CBCCA
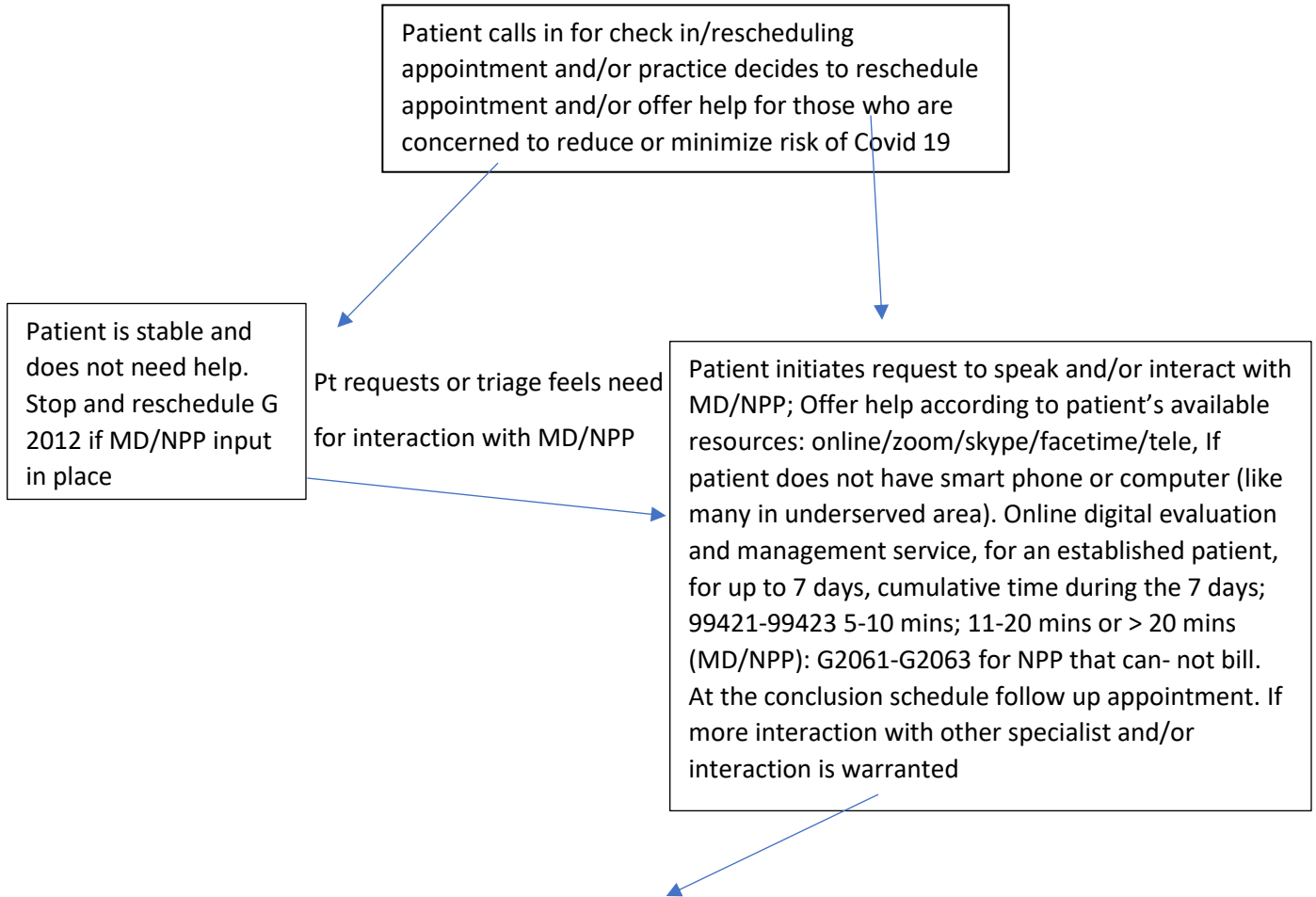
Work flow and coding sequence for telehealth during the Covid 19 outbreak to minimize patient and staff exposure as well as providing continuity of care

Patient calls in for check in/rescheduling appointment and/or practice decides to reschedule appointment and/or offer help for those who are concerned to reduce or minimize risk of Covid 19

Patient is stable and does not need help. Stop and reschedule G 2012 if MD/NPP input in place

Pt requests or triage feels need for interaction with MD/NPP

Patient initiates request to speak and/or interact with MD/NPP; Offer help according to patient's available resources: online/zoom/skype/facetime/tele, If patient does not have smart phone or computer (like many in underserved area). Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 99421-99423 5-10 mins; 11-20 mins or > 20 mins (MD/NPP): G2061-G2063 for NPP that can- not bill. At the conclusion schedule follow up appointment. If more interaction with other specialist and/or interaction is warranted

Interprofessional Telephone/Internet/ EHR Consultations (would include hospital and/or ER consults): Verbal and written report; Telephone, Internet, EHR; Consultants;
Codes used 99446-99449; **Reimbursements** $18.41 for 5-10 mins; $37.17 for 11-20 mins ; $55.58 for 21-30 mins; $73.97 for >30 mins**; 99451**; Interprofessional Telephone/Internet/ EHR; Consultations – written report ≥ 5 mins; **99452:** Interprofessional telephone/ Internet/electronic health record referral service, 30 mins

For patients requiring multiple intervention (calling radiology, review images, review pathology and remote multi-disciplinary discussions) leading to > 35 minutes involvement of MD code for **99358** (non- face to face prolonged care coordination); The codes are 99358 (Prolonged evaluation and management (E/M) service before and/or after direct patient care, first hour on the day before or after E/M) and + 99359 (each additional 30 minutes; list separately in addition to code for prolonged service). May be reported on a different date than the primary service; i.e. extensive record review may relate to previous E/M service; MUST relate to service where a F2F HAS OR WILL occur AND relate to patient management. Report total duration of non F2F even if the time spent on that date is not continuous. Only use once per date