

Telephone Services

99441 Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent or guardian not originating from a related E&M service provided within the previous 7 days nor leading to an E&M service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion.

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Telephone Services Coding Tips:

- The patient must be established to the practice
- The call must be personally performed and documented in the medical record by the provider
- The patient must have initiated the call
- Information discussed cannot be directly related to a visit within the last seven days
- The patient will NOT be seen in person during the next 24 hours or soonest available appointment
- Total time spent on the call must be documented

Price Lookup							
Pricing Criteria							
Service date:	03/17/2020			User:	ATTWOOD, HEATHER A		
Contract #:				Provider:			
Department:	SWED SCI GYN ONCOLOGY FIRST HILL			Place of service:	SCI ONCOLOGY GYNECOLOGY AND PELVIC SURGERY		
Procedures							
	#	Code	Description	Modifiers	Quantity	Price	Fee Sch
✗	1.	99441	PR PHYS/QHP TELEPHONE EVALUATION 5-10 MIN		1 unit	42.00	20831000
✗	2.	99442	PR PHYS/QHP TELEPHONE EVALUATION 11-20 MIN		1 unit	78.00	20831000
✗	3.	99443	PR PHYS/QHP TELEPHONE EVALUATION 21-30 MIN		1 unit	114.00	20831000

VIRTUAL CHECK-INS: In all areas (not just rural), established Medicare patients in their home may have a brief communication service with practitioners via a number of communication technology modalities including synchronous discussion over a telephone or exchange of information through video or image. We expect that these virtual services will be initiated by the patient; however, practitioners may need to educate beneficiaries on the availability of the service prior to patient initiation.

Medicare pays for these “virtual check-ins” (or Brief communication technology-based service) for patients to communicate with their doctors and avoid unnecessary trips to the doctor’s office. These virtual check-ins are for patients with an established (or existing) relationship with a physician or certain

practitioners where the communication is not related to a medical visit within the previous 7 days and does not lead to a medical visit within the next 24 hours (or soonest appointment available). The patient must verbally consent to receive virtual check-in services. The Medicare coinsurance and deductible would generally apply to these services.

Doctors and certain practitioners may bill for these virtual check in services furnished through several communication technology modalities, such as telephone (HCPCS code G2012). The practitioner may respond to the patient’s concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. Standard Part B cost sharing applies to both. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician (HCPCS code G2010).

KEY TAKEAWAYS:

- *Virtual check-in services can only be reported when the billing practice has an established relationship with the patient.*
- *This is not limited to only rural settings or certain locations.*
- *Individual services need to be agreed to by the patient; however, practitioners may educate beneficiaries on the availability of the service prior to patient agreement.*
- *HCPCS code G2012: Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.*
- *HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment.*
- *Virtual check-ins can be conducted with a broader range of communication methods, unlike Medicare telehealth visits, which require audio and visual capabilities for real-time communication.*

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