

# Reimbursement of digital assessment for ostomy photo diary\*\*



Some insurance plans may reimburse the time you spend reviewing ostomy photos from an app. These types of services are asynchronous, or “store and forward” which allow providers and patients to share information directly with each other. An example of such an app is MyOstomyLife by Coloplast Care.

Generally, these codes apply to non-physician qualified healthcare professional’s online digital assessment and management for an established patient.

To use these codes, consider the following:

- The communication must be initiated by the patient.
- Requires a clinical decision that would typically have been provided in the office (i.e. medication dose adjustment, ordering of a test, or new prescription).
- These services offer an opportunity to gather information by review of patient records to develop a diagnosis and a management plan.
- Includes submission by Electronic Health Records (EHR) portals.
- These codes are not reported during the global post-op period.
- For patient initiated communication for a new problem within seven days of previous problem the assessment can be separately reported.
- Seven-day period begins with the personal review of the patient-generated inquiry.

## Online digital assessment and management services Non-physician qualified healthcare professional



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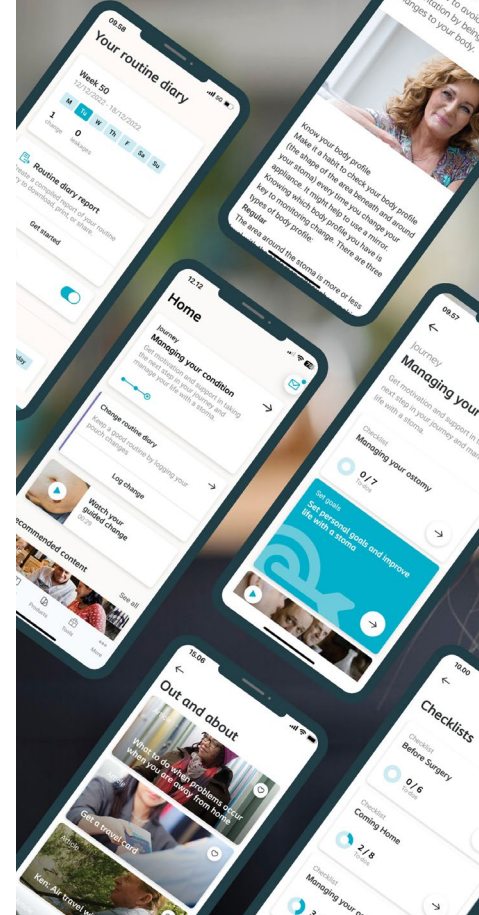
CPT Code®	CPT Descriptor
98970	Non-physician qualified healthcare professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
98971	Non-physician qualified healthcare professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
98972	Non-physician qualified healthcare professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes

# Online digital evaluations and management services

## Clinicians who can bill using evaluation and management codes use the following codes.

A new CPT guideline for 2025 was established stating if within seven days of the online digital E/M, if another E/M visit occurs (ex: synchronous telemedicine using interactive audio and video or in-person visits) then the digital E/M service is not separately billable.

CPT Code®	CPT Descriptor
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes



It is the provider's responsibility to determine medical necessity, appropriate site of service and to submit correct claims with accurate codes, modifiers, and charges for all services rendered. As medical policies, rules, regulations and coverage may vary on a case-by-case basis, providers must contact local payers/carriers and/or legal and compliance counsel for guidance pertaining for questions and additional information. Providers should review CPT guidelines for more information.

**\* Reimbursement Disclaimer:** Coloplast Corp. provides this information for convenience and your general reference only. It does not constitute legal advice or a recommendation regarding clinical practice. Reimbursement, coverage and payment policies can vary from one insurer and region to another and is subject to change without notice. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for care provided.

**\*\*** This information is based on Medicare's telehealth rules.

Coloplast does not guarantee coverage or payment of products and Coloplast makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare, insurers, or other payers as to the correct form of billing or the amount that will be paid. This information is provided for your general information only and is not intended to replace any advice you receive from your own internal or external insurance coverage consultants, reimbursement specialists or legal counsel.

Commercial, self-funded, and Medicare Advantage policies regarding telehealth vary. Check with your local provider relations representative for their most recent policies. Medicaid policies are established at the state-level. Check with your local Medicaid agency and/or Medicaid Managed Care Organizations (MCOs) for their policies.

### For more reimbursement information visit:

Medicaid program in your state at [www.Medicaid.gov/Medicaid/benefits/telehealth/index.html](http://www.Medicaid.gov/Medicaid/benefits/telehealth/index.html)

### Billing and coding Medicare Fee-for-Service claims | [Telehealth.HHS.gov](https://telehealth.hhs.gov)

<https://telehealth.hhs.gov/providers/billing-and-reimbursement/billing-and-coding-medicare-fee-for-service-claims>