Coding for Phone Calls, Internet Consultations and Telehealth

Note: Carriers update their policies frequently. Visit [aao.org](http://aao.org) for updated information.

There are four options for telehealth and other communications-based technology services. This information is based on guidelines from the Centers for Medicare & Medicaid Services.

**Important Updates As of March 18, 2020**

Beginning on March 6, 2020, Medicare-administered by the Centers for Medicare & Medicaid Services (CMS)—will temporarily pay clinicians to provide telehealth services for beneficiaries residing across the entire country.

Medicare restrictions on which patients are eligible for telehealth will be removed during the emergency. In particular, all patients, now including those outside of rural areas, and patients in their homes will be eligible for telehealth services, effective for services starting March 6, 2020.

In light of the COVID-19 nationwide public health emergency, the HHS Office for Civil Rights (OCR) is exercising its enforcement discretion and, effective immediately, will not impose penalties on physicians using telehealth in the event of noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA) as long as the platform used is not public-facing. Allowed platforms that are not HIPAA compliant include FaceTime, Facebook Messenger video chat, Google Hangouts video, and Skype. Public facing platforms that allow others to view an exchange such Facebook Live, Twitch, and TikTok are not allowed.

Telehealth services are paid under the Physician Fee Schedule at the same amount as in-person services. Documentation guidelines still apply. Eye visit codes 92002, 92012, 92004 and 92014 cannot be used to report telehealth visits.

Although Medicare coinsurance and deductibles still apply for these services, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits paid by federal healthcare programs. Waiving cost-sharing is optional and will not be considered an illegal inducement by the OIG.

Health and Human Services (HHS) will not conduct audits to ensure that a prior relationship (new vs. established patient) existed for claims submitted during the public emergency.

All of these new flexibilities are subject to review and renewal in 90-days.
1. **Telephone Calls**

   **Virtual Check-in (G2012)**

   Brief communication technology-based service, e.g. 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 E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

<table>
<thead>
<tr>
<th>Code</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS code</td>
<td>$14.81</td>
<td>5-10 minutes of medical discussion</td>
</tr>
<tr>
<td>G2012</td>
<td></td>
<td>Medicare Part B</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coverage varies per commercial plan</td>
</tr>
</tbody>
</table>

**HCPCS code G2012 Documentation Requirements**

- Confirm patient identity (e.g., name, date of birth or other identifying information as needed, in particular if documenting independently from the patient’s electronic or paper record).
- Confirm that the patient is an established patient to the practice.
- Detail what occurred during the communication (e.g., patient problem(s), details of the encounter as warranted) to establish medical necessity.
- Document the total amount of time spent in communicating with the patient and only submit code G2012 if a minimum of five minutes of direct communication with the patient was achieved.
- Document that the nature of the call was not tied to a face-to-face office visit or procedure that occurred within the past seven days.
- Document that a subsequent office visit for the patient’s problems were not indicated within 24 hours or the next available appointment.
- Include that the patient provided consent for the service.

**Phone calls with MDs, DOs, ODs**

Telephone evaluation and management services by a physician provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

Value: Non-covered Medicare services. Coverage varies per commercial plan.

**Documentation:** patient’s verbal consent for services; total time of medical discussion

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>99441</td>
<td>5-10 minutes of medical discussion</td>
</tr>
<tr>
<td>99442</td>
<td>11-20 minutes of medical discussion</td>
</tr>
<tr>
<td>99443</td>
<td>21-30 minutes of medical discussion</td>
</tr>
</tbody>
</table>
Clinical Vignettes for CPT codes 99441-99443

99441—An established patient known to the physician calls with a new complaint. The physician obtains a brief history and the patient's present medication use and makes treatment recommendations, all of which are recorded in the patient's medical record. The patient is instructed and advised to call if the symptoms fail to improve with the recommended treatment. The call lasts 8 minutes. No office visit is required.

99442—An established patient calls the office of a physician to discuss new acute illness symptoms. The physician obtains a brief history and makes treatment recommendations, all of which are recorded in the patient's medical record. The patient is instructed and advised to call if symptoms are increasing. The call lasts 15 minutes. No office visit is required.

99443—An established patient with special needs calls to discuss onset of new and disturbing symptoms. During a 25-minute phone call, the physician reviews the history and review of systems, the description of symptoms, and current medications. She makes a recommendation to change the present medication regimen and provides reassurance, both of which are recorded in the patient's medical record, and requests follow-up in the office in one week.

Phone Calls with Physician Assistants or Nurse Practitioners

Telephone assessment and management service provided by a qualified nonphysician, health care professional to an established patient, parent, or management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment.

Value: Non-covered Medicare services. Coverage varies per commercial plan.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>98966</td>
<td>5-10 minutes of medical discussion</td>
</tr>
<tr>
<td>98967</td>
<td>11-20 minutes of medical discussion</td>
</tr>
<tr>
<td>98968</td>
<td>21-30 minutes of medical discussion</td>
</tr>
</tbody>
</table>

- Initiated by established patients
- If the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appointment, the code is not reported. The encounter is considered part of the preservice work of the subsequent assessment and management service, procedure and visit.
- If the call refers to a service performed and reported within the previous seven days or within the post-operative period of the previous completed procedure, then the service is considered part of the previous service or procedure.

2. Online Digital Services (“E-Visits”)

- Initiated by established patients
- Covers seven days
- Not to be used for:
  - Scheduling appointments
  - Conveying test results
- Consider HIPAA compliant secure platforms such as:
  - Electronic health record portals
  - Secure email, etc.
• Non-HIPAA compliant platforms are allowed during the public emergency as long as they are not public facing (see HIPAA reference below).

