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3	General Telehealth Billing Guidance								
4	Type of Service	CPT	Modifier for Telehealth³	Description	Time in minutes referenced in Code	History	Exam⁴	MDM	Helpful hints on documentation in the encounter record/progress note "General guidance only"¹ <i>or</i> you may elect to document based on time and include information on all time spent with that patient on the encounter date.
5	NEW PATIENT OFFICE CODES	99201	95 for Medicare; GT or 95 for other	New pt.; straightforward	10	Prob focused	Prob focus	Straight forward	Code deleted as of 1/1/2021
6		99202	95 for Medicare; GT or 95 for other	New pt.; straightforward	15-29	Relevant	Relevant	Straight forward	Addressing one minor symptom/acute condition or chronic condition and the treatment would be straightforward (showing symptoms of cough or flu-like but managing with over the counter treatment <i>or</i> simply following up with one chronic condition stable).
7		99203	95 for Medicare; GT or 95 for other	New pt.; low complexity	30-44	Relevant	Relevant	Low	Addressing two self-limited or minor problems or one chronic condition or one acute uncomplicated illness (showing more than one symptom or just following up on two chronic conditions followed routinely).
8		99204	95 for Medicare; GT or 95 for other	New pt.; moderate complexity	45-59	Relevant	Relevant	Moderate	Addressing three <u>stable</u> chronic illnesses or two chronic condition with one unstable or undiagnosed new problem (newly diagnosed COVID-19; prescription drug management on the chronic conditions).
9		99205	95 for Medicare; GT or 95 for other	New pt.; high complexity	60-74	Relevant	Relevant	High	One or more chronic illness with severe exacerbation, progression or side effect of treatment; acute illness with threat to life (severe respiratory distress or an abrupt change in neurologic status. If after a phone consult you refer your patient to the hospital).
10									
11	ESTABLISHED PATIENT OFFICE CODES	99211	95 for Medicare; GT or 95 for other	Nurses visit - telehealth not recommended - see guidance	none				The only way for this to work as telehealth is for clinical staff along with the provider are still in the office delivering the telehealth from there (subject to incident to guidelines). Provider is better off using the chronic care management category of codes that allow clinical staff to work with patients managing chronic care issues (for typically 20-30 minutes-code depended) via phone during the month.
12		99212	95 for Medicare; GT or 95 for other	New pt.; straightforward	19-Oct	Relevant	Relevant	Straight forward	Addressing one minor symptom/acute condition or chronic condition and the treatment would be straightforward (showing symptoms of cough or flu-like but managing with over the counter treatment <i>or</i> simply following up with one chronic condition stable).
13		99213	95 for Medicare; GT or 95 for other	New pt.; low complexity	20-29	Relevant	Relevant	Low	Addressing two self-limited or minor problems or one chronic condition or one acute uncomplicated illness (showing more than one symptom or just following up on two chronic conditions followed routinely).
14		99214	95 for Medicare; GT or 95 for other	New pt.; moderate complexity	30-39	Relevant	Relevant	Moderate	Addressing three <u>stable</u> chronic illnesses or two chronic condition with one unstable or undiagnosed new problem (newly diagnosed COVID-19; prescription drug management on the chronic conditions).
15		99215	95 for Medicare; GT or 95 for other	New pt.; high complexity	40-54	Relevant	Relevant	High	One or more chronic illness with severe exacerbation, progression or side effect of treatment; Acute illness with threat to life (severe respiratory distress or an abrupt change in neurologic status. If after a phone consult you refer your patient to the hospital).
16	<p>This information is meant as general guidance only and does not replace the New AMA E&M documentation guidance going into effect 2021. This new guidance has been adopted by CMS as well. Telehealth still requires the same documentation generally speaking, however important to note that documentation requirements have been relaxed a bit and you may use time as the driver for the code which includes all time spent on the same date with the patient.</p>								
17	<p>Medicare: Place of service is wherever the service would normally have been provided. Medicare now requires the 95 modifier. Expect some variation among other payers regarding the GT or 95 modifier as acceptable.</p>								
18	<p>Remember to check specific payer guidelines. We recommend you do the necessary research before billing for telehealth services. For NY - Empire BCBS seems to have very specific guidance on place of service. Also recently Aetna made a policy change on telehealth place of service guidance.</p>								
19	<p>⁴ Likely past general appearance and some MSE examinations, you will need to exercise good clinical judgement on what is performed and documented in exam.</p>								

