

## Telemedicine Services: Phone and Portal Messaging

These guidelines are for when a provider wants to provide a clinical encounter via phone call or portal messaging, NOT video (i.e. Virtual visits with American Well, Zoom or Skype.)

### Phone Services - Guidelines for Documentation:

- Please use an ambulatory established patient or initial patient note type in Cerner, **NOT a communication.**
- Otherwise, documentation needs to include the regular components of the visit (Hx's, ROS, A/P)
- If the telephone service ends with a decision to see the patient within 7 days, the provider who sees the patient in clinic (if part of the same practice) should reference the telephone call in their note.
- Before signing the note, please add the following attestation:

#### **.telemed\_phone-only**

I personally spent, on the day of this note, \_ minutes providing these telemedicine services via phone call due to COVID19 safety precautions. I explained, and the patient expressed understanding, that this was in place of an in-person visit.

Time Spent	Code
5-10 min	99441 / G2012
11-20 min	99442
21-30 min	99443

### **As a Non-Face to Face Prolonged Care Service:**

**Important Consideration:** If a telephone call is in relation to an E/M service performed and reported by that individual or an individual within the same practice within a reasonable time frame or the postoperative period of the previously completed procedure, then the service(s) is considered part of that previous E/M service or procedure as prolonged care time.

### **Guidelines:**

- This should be documented as an ADDENDUM to the original service note, IF there is not an addendum already (CAN ONLY HAVE 1 per note) or a new clinic visit note type that clearly references the previous visit.
- This attestation is for time spent in addition to the time spent on the E&M service as originally documented.
- **The time needed must be at least 30 minutes.**
- The time is the total spent in patient care so includes reviewing the labs, talking to consults and formulating a plan as applicable in addition to time spent on the phone.
- You can only count YOUR time (not clinical staff, residents or fellows.)

#### **.telemed\_phone-addendum\***

In addition to the evaluation and management services as described in the note, I personally spent, on the day of this addendum, an additional \_ minutes in non-face to face time coordinating the patient's care. Details as described here: *(provide a brief description of what you did or counseled the patient on).*

Time Spent in Non-Face to Face Care	Code
30-74 min	99358
75-104 min	99358. 99359
105-134 min	99358. 99359 x 2

**Online Messaging Services**

**Guidelines for use:**

- If the patient had an E/M service within seven days, these codes may not be used for that problem.
- These services may only be reported once in a 7-day period.
- Clinical staff time may not be included.

**Guidelines for documentation:**

- Please use an ambulatory established patient note type in Cerner, **NOT a communication**.
- If done via online messaging through the portal, reference the message dates
- You CANNOT addendum the communication notes. This note type does not flow to Code Assist and get captured.
- Use the following dot-phrase to summarize the communication

**.telemd\_portal**

I personally spent \_ minutes providing these telemedicine services via portal messaging due to COVID19 safety precautions. I explained, and the patient expressed understanding, that this was in place of an in-person visit. Please see communication notes in EHR for correspondence from the following date range: *\_must not exceed 7 days*

**Summary of Communication:**

Description	Codes	Time
Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days;	99421/G2061	5-10 min
	99422/G2062	11-20 min
	99423/G2063	≥21 min

The following dot-phrase will pull up a table that helps you navigate the various attestations and when the use them.

**.telemed\_options**

Scenario	Documentation	Dot Phrase	Code(s)
The provider calls a patient concerning an issue the patient was seen for previously and can be linked to that visit. The duration of the call and any review of labs, imaging or notes from consults totals ≥ 30 minutes.	Create an addendum to the previous clinic visit you are following up OR clearly reference it. Describe the work you did (including review of records, labs and images).	<b>.telemed_phone-addendum</b>	99358 (+99359)
The provider calls a patient to replace an in-person visit. It cannot be linked to a previous visit.	Create a regular note type and document the history and assessment and plan.	<b>.telemed_phone-only</b>	99441-3 or G2012
The patient and provider communicate via portal messaging within a 7 day period.	Create a regular note type and use the dot-phrase with relevant information from the messages and subsequent plan.	<b>.telemed_portal</b>	99421-3 or G2061-3
The visit is provided with video capability.	The provider would document the visit like any other in-person visit and add the dot-phrase.	<b>.telemed_video</b>	Regular visit codes