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INSTITUTE

Home-Based Primary Care (HBPC) Masterclass: Beyond Face-to-Face Visits: Technology-based Encounters

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2/19/2026

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The Live Activity Date: February 19, 2026

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Agenda

1. Objectives & Speaker Introductions
2. Telehealth Visits
3. E-Visits (Online Digital E/M) / Virtual Check-ins
4. Remote Patient Monitoring (RPM)
5. Smoking Cessation
6. Q/A
7. How to Access the HCCI Learning Hub™
8. Conclude

Objectives

1. Describe the appropriate use cases, benefits, and limitations of telehealth, e-visits, and remote patient monitoring (RPM) within home-based primary care (HBPC).
2. Identify required documentation, regulatory considerations, and billing guidelines for technology-based encounters including non-face-to-face services, telehealth modalities, RPM services, and smoking cessation counseling.
3. Apply best practices for integrating technology-based care into HBPC, including patient selection, caregiver involvement, device setup, and strategies to optimize audio-only or video-based clinical assessments.

Disclaimer: This webinar is for educational purposes only and does not constitute medical or legal advice. Providers should exercise independent clinical judgment and consult applicable billing guidelines and regulations before implementing any practices discussed.



Presenters



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Telehealth Visits 2026

Telehealth flexibilities have been extended through 12.31.27

Opening Discussion

- **What does telehealth mean to you?**
- **How comfortable are you...**
 - Assessing a patient via telehealth?
 - Coding and billing a patient assessment via telehealth?
- **How are you using RPM?**

Clinical Considerations in HBMC

1. **Programmatic expansion: when does telehealth make sense in HBMC?**
2. **Patient access to and comfort with technology and conducting a practice needs assessment**
3. **Limitations and pitfalls of telehealth**
4. **Optimizing telephonic care – when video visits don't work**

Programmatic Expansion Considerations

Clinical Considerations – when does telehealth make sense?

- Replacing in home visits with video visits – expand time between in-person visits and decrease windshield time?
- When do you need a hands-on exam?
 - Telehealth appropriate exam
- Can you do a video visit as a bridge for in-home urgent care?
- Can you use facilitated visits in addition to direct-to-patient solutions? (Make sure you check state-specific regulatory requirements)

Billing Considerations

- RAF recapture
- E/M billing

Incorporating/Increasing Telehealth in HBMC

Access to and Comfort with Technology – consider a survey for planning purposes or to assess for low uptake

- Bring Your Own Device (BYOD) solutions vs. providing devices
- Involving caregivers (paid vs. family)
- Training by non-clinical staff, if needed

Think about how you want to expand – where is there a need for clinical coverage?

Where can you have an impact on your population?

- Urgent care
 - During regular hours
 - After hours / on call
- Longitudinal care
- Staff expectations on utilization of video visits vs. telephonic care

Clinical Tips

- **Have the patient's medical record accessible, including any prior test results**
- **Engage in shared decision making – we rarely know definitively what is going to happen regardless of visit modality and it's okay to communicate that to patients**

Limitations & Pitfalls of Telehealth

1. Replacing too many in-person visits with video visits

2. Patient access to and confidence in using technology

- Time wasted due to set up - may not save as much time as anticipated

3. Location

- Provider must be licensed in state in which patient is located
- “Snowbird regulations” – prepare for the traveling patient

When Video Doesn't Work (up to half the time!)



