
Question:

So, when doing the telephone visits, do we use the telephone codes or the 99213-99215 codes? Any modifier?

I thought I had this straightened out in my mind, but maybe not.

Answer: Great question. I would first point you toward our MGMA Medicare Telehealth/Telemedicine Waiver [resource](#). To your question, there are a few ways in which clinicians can utilize the telephone for Medicare patient appointments.

- CMS is permitting use of audio-only equipment to furnish a select number of services, such as audio-only telephone E/M services (**CPT codes 99441-99443 and 98966-98968**) and behavioral health counseling and educational services. Unless provided otherwise, other services included on the Medicare telehealth services list must be furnished using, at a minimum, audio and video equipment. Services that may be furnished using audio-only modalities are marked as such in the list of Medicare telehealth services, which can be accessed [here](#).
- During the COVID-19 pandemic, telehealth services billed to Medicare should be billed using the place of service (POS) code that would have been reported had the service been furnished in person. (For example, a physician practicing in an office setting who sees patients via telehealth, instead of in person, would report POS-11-Office). Additionally, the telehealth modifier (modifier 95) should be applied to claim lines that describe services furnished via telehealth.
 - Following MGMA advocacy, CMS is increasing payment for audio-only telephone E/M services (CPT codes 99441-99443) such that they are paid at the same rate as similar office and outpatient E/M visits, resulting in increased payments from \$14-\$41 to \$46-\$110 (e.g., to be consistent with payment rates for level 2-4 established office/outpatient E/M visits). 5 CMS is not increasing payment for CPT codes 98966-98968, which are intended for practitioners that cannot separately bill for E/M.
- **"Virtual Care" HCPCS code G2012:** A "[b]rief 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"
- **"Virtual Care" 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."

I hope this information helps and please let me know if I can provide more details

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