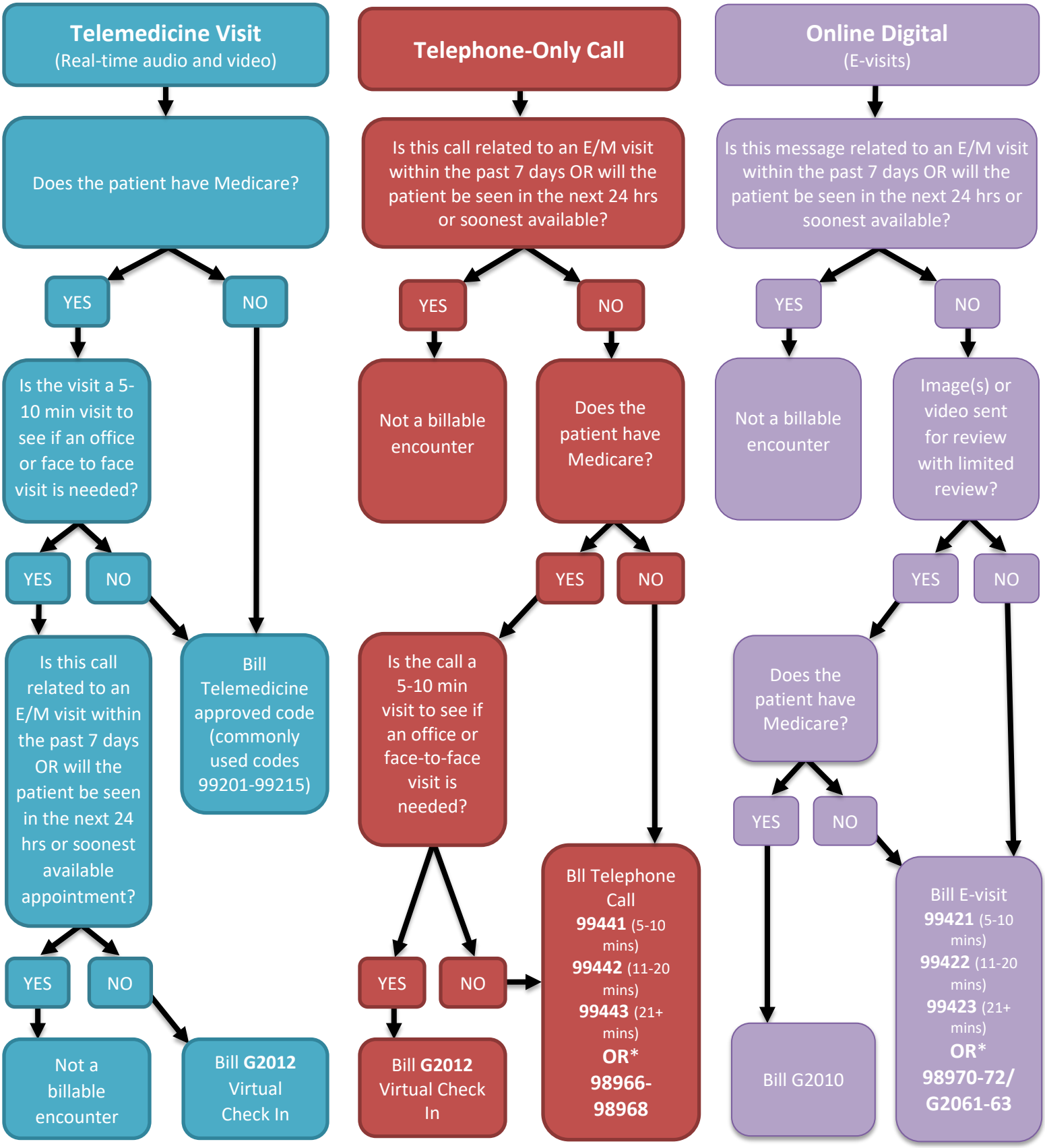
Flow Chart for Telehealth Billing During the Current COVID-19 Public Health Emergency

Information current as of April 23, 2020. We encourage you to check with individual payors regarding claims guidance.

See page 2 for detailed information regarding each type of service listed below.



Telemedicine Visits

- ✓ Must be synchronous (real-time) visits with both audio and video.
- ✓ Patient must actively be involved in with two-way communication.
- ✓ For Medicare you can bill by medical decision making (MDM) or time for (99201-99215) Office and other outpatient services. If billing by time, documentation of exact minutes in required. For all other payors check payor policies. All other codes use standard criteria for choosing the level of the visit.

New Patient Visit		
CPT Code	**CPT Time**	**CMS Time for Telehealth Visit During PHE**
99201	10 minutes	17 minutes
99202	20 minutes	22 minutes
99203	30 minutes	29 minutes
99204	45 minutes	45 minutes
99205	60 minutes	67 minutes

Established Patient Visit		
99212	10 minutes	16 minutes
99213	15 minutes	23 minutes
99214	25 minutes	40 minutes
99215	40 minutes	55 minutes

- ✓ For Medicare use modifier 95 to indicate the visit was a telehealth/telemedicine visit.
- ✓ For Medicare claims the place of service listed on the claim should be the place of service where the visit would
- ✓ normally take place if it were a face-to-face visit (usually 11 or 22). For other payors see Telehealth Payor Policies.
- ✓ Should be coded with a code from the approved temporary Telehealth service codes list. The complete list can be found at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes .

Telephone-Only Calls

- ✓ Not meant to replace an office visit, as telephone only visits are limited in scope.
- ✓ Not considered telehealth - do not append modifier 95.
- ✓ Use place of service 11 or 22.
- ✓ For all other payors- check individual payors for claims guidance

Online Digital Evisits

- ✓ Visits through the patient portal or secure email.
- ✓ Not considered telehealth - do not append modifier 95.
- ✓ Use place of service 11 or 22.
- ✓ For all other payors- check individual payors for claims guidance

All visit types must have appropriate clinical documentation within the permanent record to establish medical necessity for each visit.

*Use these code groups for qualified non-physician health care professionals (PT, OT, SLP, LCSW, etc.).