Maximizing Audio-only Visits

- In some states, provider-patient relationships may not be established using audio-only visits
- Older, sicker patients may be more likely to be unable to participate in video visits, successfully
- Remember to assess ABC's
- Have a system for obtaining pictures, if they can be sent
- Take your time – our patients are complex, the answer is rarely obvious, and patients understand this
 - Understand how you can maximize the exam with audio-only

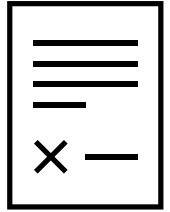
Spencer, T., Miner, K. ., Williams, J., & Charlton, T. (2025). **Optimizing Medical Care in Audio-Only Patient Management.** *Telehealth and Medicine Today*, 10(1). <https://doi.org/10.30953/thmt.v10.546>

Telehealth Documentation Requirements



- ✓ Patient (informed) Consent
- ✓ HIPAA Compliant Platform
- ✓ Audio-only or Audio-visual
- ✓ Audio-only Additional Documentation Requirements
- ✓ Patient Location
- ✓ Provider Location
- ✓ Telehealth Exam

Telehealth Documentation Requirements

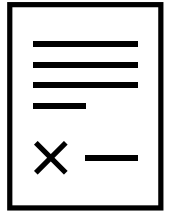


Informed Consent

- Clearly communicate the risks, benefits and limitations of telehealth
- Obtain and document verbal or written informed consent before initiating care
- Establish policies and procedures for obtaining informed consent for minors or patients incapable of providing consent
- If a patient does not consent to audio-visual telehealth, this must be documented

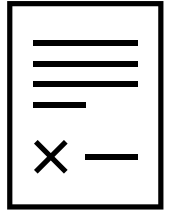
Telehealth Documentation Requirements

Informed Consent Documentation Examples



1. *“Patient presents for telehealth. Risks, benefits and limitations were discussed and patient provided verbal consent for audio-visual telehealth”*
2. *“Patient presents for telehealth. Risks, benefits and limitations were discussed and patient provided verbal consent for audio- only telehealth”*

Telehealth Documentation Requirements



Type of HIPAA Compliant Platform/Equipment Used

- Audio-visual (Synchronous)
- Audio-only (Synchronous)

Example:

“Audio-visual telehealth provided on _____platform”

Telehealth Documentation Requirements



Audio-only Telehealth Documentation Requirements

- The patient is unable or unwilling to use video technology
- The patient is located at home
- The distant site provider has the capability of providing audio-visual telehealth services
- Medicare/Advantage Plans use Telehealth-eligible CPTs with 93 modifier
- Commercial Plans bill 98008-98015 audio-only without modifiers
- E&M levels determined by Medical Decision Making or Total Time, **10 minutes of medical discussion must be documented.**

Telehealth Documentation Requirements



Audio-only Telehealth Documentation Examples

1. *“Patient presents for telehealth. Risks, benefits and limitations were discussed; patient provided verbal consent for audio-only telehealth due to no access to high-speed internet. Provider is capable of providing audio-visual telehealth technology.”*
2. *“...A total of 20 minutes were spent reviewing chart and documenting in the EMR; 10 minutes of that time were spent discussing medications and treatment plan with the patient”*

Telehealth Documentation Requirements



Patient Location – Originating Site

- **02 - Place of service (POS) 02:**

- **Telehealth Provided Other than in Patient's Home:** The location where you provide health services and health-related services, through telecommunication technology. The patient isn't located in their home when receiving health services or health-related services through telecommunication technology.

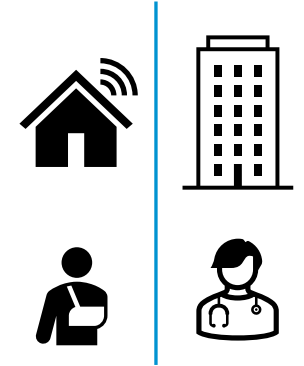
- **10 – Place of Service (POS) 10**

- **Telehealth Provided in Patient's Home:** The location where you provide health services and health-related services through telecommunication technology. The patient is in their home (which is a location other than a hospital or other facility where the patient gets care in a private residence) when receiving health services or health-related services through telecommunication technology.

