

Telehealth only billing FAQs: provider is at work/office/home AND patient is at their home																
	Documentation requirements	Compliance	Billing codes (must select charge capture "Telehealth" codes)	Additional notes												
<p>Outpatient/non-Urgent Care VIDEO visits (using Haiku, Vido)</p> <p>Includes RPV's, NPV's, routine visits during COVID crisis</p>	<p>Document as normal <u>if you can</u>: CC, HPI, ROS, Exam (ie. mention on audible wheezing, rash or location of pain), Data, A/P</p> <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)</p> <p>If billing based on time use new smartphrase .CUTELETIME in addition to .teleattest</p>	<p>Housestaff: Include .teleattest to document patient consent</p> <p>Attending:</p> <p>Include .telesupervision if they joined the video to interact with the patient via 3-way video (NEW smart phrase when working with residents or fellows</p> <p>Include .upiexception for GE modifier visits and .upieval for GC visits</p> <p>PE Exception clinics must follow same preceptor-to-patient ratio and must be available during or immediately after the visit</p>	<p>Bill as you would in clinic either on time or MDM. See codes (time in mins) below.</p> <p>The times are increased due to changes for total time for Telehealth Visits Only</p> <table border="1"> <tr> <td>New Pt Visit</td> <td>Estab Pt Visit</td> </tr> <tr> <td>99201 (10'-14')</td> <td>99211 n/a</td> </tr> <tr> <td>99202 (15'-29')</td> <td>99212 (10'-19')</td> </tr> <tr> <td>99203 (30'-44')</td> <td>99213 (20'-29')</td> </tr> <tr> <td>99204 (45'-59')</td> <td>99214 (30'-39')</td> </tr> <tr> <td>99205 (60'-74')</td> <td>99215 (40'-54')</td> </tr> </table>	New Pt Visit	Estab Pt Visit	99201 (10'-14')	99211 n/a	99202 (15'-29')	99212 (10'-19')	99203 (30'-44')	99213 (20'-29')	99204 (45'-59')	99214 (30'-39')	99205 (60'-74')	99215 (40'-54')	<p>For Primary care exception (PE) clinics (PCP, Peds, OBGYN), can bill 99201-99205; 99211- 99215; G0438 & G0439</p> <p>Attending must use audio/video with the resident. Use .upiexception with GE modifier</p> <p>For all other non-PE clinics, attending must join via 3-way video (use GC modifier and .upieval)</p>
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<p>Telephone only visits (NO VIDEO) >5-10 minutes</p> <p><i>Not billable if originating from previous visit in past 7 days</i></p> <p>established patient initiates care</p>	<p>Summary of medical discussion and total time spent</p>	<p>Housestaff: "I spoke to the patient on the telephone for our visit today." and .cumedtelephoneconsent</p> <p>Consent requires the patient acknowledge that they agree to treatment via phone</p>	<p>Bill codes from Charge Capture "Telehealth"</p> <p>99441 (5-10')</p> <p>99442(11-20')</p> <p>99443(21-30')</p>	<p>For PE Resident clinics, Bill based on time. Add .upiexception</p> <p>For all other clinics, Resident or Fellows cannot bill for telephone only visits unless the attending is on the call.</p>												
<p>Post-op VIDEO or PHONE visit</p>	<p>Brief documentation of patient status</p>	<p>No consent required</p>	<p>99024 (from normal charge capture section)</p>													



- What is a PE Clinic?
 - Primary Care Exception clinic. Under the exception, residents may provide reasonable and necessary, low to mid-level E&M services and Annual wellness exams without the presence of a teaching physician. During COVID PHE, E&M service levels and telephone visits have been expanded to E&M levels 1-5.
- Is billing E&M based on complexity or time?
 - It can be either. 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 it 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 smart phrase .upiambtme
- ***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)

- 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 sclerae, 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
- 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.
- Will telephone visits be scheduled?
 - Yes. Please follow up the Epic tip sheet for workflow.
- If I conduct a Telephone Encounter and the call lasts longer than 30 minutes, how do I bill?
 - Bill the telephone encounter with the 30 minute code
 - Schedule a telehealth encounter if you know you will need more time. Select the appropriate E/M code from the telehealth section of your preferencelist
- Do I need to associate a diagnosis code?
 - Yes
- Do I need a consent for telehealth encounters
 - Yes, either written or verbal. You should follow the UCHealth process for obtaining consent.
- Will payers allow for telephone only encounters?
 - Some carriers are now paying during the COVID PHE.
- 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 connecting via audio/video with the resident you would also need to use .telesupervision**
 - **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.**
- What if I provide telehealth encounters with a patient that is out-of-state?
 - If you have a license already in that state and have a department site of practice approval than you may provide a telehealth visit with the patient and bill.
 - If you don't have a license in the state where you are contacting the patient. These are not billable encounters. However, billing should not disrupt patient care.

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.
- If video malfunctions, can I count the time it takes to re-establish a connection in Mybilling?
 - 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. Many were updated as recently as 3/19/2020. 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>