**OUTPATIENT SETTING**

<table>
<thead>
<tr>
<th>Technology</th>
<th>ZOOM (Video) Visit</th>
<th>Telephone Visit</th>
<th>MyChart Visit</th>
<th>Psychiatry Services using Zoom (Video)</th>
</tr>
</thead>
</table>
| **Available Codes** | • New 10 min [99201]  
  • New 20 min [99202]  
  • New 30 min [99203]  
  • New 45 min [99204]  
  • New 60 min [99205]  
  • Return 5 min [99211]  
  • Return 10 min [99212]  
  • Return 15 min [99213]  
  • Return 25 min [99214]  
  • Return 40 min [99215] | • Consult 15 min [99241]  
  • Consult 30 min [99242]  
  • Consult 40 min [99243]  
  • Consult 60 min [99244]  
  • Consult 80 min [99245]  
  • Charge Needed [Help 99]  
  • No Charge [900] | • 5-10 min Provider Only [99441]  
  • 11-20 min Provider Only [99442]  
  • 21+ min Provider Only [99443]  
  • Charge Needed [Help99]  
  • No Charge [900] | • Psychotherapy w/patient 30 min [90832]  
  • Psychotherapy w/patient 45 min [90834]  
  • Psychotherapy w/patient 60 min [90837]  
  • Psychotherapy w/patient w/E&M srvcs 30 min [90833]  
  • Psychotherapy w/patient w/E&M srvcs 45 min [90836]  
  • Psychotherapy w/patient w/E&M srvcs 60 min [90838]  
  • Diagnostic Evaluation (No medical)[90791]  
  • Diagnostic Evaluation w/Medical [90792]  
  • Family Psychotherapy w/o Patient Present 50 min [90846]  
  • Family Psychotherapy w/Patient Present 50 min [90847]  
  • Group Psychotherapy (other than multiple-family group)[90853]  
  • Charge Needed [Help99]  
  • No Charge [900] |

**Selecting LOS**

- Use the ‘Ambulatory Virtual Visits’ ExpressLane/Smartset to complete all Ambulatory Telemedicine Encounters
  - Click [here](#) for a tip sheet on how to complete Telephone and MyChart Encounters
  - Click [here](#) for a tip sheet on how to complete Video Visits
- Conduct the visit and document in Epic as required.
- For physical exams, document what you can observe (i.e., rash, swelling). Constitutional elements self-reported by the patient may be counted (i.e., blood pressure, height, weight, and temperature).
- Level of Service (LOS) can be selected by time (see section on Time below) or medical decision making. The Assessment and Plan should clearly describe what you are treating, what was done for the patient, including anything that you ordered, and why this was done.

**Attestation statement**

- **Attending supervises Housestaff:**
  - I was immediately available during all aspects of the telemedicine encounter and after discussion with Dr. ***. I agree with the house staff’s note (as written / with exception:20717). I personally (Did / Did NOT:92163) speak to the {PATIENT, PARENT, LEGAL GUARDIAN:952} during this encounter. I spent *** minutes in the coordination of the patient’s care.
- **Attending/NPP Only Visits:**
  - The {PATIENT/SURROGATE:935} participated in the virtual visit. Identity was verified by name and {identityconfirmation:931}. Verbal consent for the visit was provided. I spent *** minutes combined on direct patient communication and coordination of this patient’s care on the date of this encounter.
## INPATIENT SETTING

<table>
<thead>
<tr>
<th>Location</th>
<th>Billing Provider at Bedside</th>
<th>Billing Provider Not at Bedside – Using Telecommunications Technology (i.e., Zoom-video)</th>
<th>Billing Provider Not at Bedside – Audio discussion only</th>
</tr>
</thead>
</table>
| **Documentation** | • Document the service based on the information available to you, including medical decision making, diagnoses, and time spent on the service;  
• Select corresponding level of service from below. | When you do not personally go into the patient’s room and are instead present through interactive telecommunication technology (i.e., Zoom-video). Document the service based on the information available to you, including medical decision making, diagnoses, and time spent. | When you do not personally go into the patient’s room and are present through audio only (i.e., telephone or conversations on the floor/unit). Document the service based on the information available to you, including medical decision making, diagnoses, and time spent. |

### Available Codes

If the Provider was at the bedside or not at the bedside but used video, select one of the codes below:

#### Inpatient E/M Codes and Time (use original time-based coding requirements below)
- Initial 30 min [99221]
- Initial 50 min [99222]
- Initial 70 min [99223]
- Sub 15 min [99231]
- Sub 25 min [99232]
- Sub 35 min [99233]

#### Inpatient Consultations (use original time-based coding requirements below)
- 20 min [99251]
- 40 min [99252]
- 55 min [99253]
- 80 min [99254]
- 110 min [99255]

*SSelect No Charge [900]. Revenue Cycle will hold these charges until further guidance from CMS is provided.

### Attestation

**Attending at bedside:** Use the attestation statement that you normally use for face-to-face services.

**Attending not at bedside using Zoom-video or Audio only**

```
ATTESTNOTINROOMINP I spent *** minutes in the coordination of the patient’s care on [DATE PATIENT WAS SEEN BY ME:22094524]. I {DID/DID NOT} participate in key portions of the encounter via video.
```

## TIME BASED BILLING

- **Time Exceptions:** For outpatient E/M codes via video visit, CMS has relaxed the time component to include all effort (direct face to face communication with patient and any additional coordination of care, chart review, and ordering of studies) related to the E/M on the same day by the billing provider.
- **Original Time-based coding requirements:** Time may be a factor in selecting LOS if more than 50% of the visit is spent in counseling the patient and/or coordination of care.
- **Coordination of care**: Communication with other clinicians or agencies regarding the nature of the patient’s condition and the needs of the patient and family.
- **Counseling:** Discussion with a patient/caregiver concerning diagnostic results/impressions/orders, instructions for management (treatment), including risks and benefits.
- **Documentation** include Chief Complaint, Name of referring provider (for initial consults), total duration of face-to-face or floor time, duration of counseling or coordination of care and medical decision making, and a detailed description of such services.

### TEACHING PHYSICIAN (TP) RULES AND TELEMEDICINE

1. **Presence during key and critical portions:** CMS requires direct supervision of the Resident which is satisfied by the provider being present during key portions of the service via video.
2. **Primary Care Exception:** Medicare will pay for 99201-99215 when billed under the “primary care exception” by the TP when a resident furnishes telemedicine services under the direct supervision of the TP by interactive telecommunications technology (i.e., Zoom video).