

POCKET GUIDE FOR AWW & TCM VIA TELEMEDICINE DURING THE PHE

For providers who may bill professional E/M (MD, NP, PA, etc.)


Disclaimer: It is recommended that only sections who were providing these services prior to the PHE attempt to deliver as telehealth. Custom clinic and provider workflows, along with specific templates and requirements must be in place to support proper billing of these services.

TELEHEALTH SERVICE	BRIEF DESCRIPTION	HCPCS	AUDIO/VIDEO	NOTES	wRVU
Annual Wellness Visits <small>CMS Telehealth List</small> CPT: Annual wellness visit; includes a personalized prevention plan of service (PPS)	Visit to develop or update a personalized prevention plan and perform a health risk assessment. Covered once every 12 months. Medicare beneficiaries only	G0438 Initial Visit <small>(First time beneficiary receives AWW)</small>	Audio or Video	Includes: taking pt. history; compiling list of pt's current providers; taking vital signs including height & weight; reviewing pt's risk factor for depression; identifying any cognitive impairment; reviewing functional ability & level of safety; setting up written screening schedule; compiling a list of risk factors; and furnishing health services and referrals, as necessary.	2.60
		G0439 Subsequent Visit <small>(All subsequent AWWs after a beneficiary's 1st AWW)</small>	Audio or Video	Includes: updating the pt's medical and family history; updating the current provider list; obtaining the patient's vital signs and weight; identifying cognitive impairment; updating the screening schedule; updating the risk factors list; and providing personalized health advice to the patient.	1.92
Transitional Care Management <small>CMS Telehealth List</small> CPT: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge, Medical Decision Making of high complexity during the service period; Face to face visit, within 7 or 14 calendar days of discharge	TCM services are reported for patients requiring moderate to high complex medical decision making who are transitioning from an inpatient facility to a home or community type setting, such as a domiciliary or assisted living facility.	99495 Face-to-face visit within 14 calendar days of discharge	Video for F2F	Face-to-Face visit required w/in 7 days may be conducted via Video; Communication required w/in 2 days of D/C may be electronic or via phone (TCM is for patients requiring MDM of Moderate or High Complexity) <small>See Side 2 for MDM Criteria</small>	2.78
		99496 Face-to-face visit, within 7 calendar days of discharge	Video for F2F	Face-to-Face visit required w/in 7 days may be conducted via Video; Communication required w/in 2 days of D/C may be electronic or via phone (TCM is for patients requiring MDM of Moderate or High Complexity) <small>See Side 2 for MDM Criteria</small>	3.79

Attestation Statements: [:ATTELEALTHOUTPT](#) House Staff Supervision: [ATTELEALTH_TEACHING_PHYSICIAN](#) or [ATTELEALTH_PCE_TEACHING_PHYSICIAN](#) Attending/APP: [ATTELEALTH_PROVIDER](#)
OCC Education & Outreach questions: compliance@bsd.uchicago.edu January 2021

POCKET GUIDE FOR OUTPATIENT TELEMEDICINE SERVICES DURING THE PHE

MDM CRITERIA


MDM: To qualify for a particular type of Medical Decision Making, criteria from at least two of the three categories (Data Points, Problem Points, Risk Class) must be met to select the level of MDM (i.e. High, Moderate, Low, etc.)

CALCULATING MDM LEVEL			
Points for Work	Points for Problems	Risk Class	MDM Level
4	4	High	High
3	3	Mod	Moderate
2	2	Low	Low
0-1	0-1	Minimal	Straightforward

Points for Work	Points for Problems	Risk Classifications
<ul style="list-style-type: none"> > Lab Tests * +1 > Radiology* +1 > Medicine tests* +1 > Independent visualization +2 > Additional Data • Old records +2 • Hx from others +2 • Discuss w/other healthcare providers +2 <p>*discuss w/performing phys</p>	<ul style="list-style-type: none"> > New Problem +3 • WITH work-up +1 > Est Problem +1 • WORSENING +1 	<p>HIGH</p> <ul style="list-style-type: none"> - Chronic illness w/SEVERE exacerbation, progression or side effects of treatment - Acute problem that poses a threat to life - Abrupt change in neurologic status (e.g./ seizure, TIA, weakness, sensory loss) - Parenteral controlled substances, drug therapy requiring intensive monitoring for toxicity - DNR/DNI decision <p>MODERATE</p> <ul style="list-style-type: none"> - Chronic illness w/MILD exacerbation, progression or side effects of treatment - 2 or more stable chronic problems - Undiagnosed new problem w/uncertain prognosis - Prescription drug management, IV fluids w/additive

NOTE: This guide does not reflect all codes that may be billed as telemedicine or telehealth services, whether audio-only or via video. For more info and resources please see the Provider Billing Tip Sheet posted [HERE](#).