**Billing for telehealth visits for patients in the hospital:**

If the patient is critically ill, you can use the time based critical care code as you probably already do. Please use the word “critically ill” in your note along with the end organ changes that makes them critically ill. Remember that critically ill patients are so sick that they are not able to communicate with you so you need to speak with a decision-maker.

For those that do not meet the critically ill criteria, it is suggested to use “hospital follow up” code and bill by time for both new and follow up visits. If we exceed that time, then use prolonged service code –non-face-to-face to bill for the additional time as noted below.

For documentation of the initial consultation, please use the pal care template on EPIC. You can skip the exam portion and note that it is a telephone visit and then refer to the ACP note for more details on family meeting.

**Critical Care visit codes**

* 99291-30-74 min
* 99292-additional 30 min

*Just a reminder, 99291 may not be reported more than once per DOS for the same patient.  The add-on code, 99292 for each additional 30 minutes can be reported up-to 8 times per DOS for the same patient.*

**Subsequent visit codes**

* 99231-15 min
* 99232-25 min
* 99233-35 min

**Prolonged Service codes**

* **Non “face to face” codes**
	+ **99358 (30-74 min)**
	+ **99359 (each additional full 30 minutes)**
* Must use start and stop times for all these codes
* Must meet the threshold of time
* Providers must spend 30 or more minutes above and beyond the time spent on the E/M service

 before they can bill for prolonged care.

* **Must use *highest level* in the family of codes with the companion code (these are the consultation and subsequent visit codes above)**

**This is where you would find these in EPIC:**