Telehealth Documentation Requirements

Provider Location – Distant Site

- The location of the provider during the telehealth session



Example:

“Patient presents for telehealth. Risks, benefits and limitations were discussed and patient provided verbal consent for audio-visual telehealth”

“Patient is in their home; provider is in office”

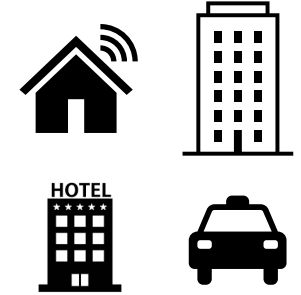
Telehealth Documentation Requirements

Telehealth – Appropriate Exam

- General documentation reminder to avoid exam components that are not logically possible via telehealth

Telehealth Billing & Coding

Telehealth Related Coding Items & Terminology



- **Place of Service (02):**

- **Telehealth Provided Other than in Patient's Home:** The location where you provide health services and health-related services, through telecommunication technology. The patient isn't located in their home when receiving health services or health-related services through telecommunication technology.

- **10 – Place of Service (POS) 10:**

- **Telehealth Provided in Patient's Home:** The location where you provide health services and health-related services through telecommunication technology. The patient is in their home (which is a location other than a hospital or other facility where the patient gets care in a private residence) when receiving health services or health-related services through telecommunication technology.
- **POS 10 can be an assisted living facility, shelter, hotel, car...etc.**

Telehealth Billing & Coding



Modifiers

- **(93)** Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive Audio-Only Telecommunications System
- **(95)** Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System
- **(GT)** Via interactive audio and video telecommunication systems

Telehealth Billing & Coding

Medicare/Advantage

- **Audio-Visual:** Telehealth eligible CPT code billed POS 10 (Patient's Home) May require a 95 modifier to denote this was performed via audio-visual technology
- **Audio-Only:** Telehealth eligible CPT code billed POS 10 (Patient's Home) append modifier 93 to denote this was performed via audio-only technology

Telehealth Billing & Coding

Commercial Plans

Time New	Audio/Visual	Audio Only
15 Minutes	98000	98008 - 10 Minute Rule
30 Minutes	98001	98009 - 10 Minute Rule
45 Minutes	98002	98010 - 10 Minute Rule
60 Minutes	98003	98011 - 10 Minute Rule
Time Established	Audio/Visual	Audio Only
10 Minutes	98004	98012 - 10 Minute Rule
20 Minutes	98005	98013 - 10 Minute Rule
30 Minutes	98006	98014 - 10 Minute Rule
40 Minutes	98007	98015 - 10 Minute Rule

Medicare Telehealth Eligible Services 2026

Partial List of Eligible Services

- **99341-99350:** House Calls
- **99304-99316:** Nursing Facility Inpatient
- **99495-99496:** (TCM) Transitional Care Management
- **99497-99498:** (ACP) Advance Care Planning
- **99406-99407:** Smoking Cessation
- **G0318** – Prolonged home or residence E/M service
- **G2211** – Complex E/M add-on

<https://www.cms.gov/medicare/coverage/telehealth/list-services>

A healthcare professional in a white coat and mask is looking at a laptop screen. The screen displays a video call with an elderly patient and a caregiver. The background is a blurred office setting.

E-Visits (Online Digital E/M) / Virtual Check-ins

E-Visits/Virtual Check-ins

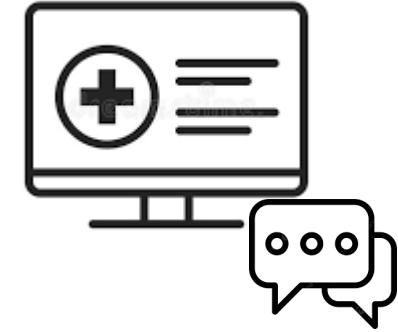
Documentation Requirements



- The E-visits codes capture time over a 7-day period for communicating and reviewing patient information on a digital communication platform, such as a **patient portal or secure email**. Communications are intended to evaluate and address an acute symptom or problem that does not result or relate to a recent face-to-face visit. (Not related to E/M prior seven days and not resulting in an E/M in the next 24 hours)
- Patient must be established
- Patient must initiate the interaction
- The service should be evaluative in nature and requires a clinical decision that would have typically occurred during a face-to-face visit. Do not report for nonevaluative communication, such as reviewing test results or scheduling appointments

