



American Academy of Ophthalmic Executives® **Fact Sheet: Coding for Telemedicine**

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Telemedicine is defined as a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician. The examination and communication of information exchange between the physician and the patient must be the same as when rendered face-to-face.

Note: At the time of this publication, CMS waivers for some telehealth codes are only covered until the public health emergency (PHE) ends. Advocates are pushing for permanent allowances. For updates, visit aao.org/telehealth and select “Coding for Telemedicine.”

CPT Codes

A **star symbol** denotes telemedicine codes in the AMA's *CPT Professional* and the Academy's *CPT: Complete Pocket Ophthalmic Reference* books. The appropriate level of Evaluation and Management (E/M) office-based codes will be determined by either medical decision making or physician time on the date of the encounter.

Office-based

99202–99205 E/M new patient

99211*, 99212–99215 E/M established patient

Does not apply to Eye visit codes 92002–92014 outside the PHE.

Office consultations

For insurances that still recognize this family of codes

99242–99245

Initial Hospital Care

99221–99223

Subsequent Hospital Care

99231–99233

Subsequent Nursing Facility Care

99307–99310

***Additional notes regarding 99211:**

- Requires a documented order from the physician indicating what should be addressed during the staff/patient encounter.
- Supervision may be virtual.
- All testing services are bundled with 99211.
- CPT code 99211 and any other level of E/M are not payable on the same day.
- The physician must sign the medical record.

Modifier

Append modifier -95 Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications systems

The modifier conveying to the payer that the exam is performed via telemedicine can vary by payer. Check each payer's website.

Telemedicine Phone Calls

Telephone E/M services by a physician or other qualified health care professional (nurse practitioner (NP) or physician assistant (PA) who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days not leading to an E/M service or procedure within the next 24 hours or soonest available appointment:

- **99441:** 5-10 minutes of medical discussion
- **99442:** 11-20 minutes of medical discussion
- **99443:** 21-30 minutes of medical discussion

Used to report episodes of patient care initiated by an established patient.

If the decision to see the patient in 24 hours, or the next available urgent visit, is included in subsequent E/M service.

Do not report if within the previous seven days:

- An E/M service was billed and telephone services refer to that encounter.
- The patient had a procedure that is within the postoperative period.
- 99441-99443 or 99421-99423 were reported by the same provider for the same problem.

Billing Guidelines

HIPAA-compliant communication is required.

Document verbal consent in the medical record for each billed service as the patient may be responsible for part of the cost.

During the PHE some payers allow physicians to provide telehealth office visits using audio-video or audio-only communications.

For Medicare Part B telephone codes are required for audio-only appointments, while office codes are for audio and video visits.

Providers should only bill for the time that they spent with the patient; time with clinical staff does not count.

Coverage is at the carrier's discretion.

Codes Screening Tests

92227 Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral

Note: Do not report 92227 in conjunction with 92133, 92134, 92228, 92229 or 92250.

92228 Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral

Note: Do not report 92228 in conjunction with 92133, 92134, 92227, 92229 or 92250

92229 Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral

This code uses AI or artificial intelligence to determine analyses completed by automated means.

Note: Do not report 92229 in conjunction with 92133, 92134, 92227, 92228 or 92250.