

## Fact Sheet: Coding for Phone Calls, Internet Consultations and Telehealth

*This was adapted from an AAO/AAOE document and first distributed by PAO on 03-17-20. PAO will continue to update as more information becomes available.*

*Clarifying notes have been placed in, which we hope will be helpful- David Silbert MD  
FAAP March 23, 2020*

**Note: Carriers update their policies frequently. Please check back often for new and additional information.**

There are three options for telehealth and other communications-based technology services.

### 1. Telephone Calls

Code	Value	Description
HCPCS code G2012	\$14.81  Medicare Part B.  Coverage varies per commercial plan	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an 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  <i>Used for an established patient who calls and speaks to an ophthalmologist or optometrist. A decision might be made to prescribe warm compresses for a chalazion, counsel about blepharitis, refill a prescription etc. It can only be billed if it does not relate to a visit in the past 7 days and does not lead to a visit within 24 hours. Documentation requirements as below.</i>

- Documentation Requirements for HCPCS code G2012
  - Confirm patient identity (e.g., name, date of birth or other identifying information as needed, in particular if documenting independently from the patient's electronic or paper record).
  - Confirm that the patient is an established patient to the practice
  - Detail what occurred during the communication (e.g., patient problem(s), details of the encounter as warranted) to establish medical necessity
  - Document the total amount of time spent in communicating with the patient and only submit code G2012 if a minimum of five minutes of direct communication with the patient was achieved.
  - Document that the nature of the call was not tied to a face-to-face office visit or procedure that occurred within the past seven days
  - Document that a subsequent office visit for the patient's problems were not indicated within 24 hours or the next available appointment
  - Include that the patient provided consent for the service

**Verbal consent of the patient must be documented in the chart**

### Phone calls with MDs, DOs, ODs

Code	Value	Description
99441	Non-covered Medicare services.  Coverage varies per commercial plan	Telephone evaluation and management service by a physician may report E/M 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
99442		11-20 minutes of medical discussion
99443		21-30 minutes of medical discussion

Please note that above codes are not covered by Medicare but may be covered by Private plans. Instead, use G2012 to report a telephone call with a physician or optometrist of 5-10 minutes

### Phone calls with PAs or NPs

Code	Value	Description
98966	Non-covered Medicare services.  Coverage varies per commercial plan	Telephone assessment and management service provided by a qualified nonphysician, health care professional to an established patient, parent, or management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion
98967		11-20 minutes of medical discussion
98968		21-30 minutes of medical discussion

- Initiated by established patients
- If the telephone service ends with a decision to see the patient within 24 hours or the next available urgent visit appointment, the code is not reported; rather the encounter is considered part of the preservice work of the subsequent assessment and management service, procedure and visit.
- Likewise, if the call refers to a service performed and reported within the previous seven days or within the postoperative period of the previous completed procedure, then the service is considered part of the previous service or procedure.

### 2. Internet Consultations

- Initiated by established patients
- Covers 7 days
- Not to be used for
  - Scheduling appointments

- Conveying test results
- Must be through HIPAA compliant secure platforms such as
  - EHR portals
  - Secure email, etc.

**Internet Consultations with Physicians**

**New codes in 2020**

Code	Value	Description
99421	\$15.52	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min
99422	\$31.04	11-20 minutes
99423	\$50.16	21 or more minutes

Initiated by the patient. Internet based (secure email or portal) This is entirely based on time spent with patient which should be documented. Advise Documentation Requirements for HCPCS code G2012 as in G2012 code.

