

TELEHEALTH POCKET TOOL		
TYPE OF SERVICE	BILLING/DOCUMENTATION	HCPCS/CPT CODE
TELEHEALTH (VIDEO)/ DIRECT TO CONSUMER VISIT	<ul style="list-style-type: none"> Must use a video visit encounter type and documentation must include: <ul style="list-style-type: none"> Confirmation that the service was provided via telemedicine. <i>If provider or patient is unable to connect to video, the service must be billed as a phone visit</i> Medical necessity for the visit (diagnosis & treatment plan) Location of the provider and patient Time, as applicable 	Select code as if the service was provided in person, (Examples - if <u>new</u> patient is home, but would have been in the office: submit 99202-99205; or if <u>established</u> patient is home, but would have been in office: submit 99212-99215). When billing E/Ms, please use appropriate guidelines for LOS selection (Example - for <u>new and established</u> outpatient, bill based on MDM or total time; for <u>consults</u> , bill based on history, exam and MDM).
A service where a provider* uses an <u>interactive audio and video</u> telecommunications system that permits real-time communication between the provider and the patient		
*Providers include <i>physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians and nutrition professional</i>	***Use of smartphrase .videovisitrequireddocumentation satisfies all documentation requirements	
VIRTUAL CHECK-IN AKA TELEPHONE VISIT	<ul style="list-style-type: none"> Must use Virtual check-in encounter type and documentation must include: <ul style="list-style-type: none"> A statement that the patient provided verbal consent for the billing of the service Medical necessity of the visit Time 	MD/APP only:
A timed based evaluation and management service or brief check in provided to the patient by phone		G2012 - Medicare Only (5-10 mins)
****Use Virtual Check-In Smart Set in Epic	These services are not to be billed for a phone visit less than 5 minutes OR communication of test results, scheduling appointments, and other communication that does not include evaluation & management services	99441 (5-10 mins)
		99442 (11-20 mins)
		99443 (21-30 mins)
		Eligible Non-MD/APP:
		98966 (5-10 mins)
	Reported only once for the same episode of care during a 7- day period; cannot report if originating from a related visit provided within the previous 7 days or if communication leads to a visit within the next 24 hours or soonest available	98967 (11-20 mins)
		98968 (21-30 mins)

Disclaimer: This content includes information published in payer policies as of November 1, 2021 and is intended for use by MUSC Health and its affiliates. Coverage will vary based on the patient's insurance coverage (to include deductible, coinsurance, etc.), payer, CPT code(s), diagnosis code(s), originating site, and provider type.

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INTERPROFESSIONAL CONSULT (E-CONSULT)	<ul style="list-style-type: none"> Must use Interprofessional Consult Smartset and documentation must include: <ul style="list-style-type: none"> A statement that the patient provided consent for performance and the billing of the service Request with reason for consultation Medical necessity of the visit Time 	99446-99449 (Billed by <u>consultant</u> , time based, requires verbal and written report)
An assessment/management service in which a patient's treating physician/other qualified health care professional (QHP) requests the opinion and/or treatment advice of a consultant to assist the treating physician/QHP in the diagnosis and/or management of the patient's problem without the need for the patient's face-to- face contact with the consultant		99451 (Billed by <u>consultant</u> , >5 mins, written report only)
		99452 (Billed by <u>referring/requesting</u> provider)
		Not reported if in person visit in past 14 days, next available appt is scheduled or transfer of care followsCannot report 99446-99451 more than once in 7 day period
E-VISIT	<ul style="list-style-type: none"> Must use the digital E-visit visit type and documentation must include: <ul style="list-style-type: none"> A statement that the patient provided consent for the billing of the service Medical necessity of the visit Time 	99421-99423 (For providers who can bill for E/M services)
An asynchronous communication between a patient and provider through an online portal (i.e. MyChart); This service may not be used for work done by clinical staff (i.e. nurse, CMA)		98970-98972 (Non-Medicare, for providers who cannot independently bill E/M services)
		G2061-G2063 (Medicare, for providers who cannot independently bill E/M services)
****Use Digital MyChart E-visit Smart Set in Epic	<ul style="list-style-type: none"> May only be reported once for the billing provider's cumulative time devoted to the service for the same or related problem during a 7 day period; If separate E/M service provided during the 7 day period, time spent on e-visit must be incorporated into the separately reported E/M service Cannot be billed if less than 5 mins 	

11/2/2021

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