E-Visits/Virtual Check-ins

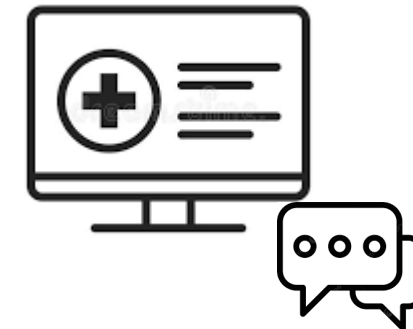
Documentation Requirements



- Verbal consent must be obtained and documented however this can be captured by auxiliary personnel under general supervision. Once annual consent for all Communication Technology Based Services (CTBS) is acceptable, it does not need to be service specific consent.
- The service cannot be related to an E/M visit that occurred within the **past 7 days** or lead to a visit within the following 24 hours or next available appointment.
- Cannot be reported during the global surgery period.
- Do not double-count any time for any other care management related activities such as anticoagulation management.

E-Visits/Virtual Check-ins

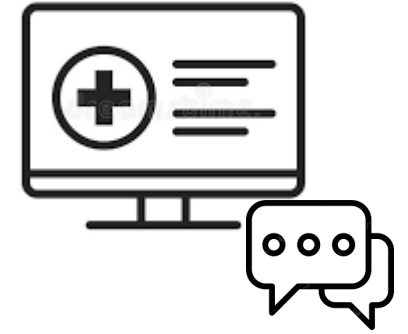
Documentation Requirements



- The **7-day period** begins when the provider personally reviews the patient generated issue and is cumulative over the next 7-days when the problem is addressed. Service time includes the following:
 - Review of the initial inquiry
 - Review of patient records or data related to the problem
 - Personal interaction with clinical staff focused on the patient's problem
 - Development of management plans
 - Generation of prescriptions
 - Ordering of tests
 - Subsequent communication with the patient via online, telephone, email, or other digitally supported communications
- Document the following within the medical record:
 - Dates and times of the services
 - Description of the problem or concern from the patient and the provider's clinical judgment
 - Treatment plan or recommendations and/or response to address the patient's concern without resulting in a visit

E-Visits/Virtual Check-ins Billing & Coding

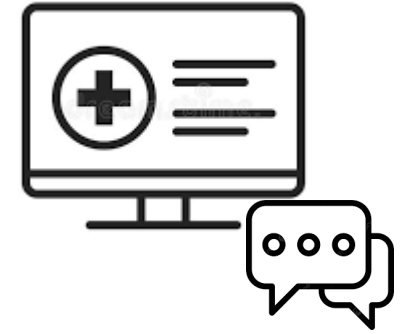
Online Digital E/M



- **CPT Code 99421** Online Digital E/M, cumulative 7 days, 5-10 minutes.
- **CPT Code 99422** Online Digital E/M, cumulative 7days; 11-20 minutes.
- **CPT Code 99423** Online Digital E/M, cumulative 7 days; 21 minutes or more.

E-Visits/Virtual Check-ins Billing & Coding

Online Digital Assessment & Management (Non-physician/Non-PA/ANPP)



Eligible providers include: LCSW, Psychologists, PT, OT, SP, & Nutritional Professionals

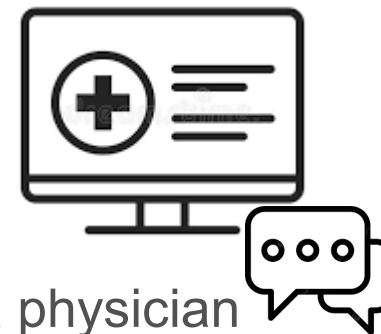
- **98970:** Online digital assessment and management, established patient, by a qualified nonphysician healthcare professional cumulative 7 days, 5-10 minutes.
- **98971:** Online digital assessment and management, established patient, by a qualified nonphysician healthcare professional cumulative 7 days, 11-20.
- **98972:** Online digital assessment and management, established patient, by a qualified non-physician healthcare professional cumulative 7 days, 21 minutes or more

