For Providers

Documentation and coding guidance for telephone encounters occurring due to the 2019 novel coronavirus (COVID-19), as provided by CPT.

General Guidance

Telephone E/M codes are defined by CPT and the AMA as time-based codes. This means that the typical documentation of history, exam and medical decision making are not the main components to use when selecting the telephone level of service.

Documentation for telephone encounters must include, at a minimum, the following elements:
- Reason for call, aka. chief complaint (cc).
- Brief problem focused history of the cc.
- Assessment and plan and/or medical guidance provided to the patient.
- Total time spent on the call with the patient.

CPT Codes to be Reported
- 99441 – Telephone evaluation and management service by a physician or other qualified healthcare 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 seven 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

Note: During the COVID-19 emergency, we are waiving the established patient criteria for the use of these CPT codes.

ICD-10-CM Code to be Assigned for COVID Screening

Exposure to COVID-19
For cases where there is concern about a possible exposure to COVID-19 but is ruled out after evaluation:
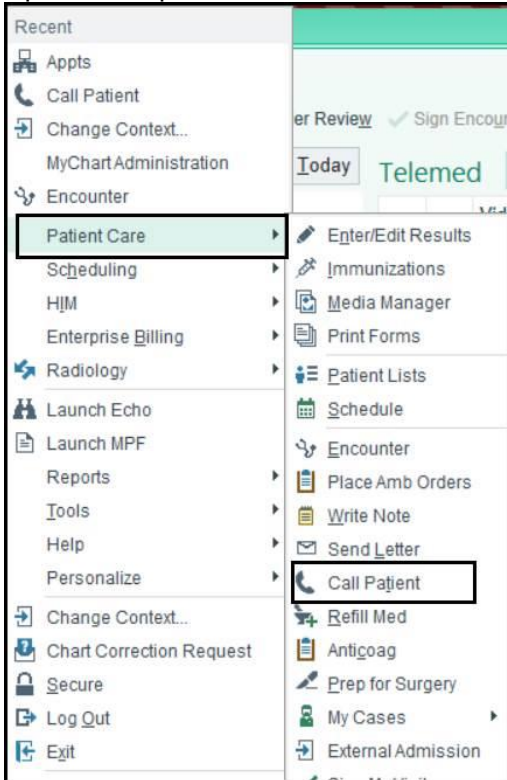- Z03.818 – Encounter for observation for suspected exposure to other biological agents ruled out.

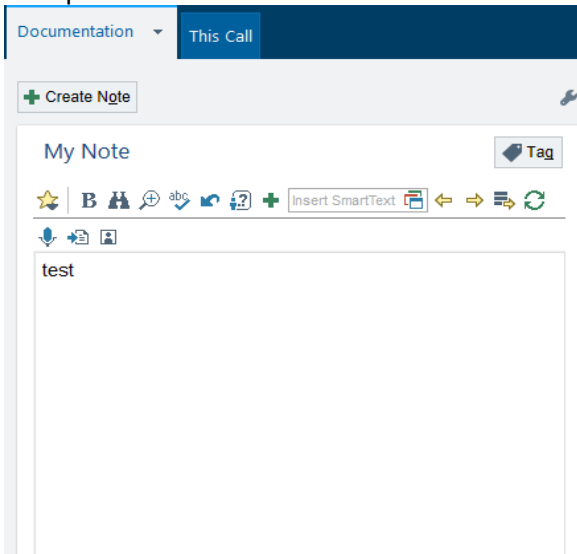## Epic Workflow

1. Open a telephone encounter.

2. Document patient consent/initiation of the call.
3. Complete documentation.

4. A charge capture section has been added to the telephone encounter type. Enter the appropriate billing code into charge capture.

5. Sign and close the telephone encounter.