

## COVID-19 Telemedicine and Podiatry

During the COVID-19 Public Health Emergency, podiatrists can provide four (4) non-face-to-face service types to most patients. The four delineated service options include:

- ***New and Established Patient Audio/Video Encounters***  
CPT 99202-99215 for Medicare Part B and Medicare Advantage patients when these services are provided remotely. Additionally, some private insurance companies have made the same allowance.
  - The provider and patient can be in any location. Some private payors have followed suit.
  - Communication method must allow real-time communication, including audio and video.
  - Providers may reduce or waive cost-sharing for these services if they wish.
  - Reimbursed at the facility rate.
  - Medical record must document a progress note just like a normal patient visit.
  
- ***Virtual Check-in***  
Code G2012 must be used when a virtual check-in is provided to a Medicare Part B or Medicare Advantage patient.
  - Can be any type of telecommunication tool, including telephone.
  - This code should be used for virtual check-in with an established Medicare Part B or Medicare Advantage Patient that is not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.
  - Approximately 5-10 minutes of medical discussion
  
- ***Telephone E/M Service***  
Telephone E/M service and documentation must support an E/M like any other time.
  - Must have history, as much of an evaluation as possible, and some form of medical management.
  - Established patients only
  - Telephone E/M services:
    - Must be an established patient
    - Must be initiated by the established patient or the patient's guardian
    - Providers may educate patients about this option
    - Are ***not reimbursable*** by Medicare and some private payors
  - Telephone E/M services cannot:
    - Be reported if the call results in a decision to see the patient within 24 hours or next available urgent appointment;
    - Be reported if the call refers to E/M services performed by the same provider within the previous seven days;
    - Be reported if the call refers to a problem for which a patient is in a global period; and

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- Be reported if the provider performed a Telephone E/M or Online Digital E/M/ for the same patient for the same problem/issue within the last seven days.
  - Be reported if the call is part of Home Care Oversight Services, Care Plan Oversight Services, Home/Outpatient INR Monitoring, Complex Care Management Services, or Transitional Care Management Services.
- **Online Digital Evaluation/Management Services** for patients with any insurance:
  - This E/M interaction requires E/M service and documentation just like any other E/M type: history, as much of an evaluation as possible, and some form of medical management.
  - Digital platforms include: (i) HIPAA-compliant EHR; HIPAA-compliant email; HIPAA-compliant text; and other HIPAA-compliant two-way digital communications.
  - The following elements must be satisfied to provide Online Digital E/M services:
    - Must be with an established patient
    - Must be initiated by the established patient via a digital platform
    - Provider may educate patients about the Online Digital E/M services
    - It **may not be reimbursable** by Medicare and some other payors
  - The Online E/M services are not reimbursable if:
    - The service refers to a problem for which a patient is in a global period.
    - The service is initiated within seven days of any E/M for the same problem.
    - The service is performed on the same day as in-person E/M services
    - The service is part of Home Care Oversight Services, Care Plan Oversight Services, Home/Outpatient INR Monitoring, Complex Care Management Services, or Transitional Care Management Services
  - Can only be reported once per seven day period
  - Time includes:
    - Review of inquiry;
    - Review of patient records;
    - Interaction with other staff;
    - Development of management plan;
    - Perceptions;
    - Ordering tests and
    - Communication with patient.

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