Ambulatory - Provider Tele/Phone Visits

In this rapidly changing environment, our patients are looking to the healthcare community to provide them alternative ways to receive routine medical care in a way that is consistent with social-distancing recommendations and makes them feel safe. The Centers for Medicare & Medicaid Services (CMS) has broadened access to Medicare telehealth services so that beneficiaries can receive a wider range of services from their doctors without having to travel to a healthcare facility. Many other payers are following suit and will reimburse similarly.

Beginning today 3.18.20, our practices can bill for two different types of virtual visits:

- Telehealth Visits
- Virtual Check-Ins.

Both types of visits require a scheduled encounter. **DO NOT document or bill for these visits on a phone note encounter.**

**Telehealth Visits** (This is a BILLABLE encounter):

- **Definition:** A visit with a provider that uses telecommunication systems between a provider and patient that REPLACES an office visit
- These visits are considered the same as in-person visits and are paid at the same rate as regular in-person visits.
- Reimbursement will be for professional services as long as visit is documented in a visit note. (Do not use phone note encounter!)
- Patient must be scheduled/registered and charges and documentation placed on that encounter.
- Recommend using the /telehealth_visit_attestation global autotext in your note

**BOTH the E/M visit code AND the new orderable TELEPHONE VISIT must be submitted**

- These visits would be billed using regular visit, professional E/M charges.

**Typical time equivalents provided as a guide.**

<table>
<thead>
<tr>
<th>New Patient Office Visit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>99201 New Pt - Level 1</td>
<td>10 minutes</td>
</tr>
<tr>
<td>99202 New Pt - Level 2</td>
<td>20 minutes</td>
</tr>
<tr>
<td>99203 New Pt - Level 3</td>
<td>30 minutes</td>
</tr>
<tr>
<td>99204 New Pt - Level 4</td>
<td>45 minutes</td>
</tr>
<tr>
<td>99205 New Pt - Level 5</td>
<td>60 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Established Patient Office Visit</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>99211 Est Pt - Level 1</td>
<td>5 minutes</td>
</tr>
<tr>
<td>99212 Est Pt - Level 2</td>
<td>10 minutes</td>
</tr>
<tr>
<td>99213 Est Pt - Level 3</td>
<td>15 minutes</td>
</tr>
<tr>
<td>99214 Est Pt - Level 4</td>
<td>25 minutes</td>
</tr>
<tr>
<td>99215 Est Pt - Level 5</td>
<td>40 minutes</td>
</tr>
</tbody>
</table>

**CODING TIP:** Most visits even if less than 10 minutes duration will qualify for at least 99212 level E/M charge. Here is an example that meets that threshold.

**HPI:** Pt c/o cough X 3 days. **PE:** Alert and able to answer questions over the phone. **ROS:** No other respiratory symptoms. No fever. **SOC Hx:** No family members with illness. **A:** Cough due to virus. Plan: Continue OTC cough medication. Rest. Call if fever or worsening cough.
The provider must also place TELEPHONE VISIT charge. This allows for the proper place of service charge necessary for billing on Tele encounters.

We will NOT bill the facility charges for these visits
  - (Because this patient is NOT physically present in the office)

**Virtual Check-Ins** (aka Brief Communication for technology-based service; this is a BILLABLE service)

- **Definition:** Brief (5-10 minutes) check in with provider via telephone or other telecommunications device to decide whether an office visit or other service is necessary
- OR – A remote evaluation of recorded video and/or other images submitted by a patient.
- Patient must be scheduled/registered and charges placed on that “office” encounter
- DO NOT USE PHONE NOTE ENCOUNTER

**Billable service CANNOT be used if:**
- Call is related to a medical visit in the prior 7 days
- Call results in a medical in-person visit in the next 24 hours
- Provider documents encounter on a Phone Note Encounter
- Patient is not an ESTABLISHED patient

- Providers MUST document in a visit note (NOT ON A PHONE ENCOUNTER) that patient gave consent to receive the virtual check-in service. **Use global autotext /virtual_patient_consent**

**BOTH the E/M virtual check-in visit code AND the new orderable TELEPHONE VISIT must be submitted**

- New codes have been added to the E/M Quick Orders in a new folder

**Rural Health Clinics (Rumford)**

G codes are configured in the “background” and will automatically post to the claim based on patient location and insurance.

**WORKFLOW PROCESS**

**Day of Appointment:**

- The provider must also place TELEPHONE VISIT charge. This allows for the proper place of service charge necessary for billing on Tele encounters.

- We will not bill facility charges for these visits
• Patient on Provider schedule
  o Using same appointment type as we do for in office visits

Appointment time:
  • Provider
    o Calls patient for Telehealth or Virtual check VIA phone
    o Reviews chart and documents as usual
    o If a Virtual check-in visit use global autotext: /virtual_patient_consent
      ▪ This captures patient gave consent for virtual check-in visit
    o Patient Education
      ▪ Do NOT document patient education unless
        • Patient has enrolled in the patient portal and will receive electronically
          Or
        • Patient education documentation will be printed and mailed to patient.
    o Provider enters appropriate E&M charge
      ▪ Telehealth visit:
        • Uses standard patient office visit charges
        • Enters Telephone visits order
      ▪ Virtual check in:
        • Uses “new” Virtual check in visit charges
        • Enters Telephone visits order

Post Provider/Patient Phone visit: (if not done before the virtual visit)
  o PSR contacts patient via phone to:
    ▪ Perform check in, Full Registration & check out
    ▪ This is to be done same day as phone visit
    ▪ Back dating of Registration to the date/time of phone visit.
  o MA’s will not document any information on these “Tele” visits

NOTE:

Already scheduled patients MAY be called to verify they will be keeping their appointment. If the patient states they are not keeping appointment due to safety concerns, they can be offered the alternative of a phone visit.

Relaxed restrictions during this time do allow offices to offer the alternative of a phone visit. It is anticipated that this restriction will return to “patient requested” vs “office offered” when the Covid-19 crisis is over.