

It's 2020. Your patients know they can use the portal to have their concerns addressed – and avoid an office visit. Shouldn't you get paid for the care you provide when managing patients in an online setting? Now you can.

Eligibility Requirements:

- Established patient (has received care in the past 3 years)
- Patients must initiate the contact, like they would with other Evaluation & Management (E/M) services, in a digital format (such as through the patient portal)
- Problems addressed in digital E/M visits must be unrelated to any E/M service provided in past 7 days
- Problems addressed in a digital E/M visit must require a clinical decision that typically would have required an office-based E/M visit
- Digital E/M visits may not be billed during surgical global period or during the same period covered by a [Virtual Check-In \(G2012\)](#)

99421 - Digital E/M, 5-10 minutes

99422 - Digital E/M, 11-20 minutes

99423 - Digital E/M, 21 or more minutes

G2061 - Digital Assessment by QHP, 5-10 minutes

G2062 - Digital Assessment by QHP, 11-20 minutes

G2063 - Digital Assessment by QHP, 21 or more minutes

Digital E/M vs Digital Assessment

Medicare has created 2 levels of digital visits:

- those that would typically be provided by **physicians and non-physician providers (NPP)**. These services are billed using **CPT codes 99421-99423**, which describe digital visits that replace an office-based E/M visit
- those that would be delivered by **qualified healthcare providers (QHP)**, such as Physical Therapists, Social Workers, and Dieticians, who cannot bill for E/M visits. These services are billed using **HCPCS codes G2061-G2063**, which describe digital visits that include assessments by QHP

Whether billing digital E/M visits or digital assessments, clinical staff time *does not* count towards the cumulative time for billing purposes.

7 Days of Services

- Time spent by the provider, NPP, or QHP over the course of 7 days can count towards the total time calculation.
- The 7-day period begins when the healthcare provider personally reviews the patient-initiated inquiry
- Digital E/M and Digital Assessments can be billed once every 7 days.
- In addition to reviewing the initial patient inquiry, actions counting towards the cumulative service time can include:
 - Review of patient records or data relevant to the problem
 - Provider interaction with other clinical staff focused on the patient's problem
 - Developing a management plan, including generating prescriptions, ordering tests, and following up with the patient
 - Follow-up with patients may occur through the same digital medium, another digital platform, or telephone
- Consent for services must include notification of cost-sharing obligations; documented verbal consent meets requirements. Once obtained and documented, a single consent can cover services for entire year.
- Documentation should be similar to what would typically be documented for an E/M visit or QHP assessment, using addendums to amend the documentation over the 7 day period.
- Documentation of the digital communication, such as the patient inquiry and provider responses, should be placed in the Electronic Medical Record (EMR)
- If a face-to-face visit occurs within 7 days of the initiation of the digital visit, a separate digital visit cannot be billed. However, the cumulative time spent or complexity of medical decision-making that occurred during the 7-day period can count selecting the level of service for the face-to-face visit.
- Services must be provided on a **HIPAA compliant platform***, such as a patient portal, secure email, or other digital applications.

Billing Tips

- Both E/M Digital Visits (**99421 - 99423**) and Digital Assessments (**G2061 - G2063**) may be billed the same day in fee-for-service settings, using the -25 modifier
- Digital E/M or Assessment Visits can be billed the same month as Chronic Care Management, Transitional Care Management and Principal Care Management
- Digital E/M or Assessment Visits are not a separately billable service in Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC) settings, but [Virtual Care](#) may be used, when applicable

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