

Telehealth – E/M Coding

CMS has temporarily revised their E/M coding policy for Telehealth visits only. This revision allows the E/M level to be selected based on medical decision making (MDM) alone or total amount of time spent on the visit. **These options do not replace, but may be used instead of current E/M coding guidelines for telehealth.**

IMPORTANT:

- **The encounter must be scheduled or requested by the patient.** If requested by a physician, PA, or NP, the visit cannot be billed as a virtual telehealth encounter.

The E/M coding algorithm in EMA and NextGen has not changed! When coding telehealth based on MDM or time:

- EMA users may need to override the suggested E/M level.
- NextGen users will need to manually select the E/M level instead of calculating the code.

Telehealth – E/M Level Guide		
E/M Level	Level of MDM	Typical Time in Minutes *
99201	Straightforward	10-19
99202	Straightforward	20-29
99203	Low	30-44
99204	Moderate	45-59
99205*	High	60 or more
99212	Straightforward	10-14
99213	Low	15-24
99214	Moderate	25-39
99215*	High	40 or more

*99205 and 99215 are very rarely billed.

*Revised 4/30/2020

Helpful Tips

- Continue to review history and examine areas that are medically appropriate and relate to the presenting problem and diagnosis. This will support medical necessity, even when coding based on MDM alone.
- Document the status of the condition that is being managed. New, worsening and inadequately controlled problems will contribute higher towards MDM than problems that are stable or improving.
- Time based coding for Telehealth visits includes the *physician, PA or NP's total amount of time* spent on the visit, on the date that the visit takes place. This includes time spent before, during and after the visit obtaining and/or reviewing history, performing an examination or evaluation, counseling and educating, ordering medications/tests/procedures, referring and communicating with other health care professionals, documenting clinical info in the medical record (electronic or other), care coordination and independently interpreting results and communicating them to the patient, family member or caregiver.

MDM Examples

MDM		
Straightforward	Low	Moderate
1 self-limited/minor problem • Benign nevi, patient reassured	1 established, worsening problem with prescription management • Flaring acne, start doxycycline 1 new problem with OTC drug recommendation • Urticaria (new), start OTC antihistamine 2 self-limited or minor problems • Lentiginos and SKs	1 established, worsening or inadequately controlled problem AND 1 self-limited problem AND prescription management • Acne (flaring), high risk med monitoring, start isotretinoin 1 new problem and prescription management • Psoriasis (new), start triamcinolone 2 stable chronic problem AND 1 self-limited problem • Eczema, rosacea and SKs

Telehealth – E/M Coding

EMA: Coding Based on MDM

1. Go to the *E/M CPT Code Selection* to find the level of MDM.

E/M CPT Code® Selection		
Patient Status: Established Patient		
Component	Quantity	Details
HPI	2 Factors	Quality Location
ROS	1 Reviewed Systems	Integumentary
PFSH	0 History	
Exam	1 Elements	examination - head
MDM	Low	See below

2. Go to the *Billing* section and *Override Suggested E/M Code*, if needed.

Billing

Override Suggested E/M Code Bill by Time Override Bill

Billing E/M Code:

Override Suggested E/M Code

99213

Override Code Clear Override

EMA: Coding Based on Time

1. Document the total amount of time spent on the visit in *Additional Visit Notes*.

Additional Visit Notes Follow Up

Total time spent on this visit, on the day of the encounter, was 25 minutes.

2. Go to the *Billing* section and *Override Suggested E/M Code*, if needed.

Do not use the *Bill by Time* feature.

Billing

Override Suggested E/M Code Bill by Time Override Bill

Billing E/M Code:

Override Suggested E/M Code

99213

Override Code Clear Override

Telehealth – E/M Coding

NextGen: Coding Based on MDM

In the *Finalize* template, manually select the E/M level and *Submit Code*.
Do not use the *Calculate Code* feature.

Evaluation and Management Coding

Medical Decision Making [View MDM Guidelines](#) | [View Risk Table](#) Cc
 Straight forward Low complexity ✦ Cc
 Moderate complexity High complexity Tc
Tc
 C

Evaluation and Management Code

Visit code:

Modifier(s):

Calculated EM code:

Submitted code:

[Additional E&M Code](#) | [View](#)

New patient:	Established:
<input type="radio"/> 99201	<input type="radio"/> 99211
<input type="radio"/> 99202	<input type="radio"/> 99212
<input type="radio"/> 99203	<input type="radio"/> 99213
<input type="radio"/> 99204	<input type="radio"/> 99214
<input type="radio"/> 99205	<input type="radio"/> 99215

NextGen: Coding Based on Time

1. Document the total amount of time spent on the visit in *Derm Master*.

Total amount of time spent on this visit, on the day of the encounter, was 25 minutes.

Medications:

2. In the *Finalize* template, manually select the E/M level and *Submit Code*.

Do not use the *Calculate Code* or time based coding features.

Evaluation and Management Coding

Medical Decision Making [View MDM Guidelines](#) | [View Risk Table](#) Cc
 Straight forward Low complexity ✦ Cc
 Moderate complexity High complexity Tc
Tc
 C

Evaluation and Management Code

Visit code:

Modifier(s):

Calculated EM code:

Submitted code:

[Additional E&M Code](#) | [View](#)

New patient:	Established:
<input type="radio"/> 99201	<input type="radio"/> 99211
<input type="radio"/> 99202	<input type="radio"/> 99212
<input type="radio"/> 99203	<input type="radio"/> 99213
<input type="radio"/> 99204	<input type="radio"/> 99214
<input type="radio"/> 99205	<input type="radio"/> 99215