



Hybrid Patient Exams

Many scenarios lend themselves to hybrid telehealth visits for ophthalmology practices. While COVID-19 was the starter for many practices, the hybrid visit will continue to allow practices to increase efficiency and access to care moving forward. Besides minimizing wait times, hybrid visits allow physicians to see their patients from multiple locations, with greater scheduling flexibility, including after-hours and on the weekends. As such, it will be important for practices to develop protocols to ensure compliance and maintain an excellent patient-physician workflow.

Here are a few scenarios to consider:

Hybrid Visit Workflow:

The patient is scheduled for the in-person portion of the visit, where the technician collects the history and basic workup in the office. Any necessary testing is performed.

- For NEW patients, the physician may place appropriate orders for medically necessary testing after reviewing outside records or the initial technician workup.
- For ESTABLISHED patients, the previously ordered testing and workup is performed.

The EHR visit documentation may be put “on hold” or “closed” to be finished by the physician; the EHR may require the physician to append the closed technician documentation.

The in-person portion of the visit may be followed by:

- a video/phone call telehealth visit with the remote physician, or
- the technician may connect with the remote physician while he/she is with the patient, or
- a video slit lamp exam may be performed remotely, or
- the visit may be recorded for later review by the physician.

The technician portion and physician portion of the visit may occur over one or more than one day within reasonable proximity.

Claim submission for the visit occurs at the conclusion of the telehealth visit when physician documentation is finalized. The claim includes the technician portion and professional component for the visit.

Diagnostic testing is billed in the usual manner after physician interpretation is complete.

Hybrid Visit Coding:

The technician and professional portions may take place on the same or different days. The final code choices are made at the completion of the physician's exam.

- A single claim can be submitted for hybrid visits even when the technician and doctor see the patient on different days.
- No extra code (i.e. 99211) should be charged for technician time.
- Check payer policies in advance to understand reimbursement availability.

Currently for Medicare, under the CMS national emergency waivers, hybrid visits may be billed at the conclusion of the physician's portion with the appropriate code:

- Outpatient E/M Codes 99202-99215 for audio/video based on total physician time or medical decision making (MDM).
- Eye codes 92002-92014 may be used if elements are satisfied.
- Telephone E/M codes 99441-99443 based on physician time.
- Online digital E/M codes 99421-99423 based on cumulative physician time over 7 days.