

Telehealth Encounter Form

PATIENT INFORMATION:

Patient Name:	Date of Service:
Date of Birth:	Referring Provider:
Medical Record #:	Referring Provider Contact:

TELEHEALTH - Time Based Coding Guidelines

<i>New Patient</i>	<i>Established Patient</i>
99202 Level 2 Limited	99211 Level 1 Brief (Time component removed 2021)
99203 Level 3 Intermediate	99212 Level 2 Limited
99204 Level 4 Extended	99213 Level 3 Intermediate
99205 Level 5 Comprehensive	99214 Level 4 Extended
<i>Transitional Care Management</i>	99215 Level 5 Comprehensive
99495 TCM 14 DAY POST INPT D/C, MOD COMP	<i>Advanced Care Planning (Time Based)</i>
99496 TCM 7 DAY POST INPT D/C, HIGH COMPLEXITY	99497 First 30 minutes
<i>Administration of Health Risk Assessment Instrument</i>	99498 Each additional 30 minutes
96160 PT-FOCUSED HLTH RISK ASSMT SCORE DOC	<i>Psychiatric Diagnostic Evaluation</i>
96161 CAREGIVER HLTH RISK ASSMT SCORE DOC	90791 PSYCHIATRIC DIAGNOSTIC EVALUATION
<i>Smoking, Alcohol/SA Counseling (Time based)</i>	90792 (Psychiatrist only)
99406 Intermediate Greater than 3 minutes up to 10	<i>Psychotherapy (Time Based) Psychologist</i>
99407 Intensive greater than 10 minutes	90832 Psychotherapy 16-37 minutes
99408 Alcohol and/ or substance 15 to 30 min.	90834 Psychotherapy 38-52 minutes
99409 Greater than 30 minutes	90837 Psychotherapy 53 or more minutes
<i>Annual Wellness</i>	<i>Psychotherapy (Time Based) with E/M Psychiatrist only</i>
G0438 PPPS, INITIAL VISIT	90833 Psychotherapy 16-37 minutes
G0439 PPPS, SUBSEQ VISIT	90836 Psychotherapy 38-52 minutes
<i>Modifier:</i>	90838 Psychotherapy 53 or more minutes
25	<i>Family Psychotherapy</i>
GT	90846 Without the patient present, 50 minutes
95	90847 With patient present, 50 minutes
	<i>Psychotherapy for Crisis (Time Based)</i>
	90839 First 60 minutes
Diagnosis:	90840 Each additional 30 minutes
	<i>Nutritional Counseling- Medical Nutrition Therapy</i>
1	97802 Initial Individual each 15 minutes
2	97803 Re-assessment Individual each 15 minutes
3	97804 Group (2 or more Individual) each 30 minutes
4	<i>ED Telehealth Consultation codes</i>
5	G0425 INPT/ED TELECONSULT30
	G0426 INPT/ED TELECONSULT50
	G0427 INPT/ED TELECONSULT70

Provider Signature: _____

Date: _____