E-Visits/Virtual Check-ins Billing & Coding



- **G2010:** Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.
- **G2250:** Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment

E-Visits/Virtual Check-ins Billing & Coding



- **98016** Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.
- All e-Visits/Virtual Check-ins are billed **POS 11** (Provider office or other non-hospital/non-facility setting)

Remote Patient Monitoring (RPM)

Remote Patient Monitoring

Definition



- RPM is defined (by CMS) as the collection and analysis of physiological data (i.e. blood pressure, blood sugar, weight loss or gain, oxygen saturation) that is digitally transmitted by the patient and/or caregiver to the clinician, where the data is used to develop and manage a treatment plan related to a diagnosed condition.
- RPM services are billed by qualified providers (including physicians, nurse practitioners, and physician assistants). RPM care management and monitoring activities may be furnished by clinical staff under the billing provider's general supervision, provided the billing practitioner maintains overall responsibility for the patient's treatment plan and all applicable CMS requirements.

Remote Patient Monitoring



Requirements

- ✓ **Patient education and device set-up:** How to use the device and how to accurately collect data.
- ✓ **Device Supply:** FDA approved internet connected devices, including the collection and transmission of at least 16 readings every 30 days to ensure you get the appropriate health information.
 - *Examples: connected blood pressure cuffs, weight scales, and pulse oximeters.*
- ✓ **Treatment and management:** Reviewing patient data to improve patient health outcomes.
- ✓ **Established patient relationship:** Identify the acute or chronic condition being monitored.
- ✓ **Provider order:** a specific order must be documented for RPM services.
- ✓ Monitoring must be **reasonable and necessary:** Document the acute/chronic condition & why RPM is medically necessary to treat/manage the condition.
- ✓ **Patient consent:** Document informed consent (verbal/written)

Remote Patient Monitoring

Requirements (cont'd)



- ✓ **Time & Communication:** Document time spent on data reviewed, all patient/caregiver interaction (calls, messages, visits) for the CPT level coded and billed.
- ✓ **Diagnosis reporting:** Document only the diagnoses (ICD) codes required for the acute/chronic conditions being monitored
- ✓ **Eligible Patients****
 - Have an acute or chronic condition that requires monitoring.
 - Use an internet-connected device that meets the FDA's definition of a medical device and digitally uploads data, collects and transmits health data at least 16 days every 30 days

** <https://www.cms.gov/medicare/coverage/telehealth/remote-patient-monitoring#:~:text=To%20be%20eligible%20for%20remote,Linkedin%20link>

Remote Patient Monitoring



Sequencing & Timing RPM Code Submission

The sequencing and timing of Remote Patient Monitoring (RPM) code submission can be complex. The following billing sequence outlines the appropriate order and timing for reporting RPM services in accordance with the Centers for Medicare & Medicaid Services (CMS) requirements.

1. Confirm RPM eligibility (before any billing)
2. Initial set up & Patient Education
 - **CPT 99453** billed once per episode
3. Device Supply Codes:
 - **CPT 99445** (2-15 days)
 - **CPT 99454** (16-30 days)



Remote Patient Monitoring

Sequencing & Timing RPM Code Submission

Treatment & Management CPTs (Based on time)

- CPT 99470 (10-19 Minutes)
- CPT 99457 (20-39 Minutes)
- CPT +99458 (Each additional 20 minutes) – Must be full 20 minutes; anything less than 20 minutes is not reportable.

AMA CPT states Codes 99457, 99458, 99470 require one real-time, interactive communication with the patient/caregiver. The interactive communication contributes to the total time, but it does not need to represent the entire cumulative reported time of the treatment management service.

