

AVMED TELEMEDICINE BILLING AND GUIDELINES

**** APPLICABLE ONLY TO PRIMARY CARE PHYSICIANS ****

After Hours Phone and Email Consultations

(Applies only to consultations which are done via an on-line and/or telephonic communication system, based on the criteria specifically set forth herein.)

APPLICABLE SERVICES:

THE FOLLOWING SERVICES MAY BE REIMBURSABLE, AS SET FORTH HEREIN, WHEN RENDERED IN THIS FORMAT.

- Review of non-urgent medical symptoms
- Medication and prescription refills based on the applicable patient setting
- Detailed lab and test results communication accompanied by a treatment plan
- Referrals related to communications involving a treatment plan
- Treatment plans, must be explicit and clearly communicated with clinical indications

Privacy and security measures must be maintained to protect patient information that comply with applicable federal and state laws such as encryption or a secure web site. Features that assure confidentiality along with authentication (establish patient's identity) must be part of the system requirements. There should be a clear distinction between an online consultation for a new condition and a pre-existing condition. Primary Care Physicians/Healthcare Professionals must document the lapse of time between the online diagnosis and an actual patient follow up consultation in an office setting. Primary Care Physicians/Healthcare Professionals must document in the medical records or consult notes that the patient acknowledges that the consultation is solely based upon information made available to the Primary Care Physicians/Healthcare Professionals during, or prior to, the online/telephonic consultation. The Primary Care Physicians/Healthcare Professionals must also obtain the patient's informed consent to participate in the consultation along with any disclaimers or service parameters. Whether such services, as described herein, should be rendered to the patient in this format is within the sole medical and professional judgment of the Primary Care Physicians/Healthcare Professionals. In addition, PROVIDER will allow AVMED to complete an audit of the medical records upon reasonable notice to verify compliance with these requirements. If PROVIDER fails to comply with these requirements, AVMED reserves the right to adjust payments previously made herein, or to adjust future payments of monies due to PROVIDER, to reflect corrections based on audits or other review by AVMED.

ELIGIBILITY FOR REIMBURSEMENT:

Applicable Services obtained from Primary Care Physicians/Healthcare Professionals that are performed in an electronically secured manner may be eligible for payment if ALL of the following criteria are met. If all of the payment criteria are not met, PROVIDER shall not be eligible for payment from AVMED and PROVIDER shall not bill MEMBER for such services:

- Patient is established with the PROVIDER with documented history of treatment in the patient's medical record.
- Medically appropriate consultation involved sufficient resource use, time, and complexity to warrant consideration per the Primary Care Physicians/Healthcare Professionals independent medical judgment.
- Documentation of all communication must be included in the patient's medical record. Medical record communication detail must include but does not have to be limited to: Chief Complaint/Concern, Assessment, and Treatment Plan.
- Services must be billed under the PROVIDER number AND Primary Care Physicians/Healthcare Professionals must respond to the member's query within twenty (24) four hours.*Weekend/Holiday Exception: Primary Care Physicians/Healthcare Professionals must respond by close of next business day.
- Primary Care Physicians/Healthcare Professionals providing consultation will identify him or herself to patient.
- Prior to the consultation, patient must be made aware of any charges that may be incurred and that the charges may not be reimbursed by the patient's health insurance ie deductible, copay, co-insurance.

The following services are not eligible for payment from AVMED and PROVIDER shall not bill MEMBER for such services:

- Sole purpose of communication is for appointment scheduling/re-scheduling; reporting on nonnal test results, or instruction clarification;
 - Refilling or renewing existing prescriptions without substantial change in clinical situation;
 - All services related to routine office administrative tasks (e.g., patient information updates; visit reminders, referral requests, etc.);
 - Providing marketing or educational materials solely;
- Follow-up discussion involving a patient's medical procedure/chronic condition with no specific documentation of complication, change in treatment or new condition

BILLING METHODOLOGY:

The following codes shall be accepted for reimbursement, subject to the above-mentioned guidelines and criteria:

Physician Billing

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.

99421 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

99422 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

99423 - Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

Mid-level Provider Billing

98966 - Telephone assessment and management service provided by a qualified non-physician 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 non-physician 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 - Telephone assessment and management service provided by a qualified non-physician 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

98970 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes

98971 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

98972 - Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

The limit for this reimbursement is one (1) per day. Any assessment, management, and evaluation service cannot be billed more than once within 7 days for the same episode of care. Any assessment,

management, and evaluation service billed within the post- operative period of a surgical procedure will be considered part of the global payment for the procedure and will not be reimbursed individually.

Provider shall provide Easy Access to Members. For purposes of this provision, "Easy Access" shall mean making a physician available for urgent care appointments within 24 hours and routine care appointments within 1-2 business days from the request by the Member. In return, AVMED will classify in the Provider Directory that such Provider makes available Easy Access to Members.