

Telehealth only billing FAQs: provider is at work/office/home AND patient is at their home										
	Documentation requirements	Compliance	Billing codes (must be selected from charge capture telehealth section)							
Outpatient/non-UC VIDEO visits (using Haiku, Vido) <i>Includes RPV's, NPV's, routine visits during COVID crisis</i>	Document as normal <i>if you can</i> : CC, HPI, ROS, Exam (ie. mention audible wheezing, rash or location of pain), Data, A/P	Consent written or verbal* AND .teleattest+	Bill as you would in clinic unless >50% of time is spent in counseling and coordination, then bill on time#. See codes (time in mins) below.							
			<table border="1"> <tr> <td>99201 (10')</td> <td>99211 n/a</td> </tr> <tr> <td>99202 (20')</td> <td>99212 (10')</td> </tr> <tr> <td>99203 (30')</td> <td>99213 (15')</td> </tr> <tr> <td>99204 (45')</td> <td>99214 (25')</td> </tr> <tr> <td>99205 (60')</td> <td>99215 (40')</td> </tr> </table>	99201 (10')	99211 n/a	99202 (20')	99212 (10')	99203 (30')	99213 (15')	99204 (45')
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Telephone only visits (NO VIDEO) >5-10 minutes <i>Not billable if originating from previous visit in past 7 days</i>	Summary of medical discussion	Consent verbal AND indicate that you "spoke to patient on phone"	Bill on time							
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Telephone brief check in (NO VIDEO) 5-10 minutes <i>Don't bill this code if you escalate care to in person or video visit</i>	Summary of conversation	Consent verbal AND "spoke on phone"	G2012							
MHC encounter/e-visits (NO VIDEO), no phone involved <i>Not billable if patient seen in past 7 days</i>	Summary of conversation (medication side effect or titration, results)	Consent verbal, consent is needed annually	Bill on time MD/APP: 99421 (5-10') 99422 (11-20') 99423 (21+')							
Post-op VIDEO or PHONE visit	Brief documentation of patient status	No consent required	99024 (from normal charge capture section)							
Annuals/Wellness/Well-child VIDEO visit	Document same as in clinic (exam not required)	Consent written or verbal AND .teleattest	Telehealth section → choose annual code as normally would MC: G0438, G0439 All other (age-based): 99381-99397							

*written consent by pt is done during e-check in; verbal consent is done by the provider if no e-check in (document WHO gave consent and then let patient know co-pays apply and most insurances are covering VIDEO charges)

#Time=time spent F2F on video with patient (does not count time spent in documenting outside of visit, does not count staff time, does not count time to address technology malfunction)

+ The patient was seen over live interactive videoconferencing and *** has signed a consent form for live interactive videoconferencing. I discussed the use of videoconferencing with the patient including alternative methods for meeting, the limits of confidentiality and emergency procedures and resources.

Referred by Provider: Self, Location of patient: ***, Location of provider: ***



FACT: Telehealth/virtual health/telemedicine is synonymous with video visits, phone visits, and e-visits (MHC). TH=telehealth

FACT: CMS/insurers and UHealth are looking at a temporary paradigm where we use telehealth to treat our patients who do not need in person or acute care to help maintain optimal community health during the COVID crisis.

Q: If video malfunctions midway through video visit, do I need to change to telephone encounter billing?

A: If majority of visit was completed with video, then bill VIDEO visit. If not, convert to telephone encounter billing. Find TELEPHONE ONLY charges under “Telehealth” in charge capture section.

Q: If video malfunctions, can I count the time it takes to re-establish a connection in my billing?

A: No.

Q: If care is escalated to an in clinic visit from a TH encounter, can both visits be billed?

A: Only ONE can be billed per calendar day. A clinic visit the day after a TH visit can be billed separately as long as billing criteria/medical necessity are met.

Q: Are TELEPHONE ONLY visits covered by insurance?

A: Many carriers are now paying these services for the next 90 days.

Q: Will telephone visits be scheduled?

A: Eventually, yes. If they are not scheduled than we cannot generate the necessary visit identifiers to bill for these visits. *This process is being developed and built by telehealth and ambulatory EPIC work groups.*

Q: Can I do a telephone visit on-the-fly?

A: *Unknown. This process is being evaluated by telehealth and ambulatory EPIC work groups.*

Q: What is the difference between a telehealth visit and a non-virtual visit?

A: Telehealth visit is when the provider and the patient are not at the same location. These visits should be selected from the telehealth section. A non-virtual visit is when the provider and the patient is in the same location. Even though you may not go into the exam room with the patient you are still in the same location. These visits should be selected from your normal charge capture section.

Q: Should we bill facility fees for telehealth visits?

A: No

Q: Can I bill a face-to-face visit for oxygen or Pap certification?

A: Yes, but the visit must include VIDEO and cannot be done in a telephone only encounter.

Q: Is there a tipsheet for resident/fellow workflows?

A: Yes. Outpatient Telehealth Billing Guidance for Adult Care- Faculty and Housetaff.

Q: What do I do if my Charge Capture Telehealth section is missing?

A: FIRST, make sure you are logged into the correct department or you will not see the right charges. Many were updated as recently as 3/19/2020. THEN, call Help Desk or Virtual Command Center and they can place an ITSM ticket to get it updated.

While you wait, use **888888 for UCHMG** and **889999 for School of Medicine/CU Medicine**. Generally, these codes are only for Providers (Physicians/APPs).