Remote Patient Monitoring Billing & Coding

Additional RPM CPT Codes

These codes are **NOT** billable in the same month as RPM Treatment & Management codes (99470, 99457, +99458)

- **CPT 99091:** Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days
- **CPT 99473:** Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration
- **CPT 99474:** Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

Remote Patient Monitoring Billing & Coding

Additional services that MAY be reported during the same service period as RPM

- **Chronic Care Management (CCM):** 99437, 99439, 99487, 99489, 99490, & 99491
- **Principal Care Management (PCM):** 99424, 99425, 99426, & 99427
- **Transitional Care Management (TCM):** 99495 & 99496
- **Behavioral Health Integration (BHI):** 99484, 99492, 99493, & 99494

NOTE: Time spent performing these above services should remain separate and no time should be counted twice toward the required time for any services in a single month.

Smoking Cessation

CPTs for Smoking & Tobacco Cessation Counseling

99407: Intensive > 10 minutes

99406: Intermediate 3 to 10 minutes

- Medicare covers **two cessation attempts*** per year
 - **A structured, time-limited course of treatment designed to help a patient quit tobacco use.*
- Each cessation attempt can include a maximum of four intermediate (99406) or intensive (99407) counseling sessions
 - Up to 8 sessions total per year
- Cost-sharing and prior authorization have been waived
- Robust documentation is required
 - Implementation date, type of tobacco, quantity, duration, previous attempts – methods used, impact on health, finances, available resources and the patient's willingness to quit

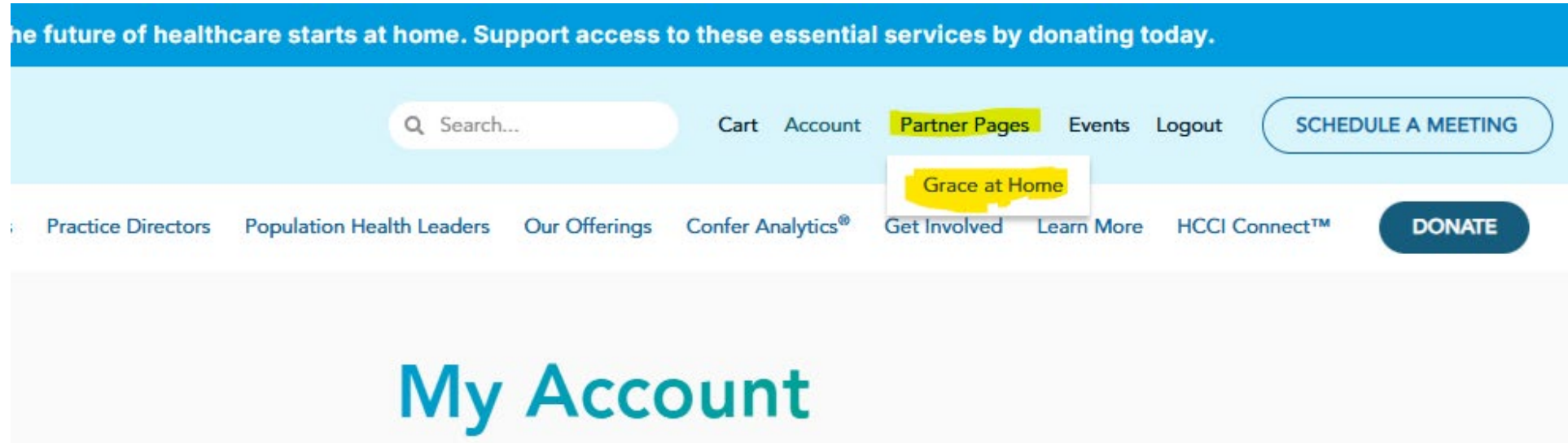


Q & A

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Grace at Home

Group Facilitator: Raabiah Ali

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