**Online Digital Service with Physicians (“E-Visits”)**

New codes in 2020

Online digital service, for an established patient, for up to seven days, cumulative time during the seven days

**Note:** Medicare is providing coverage for these services during the public emergency

<table>
<thead>
<tr>
<th>Code</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>99421</td>
<td>$15.52</td>
<td>5-10 min</td>
</tr>
<tr>
<td>99422</td>
<td>$31.04</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td>99423</td>
<td>$50.16</td>
<td>21 or more minutes</td>
</tr>
</tbody>
</table>

**Online Digital Services with Non-Physicians, Such as Physician Assistants, Nurse Practitioners**

Online digital service, for an established patient, for up to seven days, cumulative time during the seven days

New codes in 2020

<table>
<thead>
<tr>
<th>Codes</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>98970</td>
<td>$0</td>
<td>5-10 min</td>
</tr>
<tr>
<td>98971</td>
<td>$0</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td>98972</td>
<td>$0</td>
<td>21 or more minutes</td>
</tr>
</tbody>
</table>

3. **Telemedicine Exams**

• Telemedicine is defined by 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.

• Code level selection is based on same criteria for the base codes.
• Non-HIPAA compliant communications platforms are allowed during the emergency as long as they are not public facing (see HIPAA reference below)
  o Examples of allowed platforms: Skype, FaceTime, Facebook Messenger video chat, Google Hangouts video.
  o Examples of disallowed public-facing platforms: Facebook Live, Twitch, TikTok
• Telemedicine codes are identified by an asterisk (*) in your CPT book
• Appending modifier -95 (Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications systems) is optional during the emergency.
• List place of service as 02.
• Outpatient Evaluation and Management Visit
  o 99201 – 99205 E/M new patient
  o 99212 – 99215 E/M established patient
  o Does not apply to tech code 99211 or Eye visit codes
• Office Consultations: 99241-99245
  o For insurance carriers that still recognize this family of codes
• Subsequent Hospital Care: 99231-99233
• Inpatient Consultation: 99251-99255
• Subsequent Nursing Facility Care: 99307-99310

4. **Evaluation of Video or Images**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS code</td>
<td>$11.91 Medicare Part B</td>
<td>Review of video or images, with interpretation and report</td>
</tr>
<tr>
<td>G2010</td>
<td>Coverage varies per commercial plan</td>
<td></td>
</tr>
</tbody>
</table>
## Telehealth Information at a Glance

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>What is the Service?</th>
<th>HCPCS or CPT Code</th>
<th>Patient Relationship with MD, DO, OD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemedicine Visits</td>
<td>A visit with an MD, DO, OD or PA, NP that uses telecommunication systems with a patient. Requires real-time audio and video.</td>
<td>99201-99215 + -95 modifier (optional)</td>
<td>For new or established patients.</td>
</tr>
<tr>
<td>Virtual Check-In</td>
<td>A brief (5-10 minutes) check in with physician via telephone or other telecommunications device to decide whether an office visit or other service is needed.</td>
<td>G2012</td>
<td>For established patients</td>
</tr>
<tr>
<td>E-Visits</td>
<td>A communication between a patient and their physician through an online patient portal or secure email.</td>
<td>Physician: 99421 99422 99423 Staff: 98970 98971 98972</td>
<td>For established patients</td>
</tr>
<tr>
<td></td>
<td>(Staff E-visits have $0 allowable with Medicare)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone calls</td>
<td>Telephone service, for an established patient, more than 7 days after a visit and more than 24 hours prior to a visit.</td>
<td>Physician: 99441 99442 99443 Staff: 98966 98967 98968</td>
<td>For established patients</td>
</tr>
<tr>
<td></td>
<td>Note: currently not covered by Medicare under the emergency exceptions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video or Image Evaluation</td>
<td>Review of previously recorded video or image taken by patient.</td>
<td>G2010</td>
<td>For established patients</td>
</tr>
</tbody>
</table>
Coding for Skilled Nursing Home Visits
To be reported when the MD, DO, OD visits the patient in the Skilled Nursing Facility.
Place of Service is 13.
Initial Visit whether patient is new or established 99304, 99305, 99306
Subsequent Skilled Nursing Facility visits performed in person or via telehealth: 99307, 99308, 99309, 99310

Coding for Nursing Home Visits
To be reported when the MD, DO, OD visits the patient in a Nursing Home.
Place of service is 13
New Patient: 99324, 99325, 99326, 99327, 99328
Established Patient: 99334, 99335, 99336, 99337

Modifier -25 Note: When billing an intravitreal injection (or any minor surgery) the same day as an encounter, consider the definition of modifier -25 and although medically necessary, if the established patient exam is performed solely to confirm the need for the injection, the exam is not separately billable

Coding for Home Visits
To be reported when the MD, DO, OD visits the patient at their home.
Place of service is 12
New Patient: 99341, 99342, 99343, 99344, 99345
Established Patient: 99347, 99348, 99349, 99350

Modifier -25 Note: When billing an intravitreal injection (or any minor surgery) the same day as an encounter, consider the definition of modifier -25 and although medically necessary, if the established patient exam is performed solely to confirm the need for the injection, the exam is not separately billable

Further Resources
Coverage and Payment Related to COVID-19, Medicare. Centers for Medicare & Medicaid Services


HIPAA flexibility: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html