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20	E-Visits MD, DO, CNP, CNS, PA	99421	n/a	Online digital evaluation	5-10	n/a	n/a	n/a	Must be performed by MD, DO, CNS, CNP or PA (essentially those who are eligible to bill an EM) Needs to be an established patient and patient initiated typically submitted through EHR portals; time can be cumulative for 7 days. Billed once in 7 day period. Documentation of all communication and care coordination is necessary. Time-based codes require that time also be included in documentation. 5-10 min required.
21		99422	n/a	Online digital evaluation	11-20	n/a	n/a	n/a	Must be performed by MD, DO, CNS, CNP or PA (essentially those who are eligible to bill an EM) Needs to be an established patient and patient initiated typically submitted through EHR portals; time can be cumulative for 7 days. Billed once in 7 day period. Documentation of all communication and care coordination is necessary. Time-based codes require that time also be included in documentation. 11-20 minutes required.
22		99423	n/a	Online digital evaluation	21 or more	n/a	n/a	n/a	Must be performed by MD, DO, CNS, CNP or PA (essentially those who are eligible to bill an EM) Needs to be an established patient and patient initiated typically submitted through EHR portals; time can be cumulative for 7 days. Billed once in 7 day period. Documentation of all communication and care coordination is necessary. Time-based codes require that time also be included in documentation. 21 or more minutes.
23									
24	E-Visits non-physician credentialed providers	98970	n/a	Online digital evaluation; non physician healthcare provider	5-10	n/a	n/a	n/a	Eligible to be performed by other credentialed providers such as, Licensed clinical social workers, physical therapists, dietitians and nutrition specialists. Needs to be an established patient and patient initiated typically submitted through EHR portal; time can be cumulative for 7 days. Billed once in 7 day period. Documentation of all communication and care coordination is necessary. Time-based codes require that time also be included in documentation. 5-10 min.
25		98971	n/a	Online digital evaluation; non physician healthcare provider	11-20	n/a	n/a	n/a	Eligible to be performed by other credentialed providers such as, Licensed clinical social workers, physical therapists, dietitians and nutrition specialists. Needs to be an established patient and patient initiated typically submitted through EHR portals; time can be cumulative for 7 days. Billed once in 7 day period. Documentation of all communication and care coordination is necessary. Time-based codes require that time also be included in documentation. 11-20 min.
26		98972	n/a	Online digital evaluation; non physician healthcare provider	21 or more	n/a	n/a	n/a	Eligible to be performed by other credentialed providers such as, Licensed clinical social workers, physical therapists, dietitians and nutrition specialists. Needs to be an established patient and patient initiated typically submitted through EHR portals; time can be cumulative for 7 days. Billed once in 7 day period. Documentation of all communication and care coordination is necessary. Time-based codes require that time also be included in documentation. 21 min or more.
27									Intentionally blank
28	Medicare code equivalent to above non-physician credentialed providers.	G2061	n/a	Medicare online digital evaluation; non physician healthcare provider	5-10	n/a	n/a	n/a	Eligible to be performed by other credentialed providers such as, Licensed clinical social workers, physical therapists, dietitians and nutrition specialists. Needs to be an established patient and patient initiated typically submitted through EHR portals; time can be cumulative for 7 days. Billed once in 7 day period. Documentation of all communication and care coordination is necessary. Time-based codes require that time also be included in documentation. 5-10 min.
29		G2062	n/a	Medicare online digital evaluation; non physician healthcare provider	11-20	n/a	n/a	n/a	Eligible to be performed by other credentialed providers such as, Licensed clinical social workers, physical therapists, dietitians and nutrition specialists. Needs to be an established patient and patient initiated typically submitted through EHR portals; time can be cumulative for 7 days. Billed once in 7 day period. Documentation of all communication and care coordination is necessary. Time-based codes require that time also be included in documentation. 11-20 min.

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30		G2063	n/a	Medicare online digital evaluation; non physician healthcare provider	21 or more	n/a	n/a	n/a	Eligible to be performed by other credentialed providers such as, Licensed clinical social workers, physical therapists, dietitians and nutrition specialists. Needs to be an established patient and patient initiated typically submitted through EHR portal; time can be cumulative for 7 days. Billed once in 7 day period. Documentation of all communication and care coordination is necessary. Time-based codes require that time also be included in documentation. 21 min or more.
31									
32	Virtual visit	G2012	n/a	Medicare approved virtual check-in	5-10 min	n/a	n/a	n/a	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report E&M services, established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. Does not require audio-video communications. Telephone call is acceptable.
33									
34	Remote Evaluation	G2010	n/a	Medicare evaluation of video or image submitted to provider	n/a	n/a	n/a	n/a	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment. No specific time.
35									Intentionally blank
36									Intentionally blank
37	Telephone Evaluation and Management	99441	n/a	Telephone EM	5-10	n/a	n/a	n/a	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion Covered by Medicare
38		99442	n/a	Telephone EM	11-20	n/a	n/a	n/a	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion Covered by Medicare
39		99443	n/a	Telephone EM	21 or more	n/a	n/a	n/a	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion Covered by Medicare
40									
41									
42	Website Guidance:								
43	1	Medicare	https://www.cms.gov/files/document/covid-final-ifc.pdf			See page 15 of document			

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44		2	United Health Care	https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid19-telehealth-services-telehealth.html					
45		3	Aetna	https://www.aetna.com/health-care-professionals/provider-education-manuals/covid-faq.html#acc_link_content_section_responsivegrid_copy_responsivegrid_accordion_21_or_https://www.aetna.com/health-care-professionals/covid-faq/billing-and-coding.html					
46		4	Cigna	https://static.cigna.com/assets/chcp/resourceLibrary/medicalResourcesList/medicalDoingBusinessWithCigna/medicalDbwcCOVID-19.html					