TTP Coder Quick Reference for Telehealth Visits

Type of Service	Provided by only	General Guidance	Documentation Tips	Comments

Telephone Visits (audio)	• Physician, APP eligible
	• **Residents in PCE clinics with indirect supervision**
	• **Residents in non-PCE clinics with direct supervision (key portion involvement)**
		• Verbal consent for **each visit** required
		• Document consent in note using autotext
		• May be completed by nurse or provider
		• Document location of all parties
			• Use "Telephone visit" note template (Dyn Doc or Powernote)
			• Date of service, time in and time out or total time, and **location** (City/State) of patient and provider are to be documented
			• Use autotext – ;**telephonevisitconsent**
			• Brief summary & outcomes (i.e. RXs, care instructions, plan of care, etc.)
			• **99441** – 5-10 minutes
			• **99442** – 11-20 minutes
			• **99443** – 21-30 minutes
			Cannot be related to same E/M service within the last 7 days
				• The purpose of the consent is to inform the patient about the potential for co-pay
				• Visit does not need to be initiated by patient during the National Emergency declaration.
				• Practice caution using personal mobile phone. Mask the number if doing so (*67 works for most carriers)
				• Ensure you are documenting on an arrived appointment in the system for that DOS. This allows the billing process to proceed.
				• Pediatric patients:
				  • need a legal guardian (over age 18) to consent and be present during the entire encounter
				  • Document the name and relationship of the guardian in the note

Telephone Visits (audio) Medicaid, et al	• As above	• As above	• Use usual "Office/Clinic" note template • Document as regular E/M visit (**99201-99205** and **99212-99215**) (see below)	• **Covered by Medicare; Use CPTS 99441, 99442, & 99443 with 95 modifier** • **Covered by TX Medicaid, United HC, UMC health plan** • Drop 9944x codes if you just did a discussion (see above) • Drop the normal 992xx codes if you conducted a traditional visit
Telemedicine Visits (audio and video) Zoom, etc.	• As above	• Required only **once per patient** • Scheduled and checked in by PSS or facilitator • Interactive video **and** audio capabilities	• Use usual "Office/Clinic" note template • Use ;**telemedconsent** to quickly document consent and locations • Document as regular E/M visit (**99201-99205** and **99212-99215**) • Document a medically appropriate Hx and exam including intake info (est. height & weight, updated med list) • **Focus on MDM, as it is the driving force for the level of service during PHE** • Documentation of total time spent in the encounter for direct patient care is appropriate	• Recommend two devices: one for video, and the one for Cerner documenting, • If using personal device, enable "Do Not Disturb" to avoid interruptions • Resident Supervision can be provided in person or virtually through audio/video real-time communications technology • HIPAA still applies; maintain privacy as much as possible. • Appropriate, professional attire. White coat with a TTP or TTUHSC patch or nametag is encouraged. • Pediatric patients: • need a legal guardian (over age 18) to consent and be present during the entire encounter Document the name and relationship of the guardian in the note

If a telemedicine (video) visit is converted to a telephone visit due to connectivity issues:

If issue occurs at the beginning of the video visit, telephone note should be used (~~resident cannot perform telephone visit~~)

If care was adequately provided through video before issue occurred, complete the video note.

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For additional information, contact coding.integrity.lbb@ttuhsc.edu