

# How to Bill and Document Telehealth Visits

## Billing

1. Choose the appropriate CPT code or Level of Service for the telemedicine service provided.

Outpatient Medications

- Amoxicillin 500 MG Oral Cap 12/30/2015
- Lansoprazole (PREVACID OR) 10/7/2015

Outpatient Procedures Ordered This Visit

- STREP TEST RAPID, ONSITE

Visit Diagnoses

P	ICD-10-CM	ICD-9-CM	PL
1	Strep throat J02.0	034.0	
2	Pharyngitis J02.9	462	

Level of Service

OFFICE OUTPATIENT VISIT 25 MINUTES (99214) OPT(R)

Modifiers: +  
Additional E/M code: +

N1	N2	N3	N4	N5
E1	E2	E3	E4	E5

PROONLY POSTOP

2. **IMPORTANT:** Add a GT modifier to the telemedicine visit. This is required for UWP to drop a bill for these services.

Record Select

Code	Name	Description
GT	VIA INTERACTIVE AUDIO AND VIDEO	VIA INTERACTIVE AUDIO AND VIDEO TELEC.

1 record loaded.

Level of Service

OFFICE OUTPATIENT VISIT 25 MINUTES (99214) OPT(R)

Modifiers: +  
Additional E/M code: +

N1	N2	N3	N4	N5
E1	E2	E3	E4	E5

PROONLY POSTOP

99214, GT

## Documentation

1. Add the telemedicine SmartPhrase **TELEMEDDISTANTSITE** to the patient encounter notes.

Background: The *telemeddistsite* dot phrase is designed for ALL Telehealth visits and is compliant with CMS regulations. For Medicare Fee for Service, CMS still requires the patient to be in a physical clinic location to participate in telehealth except for certain conditions such as end stage renal disease. This does not apply to Managed Medicare, or to private payors and Medicaid in WA state because of WA state law.

### Documentation Requirements:

The following elements are included in the dot phrase:

- Patient location
- Anyone accompanying the patient at the time of the visit
- Provider location
- A description of how the visit was conducted (i.e. “This visit was conducted via secure, live, face-to-face video conferencing.”)

The most important part of the dot phrase is the **patient location and the provider location, specifically that they are in WA state** due to medical licensure regulations. Providers should also specify whether the patient location is at another clinic or not.

There is also a section for other individuals who are present during the visit. This is recommended if there is someone other than only the patient and provider present. A common case is for Pediatric patients. It is important to recognize whether there was a parent or guardian present.

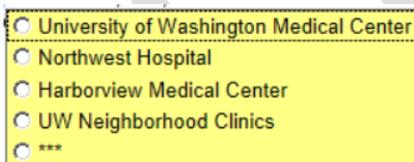
### Unpopulated dot phrase text:

*Distant Site Telemedicine Encounter*

*I conducted this encounter from {telemedicine entity:500210071} via secure, live, face-to-face video conference with the patient.*

*.fname was located at \*\*\* with {enter who was present with the patient}. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.*

The {telemedicine entity:500210071} field includes the following drop down –



A screenshot of a dropdown menu with a yellow background. The menu is open, showing five radio button options: University of Washington Medical Center, Northwest Hospital, Harborview Medical Center, UW Neighborhood Clinics, and \*\*\*.

### Examples:

- **Patient at home with no one else present**

*I conducted this encounter from UW Neighborhood Clinics via secure, live, face-to-face video conference with the patient.*

*.fname was located at home with n/a. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.*

- **Patient at home with someone else present**

*I conducted this encounter from UW Neighborhood Clinics via secure, live, face-to-face video conference with the patient.*

.fname was located at *home* with *their parent present*. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.

- **Patient at work with no one else present**

I conducted this encounter from *UW Neighborhood Clinics* via secure, live, face-to-face video conference with the patient.

.fname was located at *work* with *n/a*. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.

ENNA FAMILY MED - ACE6 - B Classroom Weekly

Plan Wrap-Up

This Visit Notes

Problem List Visit Diagnoses

**Problem List** + Care Coordination Note

Search for new problem + Add DxReference Show:  Past Problems

No active problems.

Mark as Reviewed Last Reviewed by Provider, Ravenna on 12/30/2015 at 1:42 PM

Advanced View

**Visit Diagnoses**

Search for new diagnosis + Add

P		ICD-10-CM	ICD-9-CM		PL
1.	Strep throat	J02.0	034.0	Change Dx	X
2.	Pharyngitis	J02.9	462	Change Dx	X

**My Note** 12/30/2015

Tag Share w/ Patient

**Distant Site Telemedicine Encounter**

I conducted this encounter from **UW Neighborhood Clinics** via secure, live, face-to-face video conference with the patient. Sally was located at home with n/a. Prior to the interview, the risks and benefits of telemedicine were discussed with the patient and verbal consent was obtained.

**Subjective:**

**Sore Throat**

The current episode started in the past 7 days. The problem has been gradually worsening. Neither side of throat is experiencing more pain than the other. The maximum temperature recorded prior to her arrival was 100 - 100.9 F. The fever has been present for 3 to 4 days. The pain is at a severity of 7/10. The pain is severe. Associated symptoms include headaches, a hoarse voice, swollen glands and trouble swallowing. Pertinent negatives include no congestion, coughing, ear pain or shortness of breath. She has had exposure to strep. She has had no exposure to mono. She has tried acetaminophen (and tea with honey) for the symptoms. The treatment provided no relief.

Sign when Signing Visit

Accept Cancel

99214, GT PRINT AVS 2 SIGN VISIT