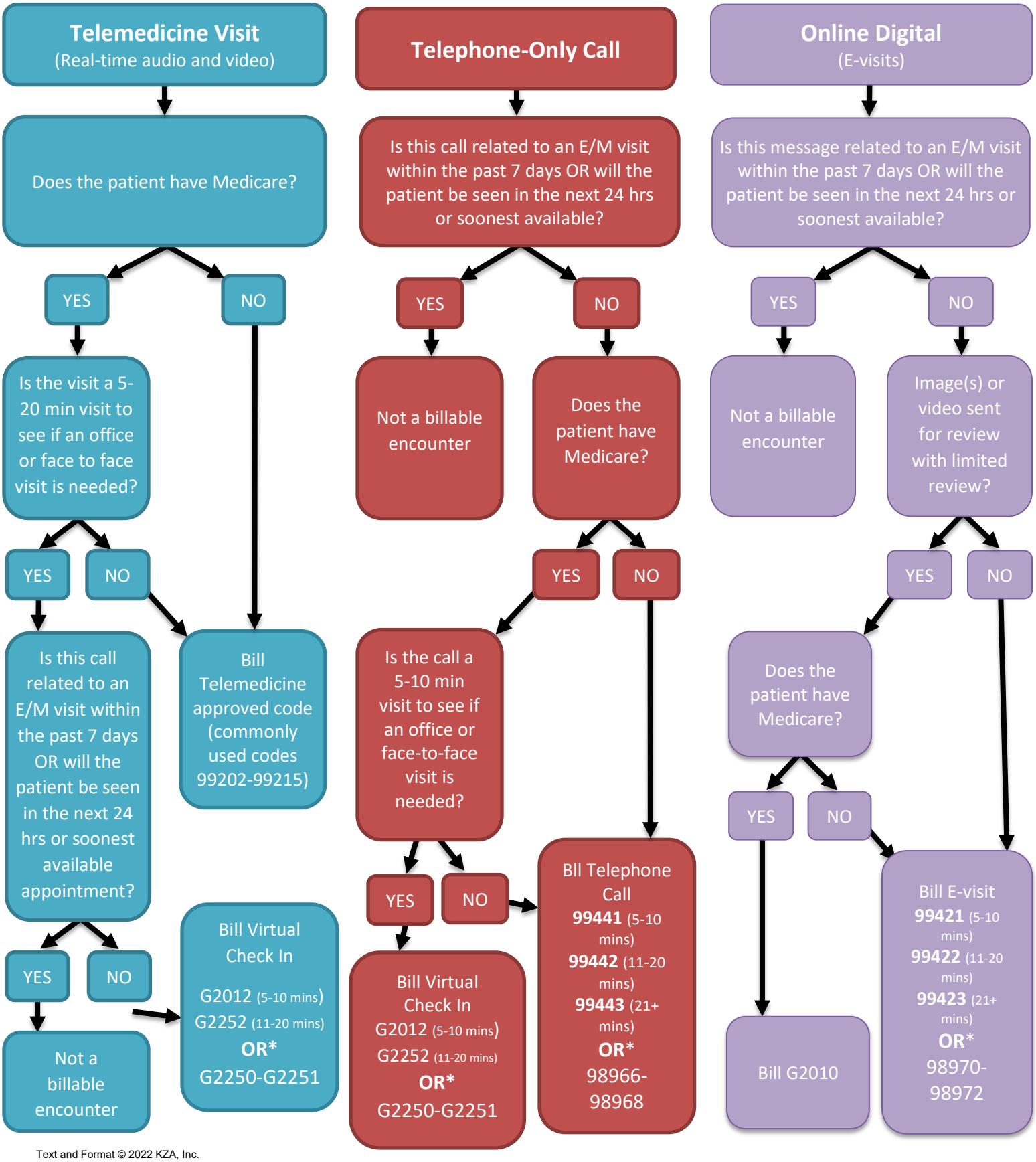
Flow Chart for Telehealth Billing After PHE UNTIL December 31, 2024

Updated 8/21/2023. We encourage you to check with individual payors regarding claims guidance.



Text and Format © 2022 KZA, Inc.
2023_Flow Chart for Telehealth Billing During the Current COVID-19 PHE_1^L.^L

CPT only © 2021 American Medical Association.
All Rights Reserved

Telemedicine Visits

- ✓ **MUST USE HIPPA COMPLIANT SOFTWARE/PROGRAM AFTER MAY 11, 2023**
- ✓ Must be synchronous (real-time) visits with both audio and video.
- ✓ Patient must actively be involved in with two-way communication.
- ✓ Use medical decision making (MDM) or time for (99201-99215) Office and other outpatient services for all payors. If billing by time, documentation of exact minutes in required. All other codes above use standard criteria for choosing the level of the visit.

New Patient Visit		Established Patient Visits	
CPT Code	**CPT & CMS Time**	**CPT Code**	**CPT & CMS Time**
99201	CODE DELETED IN 2021	99211	N/A
99202	15-29 minutes	99212	10-19 minutes
99203	30-44 minutes	99213	20-29 minutes
99204	45-59 minutes	99214	30-39 minutes
99205	60-74 minutes	99215	40-54 minutes

- ✓ For Medicare use modifier 95 to indicate the visit was a telehealth/telemedicine visit.
- ✓ For Medicare claims, the place of service listed on the claim should be the place of service where the visit would normally take place if it were a face-to-face visit (usually 11 or 22). Contact other payors for specific billing guidelines for telehealth services.
- ✓ Should be coded with a code from the approved temporary Telehealth service codes list. The complete list can be found at https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes .

Telephone-Only Calls

- ✓ Not meant to replace an office visit, as telephone only visits are limited in scope.
- ✓ On the telehealth approved list of services – add modifier 93.
- ✓ Use place of service 11 or 22.
- ✓ For all other payors- check individual payors for claims guidance.

Online Digital Evisits

- ✓ Visits through the patient portal or secure email.
- ✓ Not considered telehealth - do not append modifier 95.
- ✓ Use place of service 11 or 22.
- ✓ For all other payors- check individual payors for claims guidance.

All visit types must have appropriate clinical documentation within the permanent record to establish medical necessity for each visit.

*Use these code groups for qualified non-physician health care professionals (PT, OT, SLP, LCSW, etc.).

Text and Format © 2022 KZA, Inc.

CPT only © 2021 American Medical Association.
All Rights Reserved