



Coding for Phone Calls, Internet Consultations and Telehealth

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Note: Carriers update their policies frequently. Check aao.org for updated information.

There are three options for telehealth and other communications-based technology services. This information is based on [guidelines](#) from the Centers for Medicare & Medicaid Services.

1. Telephone Calls

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.

Code	Value	Description
HCPCS code G2012	\$14.81 Medicare Part B Coverage varies per commercial plan	5-10 minutes of medical discussion

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 service by a physician may report E/M services 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,

Code	Description
99441	5-10 minutes of medical discussion
99442	11-20 minutes of medical discussion
99443	21-30 minutes of medical discussion

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.

Code	Description
98966	5-10 minutes of medical discussion
98967	11-20 minutes of medical discussion
98968	21-30 minutes of medical discussion

- 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. Internet Consultations

- Initiated by established patients
- Covers seven days
- Not to be used for:
 - Scheduling appointments
 - Conveying test results
- Must be through HIPAA compliant secure platforms such as:
 - Electronic health record portals
 - Secure email, etc.

Internet Consultations with Physicians

New codes in 2020

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

Code	Value	Description
99421	\$15.52	5-10 min
99422	\$31.04	11-20 minutes
99423	\$50.16	21 or more minutes

Internet Consultations With Non-Physicians, Such as Physician Assistants and Nurse Practitioners

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

New codes in 2020

Codes	Value	Description
98970	\$0	5-10 min
98971	\$0	11-20 minutes
98972	\$0	21 or more minutes

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.
- Telemedicine codes are identified by an asterisk (*) in your CPT book
 - Office based
 - 99201 - 99205 E/M new patient
 - 99212 - 99215 E/M established patient
 - Does not apply to tech code 99211 or Eye visit codes

Office consultations

- For insurance that still recognizes this family of codes: 99241 – 99245
- Subsequent Hospital Care: 99231 – 99233
- Inpatient Consultation: 99251 – 99255
- Subsequent Nursing Facility Care: 99307-99310
- Append modifier -95 Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications systems.
- List place of service as 2.

Further Resources

[Coverage and Payment Related to COVID-19, Medicare](#). Centers for Medicare & Medicaid Services