SUMMARY OF TECHNOLOGY-ENABLED PHYSICIAN SERVICES

Telehealth Services (E&M/AWV Services): available nationally only during Pandemic/Declared State of Emergency relating to COVID 19

- CPT codes are the same as used in-office (Place of Service (POS) 11).
- Documentation, time and/or medical decision-making requirements to support use of CPT code are comparable to standards for in-office use.
- Designate place of service as (POS 11) for services provided when patient is remote; need to apply 95 modifier.
- Both audio and visual capabilities for real time communication are required to be used for these visits.
    - CMS Medicare FFS reimbursement is comparable to reimbursement for in-office services. Actual reimbursement from Medicare Advantage plans may vary.
- Some plans have waived all cost sharing related to telehealth services. In other cases, we have not confirmed that, and normal patient co-pays may apply. For example, Aetna, Humana, & MediGold have waived all patient copays; UHC has not. UHC has only waived patient co-pays for e-Visits & Virtual Check-Ins, described below. Refer to list of patient copays by plan by market in the agilon health Connected Community.
- We believe that ICD-10 codes that normally risk adjust and are included on the claim will be considered by CMS for risk-adjustment purposes.
- Appropriate ICD10 codes will also be included in calculation of agilon health Physician Quality Incentive programs.

Code from CMS' Telehealth Services List CY 2020	Description	On Approved CMS List For Risk Adjustment 2/21/2020
99201	Office/outpatient visit new	YES
99202	Office/outpatient visit new	YES
99203	Office/outpatient visit new	YES
99204	Office/outpatient visit new	YES
99205	Office/outpatient visit new	YES
99211	Office/outpatient visit est	YES
99212	Office/outpatient visit est	YES
99213	Office/outpatient visit est	YES
99214	Office/outpatient visit est	YES
99215	Office/outpatient visit est	YES
99231	Subsequent hospital care	YES
99232	Subsequent hospital care	YES
99233	Subsequent hospital care	YES
99307	Nursing fac care subseq	YES
99308	Nursing fac care subseq	YES
99309	Nursing fac care subseq	YES
99310	Nursing fac care subseq	YES
G0438	Ppps, initial visit	YES
G0439	Ppps, subseq visit	YES

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Virtual Check-Ins

Since 2019, Medicare pays for "virtual check-ins" for patients to connect with their doctors without going to the doctor's office. However, effective as of March 30, 2020, CMS has adjusted the requirements to include:

- Eliminate patient initiated requirement & established patient requirement from the historical rules.
- The communication must not be related to a related E/M services provided within the previous 7 days and not lead to an E/M service or procedure within the next 24 hours (or soonest appointment available)
- 5-10 minutes of medical discussion
- Some plans have waived all cost sharing related to Virtual Check-In services (we have confirmed this with MediGold, Aetna, UHC, Humana). In other cases, we have not confirmed that, and normal patient co-pays may apply.
- These visits can be performed using just telephone (no video requirement).
- **The services may be billed using CPT codes G2012. Average national CMS reimbursement for this code is $14.80. Actual reimbursement from Medicare Advantage plans may vary.**
- Must be used by a physician or other qualified health care professional who can report evaluation and management (E/M) services.

e-Visits

New in 2020 (regardless of the COVID19 pandemic), CMS introduced six new CPT codes for e-Visits, providing more opportunities for physician practices to be reimbursed for conducting digital health assessments and evaluations for their patients. The 2020 Medicare Physician Fee Schedule describes e-Visits as non-face-to-face "patient-initiated digital communications that require a clinical decision that otherwise typically would have been provided in the office." The descriptors further suggest that the codes are intended to cover short-term ("up to seven days") evaluations and assessments that are conducted online or via some other digital platform, and likely also include any associated interpretation and clinical decision making. Evaluations and assessments that extend beyond the seven-day maximum may constitute remote patient monitoring. Similar to that with Virtual Check-Ins, CMS has changed certain requirements effective

- The patient must:
    - generate the initial inquiry (although providers can educate beneficiaries regarding the availability of the service prior to initiation) through the practice portal. {NOTE: QUESTION OUT TO DETERMINE WHETHER THIS REQUIREMENT IS BEING WAIVED}

    - verbally consent to receiving e-visit services (consent needed just once per annum)
- During the pandemic, service is available for new and established patients.
- Communications can occur over a 7-day period
- The services may be billed using CPT codes 99421-99423 and HCPCS codes G2061-G2063, as applicable
- The final code descriptors, and CMS national average reimbursement rates, for the new e-visit codes are as follows. Note that actual reimbursement from Medicare Advantage plans may vary.
    - HCPCS code G2061: *Qualified nonphysician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes.* ***CMS National Average Reimbursement: $12.27***
    - HCPCS code G2062: *Qualified nonphysician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes.* ***CMS National Average Reimbursement: $21.65***
    - HCPCS code G2063: *Qualified nonphysician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.* ***CMS National Average Reimbursement: $33.92***
    - CPT code 99421: *Online digital evaluation and management service, performed by physician or professional who can bill for traditional E&M services, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes.* ***CMS National Average Reimbursement: $15.52***
    - CPT code 99422: *Online digital evaluation and management service, performed by physician or professional who can bill for traditional E&M services, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes.* ***CMS National Average Reimbursement: $31.04***
    - CPT code 99423: *Online digital evaluation and management service, performed by physician or professional who can bill for traditional E&M services, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes.* ***CMS National Average Reimbursement: $50.16***
- Some plans have waived all cost sharing related to e-Visit services (we have confirmed this with MediGold, Aetna, UHC, Humana). In other cases, we have not confirmed that, and normal patient co-pays may apply.

Newly Approved Telephone (AUDIO ONLY) Visits

Effective 3/31/2020, CMS is covering telephone only services that were previously non-covered by Medicare. The only "evaluation and management" services that may be provided to Medicare beneficiaries via audio only technology are shown below. {NOTE: WE ARE WORKING WITH OUR CONSULTANTS IN DC TO UNDERSTAND CMS REIMBURSEMENT FOR THESE CODES}

99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion

98968	**T**elephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion