

Telehealth only billing FAQs: provider is at work/office/home AND patient is at their home												
	Documentation requirements	Compliance	Billing codes (must be selected from charge capture telehealth section)									
Outpatient/non-Urgent Care VIDEO visits (using Haiku, Vidyo) <i>Includes RPV's, NPV's, routine visits during COVID crisis</i>	Document as normal <i>if you can</i> : CC, HPI, ROS, Exam (i.e. mention audible wheezing, rash or location of pain), data, A/P **New – Billing on time includes total time non-face to face and face to face time on the same day (time does not include staff or trainee/resident time, and does not count time to address technology malfunction)	Consent written or verbal AND .teleattest If billing on time – use smart phrase .CUTELETIME In addition to .teleattest	Bill as you would in clinic either on time or MDM. See codes (time in mins) below. The times are increased due to changes for total time for Telehealth Visits Only									
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Telephone only visits (NO VIDEO) >5-10 minutes <i>Not billable if originating from previous visit in past 7 days</i>	Summary of medical discussion and total time spent Consent smartphrase: .cumedtelephoneconsent	Verbal Consent AND indicate that you “spoke to patient on phone”	Bill on own time									
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Telephone brief check in (NO VIDEO) 5-10 minutes <i>Don't bill this code if you escalate care to in person or video visit</i>	Summary of conversation and total time spent Consent smartphrase: .cumedtelephoneconsent	Verbal Consent AND Indicate the you “spoke to patient on phone”	G2012									
MHC encounter/e-visits (NO VIDEO), no phone involved <i>Not billable if patient seen in past 7 days</i>	Summary of conversation (medication side effect or titration, results) and total time spent	Verbal consent, consent is needed annually	Bill on time									
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Post-op VIDEO or PHONE visit	Brief documentation of patient status	No consent required	99024 (from normal charge capture section)									
Medicare Annual Wellness VIDEO visit <i>Note: “Welcome to Medicare Visits” (IPPE) are NOT eligible for telehealth</i>	Document same as in clinic (exam not required)	Consent written or verbal AND .teleattest	Telehealth section → choose annual code as normally would G0438 Initial Annual Wellness Visit (AWV) G0439 Subsequent AWV <u>Voluntary Advance Care Planning:</u> 99497- 1 st 30 mins 99498 – Each additional 30 mins									
Non-Medicare Annual Wellness Video Visits	Normal clinic documentation		Age Based: 99381-99397 Must be performed in-person									



- Is billing E&M based on complexity or time?
 - It can be either. **For in-person visits**, if counseling and /or coordination of care is what is provided, time would be billed. ***NEW – For Telehealth visits only, Time is billing provider’s total visit time prep/visit/post time on same day. A new smartphrase is available for documentation .CUTELETIME**
 - If the visit is a medical evaluation and should be based on documentation. ***NEW: MDM is the only documentation that is required to support telehealth billing in the outpatient setting. (This includes diagnosis management/problems, data/testing and risk)**
 - Reminder: History and Exam should be documented as clinically appropriate.
- ***NEW** – Are the statements for documentation of two times to indicate greater than 50% counseling and/or coordination of care still required?
 - **Not for Telehealth visits.**
 - For in-person visits the documentation of two times are required and you should use the normal time statement smartphrase .upiambtime
- ***NEW** – What is included in total time on the date of the telehealth visit?
 - It includes both face-to-face and non face-to-face time personally spent by the physician and/or APP on the day of the encounter includes time in activities that require the billing provider
 - Does not include trainee/resident or ancillary clinical staff time.
 - Time in pre-charting the day before the visit or time spent in the next day do not count towards the billing time.
 - **The time thresholds have changed due to including the total time for telehealth visits only.**
- ***NEW** – What types of activities may be included in the total time for telehealth visits?
 - Physician/other qualified health care professional time may include the following activities, when performed:
 - preparing to see the patient (eg, review of tests)
 - obtaining and/or reviewing separately obtained history
 - performing a medically appropriate examination and/or evaluation
 - counseling and educating the patient/family/caregiver
 - ordering medications, tests, or procedures
 - referring and communicating with other health care professionals (when not separately reported)
 - documenting clinical information in the electronic or other health record
 - independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
 - care coordination (not separately reported)
- If care is escalated to an in-clinic visit from a Telehealth encounter, can both visits be billed?
 - Only ONE can be billed per calendar day. A clinic visit the day after a TH visit can be billed separately as long as billing criteria/medical necessity are met.
- Are TELEPHONE ONLY visits covered by insurance?
 - Many carriers are now paying these services during the COVID public health emergency.
- Will telephone visits be scheduled?
 - Yes. Please follow the Epic tip sheet for workflow.
- What is the difference between a telehealth visit and a non-virtual visit?
 - Telehealth visit is when the provider and the patient are not at the same location. These visits should be selected from the telehealth section.
 - A non-virtual visit is when the provider and the patient is in the same location. Even though you may not go into the exam room with the patient you are still in the same location and have video technology or view through window. These visits should be selected from your normal charge capture section.

