Telemedicine Guidelines

March 17, 2020, David Freedman, DPM

Telephone Services
AMA and CMS have established CPT and HCPCS codes for reporting evaluation and management services provided by phone. These codes are reported based on time, so rule number 1 – providers must document the time spent rendering the service. The rest of the rules can be seen in the code descriptions.

“Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M services provided within the previous 7 days not leading to an E/M service or procedure within the next 24 hours or soonest available appointment;

99441 – 5-10 minutes of medical discussion
99442 – 11-20 minutes of medical discussion
99443 – 21-30 minutes of medical discussion’

• The call must be initiated by the patient
• These can only be reported by providers licensed to render E/M services
• The patient must be established to the practice
• The visit can’t be related to an E/M service provided in the last 7 days
• The visit can’t trigger a face-to-face visit within 24 hours or the soonest available appointment

For Medicare patients, these services are reported with:
G2012 - brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion

• The rules for 99441-99443 apply
• In addition, “The patient must verbally consent to using virtual check-ins and the consent must be documented in the medical record prior to the patient using the Service.”