

During the Public Health Emergency created by the COVID-19 pandemic, any measure that can be taken to reduce patient exposure to the virus, especially among the vulnerable elderly, must be taken. To that end, CMS has authorized the use of telephone visit codes that were previously non-covered services. Because sometimes, patients need more care than a typical **Virtual Check-In** provides, but a **Telehealth E/M** or **Digital E/M** is not possible. Prolonged, audio-only communication between practitioners and patients is now a billable service, for the duration of the Public Health Emergency.

## Eligibility Requirements

- New and established patients may receive Telephone Visits.
- Patients must initiate the contact, like they would with other Evaluation & Management (E/M) services.
- Problems addressed in telephone visits must be unrelated to any E/M or assessment and management service provided in past 7 days.
- Telephone visits may not result in a follow-up visit in the next 24 hours (or soonest available appointment).
- Problems addressed in a telephone E/M visit must require a clinical decision that typically would have required an office-based E/M visit or that is significantly more time consuming than what could be managed through a Virtual Check-In.
- Telephone visits may include services provided to the patient, parent, or guardian.

## Telephone E/M vs Telephone Assessment

Medicare has created 2 levels of telephone visits:

- **99441-99443** describe a level of service provided by **physicians and non-physician providers (NPP)**. This includes the equivalent of an office or digital E/M visit.
- **98966-98968** describe a level of service provided by **qualified healthcare providers (QHP)**, such as Physical Therapists, Occupational Therapists, Speech Language Pathologists, Licensed Clinical Social Workers, and Clinical Psychologist, who cannot bill for E/M services. These services are equivalent to digital assessments by QHP.

Whether billing telephone E/M visits or telephone assessments, clinical staff time does not count towards the cumulative time for billing purposes.

- 99441** - Telephone E/M, 5-10 minutes
- 99442** - Telephone E/M, 11-20 minutes
- 99443** - Telephone E/M, 21 or more minutes
- 98966** - Telephone Assessment by QHP, 5-10 minutes
- 98967** - Telephone Assessment by QHP, 11-20 minutes
- 98968** - Telephone Assessment by QHP, 21 or more minutes
- G2025** - Telephone E/M in RHC/FQHC

Telephone Visits are covered services on a temporary basis during the **National Public Health Emergency**.

## Comparing Services

How do Telephone Visits compare to Virtual Check-Ins and Telehealth E/M visits?

	Technology	Level of Service	Availability of Billing Codes	Recipient of Service	Issues Addressed
Telephone Visit	Audio only	Based on provider time	During PHE only	Patient, parent, or guardian	Concern requiring extensive provider time, but not requiring an in-person or telehealth visit
Virtual Check-In	Audio required, optional image/video	Based on provider time	Available since 2019	Patient	Brief management of chronic or new concern
Telehealth E/M	Real-time audio and visual	Based on MDM or provider time	Available since 2008	Patient	Concern typically requiring an office visit with associated MDM

## Billing Tips

- Documentation of the telephone communication, such as the patient inquiry and provider responses, should be placed in the Electronic Medical Record (EMR), along with documentation of the time spent on the call.
- If a related face-to-face visit occurs within 7 days of the telephone visit, only the face-to-face visit should be billed.
- Telephone E/M and Telephone Assessment Visits can be billed the same month as Chronic Care Management, Transitional Care Management and Principal Care Management.
- When the requirements for Telephone E/M (**99441 - 99443**) are met in RHC/FQHC, this service may be billed using **G2025**, effective March 1, 2020 and for the duration of the PHE.
- Telephone Assessments (**98966 - 98968**) are not separately billable services in RHC/FQHC.
- In fee-for-service settings, Remote Evaluation (**G2010**) may be billed only if the service is unrelated to any type of E/M visit, including telephone E/M visits.
- When private practice PT, OT, and SLP bill **98966-98968**, include the corresponding **GO**, **GP**, or **GN** therapy modifier on claims.

### Suggested Citation:

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