- When do you select the telehealth section in charge capture?
 - Services should only be reported as telehealth services when the individual physician or professional providing the telehealth service is not at the same location as the patient. Example, provider at home and patient at home or provider at clinic and patient at home.
- How can I perform a physical exam in a telehealth encounter?
 - You can document quite a bit by inspection below are some examples:
 - Constitutional: well-nourished, well-developed, well-appearing
 - Ears, nose, mouth, throat: normocephalic, atraumatic, external ears normal by inspection
 - Eyes: no proptosis, extra-ocular eye movement intact, nl sclera, conjunctivae not injected
 - Neck: No visible goiter, range of motion of neck appears normal
 - Respiratory: No increased respiratory effort
 - Gastrointestinal: No caput medusa
 - Skin: no visible rash, no foot ulcers, no varicose veins
 - Psychiatric: non-anxious, normal affect
- Do I need a consent for telehealth encounters?
 - Yes, either written or verbal. You should follow the UCHealth process for obtaining consent.
- Do I need to associate a diagnosis code?
 - Yes
- Are we only permitted to see established patients for screening possible COVID-19?
 - No, you can bill telehealth encounters for new patients to evaluate, diagnose, and treat patients who are new to your practice and deemed acceptable to evaluate via Telehealth
- ***NEW** – How do I bill when the encounter is a mix of providers both telehealth and in person with the patient?
 - **If you are a provider that is connecting via audio/video you would use the smartphrase .teleattest and select your charge from the telehealth charge capture section. Telehealth consent would need to be obtained if it hasn't been prior.**
 - **If you are an in-person provider you would select your charges from your normal process using LOS or preference list. Attestations would be the same as normal for in person visits.**
- Can I bill a face-to-face visit for oxygen or cpap certification?
 - Yes, but the visit must include VIDEO and cannot be done in a telephone only encounter.
- Is there a tipsheet for resident/fellow workflows?
 - Yes. Outpatient Telehealth Billing Guidance for Adult Care- Faculty and Housestaff.
- What if I provide telehealth encounters with a patient that is out-of-state?
 - If you have a license already in that state and your department has an approved site of practice than you may provide a telehealth visit with the patient and bill.
 - If you don't have a license in the state or a site of practice approval where you are contacting the patient. These are not billable encounters.
- What if I have a telephone call with patient out of state where I am not licensed?
 - Select phone encounter in charge capture and add ZZ modifier as these are not billable
- ***NEW** – Can I provide a telehealth service in another country?
 - **No, there are international regulations that would need to be addressed and your malpractice does not extend outside of the US.**

Technical FAQs:

- If video malfunctions midway through video visit, do I need to change to telephone encounter billing?
 - If majority of visit was completed with video, then bill VIDEO visit. If not, convert to telephone encounter billing. Find TELEPHONE ONLY charges under “Telehealth” in charge capture section.
- If video malfunctions, can I count the time it takes to re-establish a connection in my billing?
 - No.
- What do I do if my Charge Capture Telehealth section is missing?
 - FIRST, make sure you are logged into the correct department or you will not see the right charges. THEN, call Help Desk or Virtual Command Center and they can place an ITSM ticket to get it updated.
 - While you wait, use code **889999**. Generally, these codes are only for Providers (Physicians/APPs).

Provider reimbursement for counseling at time of COVID-19 testing**July 30, 2020**

***NEW** – You can now bill for this counseling with an appropriate level of E&M code based on documented time.

Below is the checklist:

- Discuss the need for immediate isolation, even before results of the test are available.
- Advise patients to inform their immediate household/contacts that they may wish to be tested and quarantine as well. Review locations and people they have been in contact with in the past two weeks.
- Review the signs and symptoms of COVID-19.
- Inform patients that if positive, they will likely be contacted by a public health worker and asked to provide a list of the people they've been with for contact tracing, encourage them to 'answer the call'.
- Discuss services that might help the patient successfully isolate and quarantine at home.

Reference:

<https://www.cms.gov/files/document/counseling-checklist.pdf>