

## Billing FAQ for Telemedicine Visits (Updated 3/25/20)

### Can I manage ambulatory established patients through video and telephone visits?

If clinically appropriate, both video and telephone visits can be used to manage established patients.

### Can I manage ambulatory new patients through video and telephone visits?

If clinically appropriate, video visits is the standard mode for providing E/M services remotely to new patients.

Video visit technologies will be quickly deployed across the Medical Center over the next 2-3 weeks. In the meantime you may rely upon telephone visits to manage new patients in the interim period. While the telephone CPT codes were initially restricted to established patients, for the time being we are going to use them for new patient visits as well.

Note: reimbursement rules are changing rapidly and may vary by payor. We will take care of those nuances on the back end.

### Which CPT code should I use for telephone visits?

When billing for a telephone visit, please use the appropriate telephone or other applicable code:

Code	Definition
99441	Telephone E&M: 5-10 minutes
99442	Telephone E&M: 11-20 minutes
99443	Telephone E&M: 21+ minutes
99024	Follow-up visits included in a global surgical period
0500F/0502F/0503	Prenatal care placeholders

\*Some specialties, such as Behavioral Health, may have specialty CPT codes. Please check with compliance if you believe it may apply to your specialty.

## **Which CPT code should I use for video visits?**

For video visits, please choose the appropriate ambulatory E/M or CPT codes that you would normally use for a regular clinic visit based on documentation, level of service and/or time. For example: 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, or 99215.

## **How do I document consent for telephone visits?**

In addition to the standard telephone visit consent script that your office staff should be reviewing with patients prior to scheduling a telephone visit, the provider is required to document in the medical record whether consent for a telemedicine visit was obtained. Our template **.URMCTELEHOMENOTE (telephone note option)** contains the proper language. It is preferable to use this smartphrase for documentation but if you choose to make your own, it should contain all of the verbiage within the above template. If consent is not obtained and documented, the visit is unlikely to be billable. For information on documenting a telephone visit, view this [Training Tip](#).

## **Should all telephone calls be billed?**

Professional evaluation and management services provided via phone in lieu of an office visit should be billed. Routine phone calls (delivering results, refills requests, etc.) – that would not previously have been billed – do not require a teleHOME encounter and may not be billed. For those instances, please use established telephone encounter workflows.

## **Can video and telephone visits be billed if a resident participates?**

Residents may conduct video and telephone visits. The services are only billable if the supervising physician personally evaluates the patient via video or telephone (either separately or in conjunction with the Resident.) For the telephone E/M codes, the supervising physician bills based on the total actual time they personally spent on the phone with the patient.

The smartphrase **.URMCTELEHOMEATTEST** should be used to attest. If the attending did not personally evaluate the patient you can still attest to the visit using this smartphrase, which provides an option to indicate you did not personally evaluate the patient.

Please note that we may be gaining further clarification from the AAMC soon and will update you as we learn more.

## Can telemedicine/video and telephone visits be billed if a fellow participates?

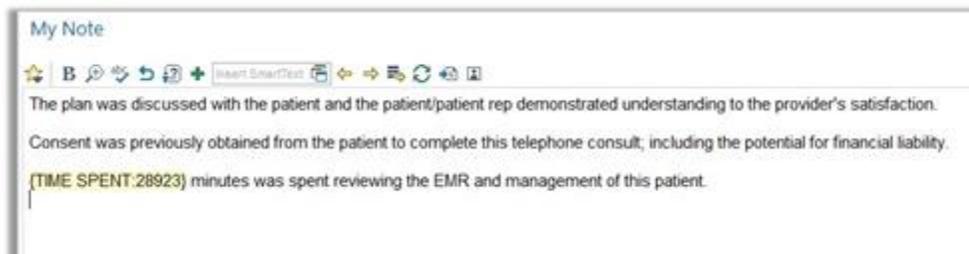
The supervision rules that apply to fellows for video and phone visits align with their existing required supervision level for in-person services. If the activity by the fellow requires a supervising physician, see the above guidance on residents.

## Can I perform MVA and Workers Comp visits via telemedicine?

You may manage MVA and WC patients via telephone and video. Please include the following details in these notes:

- Date of Injury/Loss
- Injured Body Part
- Prior history (how/where injury occurred, etc.)

For specific documentation such as Workers Comp or MVA, a new Smartphrase titled TELEHOMEREQUIREDDOC is now available for Providers.



## Can I perform presurgical screening via telemedicine?

We will address this at a future date.

## Where can I learn more about the requirements for video and phone visits?

You can contact your compliance liaison or email [Compliance@URMC.Rochester.edu](mailto:Compliance@URMC.Rochester.edu).

## Should I use modifier 95 when doing a teleHOME visit?

As long as you use the workflows outlined by ISD and use the teleHOME visit type, modifier 95 will automatically added on the back end as appropriate – you do not need to add this yourself.

### **Can I create encounters on the fly for teleHOME?**

This should only be done if absolutely necessary to maintain proper processing. If you have to create an encounter on the fly, please use the telemedicine **encounter type** – the teleHOME visit type will not be available for encounters created on the fly. As long as you use the telemedicine encounter type for encounters on the fly, modified 95 will be added.

### **What diagnoses should I use for patients with possible COVID-19?**

Please only use the known COVID diagnoses codes for patients who have tested positive for the disease. When testing is in progress or patients are not being tested, please do not use the known COVID diagnosis codes. In these instances, you should primarily code using the patient's signs and symptoms and, if pertinent, add on any "exposure to COVID" codes (these start with 'Z').

### **I am hearing conflicting advice on how to code a new patient visit done via phone. What should I do?**

In the near term while we're expanding our video visit capabilities, if you must utilize a phone visit for a new patient visit, you should use the telephone E&M codes. We recognize that there is conflicting advice coming from various organizations; however, we are following the guidance from our local payers directly. If you are able to complete the visit via video, then you are able to use the ambulatory new patient visit E&M codes.

### **Will patients be charged for teleHOME visits?**

The potential patient liability will vary by payer and continue to evolve during the COVID-19 emergency. This will be managed by the UBO during the processing of claims. Continue to counsel and document patients that they may be charged for the visit. Practices should not try to collect a co-pay at the point of care.

### **Should I follow the teleHOME workflow for presurgical screening?**

No. Consult with your Compliance Liaison to discuss these options further.

### **How can I learn more about using Zoom?**

Please feel free to watch the Zoom webinar from 3/24 [here](#).