

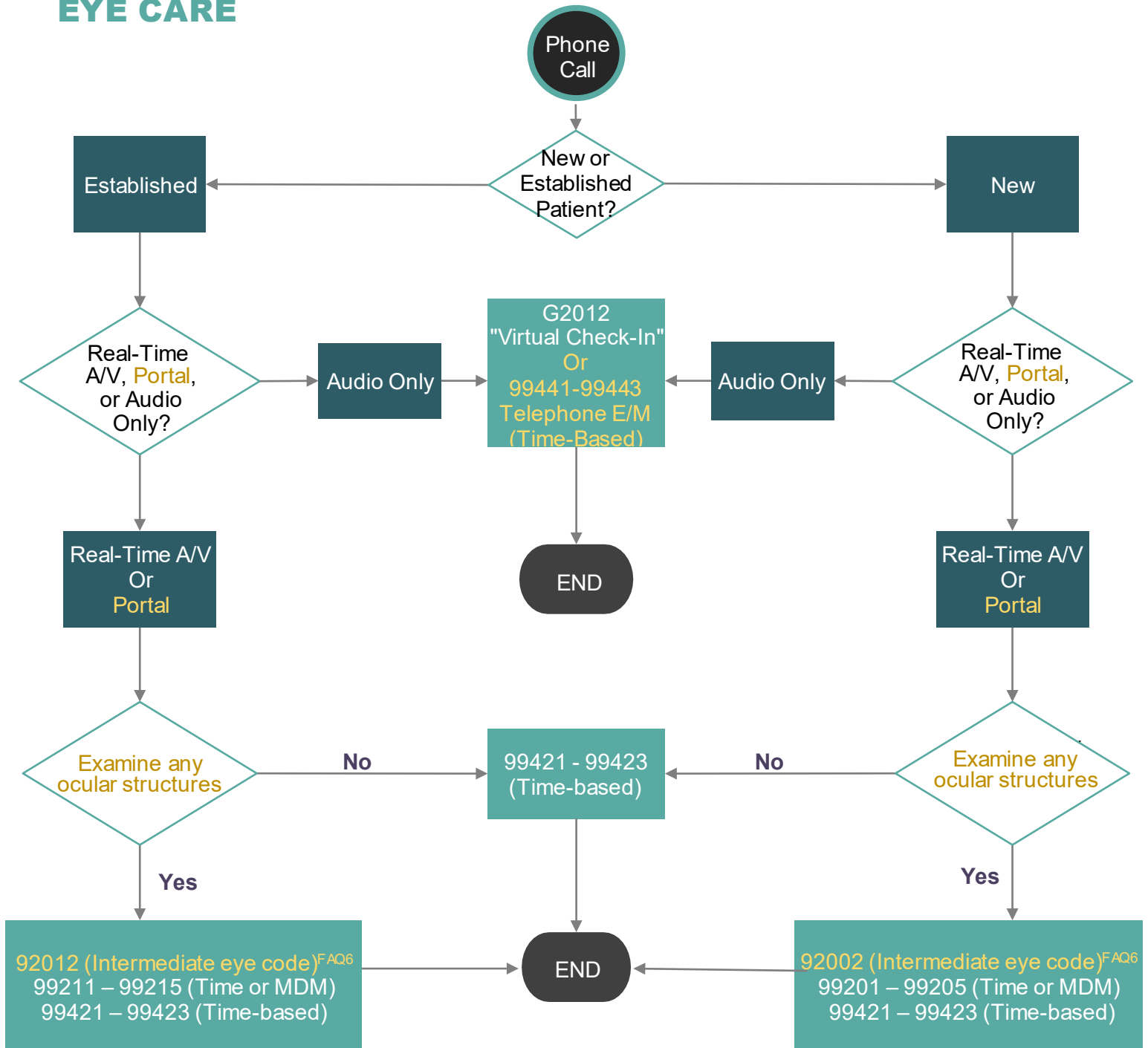
TELEMEDICINE FLOW CHART & FAQs

05/07/20

As eye care practices are adapting and implementing telemedicine services, we have created the below flowchart and included FAQs to provide guidance and understanding around the coding associated with the delivery of telemedicine services. While the flowchart attempts to provide education regarding possible telehealth coding scenarios, it should not be used as the sole determining factor for code selection. Final code selection should be based on each patient's unique scenario and is at the discretion of the provider.

