

## Health Information Compliance Alert

### Reader Question: Register This COVID-19 Update for Phone-Based Visits

**Question:** Our practice has been utilizing telehealth to care for patients during the pandemic, but some patients prefer a chat via the phone instead. How do we report these phone-based visits?

Codify Subscriber

**Answer:** Although many physicians are performing visits via telehealth (which requires two-way synchronous real-time communication via audio-visual technology), not all patients are equipped to speak to their physicians this way, and some are instead requesting phone visits. Fortunately, during the public health emergency (PHE), the **Centers for Medicare & Medicaid Services** (CMS) also adds audio phone calls as covered services.

**In black and white:** "A broad range of clinicians, including physicians, can now provide certain services by telephone to their patients (CPT® codes 98966 -98968; 99441-99443)," CMS says in a March 30 fact sheet.

For telephone interactions, you should report the following codes:

- 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)
- 99442 (... 11-20 minutes of medical discussion)
- 99443 (... 21-30 minutes of medical discussion)

**Example:** An established patient calls the physician to discuss a recent asthma exacerbation. The provider discusses ways the patient can cut back on their current levels of strenuous physical activity. The total phone call time is 15 minutes.

**How to code this:** Code this as a telephone service using 99442, since the service meets the criteria that the patient is established and has initiated the call, and that a physician or other qualified healthcare professional has provided the service.

**Keep in mind:** Before using these codes, you must make sure services have not originated "from a related E/M [evaluation and management] service provided within the previous seven days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment," per the code descriptors. Also, per pre-PHE guidelines, the patient must be established and must have initiated the contact before using the phone codes. Since these services represent non-face-to-face services, rather than "telehealth," and are not on the list of services constituting audio-visual telehealth, do not append modifier 95 (Synchronous telemedicine service rendered via a real-time interactive audio and video telecommunications system) to phone services.

**Resource:** Review CMS guidance on telehealth during the PHE at [www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf](https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf).