

TTP Coder Quick Reference for Telehealth Visits

Type of Service	Provided by only	General Guidance	Documentation Tips	Comments
Telephone Visits (audio)	<ul style="list-style-type: none"> Physician, APP eligible Residents are not permitted to conduct Telephone visits as of 4/8/2020, for billing purposes 	<ul style="list-style-type: none"> Verbal consent for each visit required Document (full verbiage) in note, use autotext Verbal Consent may be completed by nurse or provider 	<ul style="list-style-type: none"> Date of service, time in and time out or total time, and location (City/State) of patient and provider are to be documented Telephone visit autotext used and should be in note Brief summary & outcomes (i.e. RXs, care instructions, plan of care, etc.) 99441 – 5-10 minutes 99442 – 11-20 minutes 99443 – 21-30 minutes Cannot be related to same E/M service within the last 7 days or admitted to hospital within 24 hours 	<ul style="list-style-type: none"> Date of service, time in and time out or total time, and location (City/State) of patient and provider are to be documented The purpose of the consent is to inform the patient about the potential for co-pay Visit does not need to be initiated by patient during the Public Health Emergency declaration. not round up time! Pediatric patients need a legal guardian (over age 18) to consent and be present during the entire encounter Document the name and relationship of the guardian in the note Either total time of direct patient care or Start/Stop time must be documented in the note Be sure both locations for provider and patient are documented with the minimum of City/State
Telephone Visits (audio) Medicaid, et al	<ul style="list-style-type: none"> Physician, APP eligible Residents w/direct supervision 	<ul style="list-style-type: none"> Telemedicine consent required only once per patient 	<ul style="list-style-type: none"> Documented as regular E/M visit, focusing on Medical Decision Making 99201-99205 and 99202-99215 can be billed to <u>Texas Medicaid</u> and <u>United Healthcare</u> plans 	<ul style="list-style-type: none"> Medicaid and some commercial payers will allow a clinic visit code for a telephone (audio only) visit. Check current payer references for confirmation. MDM will drive the level of service
Telemedicine Visits (audio and video) Zoom, etc.	<ul style="list-style-type: none"> Physician, APP Residents w/ direct supervision 	<ul style="list-style-type: none"> Telemedicine consent required only once per patient Scheduled and checked in by PSS or facilitator Interactive video and audio capabilities 	<ul style="list-style-type: none"> Clinician documents specific intake info (est. height & weight, updated med list) Documented as regular E/M visit (99201-99205 and 99212-99215) Documentation of time spent in the encounter for direct patient care is appropriate Use usual "Office/Clinic" note template 	<ul style="list-style-type: none"> Pediatric patients need a legal guardian to consent and be present during the entire encounter Documented the name and relationship of the guardian in the note Documentation should reflect the physical exam as best observed or left blank for established patients during PHE choose level of service based on MDM or total time Code notes as you would a regular clinic visit. Be sure both locations for provider and patient are documented with the minimum of City/State
<p>If a telemedicine (video) visit is converted to a telephone visit due to connectivity issues: If issue occurs at the beginning of the video visit, telephone note should be used (resident cannot perform telephone visit) If care was adequately provided through video before issue occurred, complete the video note.</p>				

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For additional information, contact coding.integrity.lbb@ttuhsc.edu