Telehealth and Telephone Documentation and Billing

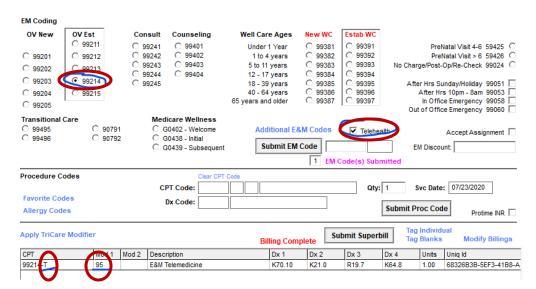
Telehealth Visits:

For a telehealth visit, the documentation must state what program was used for the virtual visit, and that audio **AND** video were used. Per Medicare Telehealth Policy, "Provider must use interactive audio and video telecommunications system that permits real-time communication". If only telephone/audio is being used, telehealth modifiers and billing are not allowed. A telephone evaluation and management needs to be billed (see following page).

CMS states that a telehealth documentation must include a statement indicating service provided via telemedicine:

- Program used for communication
- Audio and video were used for the visit
- Consent from patient to provide care through telehealth
- Patient location
- Provider location

These codes will be billed as E/M codes, with the telehealth box clicked on the superbill, the –T at the end of the code, and a 95 modifier. Example is below:



Telephone Calls:

When providers are furnishing an evaluation and management (E/M) service that would otherwise be reported as an in-person or telehealth visit, <u>using audio-only technology</u>, CPT codes 99441-99443 may be billed. These are time-based codes, so the time spent on the phone for the medical discussion will need to be documented.

- 99441-Telephone evaluation and management service by a physician or other qualified health care professional; 5-10 minutes of medical discussion
- 99442-Telephone evaluation and management service by a physician or other qualified health care professional; 11-20 minutes of medical discussion
- 99443-Telephone evaluation and management service by a physician or other qualified health care professional; <u>21-30 minutes</u> of medical discussion

