Coding and Billing for Video & Phone Visits
Telephone Only Visits by a Physician or APP

Coding for audio-only visits (not likely to be considered for risk adjustment coding)

- CPT 99441-99443
  - 99441 (5-10 minutes)
  - 99442 (11-20 minutes)
  - 99443 (21-30 minutes)

- Use normal Place of Service code (e.g., POS 11 for Office)
- No modifiers needed
- SelectHealth is currently reimbursing these services
Telephone Only Visits by other providers

- Telephone service codes exist for providers who cannot report E/M services (e.g., LCSW’s, psychologists, RD/PT/OT/SLP)

  - CPT 98966-98968
    - 98966 (5-10 minutes)
    - 98967 (11-20 minutes)
    - 98968 (21-30 minutes)

  - Use normal Place of Service code (e.g., POS 11 for Office)
  - No modifiers needed
  - SelectHealth is currently reimbursing these services
Video Visits by a Physician or APP

Two-way Audio-Video Communications

• Report normal office visit codes:
  • 99201-99205 (New Patient)
  • 99211-99215 (Established Patient)
• Report services based on MDM or Time
• Use normal Place of Service code (e.g. POS 11 for Office)
  • Medicaid requires POS 02 “Telehealth”
• Report with Modifier 95 or GT
Video Preventive Services not Reimbursed

• Do not report preventive physical examinations (e.g., well child check)
Providers should document an attestation when the services is provided via video visit:

“This visit was conducted via live two-way audio/visual communication using telehealth capabilities; patient was not in an (clinic name) facility”
Other considerations

• If a video visit is started but converted to a telephone visit due to technological issues, we recommend reporting the telephone codes.

• All of these rules could change after the COVID-19 crisis is resolved. However, we believe some will stay. "I think the genie's out of the bottle on this one," Seema Verma, the CMS administrator, said. "I think it's fair to say that the advent of telehealth has been just completely accelerated, that it's taken this crisis to push us to a new frontier, but there's absolutely no going back."
# Video Visits Telehealth Coding Sheet

<table>
<thead>
<tr>
<th>Medical Decision Making</th>
<th>Straightforward</th>
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<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Follow-Up Stable Problem or 1 Self-Limited Problem (e.g., cold, insect bite, minimal lab tests, rest)</td>
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<td>2 Self-Limited Problems, 1 Acute Uncomplicated Illness/Injury, 1 Stable Chronic Illness, OTC meds</td>
<td>Undiagnosed New Problem w/Uncertain Prognosis, Chronic Illness w/Exacerbation, 2+ Chronic Stable Illness, Rx Drug</td>
<td>Life/Limb Threatening, Severe Exacerbation of Chronic Condition, Abrupt Change in Neurologic Status</td>
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**NEW PATIENTS REQUIRE HISTORY, EXAM, AND MEDICAL DECISION MAKING (code to the lowest met requirement of History, Exam, and Medical Decision Making)**

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<tr>
<th></th>
<th>1 HPI 1 Organ System Exam</th>
<th>1 HPI, 1 ROS 2-7 Organ System Exam, Limited</th>
<th>4 HPI, 2 ROS, 1 PFSH 2-7 Organ System Exam, Extensive</th>
<th>4 HPI, 10 ROS, 3 PFSH 8 Organ System Exam</th>
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<tbody>
<tr>
<td>New Pt. Office</td>
<td>99201 (10min)</td>
<td>99202 (20min)</td>
<td>99203 (30min)</td>
<td>99204 (45min)</td>
<td>99205 (60min)</td>
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<th>ESTABLISHED PATIENTS REQUIRE EITHER HISTORY OR EXAM</th>
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**Established Patient Office Visit**

|         | 99212 (10min) | 99213 (15min) | 99214 (25min) | 99215 (40min) |

In order to code based on time, the following requirements must be met and documented.

1. The total amount of time you personally spent face-to-face (camera time) with the patient on the given date
2. That greater than 50% of the total face-to-face time was spent in counseling and/or coordination of care.
3. Content and Context of the counseling and/or coordination of care. (3-5 sentences of the detailed discussion with the patient and the reason for the length of time).
ICD-10 Coding for COVID-19

• Use ICD-10 code U07.1 (COVID-19) to confirm a positive test of COVID-19
  • Specify and link all associated conditions when patient tests positive
  • Use signs and symptoms where a definitive diagnosis has not been established
• Z03.818 (Encounter for observation for suspected exposure to other biological agents ruled out)
• Z20.828 (Contact with and [suspected] exposure to other viral communicable diseases)
• Z11.59 (Encounter for screening for other viral diseases)
• Some payors require **Modifier CS** must be added to each line item for COVID-19-related testing or treatment
SARS-CoV-2 Testing

• 87635 - Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique

Serology testing:

• 86328 – Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])

• 86769 - Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])