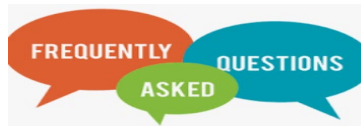


Telehealth only billing FAQs: provider is at work/office/home AND patient is at their home				
	Documentation requirements	Compliance	Billing codes (must select charge capture “Telehealth” codes)	Additional notes
<p>Outpatient/non-UC VIDEO visits (using Haiku, Vidyo)</p> <p>Includes RPV’s, NPV’s, routine visits during COVID crisis</p>	<p>Document as normal <u>if you can</u>: CC, HPI, ROS, Exam (ie. mention audible wheezing, rash or location of pain), Data, A/P</p>	<p>Housestaff: Include .teleattest to document patient consent</p> <p>Attending:</p> <p>Include .telesupervision if they joined the video to interact with the patient via 3-way video (NEW smart phrase when working with residents or fellows</p> <p>Include .upiexception for GE modifier visits and .upieval for GC visits</p>	<p>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.</p> <p>99201 (10’) 99211 n/a 99202 (20’) 99212 (10’) 99203 (30’) 99213 (15’) 99204 (45’) 99214 (25’) 99205 (60’) 99215 (40’)</p> <p>For resident or fellow visits, only the time the attending spends can count for time-based billing.</p> <p>Moonlighting fellows in the outpatient setting will continue to bill as they do today.</p>	<p>For Primary care exception (PE) clinics (PCP, Peds, OBGYN), can bill 99201-99203; 99211-3; IPPE G0402; AWW G0438 & G0439 without attending joining the video (use GE modifier, use .upiexception in note)</p> <p>For PE clinics, 99214-5 must join via 3-way video (use GC modifier and .upieval)</p> <p>For all other non-PE clinics, attending must join via 3-way video (use GC modifier and .upieval)</p>
<p>Telephone only visits (NO VIDEO) >5-10 minutes</p> <p><i>Not billable if originating from previous visit in past 7 days</i></p> <p>established patient initiates care</p>	<p>Summary of medical discussion</p>	<p>Housestaff: “I spoke to the patient on the telephone for our visit today.” and .cumedtelehealthconsent</p> <p>Consent requires the patient acknowledge that they agree to treatment via phone</p> <p>Attending: Include .upiexception for GE modifier visits and .upieval for GC visits</p>	<p>Bill codes from Charge Capture “Telehealth”</p> <p>99441 (5-10’) 99442(11-20’) 99443(21-30’)</p>	<p>For PE Resident clinics, bill based on time. Add .upiexception</p> <p>For all other clinics, Resident or Fellows cannot bill for telephone only visits unless the attending is on the call.</p>



- What is a PE Clinic?
 - Primary Care Exception clinic. Under the exception, residents may provide reasonable and necessary, low to mid-level E&M services and Annual wellness exams without the presence of a teaching physician.
- How can I perform a physical exam in a telehealth encounter?
 - You can document quite a bit by inspection below are some examples:
 - Constitutional: well-nourished, well-developed, well-appearing
 - Ears, nose, mouth, throat: normocephalic, atraumatic, external ears normal by inspection
 - Eyes: no proptosis, extra-ocular eye movement intact, nl sclerae, conjunctivae not injected
 - Neck: No visible goiter, range of motion of neck appears normal
 - Respiratory: No increased respiratory effort
 - Gastrointestinal: No caput medusa
 - Skin: no visible rash, no foot ulcers, no varicose veins
 - Psychiatric: non-anxious, normal affect
- If care is escalated to an in clinic visit from a telehealth encounter, can both visits be billed?
 - Only ONE can be billed per calendar day.
- Can I use phone encounters for new patients?
 - As of right now, telephone encounters do not apply to new patients.
- If I conduct a Telephone Encounter and the call lasts longer than 30 minutes, how do I bill?
 - Bill the telephone encounter with the 30 minute code
 - Schedule a telehealth encounter if you know you will need more time. Select the appropriate E/M code from the telehealth section of your preference list
- Do I need to associate a diagnosis code?
 - Yes
- Will payers allow for telephone only encounters?
 - Some carriers are now paying for the next 90 days.
- What if I communicate with a patient that is out-of-state?
 - If you have a license already in that state than you may communicate with the patient on their care and bill.
 - If you don't have a license in the state where you are contacting the patient. Billing should not disrupt patient care but as of right now these are not billable.

Technical FAQs:

- If video malfunctions midway through video visit, do I need to change to telephone encounter billing?
 - If majority of visit was completed with video, then bill VIDEO visit. If not, convert to telephone encounter billing.
- If video malfunctions, can I count the time it takes to re-establish a connection in my billing?
 - No