TELEMEDICINE BILLING TIPS

WHICH CODES TO USE AND WHEN

ENCOUNTER

1. Does it involve use of video or pictures?
   - YES
   - NO

2. Will this encounter determine if an office visit is necessary?
   - NO
   - YES

3. Is communication with the patient audio only (telephone)?
   - NO
   - YES

CODE

1. It is synchronous (real time)?
   - YES
   - NO

2. (Asynchronous)

   - Code G2010 for virtual check-in

3. Codes 99201-99205 or 999211-99215 for telehealth

4. Code 99421-99425 for an e-visit

5. Code 99441-99443 for a telephone E&M visit

This information is based on guidance the Centers for Medicare & Medicaid Services has provided during the COVID-19 public health emergency. Always check with Medicaid and the individual commercial payers as their policies may vary by plan.

www.texmed.org/PracticeViability
# Telemedicine Coding Chart

## Type of Visit

<table>
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<tr>
<th>Type of Visit</th>
<th>Key Considerations</th>
<th>Coding</th>
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| Telemedicine/Telehealth | - Must involve synchronous audio and video technology  
- Meets same standard as in-person visit  
- Is paid at the same rate as regular, in-person visits  
- Is for new and established patients  
- Can be performed by a physician or other qualified health care professional able to report evaluation and management (E&M) services but is not an E&M visit  
- Must be patient-initiated  
- Does not originate from a related E&M service within the previous seven days, nor lead to an E&M service or procedure within the next 24 hours or soonest available appointment  
- Is a five- to-10-minute medical discussion  
- Can be conducted via audio/video, audio only, or store-and-forward communication  
- Is not meant to take place of a visit (telemedicine, in-person, or alternative audio-only phone call)  
- Tip: Think of this as a triage phone call to determine if the patient needs an E&M visit.  
- Must be patient-initiated  
- Is for established patients  
- May occur over seven-day period  
- Is conducted via patient portal, non-face-to-face  
- Is asynchronous (store-and-forward – not real time)  
- Essentially, is email communication |
| Virtual Check-in       | Access [a complete list](https://www.cms.gov) of covered Medicare telehealth services  
HCPCS code G2012 for brief communication technology-based service  
HCPCS code G2010 for remote evaluation of recorded video and/or images submitted by an established patient, with patient follow-up within 24 business hours  
Clinicians:  
CPT 99421 – Cumulative time 5-10 minutes  
CPT 99422 – Cumulative 11-20 minutes  
CPT 99423 – Cumulative 21 or more minutes  
Other licensed professionals:  
G2061 – Cumulative 5-10 minutes  
G2062 – Cumulative 11-20 minutes  
G2063 – Cumulative 21 or more minutes  
CPT 99441 – 5-10 minute medical discussion  
CPT 99442 – 11-20 minute medical discussion  
CPT 99443 – 21-30 minute medical discussion  
CPT 99091 – Collection and interpretation of physiologic data, digitally stored and/or transmitted by the patient to the physician, requiring a minimum of 30 minutes of time  
CPT 99453 – Device education and training (one-time fee)  
CPT 99454 – Device/transmission reimbursement (monthly fee)  
CPT 99457 – Remote physiological monitoring (monthly fee, first 20 minutes)  
CPT 99458 – Remote physiological monitoring (monthly fee, each additional 20 minutes)  
CPT 99473 – Self-measure blood pressure patient education  
CPT 99474 – Self-measure blood pressure, 2 readings (BID) for 30 days |
| E-Visit                | CPT 99421 – Cumulative time 5-10 minutes  
CPT 99422 – Cumulative 11-20 minutes  
CPT 99423 – Cumulative 21 or more minutes  |
| Telephone E&M Service  | CPT 99441 – 5-10 minute medical discussion  
CPT 99442 – 11-20 minute medical discussion  
CPT 99443 – 21-30 minute medical discussion  |
| Remote Patient Monitoring | CPT 99091 – Collection and interpretation of physiologic data, digitally stored and/or transmitted by the patient to the physician, requiring a minimum of 30 minutes of time  
CPT 99453 – Device education and training (one-time fee)  
CPT 99454 – Device/transmission reimbursement (monthly fee)  
CPT 99457 – Remote physiological monitoring (monthly fee, first 20 minutes)  
CPT 99458 – Remote physiological monitoring (monthly fee, each additional 20 minutes)  
CPT 99473 – Self-measure blood pressure patient education  
CPT 99474 – Self-measure blood pressure, 2 readings (BID) for 30 days |

**Note:** To the extent the 1135 waiver requires an established relationship, the U.S. Health and Human Services Department will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.