## TTP Coder Quick Reference for Telehealth Visits

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| **Telephone Visits (audio)** | - Physician, APP eligible  
- Residents in PCE clinics with indirect supervision  
- Residents in non-PCE clinics with direct supervision (key portion involvement) | - Verbal consent for each visit required  
- Document consent in note using autotext  
- May be completed by nurse or provider  
- Document location of all parties | - Use “Telephone visit” note template (Dyn Doc or Powernote)  
- Date of service, time in and time out or total time, and location (City/State) of patient and provider are to be documented  
- Use autotext – ;telephonevisitconsent  
- Brief summary & outcomes (i.e. RXs, care instructions, plan of care, etc.)  
- 99441 – 5-10 minutes  
- 99442 – 11-20 minutes  
- 99443 – 21-30 minutes  
- Cannot be related to same E/M service within the last 7 days | - The purpose of the consent is to inform the patient about the potential for co-pay  
- Visit does not need to be initiated by patient during the National Emergency declaration.  
- Practice caution using personal mobile phone. Mask the number if doing so (*67 works for most carriers)  
- Ensure you are documenting on an arrived appointment in the system for that DOS. This allows the billing process to proceed.  
- Pediatric patients:  
  - need a legal guardian (over age 18) to consent and be present during the entire encounter  
  - Document the name and relationship of the guardian in the note |
| **Telephone Visits (audio) Medicaid, et al** | - As above | - As above | - Use usual “Office/Clinic” note template  
- Document as regular E/M visit (99201-99205 and 99212-99215) (see below) | - Covered by Medicare; Use CPTS 99441, 99442, & 99443 with 95 modifier  
- Covered by TX Medicaid, United HC, UMC health plan  
- Drop 9944x codes if you just did a discussion (see above)  
- Drop the normal 992xx codes if you conducted a traditional visit |
| **Telemedicine Visits (audio and video) Zoom, etc.** | - As above | - Required only once per patient  
- Scheduled and checked in by PSS or facilitator  
- Interactive video and audio capabilities | - Use usual “Office/Clinic” note template  
- Use ;teledemconsent to quickly document consent and locations  
- Document as regular E/M visit (99201-99205 and 99212-99215)  
- Document a medically appropriate Hx and exam including intake info (est. height & weight, updated med list)  
- Focus on MDM, as it is the driving force for the level of service during PHE  
- Documentation of total time spent in the encounter for direct patient care is appropriate | - Recommend two devices: one for video, and the one for Cerner documenting,  
- If using personal device, enable “Do Not Disturb” to avoid interruptions  
- Resident Supervision can be provided in person or virtually through audio/video real-time communications technology  
- HIPAA still applies; maintain privacy as much as possible.  
- Appropriate, professional attire. White coat with a TTP or TTUHSC patch or nametag is encouraged.  
- Pediatric patients:  
  - need a legal guardian (over age 18) to consent and be present during the entire encounter  
  - Document the name and relationship of the guardian in the note |

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If a telemedicine (video) visit is converted to a telephone visit due to connectivity issues:

- If issue occurs at the beginning of the video visit, telephone note should be used (resident cannot perform telephone visit).
- If care was adequately provided through video before issue occurred, complete the video note.
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For additional information, contact coding.integrity.lbb@ttuhs.edu