**Internet Consultations with Non- Physicians such as Physician Assistants and Nurse Practitioners**

**New codes in 2020**

Codes	Value	Description
98970	\$0	Online digital E/M service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min
98971	\$0	11-20 minutes
98972	\$0	21 or more minutes

Not covered by Medicare but may be covered by private payors

### 3. Telemedicine Exams

- Telemedicine is defined by a real-time interaction between a physician or other qualified health care professional and a patient who is located at a distant site from the physician.
- The examination and communication of information exchange between the physician and the patient must be the same as when rendered face-to-face.
- Code level selection is based on same criteria for the base codes
- Telemedicine codes are identified by a star (\*) in your CPT book
  - Office based
    - 99201 – 99205 E/M new patient
      - 99212 – 99215 E/M established patient
      - Does not apply to tech code 99211 or Eye visit codes
  - Office consultations
    - For insurances that still recognize this family of codes
    - 99241 – 99245
  - Subsequent Hospital Care
    - 99231 – 99233
  - Inpatient Consultation
    - 99251 – 99255
  - Subsequent Nursing Facility Care
    - 99307-99310
- Append modifier -95 Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications systems. **Guidance from Independence Blue Cross:** Professional providers performing telemedicine services must report the appropriate modifier (Modifier GT or 95) and place-of-service (POS) code 02 (Telehealth) to ensure payment of eligible telemedicine services.

Typically these codes are allowed only in counties outside a Metropolitan Statistical Area (MSA) or in a rural Health Professional Shortage Area (HPSA) in a rural census tract. **CMS has waived these requirements during the COVID-19 Pandemic.**

<https://data.hrsa.gov/tools/shortage-area/hpsa-find>

These visits require the same documentation as for in office E&M visits. These visits should document the same information as your EHR or paper templates that you are currently using. It is assumed technicians could be used remotely similarly to how they are utilized in the office, but there is no guidance on this.

Per CMS “You must use an interactive audio and video telecommunication system that permits real-time communication between you at the distant site and the beneficiary at the originating site” Transmitting information that is reviewed later is not allowed.

In the past, these communications needed to be held via a HIPAA-compliant platforms. There are many of these platforms out there. [VSee \(vsee.com\)](#) and Doxy.me are platforms specifically designed for telehealth with a modest per physician fee.

Right now, the government has suspended the need for a HIPAA-compliant system for Telehealth.  
<https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>  
<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>  
<https://oig.hhs.gov/fraud/docs/alertsandbulletins/2020/policy-telehealth-2020.pdf>

This means that FaceTime, Skype, Google Hangouts, Zoom, Microsoft Teams, etc. can all be used for virtual visits. Zoom and Skype have a monthly cost, but the others are free.

Source: <https://www.cms.gov/files/document/03052020-medicare-covid-19-fact-sheet.pdf>

These codes for consultative service requested by another provider were not covered in the AAO document above:

Reimbursement for Inter-professional Internet Consultation  
CPT Codes 99446-99449, 99451, and 99452

Assessment and Management codes conducted through telephone, internet, or electronic health record consultations furnished when a patient's treating physician or other qualified healthcare professional requests the opinion and/or treatment advice of a consulting physician with specific specialty expertise to assist with the diagnosis and/or management of the patient's problem without the need for the patient's face-to-face contact with the consulting physician or qualified healthcare professional.

**CPT 99446:** Interprofessional telephone/Internet electronic health record assessment and management service provided by a consultative physician including a **verbal** and **written** report to the patient's treating/requesting physician or other qualified health care professional; **5-10 minutes** of medical consultative discussion and review

**CPT 99447:** Same as 99446, but **11-20 minutes** of medical consultative discussion and review

**CPT 99448:** Same as 99446, but **21-30 minutes** of medical consultative discussion and review

**CPT 99449:** Same as 99446, but **31 minutes or more** of medical consultative discussion and review

The codes above require a consultation from another qualified provider and both written and oral report

**CPT 99451:** Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician including a written report to the patient's treating/requesting physician or other qualified health care professional, **5 or more minutes** of medical consultative time

CPT 99541 requires a consultation from another qualified provider but only a written report

**CPT 99452:** Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or qualified health care professional, **30 minutes** (Note this is for the consulting physician to bill)

Please note that verbal consent must be documented in the patient's chart for all of these codes

### **HCPCS Code G2010 Remote Evaluation of Images**

**HCPCS G2010:** 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

This is ideally suited to ophthalmology after a patient submits an image to be reviewed. It cannot be billed if it is incident to a visit in the previous 7 days or leads to an appointment within 24 hours or soonest available appointment.