

Requirements for Audio-Video and Audio-Only Telehealth Services:

- Consent must be obtained and documented prior to or at the beginning of video visit.
 - Patient may be located in other states providing there is PLT coverage and provider has a license in that state.
 - This service must be performed on a separate calendar date from another E&M service.
 - When performed on the same date as another E&M service, the elements and time of these services are summed and reported in aggregate, ensuring that any overlapping time is only counted once.
 - If the minimum time for reporting a telemedicine service has not been achieved, time spent with the patient may still count toward the total time on the date of the encounter of an in-person E&M service.
 - Appropriate to report prolonged service same day when criteria is met
 - Care initiated by patient, family, caregiver, physician/QHP
 - May be used for a follow-up of a previous encounter when a follow-up E&M is required.
 - Follow standard 2023 E&M documentation guidelines.
 - Codes may be used for New or Established Patients
 - Not billable for calling patients regarding test results.
- Remember to review each category for additional requirements*

Category**VIDEO**

Definition: An E&M visit with a provider that uses audio and visual technology (2-way video) systems between a provider and a patient. Must use a secure HIPAA compliant platform.

CPT Codes**New Patient**

98000 (15 min) (SF)

98001 (30 min) (Low)

98002 (45 min) (Mod)

98003 (60 min) (High)

Established Patient

98004 (10 min) (SF)

98005 (20 min) (Low)

98006 (30 min) (Mod)

98007 (40 min) (High)

Payor Coverage

Aetna* Y

Medicare* Y

Anthem Y

Tricare Y

Cigna Y

UHC* Y

Humana Y

Sentara* Y

Medicaid Y

Coding Guidelines

1. Use appropriate audio-video E&M code and/or other approved CPT/HCPCS codes.
2. If during the encounter audio-video connection are lost and only audio is restored, report the service that accounted for the majority of the time of the interactive portion of the service.

Category**AUDIO ONLY
(Telephone)**

Definition: Audio-only (telephone) evaluation and management service by a physician or qualified non-physician healthcare professional for a new or established patient or guardian via telephone.

CPT Codes**New Patient**

98008 (15 min) (SF)

98009 (30 min) (Low)

98010 (45 min) (Mod)

98011 (60 min) (High)

Established Patient

98012 (>10 min) (SF)

98013 (20 min) (Low)

98014 (30 min) (Mod)

98015 (40 min) (High)

Codes Non-MD QHCP

98966 (5-10 min)

98967 (11-20 min)

98968 (21-30 min)

Payor Coverage

Aetna* N

Medicare* Y

Anthem N

Tricare Y

Cigna Y

UHC* N

Humana Y

Sentara* Y

Medicaid Y

Coding Guidelines

1. Use appropriate audio only E&M code and/or other approved CPT/HCPCS codes
2. Codes 98008 - 98015 require more than 10 minutes of medical discussion. If 10 minutes of medical discussion is exceeded, total time on date of the encounter or MDM may be used for code level selection. If using MDM, a time statement exceeding 10 minutes was met must be documented.
3. Medical discussion with the patient or guardian must be documented.
4. For established patients with 5 to 10 minutes of medical discussion, report code 98016 if requirements are met for Virtual Check-in.

** Medicare, Aetna Medicare, Sentara (all products) and UHC does not recognize these codes. Providers should select the telemedicine service (98000 – 98015) rendered and billing will handle on the backend according to payer requirements.*

Category				
VIRTUAL CHECK-IN	Definition: A brief (5-10 minutes), 98016, check-in with practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. (e.g. Patient calls complaining of sore throat, provider determines if patient needs to be seen) A remote evaluation, G2010, of recorded video and/or images submitted by a patient. (e.g. Patient sends a picture to provider to review and interpret)			
	CPT Codes		Payor Coverage	
	Established Patient		Aetna N	Medicare Y
	98016 (Brief check-in, 5-10 min)		Anthem N	Tricare Y
	G2252 (Brief check-in, 11-20 min)		Cigna Y	UHC Y
	G2010 (Remote eval of recorded video or image)		Humana Y	
	G2250 (Remote eval of recorded video or image) QHP who cannot report E&M's		Medicaid Y	
	G2251 (Brief check-in, 5-10 min) QHP who cannot report E&M's			
	Requirements & Coding Guidelines			
	1. Consent for service must be obtained and documented. 2. Do not report virtual check-in service: <ul style="list-style-type: none">• If the virtual check-in leads to an E/M service or procedure within the next 24 hours or soonest available appointment.• If the virtual check-in refers to an E&M service performed and reported by the physician or qualified healthcare professional within the previous seven (7) days. 3. Documentation of time is required for 98016 and G2252. 4. Services are initiated by patient. 5. Established Patients Only 6. Not billable for going over lab results 7. Documentation for G2010 must include interpretation of video/image. Time is not required. 8. 98016 and G2252 are time based codes and are billable based on the billing provider's time.			
EPIC INFORMATION				
Telemedicine Encounter - Providers can create on demand (unscheduled). See link. Telemedicine Creating On Demand Use SmartPhrase .telmedvideo note template. Can add additional personal documentation to template. Select Video mode on LOS screen. Use SmartPhrase .telphcall note template. Can add additional personal documentation to template. Select Phone mode on LOS screen.				
TEACHING PHYSICIAN SUPERVISION DEFINITIONS FOR BILLING- ALL CATEGORIES				
Outpatient Direct Supervision: Teaching physician must provide supervision either with physical presence or through audio and video technology during the key portion of the service. The key portion for outpatient services is medical decision making or attending time.				
Psychiatric Services (Direct Supervision): Teaching physician must provide supervision either with physical presence or through audio and video technology (e.g. attending on video with resident and patient).				
Outpatient Indirect Supervision (commercial payers): If attending supervision occurs by discussing the patient or reviewing the Resident/Fellow documentation this is billable (for commercial payers only)				
TEACHING PHYSICIAN ATTESTATION STATEMENTS FOR TELEHEALTH- ALL CATEGORIES				
.atttele - I was physically/virtually present with the resident and concur with or have edited all elements of the providers note. (audio only supervision is not acceptable)				
.attreview - I have reviewed or discussed the resident's history, physical exam, assessment and management plans. I concur with the assessment and plan as documented.				
.atttime - My total time on this date and for this encounter was *** minutes which included the following activities {ATTTIME Activities:27420}. This time is independent, non-overlapping and does not include time for any services which are separately reported. (Resident or Fellows time performing activities of the visit cannot be counted toward the total time. This is attending time only.)				