Yellow-font content in the below flow-chart was updated as of 5/7/20 to incorporate numerous recent changes to the published regulations and standards for delivering telemedicine services.

TELEMEDICINE FLOWCHART: EYE CARE



FAQs

1. WHAT TYPE OF CONDITIONS DO YOU EXPECT TO EVALUATE USING TELEMEDICINE SERVICES?

Below is a list of likely indications; however, the list is not all-inclusive.

- Acute problems (e.g., red eyes, irritated eyes, trauma)
- Dry eye
- Lid problems (e.g., chalazion, infections, inflammation)
- Chronic disease management (e.g., review medication compliance, signs/symptoms, etc. glaucoma)
- Cornea/conjunctival problems (e.g., foreign body sensation, pterygium, pinguecula)

2. WHAT IS MEANT BY THE FLOWCHART DIAMOND BOX “EXAMINE ANY OCULAR STRUCTURES”?

Since “real time A/V” is required for traditional outpatient E/M codes (99201-99215), some type of physical exam of the eye is expected. The 1997 single-system evaluation and management (E/M) guidelines for an eye exam includes these 12 elements:

- | | | |
|--------------------------------|---------------------|----------------------|
| 1. Vision | 5. Lids/adnexa | 9. Iris/pupils |
| 2. Intraocular pressure | 6. Conjunctiva | 10. Lens |
| 3. Confrontation visual fields | 7. Cornea | 11. Retina (dilated) |
| 4. Extraocular muscles | 8. Anterior chamber | 12. Mental status |

It is possible to observe or capture several exam elements during a telehealth exam. There may be others, but the most likely elements are:

- | | | |
|----------------------------------|---------------|------------------------------|
| • Vision (near) | • Conjunctiva | • Cornea (gross observation) |
| • Extraocular muscles (versions) | • Iris/pupils | • Mental status |
| • Lids/adnex | | |

3. WHY DO THE NEW AND ESTABLISHED E/M CODES SAY “TIME OR MDM”?

On March 31, the Code of Federal Regulations (CFR), published, for telemedicine only, that “the code level will be selected based on either the level of Medical Decision Making (MDM) or the total time personally spent by the reporting practitioner on the day of the visit (including face-to-face and non-face-to-face time).” Unlike in-office exams, telehealth time includes both face-to-face video interaction and non-face-to-face time or the total physician time. Challenges with access to the internet are not likely part of the total time.

4. IF WE HAVE A REAL-TIME A/V CONNECTION, WHY WOULD WE CHOOSE A 9942X CODES?

If the A/V connection is too poor or the person using the camera has challenges, preventing any of the exam elements listed in FAQ No. 2 (above) from being examined or evaluated, the 9942x series is likely the best choice. Please note the 9942x series is based on cumulative time over seven (7) consecutive days.

5. WHAT ARE THE CRITERIA AND PAYMENT RATES FOR TELEPHONE E/M (99441 – 99443) CODES?

In the March 31 CFR, CMS added these to the list of covered services. The codes only require telephone interaction between patient and provider. Video is not required. The codes are based on time and cannot originate from a related E/M service within the previous 7 days or lead to an E/M service or procedure within the next 24 hours.

See the [COVID-19 TELEMEDICINE CODE MATRIX](#) for reimbursement rates and time increments.

6. WHY ARE THE INTERMEDIATE EYE CODES ON THE FLOW CHART BUT NOT THE COMPREHENSIVE EYE CODES?

CMS added the eye codes (92002 – 92014) to the list of covered telehealth services on April 30, 2020. (<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>) They made the list retroactive to March 1, 2020. Real-time audio and video are required and the standard documentation requirements defined by CPT apply as they always have. Due to limitations of telemedicine, the intermediate eye code (92002/92012) is possible, while the comprehensive eye code (92004/92014) is not.