

# E&M Coding of Televisits

Providing the duration of FaceTime in a note is important for televisits, especially for audio only visits (better called “ConnectTime” for a phone call, but I will use “FaceTime” to mean connect-time for both audio and audio plus video televisits). This is because, absent a physical exam, the time component of a visit takes on additional importance in establishing the correct E&M code for a visit. I suggest entering this statement in the "Other" tab of the treatment section of a note. For example: “I spent 12:43 minutes/seconds of FaceTime with the patient during this encounter using the Doxy.me platform.”

The TOTAL time spent on a visit includes the FaceTime PLUS additional time spent reviewing the prior records, reviewing labs/X-rays, talking to other providers about the patient, coordinating care, etc. Recording significant non-FaceTime in the “Other” section would also be wise in a televisit. For example: “This visit included 7 minutes of non-FaceTime care.”

Nancy Enos's powerpoint ([http://www.drkney.com/Videos\\_BDK/telem\\_ed\\_Enos.pdf](http://www.drkney.com/Videos_BDK/telem_ed_Enos.pdf)) includes a lot of very useful information about coding visits.

## TIME

- For coding purposes, face-to-face time for office visits is defined as only that time that the physician spends face-to-face with the patient and/or family.
- Now, **Face-to-Face time** can mean “**FaceTime**”
- This is in line with the 2021 changes to E/M level selection for office visits, where the time may be used for level section, and the **time includes the total time on the date of the encounter and includes face-to-face and non-face-to-face time spent personally by the provider.**




Note, however, that **Medicare does NOT cover audio-only visits as typical E&M coded visits.** Medicare covers audio-only visits as “Virtual Check-In” visits, reimbursed at about \$15 (code G2012). If audio plus video is used for a Medicare televisit, the E&M coded visit will get full reimbursement. During the COVID epidemic, all commercial insurers and MassHealth are covering audio-only visits at the same level as a typical in-office visit (so use E&M codes for those insurers).

For established patients, the time (FaceTime plus non-FaceTime devoted to the encounter) can be used as one of the **two components** used to decide upon the correct E&M code, but the code can be

established based upon the complexity of the history and medical decision making, excluding the time of the visit from that calculation.

However, for NEW patients, **THREE components are needed**, and since the exam is at best very limited in a televisit, the time becomes a crucial component.

For this reason, recording FaceTime, and, when appropriate, additional time spent by the provider on non-FaceTime tasks necessary to provide care for the patient during this encounter, is important.

New Office Patient				Required Components: 3/3
E/M	Hx	Exam	MDM	Time
99201	PF	PF	SF	10
99202	EPF	EPF	SF	20
99203	Detailed	Detailed	Low	30
99204	Comp	Comp	Moderate	45
99205	Comp	Comp	High	60

  

Established Office Patient				Required Components: 2/3
E/M	Hx	Exam	MDM	Time
99212	PF	PF	SF	10
99213	EPF	EPF	Low	15
99214	Detailed	Detailed	Moderate	25
99215	Comp	Comp	High	40

Note that some providers are documenting many physical exam findings based on the video feed. The patient can demonstrate joint range of motion, point the camera at a swollen/red knee, or at a rash. Close-ups of the face and neck can demonstrate ocular findings, an oropharyngeal exam (have the patient use a flashlight), neck asymmetry, and much more. Creative use of a camera can bring a lot of physical exam findings into a note.

As with face-to-face visits, when a televisit involves predominantly counseling and/or coordination of care, time can be used as the only driver in choosing the E&M code.

### Counseling and/or Coordination of Care

- Whenever counseling and/or coordination of care dominates (more than 50% of) the encounter, time is considered the **key or controlling factor** to qualify for a particular level of E/M service.
- If the level of service is reported based on time spent counseling and/or coordinating of care, the documentation must show:
  - ❖ The total length of the encounter
  - ❖ That greater than 50% of the time was spent counseling
  - ❖ The content of the counseling or coordination of care

## Additional Documentation

All televisits should include the following:

- Telehealth modality used during the visit (Doxy.me, Healow, Facetime, Skype, Doximity Video)
- Location of patient
- Location of provider
- Consent for the visit, as well as documentation of who obtained consent (the “Doxy” and “Phone” keywords in eCW provide a generic consent statement – simply add “Consent obtained by [Prima CARE staff member]”
- Names of others people present with the patient (if applicable)

## Macros in eCW

I have created 2 macros in eCW that are available to all providers:

1. **facetime** - “I spent XX minutes/seconds of FaceTime with this patient using the Doxy.me platform.”
2. **addtime** - “In addition to the direct FaceTime spent with the patient today, another X minutes were spent today providing necessary non-FaceTime care.”

Macros work in the keyword box of the treatment screen. In eCW 11, it is accessed by clicking on the “Browse..” button. In eCW 11e, it is accessed by clicking on the ellipsis in the treatment screen.

Macros are added to a note by typing the macro name (for example, “facetime”), and then hitting the Ctrl key and spacebar at the same time.

If you are unfamiliar with using macros, I suggest reviewing pages 2-3 in the pdf linked below:

[http://www.drkney.com/Videos\\_BDK/11\\_macro.pdf](http://www.drkney.com/Videos_BDK/11_macro.pdf)

If you are using eCW 11e, look at pages 2-3 in the pdf linked below:

[http://www.drkney.com/Videos\\_BDK/11e\\_macro.pdf](http://www.drkney.com/Videos_BDK/11e_macro.pdf)

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