

When CMS released the rule on 3/30/2020, they added a section titled, “W. Level Selection for Office/Outpatient E/M Visits when Furnished Via Medicare Telehealth.” Pp 135-137

The brief section starts by discussing the upcoming changes in 2021 for codes 99202–99215, in which a practitioner can select a level of service based on total time for the day or MDM. The time spent includes non-face-to-face time that the practitioner spends and does not need to be dominated by counseling.

CMS is using different time thresholds for selecting 99201–99215 based on time during the public health emergency. Document the total face-to-face and non-face-to-face for all activities by the billing practitioner related to the visit. This does not include support staff (nurse) doing pre-visit planning.

CMS is allowing on an interim basis that we apply these rules to office/outpatient visits performed via telehealth during the time of the public health emergency. Specifically, they are removing any requirement for history and/or physical exam. A clinician can use MDM or time to select the code, with time defined as “all of the time associated with the E/M on the day of the encounter.” They are using the existing time guidelines. They are keeping the current definitions of MDM, not the revised set that will be implemented in 2021.

For 99201–99215 provided via telehealth (real time, interactive audio/visual) a practitioner does not need to use the level of history or exam to select the service.

Use total time that the practitioner (not staff) spends on that day, whether or not counseling dominates the visit, or

Use MDM as currently defined.

Code	CPT typical time	CMS typical time
New patient		
99201	10	17
99202	20	22
99203	30	29

99204	45	45
99205	60	67
Code	CPT typical time	CMS typical time
Established patient		
99212	10	16
99213	15	23
99214	25	40
99215	40	55