

E-Visits: RevFlow Standalone

As of March 17, 2020, CMS will reimburse PTs, OTs, and SLPs for **E-Visits** provided during the COVID-19 response for services occurring on or after March 6, 2020. **Important:** This article applies to RevFlow Standalone members. If you are WebPT EMR + RevFlow, [click here](#) for instructions.

What is an E-Visit?

CMS describes an e-visit as “non-face-to face...patient-initiated digital communications that require a clinical decision that otherwise typically would have been provided in the office.” Check out this [E-Visit FAQ](#) for a complete breakdown of e-visits.

E-Visit Workflow

1. The clinic notifies established patients that they are offering e-visits.
2. An existing patient reaches out and requests service. This should occur through a secure online patient portal (i.e., WebPT’s HEP and Patient Portal). Alternatively, given the loosening of HIPAA penalties during the COVID-19 response, you can use telephone, email, or even Facetime/Skype—although the APTA still recommends using a HIPAA-compliant platform.
3. The provider responds to the patient through the communicated contact method and receives patient consent to participate in an e-visit.
4. The provider delivers e-visit assessment and management services to the patient and documents services/tracks time spent over a seven-day period (starting when the provider responds to the patient’s request) in a daily note. Tracked time should include time spent interacting with the patient and on clinic decision-making to update plans and provide guidance.
5. At the conclusion of the seven-day period, the time should be totaled and the appropriate code billed. Then, you can finalize the note.
6. This process can continue for another seven-day period as long as these provisions are in place as the patient continues to reach out and request service.

How Do I Use the RevFlow EMR to Manage E-Visits?

Set a Place of Service

The place code for e-visits is your current location. If you are completing these e-visits from your clinic location, use **11 - Office**. If you are conducting these e-visits from your home, use **12 - Home**. If you are going to bill using 12 - Home, you must submit a request to add a Home Location to edi.help@webpt.com. **Important:** Because e-visits are not considered telehealth by CMS, 02-Telehealth should not be billed for these visits.

Visit Sub Type !	Evaluation Note ▾
Place of Service !	<input type="text"/>
Date of Service !	3/20/2020
Start of Care !	2/2/2020

What Should I Document?

1. Start a note for the patient after responding to their initial contact.
2. Document that the patient initiated the service and how the patient initiated the service (if possible). Additionally, include the reason why the patient is unable to attend the visit in person.
3. Document each interaction for the next seven-day period within this session.
4. Track the time you spend communicating with the patient, and the time you spend gathering information and using your clinical decision-making abilities to distill it into guidance for the patient.

Complete the Charge Capture

At the end of the seven-day period, add up the total amount of time you spent on the e-visit. Then select the appropriate code based on the time you calculated. Important: Do not bill any other codes.

Medicare

In order for these codes to populate in RevFlow, you must send an email to updates@webpt.com containing the price you want to charge for each of the codes you plan to use. This will allow us to update your RevFlow Procedure Codes list.

- **G2061:** Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the 7 days; 5–10 minutes
- **G2062:** Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 11–20 minutes
- **G2063:** Qualified non-physician qualified healthcare professional assessment and management service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes.

Modifiers

You must select the correct modifier when completing the **Charge Validation**:

- **CR** for Medicare Part B
- **DR** for Medicare Part A

Units	Modifier 1	Modifier 2
0	CR Catastrophe/Disaster Related	