

## **PROFESSIONAL FEES**

Since the onset of the COVID epidemic, the delivery and payment for healthcare providers has changed dramatically. Since social distancing has become a key component to controlling this viral disease, patients have been encouraged to limit close contacts with others. Patients, therefore, have complied by reducing or eliminating office appointments with their healthcare providers.

Federal healthcare administrators have responded to the challenges of the epidemic by allowing care providers to provide medical care by telephone or audio-visual contacts as a substitute for in-person office appointments. As such, a new billing structure has been approved.

Patients may, therefore, see charges submitted to their insurance carrier for services such as:

- Review of records
- Telehealth phone consultations
- Prescription refills
- Completion of health and disability forms
- Email telehealth communications, and
- ZOOM® audiovisual communications.

## **NEW ALLOWABLE CHARGES**

<b><u>Code</u></b>	<b><u>Medicare fee allowance</u></b>	<b><u>Description</u></b>
<b>G2012</b>	<b>\$14.10</b>	<b>5-10 MINUTE CARE PROVIDER ENCOUNTERS SUCH AS BRIEF PHONE CALLS OR PRESCRIPTION REFILLS</b>
<b>99213</b>	<b>\$88.25</b>	<b>20 MINUTES CONTACT TIME FOR RECORD REVIEW, REVIEW OF INTERVAL HISTORY, TREATMENT PLAN AND FOLLOW-UP CARE</b>
<b>99214</b>	<b>\$124.24</b>	<b>30+ MINUTES CONTACT TIME FOR RECORD REVIEW, REVIEW OF INTERVAL HISTORY, TREATMENT PLAN AND FOLLOW-UP CARE</b>

99215

\$176.13

40+ MINUTES CONTACT TIME  
FOR RECORD REVIEW,  
REVIEW OF INTERVAL  
HISTORY, TREATMENT PLAN  
AND FOLLOW-UP CARE

### Record reviews

In many instances, a patient's medical problems cannot be fully understood without a comprehensive review of the patient's records from other health care providers. These reviews include the following: previous office notes from other providers, physical exams, laboratory test results, imaging study reports, description of surgical procedures, dental records, analysis of dietary intake, temperature charts, blood pressure charts, blood sugar charts, review of medications both prescription drugs and non-prescription supplements taken by the patient, or other patient information.

These reviews may require a commitment of varying amounts of time and are, therefore, compensated differently. Examples include:

- 99358 record review (31 to 75 minutes) Medicare allowable fee \$110.82 (Additional time blocks over 75 minutes)
- 99359 (76 to 104 minutes) Medicare allowable fee \$54.35
- 99359 (over 105 minutes) Medicare allowable fee \$54.35

Medicare and other insurance companies periodically send summaries to patients showing the number of visits, dates of service, coding level of the care provided, and allowable charges that have been paid to Dr. Kramer. Some charges on these summaries may have a date of service reported that the patient may not recognize as the actual date of contact with Dr. Kramer. In most cases, these charges represent a review of records that took place before the patient made contact with Dr. Kramer and will have a 99358 and 99359 billing code.

Please be sure to call the office if you have any questions. Kindly sign below.

I have read and understand the new billing guidelines and accept them for my care.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Printed name)