sites the list of permitted practitioners includes: physicians, Nurse Practitioners (NPs), Physician Assistants (PAs) and others.

Calendar Year 2018 Medicare Telehealth Services. There is a four-page list of Medicare covered telehealth services in the MLN booklet; however, the ones that primarily pertain to ophthalmic practitioners are as follows:

SERVICE	HCPCS/CPT CODE
Telehealth consultations, emergency department or initial inpatient	HCPCS codes G0425–G0427
Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs	HCPCS codes G0400–G0408
Office or other outpatient visits	CPT codes 99201–99215
Subsequent hospital care services, with limitation of 1 telehealth visit every 3 days	CPT codes 99231–99233
Subsequent nursing facility care services, with limitation of 1 telehealth visit every 30 days	CPT codes 99307–99310

Synchronous Telemedicine Services/CPT Input. In the 2017 Current Procedural Terminology (CPT) book a new appendix, Appendix P, appeared with a listing entitled "CPT Codes That May Be Used for Synchronous Telemedicine Services". Instructions appearing with the listing stated that Modifier 95 should be appended when billing these services. Also noted was that all telemedicine codes would appear with a star (✯) in front of the code. *Note: CMS uses the term Telehealth whereas CPT uses telemedicine. Synchronous = real-time whereas asynchronous = not in real-time.*

CPT notes that procedures on this list involve electronic communication using interactive telecommunications equipment that includes, at a minimum, audio and video.

The CPT codes pertaining to ophthalmology that are in Appendix P:

✯**92227** Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral

✯**92228** Remote imaging for monitoring and managing of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral

Fundus photography (CPT code 92250) *does not* appear on the list.

BILLING & PAYMENT FOR TELEHEALTH PROFESSIONAL SERVICES

Here are some of the instructions listed in the MLN Booklet. If you are considering billing these services it is vital to study both references.

- Providers in Alaska and Hawaii should append telehealth modifier GQ if the services were performed "via an asynchronous telecommunications system" (for example, 99201 GQ).
- After January 1, 2017 use Place of Service (POS) 02: Telehealth:
- After January 1, 2018 distant site practitioners billing telehealth services from Critical Access Hospitals (CAH) under the CAH Optional Payment Method should submit institutional claims using the GT modifier. However, it no longer has to be used.
- Physicians billing for their services that are not rendered in a CAH would bill the Medicare Administrative Contractor (MAC) under the Medicare Physicians Fee Schedule.
- There are many more intricacies for billing and in-depth guidelines are found in the provided references.

CASE STUDY

Q. Our provider wants to set up an examination lane in PCP's office that would be staffed by an ophthalmic technician only. The technician would do diagnostics (fundus photos only) and, if needed, pressure checks and a refraction. It would be for a diabetic and/or glaucoma screening. Our provider would review tests remotely and write a report to that provider.

A. There has been an increasing interest in this over the past few years; however, as this pertains to Medicare regulations there are serious issues with it.

Fundus photographs are considered a diagnostic test and are **not covered** under Telehealth by Medicare. To be a covered service that can be paid by Medicare there must be **an order** for the diagnostic test by the **treating physician,** who is **not** the PCP. It would be the ophthalmologist. An ophthalmic examination has to be performed and a diagnosis or other reason for medical necessity for the test has to be established and *then* the diagnostic test **ordered** (Medicare Benefit Policy Manual Ch 15—Covered Medical and Other Health Services §80.6.1). It states: *A "treating physician" is a physician as defined in §1861 of the Social Security Act (the Act) who furnishes a consultation or treats a beneficiary for a specific medical problem, and who uses the results of a diagnostic test in the management of the beneficiary's specific medical problem."*

The PCP is neither the treating physician for ophthalmic conditions nor the physician managing any of the eye problems. CMS would consider this a screening test at best, and, since it is not one of the approved screening tests (eg, glaucoma screening) it is not covered. Setting up a refraction lane in the PCP's office manned by a technician is not allowed since CMS's "incident to" rules are not being followed. Ophthalmic technicians are non-licensed ancillary personnel whose services cannot be billed to Medicare since they are not eligible to be Medicare providers.

Some PCPs want to do this in order to optimize their HEDIS scores; however, this type of joint venture wherein fundus photos of diabetic patients are taken in the PCP's practice and the ophthalmologist provides the interpretation and report at a later time does not qualify as a Medicare covered service.

The next issue is that this cannot be considered Telehealth (a/k/a telemedicine) and for Medicare since it does not qualify by virtue of CPT code (92250) not being on the covered list of Telehealth codes. Furthermore the use of 92227 and 92228 (codes on the list) requires **real-time** transmission.

For those planning to work with primary care physicians on providing fundus photo interpretations…you may want to re-evaluate the arrangement.

REFERENCES

1. CMS/Medicare Learning Network: Telehealth Services. February 2018. *Note: this is an MLN booklet.*
2. CMS: Medicare Claims Processing Manual. Ch 12- Physicians/Nonphysician Practitioners. Rev.3971, 06-13-18, § 190 Medicare Payment for Telehealth Services.