Remote Evaluation and Management Services

The below includes guidance from the Office of Compliance and Ethics related to telephone evaluation and management services as well as online digital evaluation and management services. For additional guidance or specific questions, please contact the Office of Compliance and Ethics, compliance@siumed.edu.

Online Digital Evaluation and Management (E/M) Services

When the patient initiates the service, providers may perform online digital evaluation and management services for an established patient, for up to 7 days, cumulative time during the 7 days
- 99421 – 5-10 minutes
- 99422 – 11-20 minutes
- 99423 – 21 or more minutes

- The service must be initiated by the patient. However, the provider can let the patient know about this option.
- These can only be reported by providers licensed to render E/M services
- The patient must be established to the practice, but the problem can be new.
- If the work takes under five minutes, it is not reported.
- Time can’t be counted twice or billed for under another separate code.
- The time can’t be related to an E/M service provided in the last 7 days.
- If a separate E/M face-to-face visit or real-time virtual visit occurs within the seven-day period, then this online work is incorporated into the face-to-face visit and is not separately reported.
- The time is cumulative over the 7 days and begins when the provider reviews the online generated inquiry.

The work included in these services is:
- Review of patient record and data pertinent to assessment of the problem.
- Development of a management plan.
- Generation of a prescription or test order.
- Any subsequent online communication that does not include a separately reported E/M service.

Virtual Check-In Visits

HCPCS code G2012 - Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient.
- Can be done by telephone
- The service must be initiated by the patient. However, the provider can let the patient know about this option.
- These can only be reported by providers licensed to render E/M services
- The patient must be established to the practice, but the problem can be new.
- If the work takes under five minutes, it is not reported
- Check-in cannot be related to an E/M service provided within the previous 7 days.

**Telephone Evaluation and Management (E/M) Service**

Unfortunately, CPT Codes 99441-99443 (telephone E/M service by a physician or qualified healthcare professional who may report E/M services provided to an established patient) are **not** billable as they do not meet the CPT and Medicare face-to-face requirements.

Per Medicare Benefit Policy Manual, Chapter 15, Section 30, services by means of a telephone call between a physician and a beneficiary, or between a physician and a member of a beneficiary’s family, are covered under Medicare, but carriers may **not** make separate payment for these services under the program. The physician work resulting from telephone calls is considered to be an integral part of the pre-work and post-work of other physician services, and the fee schedule amount for the latter services already includes payment for the telephone calls. See §270 of this manual for coverage of telehealth services. Therefore, telephone calls are not separately billable under Medicare for E/M services.

Per Illinois Medicaid:

- Services and supplies for which payment will not be made under any of the Department’s Medical Programs include medical care provided by mail or telephone, except for approved Telemedicine services described in Chapter 200,
- Telephones, facsimile machines and electronic email systems are not acceptable telecommunications systems.

**Resources:**
- Illinois Medicaid Handbook for Providers of Medical Services, Chapter 100, Section 104
- The Illinois Medicaid Handbook for Practitioners Rendering Medical Services, Chapter A-200, Section A-220.67
- Medicare Benefit Policy Manual Chapter 15, Section 30
- AMA 2020 CPT Changes