5 Ways to Successfully Code for Telehealth Services

With the expansion of telehealth services, patient care can be provided through virtual methods reducing possible COVID-19 exposure of healthcare workers, patients, and their families.

In quick response, the CPT codes were amended so that telehealth care could be reimbursed by Medicare and commercial carriers.

E/M Codes for Virtual Office Visits

Use office visit codes for new or established patients and append with -95 modifier to denote a remote location. Time incurred mirrors face-to-face encounters, i.e., 99201= 10 minutes, etc.

- 99201-99205 – New Patients
- 99211-99215 – Established Patients

Virtual Check-In Codes

Virtual Check-Ins are defined as short patient-initiated communications provided by phone, integrated audio/video, or captured video image. Use HCPCS Codes:

- G2010 – Evaluation of recorded video or images submitted by an established patient
- G2012 – Brief communication with an established patient

E-Visits

E-Visits are electronic exchanges through e-mail, messaging, or via patient portal.

- 99421 – Digital E/M for established patient; 5-10 minutes
- 99422 – Digital E/M for established patient; 11-20 minutes
- 99423 – Digital E/M for established patient; 21 or more minutes

Remote Monitoring

Use for remote monitoring of physiologic parameter(s), i.e., weight, blood pressure, etc.

- 99453 – Initial; set-up and patient education on use of equipment
- 99454 – Initial; device(s) with daily recordings; each 30 days
- 99457 – 20 minutes or more of time

Telephone Only Virtual Visits (No Video)

Use for telephone-only visits (no video available).

- 99441 – Telephone E/M visit; 5-10 minutes of medical discussion
- 99442 – Telephone E/M visit; 11-20 minutes of medical discussion
- 99443 – Telephone E/M visit; 21-30 minutes of medical discussion

Detailed explanations for each code is available at the Infinx COVID-19 RCM Resource Center or the American Medical Association. Also consider:

- ICD-10-CM has initiated code U07.1 for all confirmed COVID-19 diagnoses.
- For suspected, probable, or inconclusive COVID-19, do not use U07.1; use the code explaining the encounter (such as Z20.828 for contact with or suspected exposure, or fever, etc.).
- CMS has increased payment for telephone-only E/M visits to $46-$110 (from $14-$41).
- Charting and documentation requirements are still in place; however, note who was present during the encounter and where each party was located.

Contact Infinx to learn more about telehealth medical coding and billing services.

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www.infinx.com | sales@infinx.com | +1.408.404.0500

Source: 2018 AMA Prior Authorization Physician Survey