



## 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.**”