Alternative Visit Codes and Guidelines

Telehealth Visit (occurs with patient/guardian) Video + Audio

-May be used in place of in person visit, if appropriate.

-For outpatient visits, staff schedule a "Telehealth" visit type in Epic. Correctly selecting "Telehealth" visit helps select the correct place of service (POS 02) for coding purposes. If the "Telehealth" visit type is not yet available to you in Epic, use a regular visit type encounter.

-Inform patient how telemedicine works, limits on confidentiality, and document the verbal consent.

-Requires real-time video and audio communication capability. Prefer to use **hph.doxy.me** application (available through MyChart, which connects into Epic; does not require that patient have special app or connection); however, if not available, may use other video format. CMS has relaxed the HIPAA requirements in light of current COVID-19 pandemic. With guardian proxy, video visit will be available for 14-17 yo patients through MyChart.

-Recommend creating a SmartPhrase to use at the beginning of the documentation including the locations of the patient and provider such as:

> **[SPECIALTY] Virtual Visit Telemedicine Note [date]:**
> This consultation was provided via telemedicine using secure two-way, real-time interactive telecommunication technology including audio and video between the patient and physician/qualified non-physician healthcare provider.
> Originating site: *Patient's home*
> Distant site: *[Physician Facility location]*

-Also include in your note: Other participants present with patient/guardian's verbal consent, applicable exam elements that are obtained via observation, and other components of H&P as you normally would.

-Code in **LOS section** as you would for a usual face-to-face E/M visit and add **95 modifier.** Place of Service code is 02 (this will be added on the back end through coding department). Reimbursement should be equivalent to face-to-face visit.

-Please note: For *asynchronous* telehealth visits (i.e. image review), you would use a GQ modifier instead.

Outpatient Scheduled Telephone Visit (occurs with patient/guardian) Audio Only

-May be used for brief outpatient patient communications, if appropriate. Currently, in light of the urgency of the COVID-19 pandemic, many of our clinic visits are being converted to this visit type. Urgent patients should still be scheduled to be seen in person on a case-by-case basis or via telehealth video visit, if appropriate.

-Not originating from a related E/M service provided within the previous 7 days or leading to an E/M service/procedure within the next 24 hours or soonest available appt.

-Staff pre-schedule the visit with patient, obtaining and documenting verbal consent obtained. Shows as "Scheduled telephone visit" on your clinic schedule.

-Increment of 15 or 30 min time slot.

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-Around 5 min before visit, staff confirms provider is available. Staff places call to patient, reviews and updates PCP, insurance (if not done so already), meds, allergies and preferred pharmacy. Once completed, they transfer call to provider (office extension, cell phone, or other number).

-Provider completes the telephone visit, documents a progress note with what was discussed and recommendations, confirms "Yes" verbal consent obtained, enters # min spent (at least 5-10 min of medical discussion), and enter **G2012 code** in **LOS** section, route to PCP, and sign encounter.

-G2012 is valid only for *both new and established* patients (effective 3/30/2020); however, we are instructed to use this code for all Scheduled Telephone Visit encounters. This code is on 100% review, and if it is not valid in that specific instance, it will be changed to a tracking code on the back end.

-Telephone e/m codes now available for Medicare patients (effective 3/30/2020)

Physician/Nurse practitioner Codes:

> -99441: 5-10 min
> -99442: 11-20 min.
> -99443: 21 or more min

Qualified non-physician healthcare professional Codes (clinicians who may not independently bill for E/M visit:
> -98966: 5-10 min
> -98967: 11-20 min
> -98968: 21 or more min

-Preferable for providers to use Telehealth Video Visit if possible for new consultations. However, if you use the Scheduled Telephone Visit for a brief initial contact with a new patient, because G2012 it is not valid for new patients, recommend that you do it with the intent of scheduling an in person or telehealth video formal consultation at a later date.

"E-Consult" Consultative services without face-to-face time (Initiated by referring/requesting provider)

-May use for when the provider receives a request from a referring provider and provides consultative services without seeing the patient.

-May be used for inpatient or outpatient.

-May be used for new or established patient.

-May be done electronically, such as an Epic "E-consult" (easiest way because there is an existing Epic E-consult order/encounter) or requesting provider discusses request with consulting provider.

> -**Requires** that a request and reason for request be documented in the record.

> -**Requires** verbal consent for inter-professional consultation from the patient/family documented in patient's medical record.

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-Provider reviews clinical information, provides a verbal and written report or just written report to the referring provider including their interpretation and any recommendations.

-**Exclusions:** Cannot be reported more than once per seven days for same patient, if request for face-to-face consult occurs as a result of the consultation within the next 14 days, or if patient was seen by consultant within the past 14 days.

-Reported on cumulative time spent, even if that time occurs on subsequent days.

-Use the following codes, as appropriate:

-99446: 5-10 min of medical consultative discussion and review with verbal **and** written report
-99447: 11-20 min of medical consultative discussion and review with verbal **and** written report
-99448: 21-30 min of medical consultative discussion and review with verbal **and** written report
-99449: 31 min or more of medical consultative discussion and review with verbal **and** written
report
-99451: 5 min or more of medical consultative time with a written report

RVUs
99446 = 0.35
99447 = 0.70
99448 = 1.05
99449 = 1.40
99451 = 0.70

*Please note: If code is not available in charge capture, may choose option to request coding assistance.

<mark>**"E-visit" (Initiated by patient via MyChart)**</mark>
-May be used for non-face-to-face communications between provider and established patient using MyChart (or other online patient portal).

-Initiated communication by patient.

-Document total time spent on correspondence

-Use the following codes, as appropriate for online, digital evaluation and management service, for up to 7 days:

Physician/Nurse practitioner Codes:
-99421: cumulative time during the 7 days, 5-10 min.
-99422: cumulative time during the 7 days, 11-20 min.
-99423: cumulative time during the 7 days, 21 or more min.

Qualified non-physician healthcare professional Codes (clinicians who may not independently bill for E/M visit:
-G2061: cumulative time during the 7 days, 5-10 min
-G2062: cumulative time during the 7 days, 11-20 min
-G2063: cumulative time during the 7 days, 21 or more min

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